

is self-evident, and the salt probably reacted *in situ* with the perchloride. My own experience of oral administration is confined to a single case, in which it produced severe colic and diarrhoea when given in drachm doses twice daily.

CASE VII.—*Mercurial Stomatitis and Eruption.*

In this case the condition followed the intravenous injection of 1/16 grain of mercury perchloride for severe septicæmia. The patient was certainly saved by the heroic measures adopted to combat the infection, but the resultant mercurial poisoning, which only supervened a fortnight after the injection, was a troublesome sequel. At the time I had no experience of the intravenous method, and in view of the patient's dread of further injections I ordered the thiosulphate in a mixture. The stomatitis began to improve at once, and the rash showed signs of involution and began to desquamate slightly on the fourth day, but the patient developed severe colic and the treatment was abandoned.

The dose (1 drachm three times a day) was probably too large, although the amount mentioned in McBride's sixth case—namely, 15 grams—is actually four times greater (the B.P. allowance of dose is up to 1 drachm). This experience has somewhat biased me against administration by the mouth, and in future cases I intend to rely on the more rapid and evidently less toxic intravenous route.

Local Antidotal Properties of Thiosulphate.

CASE VIII.

On March 5th a male patient, aged 23, received 0.6 gram of novarsenobillon in 10 c.cm. of water into the left antecubital vein. The injection was given by an assistant who was operating for the first time. In spite of careful control the needle slipped through the posterior wall of the vein, and the last part of the barrel contents (about 2 c.cm.) formed a distinct tumescence subcutaneously. The patient complained of severe burning pain and fainted. The syringe was disconnected, leaving the needle *in situ*, and 8 c.cm. of distilled water, containing 0.75 gram of sodium thiosulphate, were injected so as to mix with and dilute the novarsenobillon solution. When I saw the patient again, on March 12th, there was no trace of local infiltration to be seen, and apparently no pain on deep pressure over the site of the injections, which was still marked by the presence of a bruise, where blood had escaped from the perforated vein. This is the first time in my clinic that an extravasous leak of novarsenobillon has escaped the sequela of painful subcutaneous infiltration.

Whilst fully conscious of the shortcomings of this communication, based as it is on only seven cases in early stages of metallic or arsenical intoxication, I feel justified in claiming that my results confirm those of the American authors, and support their view that sodium thiosulphate given intravenously is a potent antidote for mercurial and bismuth stomatitis, and of real value in counteracting the serious effects of acute arsenical toxæmia. It may be found, furthermore, to be an indispensable adjunct in the treatment of all cases of acute metallic poisoning.

REFERENCES.

¹ Ravaut, P.: *Presse Médicale*, 28, 73, January, 1920. ² McBride and Dennie: *Arch. Derm. and Syph.*, vol. 7, No. 1, January, 1923, p. 63.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

"SLIPPING RIB."

I HAVE lately had under my care a patient suffering from the condition described by Mr. Davies-Colley in the *BRITISH MEDICAL JOURNAL* of March 8th, 1922, under the above name. As he remarked, it is more than likely that if the condition was described in the textbooks more cases would be recognized and relieved of their disability. Still, it apparently is not a common complaint.

My patient was a lady aged 26. There was no history of injury. Eight years ago she began to feel pain in her back when playing golf, and the pain has got steadily worse. It was always much increased by any exercise such as golf, tennis, or riding, and during the last year it has been very severe, practically preventing games and sometimes even preventing sleep. The pain was always in the dorsal region and the left costal margin. Her husband had noticed that she held herself crooked and walked "like a crab." She had been treated for a supposed movable kidney by a belt, without any relief, and was contemplating going to England to have the kidney operated on.

Examination on several occasions failed to discover a palpable kidney; but on the left costal margin at about

the level of the tenth costal cartilage was a movable tender object about the size of a hazel nut, which on palpation slipped away with a sensation resembling crepitus, to reappear on almost any change of the patient's position. The diagnosis of "slipping rib" was made.

