

and there has been no recurrence of any kind; the scar is smooth, level with the surrounding skin, soft and supple, and, except that it is whiter than the rest of the nose, is almost imperceptible.

CASE II. Male aged 50. Growth in the skin over the mastoid bone behind the lobule of the right ear. The first trouble was noticed a year ago, when a small pimple or wart appeared which used to catch the razor in shaving. Now, January, 1902, there is a thickened patch in the skin five-eighths of an inch long by half an inch in breadth. The patch seems to be about one-eighth of an inch thick, is slightly raised above the surrounding skin, and feels semicartilaginous not unlike the base of a hard sore. Down the centre of the patch there is a small scab; on removing this a narrow bleeding surface is left. It is not possible to say whether this condition should be classed as a rodent ulcer or as an epithelioma; it presented an appearance almost exactly similar to a case I saw some years ago, which after being excised several times finally infected the glands of the neck, after a total duration of over six years. Treatment by exposure to the x rays was commenced at once, and in all eleven exposures were given between January 10th and February 10th. The conditions were the same as in the last case, the focus tube being placed as close as possible, and the head and neck protected by a sheet of thin lead. As in Case I the first effect was to produce ulceration of the whole of the thickened patch, there was fairly free suppuration, and the raw surface became level with the skin, while the thickening beneath disappeared. A considerable amount of irritation was also produced in the surrounding skin, and also over the shoulder below the edge of the protecting metal sheet, which had been thought to be sufficiently out of the direct line of the rays to escape injury. The x-ray burn over the shoulder took place through the clothes, consisting of coat, shirt, and singlet. The appearances produced were exactly like what is seen when uncovered parts of the skin are burned by prolonged exposure to the sun; the skin became inflamed and felt sore, and finally desquamated. The further treatment by the x rays was stopped because of the irritation produced, and as soon as this had subsided healing began, and fourteen days later the ulcer had entirely closed, leaving a smooth soft scar scarcely distinguishable from the surrounding skin. Now, fourteen months later, the patient remains well: there has been no recurrence, the skin is smooth and soft, and, except that it is quite white in colour, would not be noticeable.

CASE III.—Male, aged 46. Ulcer on ring finger of left hand. The sore is situate at the base of the finger close to the palm at the junction of the anterior and ulnar surfaces. The history is as follows. Some three years ago he began wearing a diamond ring; the diamond, a single one, was set in an open setting and the lower point projected somewhat below the setting and so came in contact with the skin; the ring being somewhat large used to slip round, and so the point of contact of the point of the diamond was usually in the situation where the sore afterwards formed. The ulcer first appeared two years ago and remained open for two months, and healed up under a dressing of sulphate of zinc lotion. Some time later he began to wear the same ring again, and after doing so for three months an ulcer appeared again and has remained open ever since,—that is for a period of nearly twelve months. At first it was somewhat larger than it is now, but some slight healing took place under treatment, but although various means were used no further healing occurred. Now there is an ulcer about the size of a threepenny piece at the base of the ring finger between the anterior and lateral surface; the edges are slightly thickened, the surface of the sore is nearly level with the skin and covered with red dryish looking granulations. If the sore is allowed to get dry he feels some pricking pain in it, but if it is kept soft with either a wet dressing or some ointment, no pain or other inconvenience is felt. In view of the fact that most kinds of treatment available seemed to have been tried before the patient came under my care I determined to treat the sore by exposure to the x rays. The ulcer was exposed to the rays twelve times between January 2nd and 31st, at somewhat irregular intervals, as he was not always able to attend when required, the rest of the hand being protected as far as possible with lead foil, but, owing to the situation of the ulcer, this was somewhat difficult to accomplish. The exposures were for ten minutes at a time, and the focus tube was placed as near as possible to the hand. At the end of the month the sore had slightly closed in round the edges, but no very marked improvement had occurred: no burning or irritation was produced in the surrounding exposed skin. At this date he was obliged to go away for a time, and so further treatment with the x rays had to be stopped; however from this time healing steadily progressed, so that when he next came to see me, three weeks later, the sore was entirely closed, the scar being soft and smooth and hardly perceptible. At the date of writing, three months since healing took place, the scar remains sound and the disease appears to be entirely cured.