At operation the cartilage was found to be in place at the moment, but it was easily displaced, and was seen to be freely movable. About two inches of the distal end was excised. The patient had considerable post-operative pain for a few days. For three weeks there was a dragging pain in the wound and the old backache persisted for nearly three months, but with gradually decreasing intensity. The backache was almost certainly muscular in origin and due to the habitual faulty attitude she had assumed.

The operation was done over three and a half months ago, and the patient expresses herself as being now entirely free from pain or discomfort, and able to enjoy as many as five sets of vigorous tennis in the afternoon.

Alexandria, Egypt.

E. N. RUSSELL, M.D. Cantab.

REPAIR OF RECURRENT INGUINAL HERNIA BY A GAUZE FILIGREE.

THE principle involved in this case is at present under trial for the radical cure of femoral hernia. After tying off and removing the sac the femoral canal is filled by a gauze plug and held in position by a few catgut sutures.

J. P., a pastrycook aged 25, was admitted to St. James Hospital, Balham, on March 10th, 1923, with a recurrent right inguinal hernia. He had been operated on three years previously. He was thin and undeveloped, with a marked impediment of speech. He had a bulging scar in the right inguinal region. The hernia was about the size of a pigeon's egg, and as it interfered with his comfort he was very anxious that something should be done to relieve him.

On March 12th the scar of the aponeurosis of the external oblique, which was found to be three-quarters of an inch wide, was excised and the sac exposed and dealt with in the usual way. It was impossible to do a radical repair after Bassini's method, as the internal oblique was thin and friable and separated from the lower border of Poupart's ligament by about one and a half inches. Some ordinary sterile absorbent unmedicated roller gauze, which is prepared from cotton and is used in all operating theatres, was folded three times and cut to fill the inguinal canal. In this case it was about two and a half inches long and one and a half inches wide. The gauze was saturated with flavine and tucked under the lower border of the internal oblique and behind Poupart's ligament. It extended forwards and inwards to the usual situation of the external abdominal ring. The cord was not displaced in any way. The aponeurosis of the external oblique was united over the gauze with catgut sutures, and the skin closed by a continuous silk suture. It may be added that the strictest aseptic and antiseptic precautions were taken during the whole of the operation.

The patient made an uninterrupted recovery and has been under observation for more than twelve months. The wound is firmly healed, there is no discomfort, and no evidence of recurrence of the hernia.

It is too early at present to form an opinion as to the ultimate results.

D. O'DONOVAN, B.Sc.,
M.R.C.S., L.R.C.P.

London, S.W.

DISCHARGE OF ASCARIS LUMBRICOIDES THROUGH APPENDICITIS SCAR.

WHEREAS formerly it was believed that *Ascaris lumbricoides* was a harmless intestinal parasite, there is now a growing list of more or less serious complications from its presence in the human body. Crowell¹ in a classification of the pathological effects of this parasite, mentions that it has several times been found in the appendix vermiformis, and in the case we now record five ascarids made their escape through the scar after an operation for appendicitis; they had kept up a persistent sinus for four months.

A girl aged 12 was admitted to the Bristol General Hospital on October 8th, 1923, suffering from diffuse peritonitis of forty-eight hours' duration. The abdomen was at once opened by one of us (D. G. C. T.), and a diffuse peritonitis of the pelvis and both sides of the lower abdomen from a perforated appendicitis was found. The appendix was seen to have perforated and to be sloughing throughout its entire length. It was removed and the stump ligatured and buried by a purse-string suture. The free pus was mopped out with gauze swabs and the pelvis drained by a rubber tube. No ascarids were seen, nor were they thought of. The tube was removed in forty-eight hours, and convalescence was quite satisfactory, the child being discharged from hospital on November 5th, 1923, with the wound nearly healed.

After discharge from hospital the child remained in the care of the other of us (A. S. C.), who found that she complained of

¹ *Amer. Journ. Med. Sci.*, March, 1920, p. 380.

slight itching constantly in the wound, with some serous discharge. This continued until February 10th, 1924, when two adult ascarids were discharged from the lower part of the scar where the tube had been. Santonin (gr. 3) was given nightly for four nights, and on February 12th another worm (male) was extruded. Two days later two small female ascarids were taken from the scar, and the following day an adult female worm was passed dead from the rectum. The patient is now well, and the wound is soundly healed.

It is interesting to speculate on the relation of the worms to the attack of appendicitis. In all probability, whilst present in the small intestine, they had no connexion with the onset of appendicitis. They certainly did not cause the perforation, as in the mopping out of the peritoneal exudate they could hardly have been missed. Crowell suggests the possibility of the worms being able to force their way through minute openings, as from stitches in the bowel wall, and we can only suppose that in this case they made their way through the appendix stump and then gradually found an exit along the track of the drainage tube.

ARCHIBALD S. COOK, M.B.,

Ch.B.Glas., Bristol.

D. G. C. TASKER, M.S.Lond.,

F.R.C.S.Eng., Assistant Surgeon,
Bristol General Hospital.

XANTHOMA DIABETICORUM.

XANTHOMA DIABETICORUM is a skin disease of sufficiently rare occurrence to warrant the recording of the following details of a case which came under my observation in the skin department of the Kasr-el-Aini Hospital.

The patient was a man aged 45, healthy-looking, and with no family history of particular medical interest. Twelve years ago tumours began to appear on the elbows and knees; sometimes they became very prominent and sharply defined, and at other times they subsided somewhat. They caused very little irritation, and the patient only came for treatment because of their unsightly appearance. The eruption was most marked on the elbows, knees, and buttocks, and was present also to a less degree on the extensor aspect of the forearms, the legs, hands, fingers, feet, chest, and abdomen. It consisted of papular or nodular growths, each of which showed an outer hyperaemic reddish halo and a yellowish-white fatty central area. The nodules were hard and resistant to pressure. When newly formed the central yellowish part was hardly distinguishable, but became more marked with the increase in size of the papules and the coalescing of several to form a pyramidal mass. When the chain of papules began to break down and the papules faded, a dark reddish patch formed.

Sections of the papules were stained by Sudan III, and showed fat present, mostly as very fine granules, similar to those seen in fatty necrosis. In some parts of the section the remains of round cells, connective tissue cells, showing fatty degeneration, appeared in a network of fine fibrous tissue. The photomicrograph of the section showed an inflamed area which had undergone fatty degeneration.

When first admitted to hospital the patient was passing two and a half litres of urine during the twenty-four hours, and sugar was present to the amount of 10 per cent.; acetone was also present. He was put on Allen's diabetic diet, and the urine decreased in quantity, the sugar diminished, and the growths began to fade away. After four weeks' treatment they were much less marked and some had entirely disappeared.

Kasr-el-Aini Hospital, Cairo.

M. AZER, M.D., Ch.B.

RHEUMATISM AND ERYTHEMA NODOSUM.

THE following case may be of interest in view of the disputed connexion of rheumatism with erythema nodosum.

Mrs. C., aged 30, was seen by me on January 23rd with a slight attack of follicular tonsillitis. She went to bed on January 28th feeling "quite well," but was unable to get up next morning owing to pains in her limbs. I saw her two days later. There were, on the front of the right leg, four raised round red spots, about the size of threepenny pieces. Behind the right elbow there was one about the size of a five-shilling piece. The whole of the dorsum of the left foot was red and swollen. There was some effusion in the left knee with tenderness, but no redness. All the spots were very tender, and the patient was unable to move. A few days later some effusion appeared in the left wrist, but without redness. The whole condition cleared up within three weeks. The heart and lungs appeared normal and there was no albumin in the urine. The temperature did not rise above 100° F. at any of my visits.