REMARKS.

The first two cases of this series were no doubt rodent ulcers, and cure was obtained by exposure to the x rays, leaving an almost imperceptible scar; and since in each case over a year has elapsed since they healed up, and there has been no sign of recurrence, it seems probable that the cure will be a permanent one. The third case of the series is more difficult to classify; the ulcer was no doubt caused by the irritation of the projecting point of the diamond in the ring, but after the wearing of the ring was discontinued it showed no tendency to heal, and had remained open for twelve months; on the other hand, it did not extend any further, and did not present the excavated appearance or the thickened rolled-out edges characteristic of a rodent ulcer.

DURATION OF MEDITERRANEAN FEVER.

By P. W. BASSETT-SMITH,
Fleet Surgeon, R.N., Haslar Hospital.

DR. HARTIGAN, of Hong Kong, in the BRITISH MEDICAL JOURNAL of November 14th, 1903, quotes a case of 95 days' duration, and states that the question is often asked by the patient "why the fever lasts so long." From experience at the Royal Naval Hospital, Haslar, 3 months is generally the minimum of a case, although sometimes in the Mediterranean the whole disease may be over in 1 to 2 months, but in the majority of all cases relapses are likely to occur for 4, 5, or 6 months; in certain cases the patient again and again comes into hospital with slight attacks of fever and rheumatic pains for years, during which he had been for some time at duty, but rarely feeling quite well, and often only able to do light duty, these cases generally being finally invalidated out of the service with a severe and pronounced cachexia; several I could quote having slight though almost continuous fever for 2 years, with a see-saw temperature which nothing seems to break, also an instance of an officer who after 3 years still has irregular attacks, though continuing at duty, who has not left England during this period, and whose blood reacts with well-marked agglutination in a dilution of 1 in 40 and over.

Thus the indefinite duration is very well demonstrated, and the prognosis as to time must therefore be very guarded. As to the causation of this very prolonged course, we have this positive fact to go on, that for a long period the micrococcus melitensis is present in the blood.

In the experimental research work carried out lately by Staff Surgeon A. E. Shaw, and Surgeon Gilmour, R.N., at Malta, and myself at Haslar, we have been able to isolate the micrococcus melitensis from the peripheral blood in cases actually suffering from the fever; not restricted as was expected to the early stages of the disease, but from my own personal observation found as late as the 58th, 84th, and 142nd day during relapses of the fever.

If therefore the organism can remain more or less latent in the spleen for long periods to be again and again let loose in the general circulation, causing an exacerbation of the fever, from any causes which decreases the "phagocytic" power of the leucocytes, which are, as I have already shown, feebly active and deficient in number in such cases, and as also the bactericidal action of the serum is also slight, then an explanation of the prolonged course of the disease is explicable; and, what is more important, the marked failure of drug treatment. This leads one to believe more and more that the only rational and effective curative agent will be found in the preparation of, and introduction into the body of an anti-germicidal serum which will attack the organism *in vivo*.

It is noticeable that from the point of drug treatment the most satisfactory—which are, however, very uncertain—results have been obtained from preparations of free chlorine (Burney Yeo's mixture) and other disinfectants, as salol, resorcin, and creolin, the latter of which, in Dr. Hartigan's hands, acted once so successfully.

REFERENCE.

1 BRITISH MEDICAL JOURNAL, September 20th, 1902.

MEMORANDA:

MEDICAL, SURGICAL, OBSTETRICAL, THERAPEUTICAL, PATHOLOGICAL, Etc.

HYOSCINE AS A SPECIFIC IN PARALYSIS AGITANS. THIS disease is generally put down in most textbooks as one that the physician can do little for by way of relief or cure. I wish in this communication to show that the symptoms can be much relieved and life prolonged by the alleviation of same.

One does not come across many cases of Parkinson's disease in general practice, and as I have had under my care for over three years a most typical one I should like to give my experience of that most potent drug hyoscine as an alleviative agent, if not a curative one, in that disease.

The patient, a woman, is now 69 years of age. Five years ago she became aware that her writing—usually a good hand—was getting shaky, and her right hand at times tremulous. She did not pay much attention to it until about a year afterwards, when the other hand began to quiver, and both arms became much fatigued on the least exertion. She

also developed the subjective sensations of great heat, followed by free perspirations and much restlessness.

I saw her for the first time then; that would be about eighteen months after the tremor was first detected. She had the characteristic "pin-rolling" movements in the fingers and thumbs, along with the constant movements of flexion and extension at the wrist and elbow joints of both arms. She also began to take on the peculiar mask-like expression, and presented the characteristic stooping attitude. In walking she showed a slight tendency to hurry forwards. The muscles of both the arms and right leg showed increased irritability on tapping. The tremor could be stopped by a voluntary effort for a short time, and it ceased during sleep. In the morning, on waking, it was very slight, but became worse towards night or after any exertion.

In the way of treatment I enjoined mental and physical rest, and gave at different times arsenic, Indian hemp, and phosphorus, but none were of much avail; indeed, the tremor increased in violence and was becoming more widely distributed, and the "festination" was much more noticeable. She also complained of acute neuralgic pains in the arms and chest, and altogether the patient was becoming very irritable, so much so that she "fell out" with almost everything and everybody. The heart also showed signs of failing, as was evidenced by the dropsy in the lower extremities and dyspnoea on the least exertion. There was no albumen in the urine.

While perusing the columns of the *Lancet* about fifteen months ago I saw that Drs. Williamson and Bury, of Manchester, found hyoscine to be the most useful drug that has hitherto been tried in the treatment of paralysis agitans. I procured some in the form of the hydrobromate, and commenced with a dose of $\frac{1}{16}$ gr. in aqueous solution morning and evening. The first dose had a most marked effect. The patient slept for ten hours and felt quite refreshed, and remarked that she did not feel so well for at least three years. After four doses the tremor lessened in its violence, and after four days was hardly noticeable. She stated that she felt more comfortable and was not now troubled with the flushings and restlessness which were so persistent before. The neuralgic pains gradually subsided, as well as the dropsy and dyspnoea, and her gait became more natural, although the characteristic posture remained the same.

As I have already stated, it is now fifteen months since I commenced the administration of this most potent alkaloid, and in the interval have given it in varying doses, but never more than $\frac{1}{16}$ gr. at a time. Now my patient is very much better in every way than she was previous to its use, and I feel confident that her life has been made much more pleasant, and indeed has been prolonged by the administration of this drug which from my experience I should almost call specific for shaking palsy.

It is important to note that hyoscine is a very powerful drug, and must be administered with great care. It is best to give it well diluted with water. Dr. Williamson's prescription is a useful one— $\frac{1}{8}$ gr. of hyoscine hydrobromate in 6 oz. of chloroform water. At first two teaspoonfuls of this may be given in the morning just after breakfast and at bedtime, and the dose may be increased to even six teaspoonfuls ($\frac{3}{4}$ gr.), but I never had to give in my case more than $\frac{1}{16}$ gr. at one time.

Horwich, Lancs.

A. ROSE, M.B., C.M.Aberd.

A CASE OF CHANCRE OF THE LIP.

An intelligent, healthy-looking man of 29 was admitted to hospital on June 12th with the following history:

He exposed himself to infection on April 25th, and noticed that the woman had what he describes as a "pimple" at the right angle of her mouth. On May 23rd a small crack appeared on his own lip, and on May 26th he went to a doctor, who treated him with various applications for some days, and then sent him to hospital as a case of "epithelioma for immediate removal."

On admission he had an ulcer on the lower lip, a little to the left side of the median line, circular, and measuring $\frac{3}{4}$ in. in diameter. It began in front at the junction of the skin and mucous membrane. The edge of the ulcer was thin, vertical, and sharply defined, not raised or everted, and without surrounding induration. The floor of the ulcer, examined with a hand lens, showed red, smooth, shining patches, and patches of yellowish-grey slough; there was no pain or tenderness. The submaxillary glands were enlarged and hard on both sides; those along the sterno-mastoid and in the sub-

occipital region were also easily felt. The fauces and posterior part of the soft palate were reddened and secreting thick mucus; the patient had been hoarse for about a week.