There was a history of rheumatic fever in childhood.

Birmingham.

ROBERT ANDERSON, M.D.

Reports of Societies.

TREATMENT AND FUNCTIONAL RESULTS OF TUBERCULOUS HIP DISEASE.

At the meeting of the Section of Orthopaedics of the Royal Society of Medicine on April 1st a discussion took place on the treatment and functional results of tuberculous disease of the hip-joint. The President, Mr. R. C. ELMSLIE, was in the chair.

Dr. GORDON PUGH referred to the value of an open-air life in the treatment of tuberculous disease and the importance of constitutional treatment. In the contest of the patient with the bacillus every influence tending to improve his vitality must be applied, for the greater the reaction of the tissues the greater the success that would attend the surgeon's efforts. He dealt with, first, the urgency of early treatment; secondly, the deformities which might result from ineffective treatment; and lastly, the mechanical methods that had been applied. His remarks were illustrated by lantern slides. It was impossible, he said, to discuss hip disease without mentioning the name of H. O. Thomas. Thomas said that in hip disease early diagnosis seldom was of benefit to the patient, because of the erroneous policy which directed the treatment and the inefficiency of the appliances used. To-day, although the defects in the mechanical treatment to which Thomas referred had been to a great extent corrected, still in many instances early diagnosis did not give the patient the benefit of the early constitutional treatment which legislation had made available for all such cases in London. It was a remarkable fact that the majority of cases admitted to the country hospitals of the Metropolitan Asylums Board had been kept under treatment in town institutions or at home for months, or sometimes years, after the diagnosis had been arrived at. According to the accepted pathology tuberculous disease of the hip-joint usually began in the red marrow near the femoral or acetabular epiphyseal lines, where the circulation was most active and the newly formed bone least resistant. If the local resistance could be sufficiently increased the disease might be confined to the interior of the bone. Otherwise it found its way into the joint, and the granulation tissue spread under and over the cartilage and destroyed it. While the disease was still limited to the interior of the bone the joint showed evidence of sympathetic inflammation, the synovial membrane was congested, and the synovia increased in quantity, resulting in limp and slight limitation of movement. At this stage intensive constitutional treatment was urgently called for. Among the deformities which might result from ineffective treatment was genu recurvatum, if the patient were recumbent for long periods. To avoid this the knee should be kept slightly flexed. Genu valgum occurred from defective method in applying extension. For an ankylosis of the hip-joint he thought 35 degrees of flexion was the best position. For correction of adduction he recommended tenotomy and plaster, with a perineal band to hold up the pelvis. Tuberculous abscesses of the hip should be aspirated; dissolving solutions should not be injected. It was good treatment sometimes to open tuberculous abscesses. Sinuses should be slit up and allowed to heal from the bottom. Mechanical methods of treatment included Taylor's traction splint, used in America, and the long Liston, or the extension splint of Thomas. Friction must be avoided. Thomas said that if friction was avoided spasm and pressure would go. It was necessary to immobilize and use traction to avoid tonic contraction. Plaster was sometimes used (though bony ankylosis in children was difficult to obtain), or a splint with traction and outward pull; Jones's splint prevented friction and spasm. In another model friction was prevented by having the limb in a tin trough on wheels. Tuberculous ankle cleared up completely under constitutional treatment alone, resulting in free movement of the joint. At Carshalton the condition of tuberculous hip-joint was treated as soon as possible by extension, a frame being used with a perineal band and a "slipper"; there was no compression of the chest, and the sound leg was exercised.

sanction leave of absence, but this sanction is revocable by us at any time." So it seemed only revocable by the two signatories. The view I have taken is that the only people who could affect Mr. Harnett so long as this order was current was Dr. Adam or the two visiting justices.