A mouth wash: R. Liq. pot. permang., 10 minims; aq. ad 1 oz., was ordered, but mercury was not at once given.

On June 15th a typical syphilitic roseola appeared on the abdomen, chest, and back. The following prescription was then given: R. Liq. hygrarg., 1 drachm: pot. iodid., 5 gr.; inf. quassiae, ad 1 oz. One oz. three times a day after meals.

By June 18th a convex greyish-black dry crust had formed on the sore, and this slowly increased in size. The rash and other secondary symptoms commenced to disappear, and were quite gone by June 27th. The crust on the lip then measured $1\frac{1}{2}$ in. by 1 in. On June 30th the crust came away leaving an almost healed surface.

It was decided that the ulcer could not be an epithelioma for the following reasons:

1. The patient was too young, epithelioma not being common until after 40.
2. The character of the ulcer, its regular form, shallowness, and the absence of the hard floor, thick everted edge, and surrounding induration of an epithelioma.
3. An epithelioma would not have reached so large a size, nor produced so much glandular enlargement, three weeks from the time of its appearance, being almost invariably of slower growth.
4. The history of exposure and painlessness of the ulcer also pointed to primary chancre. The appearance of the eruption and the rapid improvement with mercury leave no doubt as to the correctness of the diagnosis.

A point of interest, and one previously observed in labial chancre, was the formation of a slowly-enlarging "limpet-shell"-like crust, slightly resembling a sore in the eruption of rupia. This became evident during the treatment.

There was also the frequently noted absence of typical circumscribed induration. The occurrence on the lower lip, and in a male is a little against the rule.

P. N. VELLACOTT, M.B., B.S., F.R.C.S.,

Surgeon-Captain, S.A.C.

Sydenham, Bloemfontein, O.R.C.

OVARIOTOMY ON A PATIENT AGED 79.

M. H., aged 79, widow.

Past History.—She had had six children and no illness of any kind till five or six years ago, when she noticed a swelling on right side of abdomen, which had gradually increased. More recently she had suffered much from feeling of distension—"dyspepsia"—and shortness of breath.

Condition on Admission.—Abdomen greatly distended, measuring 30 in. at ensiform cartilage, 34 in. at umbilicus, and 35 in. over pubes. The swelling is fluctuating; dull in front and resonant in flanks. There is an umbilical hernia the size of a small cocoa-nut. Other organs are normal.

Operation.—On May 24th, 1903, at the Nursing Institute, Palmer's Green, Dr. B. E. Potter administered ether and I removed an ovarian cyst containing 12 pints of clear fluid. There were a few omental adhesions which were easily dealt with, the operation lasting half an hour. The patient made an uneventful recovery, the temperature never rising above 99.6° F., and this only on the first two evenings after the operation. The pulse on the evening of the day of operation was 80 and good, there being no shock and sickness on only one occasion. The bowels acted of their own accord on the third day. The stitches were removed on May 26th when the wound was healed. The patient got up on May 31st, 1903, and went to the seaside ten days later.

Comments.—This was a very ordinary ovariectomy, but the patient's age and the absolutely uneventful nature of the recovery are of some interest. It will be noted also that ether was the anaesthetic used, and that it gave rise to no ill-consequences whatever. In fact I attribute the absence of all shock to its use. The patient now (four months later) is in good health and going about daily.

THOMAS NORTH, M.D., B.Ch., B.A., T.C.Dublin.

New Southgate.

CARBOLURIA DUE TO SALOL.

On September 29th I had reason to prescribe salol in tablets of 5 gr. in each for a Mrs. P., aged 43 years, for flatulent dyspepsia. I ordered one tablet three times a day after food. When she had taken six tablets, which was at the expiration of the second day of treatment, her urine became olive green in colour, and gave a purple reaction with dilute liquor ferri perchloridi. I at once stopped the administration of salol,

and thirty-six hours later all trace of carboluria had disappeared. There were no other symptoms. I think the symptoms of carboluria in this case came on exceptionally soon. I myself have taken 10 gr. of salol twice a day for over two months with no carboluria ensuing, and I have given it to young children in 2½-gr. doses for some time with no ill effects.

Bristol.

JOHN WM. TAYLOR, M.R.C.S., L.R.C.P.

THE ETIOLOGY OF BERI-BERI.

DR. ELLIS maintains that rice eating is not the cause of beri-beri,¹ a view which the following cases confirm:

A batch of healthy Chinese carpenters were shipped from Hong Kong to Aden for shore work. Within a month all suffered from beri-beri, the rice consumed on the voyage and afterwards being the same as that eaten by other natives who were not attacked. Three successive batches occupying the same quarters were likewise stricken, but, on these being thoroughly disinfected, a fifth lot lived in them with impunity.

Again, beri-beri, evidently imported, broke out amongst coolies occupying new houses. The sick were segregated, the premises disinfected, and then reoccupied, no more cases occurring.

There was another epidemic amongst coolies living in old houses. Similar measures were adopted without success. Even renewing all woodwork was useless, the disease not being stamped out until the quarters were changed; the house infection was too well fixed to be eradicated. A severe epidemic occurred in a Chinese school, and, notwithstanding all precautions, did not cease until the buildings were evacuated.

Beri-beri cases have formerly been placed in the general wards of hospitals without infecting other patients, the hygienic surroundings not lending themselves to the propagation of the disease, whose genesis is undoubtedly favoured by overcrowding, moist heat, and sanitary neglect.

Our experience in Hong Kong, where year after year plague attacks the same houses and streets, proves it to be a place infection. Mr. Cantlie has shown how leprosy clings to certain houses and localities. Beri-beri is likewise a place disease. Rice-eating has as much connexion with its etiology as fish consumption with that of leprosy or "chewing tiger's" flesh with the production of heroes.

London.

WILLIAM HARTIGAN, M.D.Brux., D.P.H.

MEDICAL SICKNESS AND ACCIDENT SOCIETY.—The usual monthly meeting of the Executive Committee of the Medical, Sickness Annuity and Life Assurance Society was held at 429, Strand, London, W.C., on November 27th. Dr. de Havilland Hall was in the chair. The accounts presented showed the business of the Society to be in a satisfactory condition. During the current year the sickness claims have been rather less in amount than in the corresponding portion of last year, while already the number of new entrants is greater than the total of those who joined the Society in 1902. Notwithstanding the increase in the number of members, and the more than corresponding growth in the reserve, the economical system of management which the Society has always adopted is still maintained, and a large surplus in the management fund has been built up. Ever since the commencement of the business in 1884 the total management expenses have amounted to less than half the sum provided by the rules (namely, 10 per cent. upon the premium income), and in this way a large sum has been collected. The business is now being valued, and the surplus will be at the disposal of the members next year. Convincing evidence of the value of the sickness benefit lies in the fact that so large a number of the members are availing themselves of the opportunity allowed by a somewhat recent alteration in the rules to increase their sickness pay to £6 6s. per week. The additional sickness allowance has to be paid for at an enhanced rate, as the age of members is, of course, greater than when they first joined the Society. Prospectuses and all particulars on application to Mr. F. Addiscott, Secretary, Medical Sickness and Accident Society, 33, Chancery Lane, London, W.C.

A CANCER HOSPITAL IN RUSSIA.—A cancer hospital has just been established in Moscow. The building of the hospital, which, we believe, is the first of its kind founded in Russia, has cost 250,000 roubles. The money has been given by a manufacturer of the city. The hospital has at present accommodation for 60 patients. When complete it will be capable of receiving a hundred.

¹ BRITISH MEDICAL JOURNAL, November 14th, p. 1268.

REPORTS OF SOCIETIES.

EDINBURGH MEDICO-CHIRURGICAL SOCIETY.

JOHN CHIENE, C.B., F.R.C.S.E., President, in the Chair.

Wednesday, December 2nd, 1903.

THE PATHOGENESIS OF GOUT.

DR. CHALMERS WATSON read a paper, illustrated by specimens, on the comparative pathology of gout, which will be published in full in the BRITISH MEDICAL JOURNAL.