Bankes, L.J.: And suppose Dr. Bond detained Mr. Harnett until Dr. Adam came?—A: Technically I doubt whether any person has a right to do what every properly minded person would do—detain a lunatic in his bedroom until he is certified. The only legal right such a person had would be to act in self-defence, or he might conceivably satisfy the court that he reasonably believed that in detaining the lunatic he was saving the life of some other person or of the lunatic. Even if a man were to interfere to restrain another from throwing himself over Waterloo Bridge, he would run the risk that the other might say he was only jumping over to swim. In law a person either has or has not the power to detain, and, in this case, Dr. Bond was in the same position as an ordinary citizen. Supposing Dr. Bond said to himself, "This man is a lunatic. If I detain him I am liable to immeasurable damages, so I will not." And supposing the lunatic goes out and seizes a child and throws it under a bus. The jury would say: "You, a Commissioner, knowing this man a lunatic, yet let him go and commit this crime." So it is almost as bad for Dr. Bond in the hypothetical case I have just put as in the other case.

Bankes, L.J.: All Dr. Bond did was to ask him to wait in a room?—A: There was a detention, so the jury found; I have no doubt that Dr. Bond thought he would not be doing his duty if he let him go. Probably he was morally doing right, but legally not.

The second day of the hearing was mostly occupied by the reading by Mr. Harold Morris, K.C., of the summing up of Mr. Justice Lush, after which the questions to the jury were referred to.

Bankes, L.J., said it appeared that no question had been asked specifically as to any want of care on the part of Dr. Adam after he had received the plaintiff back. By their answers the jury had suggested that Dr. Bond was alone responsible, which, of course, disposed of the joint tort.

Mr. Morris said as the result of their answers the jury found Dr. Bond alone responsible for what happened on December 14th, and although after that date Dr. Bond had no more control over the plaintiff, yet a verdict had been entered against him jointly with Dr. Adam for £20,000. It was a curious form of judgement to enter upon such a verdict.

Bankes, L.J.: First you have to find which of the alternative findings of the jury is right in law. There is no finding of the jury against Dr. Adam for £20,000, but there is one for £25,000. Yet the judgement against him is for £20,000. The jury apportioned £7,500 against him by one of their findings, and that was the most which could be given against him.

Mr. Morris: Yes. Unless there was a joint tort.

This concluded the second day's hearing.

The Services.

TERRITORIAL DECORATION.

The Territorial Decoration has been conferred upon the following officers of the Royal Army Medical Corps: Lieutenant-Colonels R. E. Bickerton, D.S.O., J. W. Kemp, A. A. W. Merrick, and W. A. Thompson, A. A. Ross (deceased). Majors E. W. Herrington, ret., A. G. Lovett-Campbell, ret., W. A. Valentine, H. F. Wilkin, M.C., and G. T. Willan.

DEATHS IN THE SERVICES.

Surgeon Rear-Admiral William Eames, R.N.(ret.), died on March 27th, after a short illness, at his residence at West Southbourne, Bournemouth. He took the M.R.C.S. and L.R.C.P. Edin. in 1881, after which he entered the navy; he attained the rank of Surgeon-General on May 11th, 1913, and retired after the war. He served in the Egyptian war of 1882 as surgeon of H.M.S. *Sultan*, when he was present at the bombardment of Alexandria on July 11th, 1882, and landed in medical charge of the Royal Marine detachment at the surrender of Aboukir forts; and as surgeon of H.M.S. *Grappler* at Suakin and during the blockade of the Red Sea coast in the Sudan campaign of 1885; he received the Egyptian medal, with clasp for Alexandria, and the Khedive's bronze star. After his retirement he gave ungrudging and unwearied service as honorary surgeon to the Portsmouth branch of the Royal Surgical Aid Society.

Surgeon Commander Frank Harold Stephens, O.B.E., R.N., died suddenly on March 26th at the Royal Naval Hospital, Haslar. He was educated at St. Mary's Hospital, took the M.R.C.S. and L.R.C.P. Lond. in 1908, and then entered the navy; he attained the rank of surgeon commander on May 12th, 1920. He served in the recent war, and received the O.B.E. in 1919.