RADIUM.

DR. DAWSON TURNER read a paper on radium in practical medicine; the views he expressed are covered by his paper on the Nature and Physiological Action of Radium Emanations and Rays, which was published in the BRITISH MEDICAL JOURNAL of December 12th, p. 1523.

THE OPEN-AIR TREATMENT OF BRONCHO-PNEUMONIA COMPLICATING WHOOPING-COUGH.

DR. C. B. KER, in a paper on this subject, drew attention to the great mortality of the children of the poorer classes from whooping-cough, and mentioned that the annual death-rate per 1,000 persons living in Edinburgh over a period of eight years was 0.48, no less than one-third of the whole zymotic death-rate of the city. In hospital the mortality was very high, from the fact that most of the cases admitted suffered from complications. The Edinburgh City Hospital death-rate for eight years was 18.11 per cent. of admissions, the Glasgow Fever Hospital giving a rate of 18.3 over a period of twenty-two years. The most fatal of all complications was broncho-pneumonia, and in any attempt to reduce the general death-rate this fact had to be kept in view. He had tried all the drugs recommended in pertussis, with a view of giving the broncho-pneumonic patients a better chance by reducing the number and severity of their paroxysms. In his experience, however, with the doubtful exception of belladonna pushed very freely, no drug was satisfactory. He had had equally unsatisfactory results with creosote and eucalyptus inhalations. As regard the treatment of the broncho-pneumonia itself, everything, from the poultices once recommended to ice-cold compresses on the chest, had been tried. Steam tents were found to be of little value. The routine treatment was ultimately to give a stimulant expectorant mixture and wrap up the chest in cotton wool. The fact that many prolonged cases succumbed finally to tuberculous disease first suggested putting the patient out in the open air. The treatment had now, with various modifications, been in use for two and a-half years. The children were placed in uncovered cots in the open air for about six hours daily when it was not actually raining. They were well covered and wrapped up. Although they were kept out till as late in the year as November 15th, there were no bad results which could be attributed to the treatment. The only contraindications were the presence of laryngitis or the occurrence of convulsions, the treatment of the latter being better carried out indoors. In the winter months the worst cases occupied a ward called the sanatorium, which was practically completely open on two sides, and the results continued good. The good effects of the treatment were chiefly observed in the improved appetite and sleep of the patients. The temperature and pulse declined but slowly, as was also the case with the inspirations. But tuberculous sequelae were much rarer, and no longer did cases, admitted free from complications, contract broncho-pneumonia in the wards. The number and severity of the paroxysms remained quite unaffected. While convulsions seemed as liable to occur as before, the nervous tone of the patients was much better. As regard results, the hospital death-rate under the old conditions was 71 per cent. of the broncho-pneumonias. The first series of experiments, when only a certain number of the cases had the advantage of the new treatment, gave a percentage mortality of 54 on 22 cases. When all the cases were carried out from the day of admission the death-rate on 26 consecutive cases was only 26 per cent. During the winter 11 cases were treated in the sanatorium, with a mortality rate of 27 only. In the summer of 1902, when the cases were out in the open air, and, if very severe, slept in the sanatorium, the rate was 34.6—a higher figure, probably explained by the bad weather which prevailed. Finally, when circumstances stood in the way of further carrying out the treatment, a series of 19 cases treated indoors during the winter showed a rise of

the Medical Organization of a Foreign Army, selected by the candidate, described within similar limits.

N.B.—Candidates will not be examined in Subject 5 (c), the Laws and Customs of War.

Lieutenant-Colonel J. RIORDAN, M.B., retires on retired pay, December 12th. He joined as Surgeon, August 4th, 1883; and was made Surgeon-Major, August 4th, 1895; and Lieutenant-Colonel, August 4th, 1903. He was with the Burmese expedition in 1885-6, and has the Frontier medal with clasp.

MEDICO-LEGAL AND MEDICO-ETHICAL.

THE SALE OF DRUGS IN TABLOIDS.