Surgeon Captain Ernest Sydney Tuck, R.N.(ret.), died at Bookham, Surrey, on March 14th, aged 53. He was educated at Guy's, and after taking the M.R.C.S. and L.R.C.P. Lond. in 1894 entered the navy, attaining the rank of fleet surgeon on November 12th, 1909, and retiring with a step of honorary rank as surgeon captain on January 1st, 1923. He served in the recent war.

Lieut.-Colonel Charles Langford Josling, R.A.M.C.(ret.), died in a nursing home at Hastings on March 12th, aged 62. He was educated at Charing Cross Hospital, taking the M.R.C.S. and L.S.A. in 1883 and the L.R.C.P. Lond. in 1885. He entered the army as surgeon in 1885, became lieutenant-colonel after twenty years' service, and retired on May 4th, 1910. He served for a

long time on the West Coast of Africa, where he took part in the operations against the Sofas and in the Gambia expedition against Fodeh Sihah in 1893-94; he was mentioned in dispatches in the *London Gazette* of May 4th, 1894, and received the West Africa medal with a clasp. He also served in the Ashanti expedition of 1895-96, receiving the star given for that campaign, and in the operations in Sierra Leone in 1898-99. He was employed for three years (1899-1902) in South Africa, first on special service as principal medical officer of the Rhodesian Field Force, in the operations in Rhodesia in 1899-1900, and later in operations in the Transvaal, Cape Colony, and Orange River Colony, receiving the King's medal with two clasps. He rejoined for service in August, 1914, and served throughout the late war.

Universities and Colleges.

UNIVERSITY OF LONDON.

MEDICAL HYDROLOGY.

A COURSE of lectures on medical hydrology, arranged by the University Extension Board in co-operation with the Committee for the Study of Medical Hydrology in Great Britain, will begin at the University of London on Tuesday, May 6th. Lectures will be delivered in the morning and afternoon of that and the following day, May 7th; on May 8th there will be two lectures in the morning, and in the afternoon the party will visit Bath, staying there until the evening of Friday, May 9th. The fee for the course is £2 12s. 6d. Further information can be obtained from Dr. W. Edgecombe, care of University Extension Department, University of London, South Kensington, S.W.7.

UNIVERSITY OF BIRMINGHAM.

MR. WILLIAM BILLINGTON, M.B., F.R.C.S., has been appointed joint professor of surgery and Dr. Harold Black lecturer in radiology.

UNIVERSITY OF DURHAM.

At the convocation held on March 29th the following degrees and diplomas were conferred:

M.B., B.S.—Sarah B. Allan, R. B. Allen, Alfreda M. Bead'e, D. C. Bell, E. F. H. Bell, R. L. Bell, N. Capstaff, J. B. S. Guy, J. A. Hislop, W. A. Hogg, J. S. Johnson, J. P. van W. Krige, J. H. Laydon, L. V. McNabb, G. M. Miller, H. C. Reed, S. D. Rowlands, G. F. Smith, T. E. Stoker, Phyllis M. Walker.
B.Hy. and D.P.H.—E. T. Colville.

UNIVERSITY OF LIVERPOOL.

Examination List, March, 1924.

The following candidates have been approved at the examination indicated:

DIPLOMA IN TROPICAL MEDICINE.—J. C. Carson, B. L. Chopra, M. J. Hardy, F. J. C. Johnstone, J. J. Keirans, G. Maclean, W. C. Mathur, Elizabeth M. Theron.

ROYAL COLLEGE OF PHYSICIANS OF IRELAND.

SURGEON VICE-ADMIRAL JOSEPH CHAMBERS, M.D. (Dubl.), C.B., C.M.G., Honorary Physician to the King, Director-General of the Medical Department of the Royal Navy, was on April 4th admitted an honorary Fellow of the Royal College of Physicians of Ireland.