On December 14th Mr. Justice Byrne delivered judgement in the case of Burroughs, Wellcome and Co. v. Thompson and Capper. An action was brought to restrain the defendants, who are manufacturing and retail chemists, from passing off goods not of the manufacture of the plaintiffs as and for their goods, and particularly to restrain them from selling or offering for sale any such goods under the name "tabloid" or "tabloids," and from infringing the plaintiffs' trade marks.

It appears that prior to March, 1884, the plaintiffs were manufacturing and selling compressed drugs in a solid form and of a lenticular or biconvex shape. On the 14th of that month they registered the word "tabloid." The substantial question in the action was whether or not the word "tabloid" was a distinctive fancy word not in common use at the date of registration. Evidence was adduced to show that prior to 1884 the word "tabloid" was not known to the English language, and that it was actually coined by a member of the plaintiff's firm. It was argued on the part of the defendants that the word was descriptive of the article to which it referred, and that it would not therefore be valid subject matter of a trade mark.

It was alleged that the defendants in response to orders for "tabloids" had sold goods not of the manufacture of the plaintiff's firm. Thus, on the 12th September, 1902, one Thomas Smith was supplied with cascara sagrada in similar shape and form to the plaintiffs' tabloids, which were described on a list shown to and read by the assistant as "cascara sagrada tabloids, B. and W."

Mr. Justice Byrne, in giving judgement, said:—I come to the conclusion that in March, 1884, the word was not "really intelligibly describing the thing sold." It is clearly proved that since the registration of the words "tabloid" and "tabloids," the plaintiffs have continuously and to an enormous extent advertised, sold and denoted their goods in connexion with the registered words. I had the evidence of a very representative body of medical men and chemists, which convinces me that to these, who constitute that portion of the public who are primarily concerned in the matter, the words "tabloid" and "tabloids" mean and denote, and have always meant and denoted the goods of the plaintiff firm. I am satisfied that to doctors who prescribe and use the word "tabloids," the word means and intends the goods of the plaintiffs; and that it has the same meaning to chemists and others concerned in the drug trade. I consider that the evidence does show, again speaking generally, that members of the public, when they ask for "tabloids," mean and expect to get the goods of the plaintiffs.

In the event judgement was given for the plaintiffs, and an injunction was granted.

UNIVERSITIES AND COLLEGES.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

The ordinary Council was held on December 10th, Mr. John Tweedy, President, in the chair.

Diploma of Fellow.

Diplomas of Fellowship were issued to 19 candidates of those who had presented themselves at the November examination.

West London Hospital.

The application of the Dean of the Post-Graduate College of the West London Hospital, namely, that the West London Hospital be included in the list of hospitals at which candidates, who are not members of the college, may attend for the additional year of surgical practice, after obtaining a qualification recognized by the Council, under the conditions of Clause 2 of Section 4 of the Regulations for the Diploma of Fellow, was granted.

The General Medical Council and the Final Examination.

A report of the Visitor and Inspector of the General Medical Council upon the Third or Final Examination of the Conjoint Examining Board in England having been considered by the Court of Examiners, the following report was adopted by the Council of the College, and a copy of it was directed to be forwarded to the General Medical Council. The Council of the College dealt only with the statements made in regard to the surgical portion of the Final Examination.

Reply of the Council as to the Surgical Portion of the Final Examination.

1. In regard to the recommendation that, in addition to the Oral Clinical Examination, candidates should be required to furnish a written report on at least one surgical case:

The Court do not agree with this recommendation. They have had considerable experience of this form of examination in the Final Examination for the Fellowship, and so unsatisfactory has it, in their opinion, proved, that the two written reports on surgical cases which used to be required have been reduced to one, and the advisability of discontinuing the single written report has been seriously considered. The *viva voce* Clinical Examination appears to the Court to be much the better test of a candidate's knowledge, and quite sufficient for the purpose, especially as for the last six years the time devoted to this examination has been extended from fifteen minutes to half an hour.

Moreover, the Court are of opinion that this recommendation is impracticable, owing to the great number of patients that would be required and the time which would be occupied in the examination of the large number of candidates presenting themselves. (During the year ending June 24th last, 766 candidates were examined in surgery at the Final Examination of the Conjoint Board.)