The following candidates have been admitted Licentiates in Medicine and Midwifery: T. G. Brown, R. G. F. Cookson, J. C. Fitzgerald, W. D. Martin, G. C. Phipps, J. Smith, G. E. Wilson.

Medical News.

A SERIES of post-graduate demonstrations arranged by the Clinical Board of the University of Birmingham will be given from April to August at the General and Queen's Hospitals, Birmingham, on Tuesdays and Fridays respectively, from 3.30 to 5 p.m., commencing on April 25th at the former institution, and May 6th at the latter. The fee for the course—which includes demonstrations in medical, surgical, and gynaecological cases, skin diseases, ophthalmic cases, children's diseases, urinary diseases, the use of digitalis, etc.—is one guinea.

A SERIES of post-graduate demonstrations arranged by the University of Bristol will be given at the Hereford General Hospital, under the auspices of the Hereford Division of the British Medical Association, on Wednesdays, at 3 p.m. The first will be given on May 7th by Dr. Carey Coombs, who will deal with treatment of rheumatic carditis in children, and the last of the series by Professor I. Walker Hall on blood, digestion, and excretion in ailing children. The fee for the course is £2 2s., and is payable to Dr. Herbert Jones, Tower Road, Hereford.

At the thirty-seventh congress of the Société française d'Ophtalmologie, to be held in Paris from May 12th to 15th, there will be papers on refraction, the eyelids, and lacrymal apparatus, ocular troubles of dental origin, and other subjects of ophthalmological interest.

DR. O. W. RICHARDSON, Wheatstone Professor of Physics at King's College, London, has been appointed the third Yarrow Research Professor of the Royal Society. Like the other two Yarrow professors, he will continue to work in the laboratory he has hitherto directed. Both the other Yarrow professors are also concerned with physical science.

A DEPUTATION from the boot operatives' union waited upon the Home Secretary on April 4th calling attention to the high rate of pulmonary tuberculosis among boot operatives, and made a number of suggestions concerning lighting, air, and floor space. The Home Secretary, in reply, stated that the Home Office will shortly present a factory bill, and that endeavours would be made to include therein some of the suggestions put forward by the deputation.

In reply to a deputation which waited upon the Minister of Health on April 3rd, urging that steps should be taken to give effect to the recommendations of the Departmental Committee on smoke abatement, Mr. Wheatley said that the Ministry would consider how far it was possible for the department, by encouraging and facilitating educational work in the provinces, to help forward the smoke abatement movement. Sympathetic consideration would be given to the request of the deputation that an effort should be made to prepare and submit to Parliament a further bill at an early date.

DR. JOHN BROWN of Blackpool has issued in pamphlet form a reprint of his paper, entitled "Cancer: Suggestions and conclusions relative to its prevention," which he read at Scarborough, and published in the *Journal of State Medicine* for September, 1923. It is published by H. Maxwell and Co., Ltd., Blackpool, at the price of 1s.

"NATIONAL BABY WEEK" is being held as usual this year during the first week in July, and "Imperial Baby Week" at Wembley during the fourth week in July. The National Baby Week Council is drawing special attention this year to the size of the family and its economic circumstances considered in relation to the welfare of the child under 5 years of age. The council is also considering particularly the welfare of the child from 1 to 5 years of age, since it would appear that at present the death rate of these children is slightly on the increase. Annual competitions for school children and older girls are being organized.

PROFESSOR GILBERT of Paris has been appointed president of the permanent executive committee of the Association of Thalassotherapy in place of Professor Albert Robin, who has been made honorary president.

THE seventieth anniversary of Ehrlich's birth was celebrated at Frankfurt on March 14th, when an address was delivered by his successor, Professor Kolle.

THE German Central Committee for Combating Tuberculosis will hold its annual meeting at Coburg from May 26th to 28th.

DURING the winter session at Berlin University there were 1,967 medical students, as compared with 2,943 at Vienna.

THE March number of the *Veterinary Journal* is devoted entirely to foot-and-mouth disease, and contains several original articles of particular interest. The recent epidemic in this country is considered fully, and accounts of the disease in the army generally and in India also appear. The January number was given up to toxicology, and this *Journal's* new departure in creating special numbers is receiving support that indicates that the policy is approved.

THE German Minister for "Volkswohlfahrt" has issued a decree (*Deut. med. Woch.*, March 14th, 1924, p. 350) requiring persons wishing to carry out Wassermann's and similar reactions in the diagnosis of syphilis to obtain a special licence if they wish to take payment for these tests. All doctors who continue to advertise on their plates that they undertake examinations of the blood are informed that these and similar announcements will be removed by the police unless they hold the special licence for the purpose.

THE trustees of the Ella Sachs Plotz Foundation give notice that they are prepared to receive applications for grants in aid of work "on problems in practical medicine and surgery, preventive medicine, and the medical sciences. Plans for concerted attack by a group of investigators, either at one centre or working in different places, will be especially welcomed." Grants may be used for the purchase of apparatus and supplies needed for special investigations, and for the payment of unusual expenses incident to such investigations, including technical assistance, but not for apparatus or materials ordinarily a part of laboratory equipment. Stipends for the support of investigators will be granted only in exceptional circumstances. Applications should be addressed to the Secretary of the Executive Committee, Dr. Francis W. Peabody, Boston City Hospital, Boston, Mass. The present available annual income is 10,000 dollars.

THE late Dr. T. W. Thursfield of Leamington Spa has left estate of the gross value of £78,272, with net personalty of £76,803. He has bequeathed £600 to the Warnford and South Warwickshire Hospital, Leamington, the income from which is to be applied to the improvement of the teaching of the nurses trained in the hospital by lectures bearing his name, to be given by qualified medical men preferably on the honorary staff of the hospital. Any balance is to be used for a medal or prize bearing his name to the nurse passing the best examination. His medical works, instruments, etc., not selected by his son James are also bequeathed to the hospital. To the University of Aberdeen he has left £450, the income from which is to be applied for a Dr. Thursfield gold medal (or other award) for the best thesis for the degree of M.D.

DR. J. G. DE LINT of Gorinchem has been appointed privat-docent in the history of medicine in the medical faculty of Leyden.

DURING the exhibition which is to be held next summer at Toulouse a medical congress will take place under the auspices of the Toulouse faculty of medicine.

PROFESSOR F. ZINSSER, director of the Cologne skin clinic, has been appointed dean of the Cologne medical faculty.

THE total number of applications received for licences under the Dyestuffs (Import Regulations) Act during March was 551. Of these 420 were granted, 83 were referred to British makers of similar products, and of 26 reparation supplies were available.

THE United States Health Service has arranged, in conjunction with Columbia University and the Universities of California, Michigan, and Iowa, to conduct public health summer schools this year, and several thousand medical practitioners and health workers have signified their intention of attending them.

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.

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

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.

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.

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, Mediscra 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.

RAIN WATER.

"OVID" asks: Can any country colleague who drinks rain water advise me? My main catch is from tiles, and passably good, but I have outhouse roofings of (1) galvanized iron, (2) lead, (3) zinc. Is there any paint with which these three can be covered and the water drunk with safety?

LETTERS, NOTES, ETC.

HOSPITALS AND INSURANCE.

LORD SOMERLEYTON (Honorary Secretary, King Edward's Hospital Fund for London) writes: It has come to the knowledge of King Edward's Hospital Fund that a circular addressed to "Employers of Labour, Tradesmen, and Philanthropists" has been issued by the "United Kingdom Free Hospital Insurance Fund," 17, Ironmonger Lane, E.C. The second paragraph of the circular