2. With reference to the criticism that "there is still no special examination in Ophthalmic Surgery or Aural Surgery."

The Court would remind the Council that the question of instituting a special examination in Ophthalmic Surgery was very fully considered in the year 1890 and again in 1895, when a circular upon the subject was addressed to the medical schools in England. Out of the eighteen schools consulted only three were found to be in favour of a special examination, and the Court, in a report dated May 25th, 1895, gave their reasons for considering a separate examination undesirable. The present Court, which, with one exception, consists of examiners appointed since that date, entirely agree with the views then recorded. In that report the opinion was expressed "that at the present time candidates are adequately examined in ophthalmic surgery, and that a separate examination in this subject is undesirable."

And further that "if the principle be admitted that a special pass examination is to be required in ophthalmic surgery, it may soon be considered necessary to appoint special examiners in other branches of surgery, such as laryngology, otology, dermatology, and orthopaedics."

The Court would also point out that by Clause 8, Paragraph II, Section I of the Regulations, candidates are required to produce a certificate

Of having attended clinical instruction in ophthalmic surgery at an ophthalmic hospital recognized for the purpose by the Examining Board in England or in the special ophthalmic department of a recognized general hospital during not less than three months.

All candidates, moreover, are liable to be examined in ophthalmic and in aural surgery, as well as in any other branch of surgery, and the Court consider that a special examination in either subject is unnecessary and undesirable.

3. With regard to the statement that "no examination in operative surgery on the cadaver is held":

The Court do not agree with the remarks of the Visitor and Inspector in the views they have stated on the present mode of examination in operative surgery. In the opinion of the Court, a very good test of the candidate's knowledge is obtained by calling upon him to explain on the living model how he would perform an operation, to select and describe the instruments he would use, and to undergo examination as to the structures involved in such operation.

The Court do not consider it desirable that candidates at the Final Examination of the Conjoint Board should be examined in operative surgery on the cadaver. Such an examination is at the best an uncertain test of a candidate's dexterity, and with numerous candidates and a scarcity of subjects it would be most difficult to maintain a uniform standard, because some would have to perform operations of an easy and others those of a difficult nature.

The question of the supply of subjects has also to be considered. As was pointed out to the Visitor and Inspector, the impossibility of obtaining a larger supply of subjects in London than that now available renders it impracticable to examine large numbers of candidates in operations on the cadaver without seriously diminishing the supply of subjects for dissection and for the courses of operative surgery which all candidates are required to attend.

4. The Scheme of Marks.

The Court are of opinion that some modification may be desirable, and it is proposed that the following scheme of marks be tried. This scheme will enable a pass mark to be given in each part of the examination: at the same time, higher marks will be attached to the longer clinical examination. The pass standard will be 50 per cent. as at present.

	Clinical.	Surgical Anatomy.	Pathology. Table No. 1.	Pathology. Table No. 2.	Paper.	Total.
Maximum ...	12	10	10	10	18	60.
Pass Mark ...	6	5	5	5	9	30.
Minimum ...	3	2	2	2	4	13.

Candidates who obtain not less than 30 marks (50 per cent.), provided they do not obtain less than the minimum at any one part, will be adjudged to have passed the examination.

Dental Surgery.

Seventy-two diplomas of the Licence in Dental Surgery were issued to candidates found qualified at the recent examination.

A report from the Board of Examiners in Dental Surgery dealt with the circumstance that a large number of students pass in the dental part only of the examination, having either failed in or not having presented themselves for the general part of the examination. With the object of obviating this the following resolutions were adopted by the Council:

1. That a candidate who elects to take the examination in two parts must present himself for, and pass in, the general section first.
2. That a candidate who presents himself for the whole of the examination at the same time may pass in the general section though he may fail in the dental section.
3. That a candidate who presents himself for the whole examination shall complete his examination in the general section before his dental paper is read by the Examiners, and before being admitted to the Dental Practical and Oral Examination, and, in the event of his failure in the general section, he shall not be allowed to proceed with the dental section.
4. That, in the event of the compulsory withdrawal of a candidate from the Dental part of the Examination, the fee paid for admission to that part will not be forfeited by him, but will be held over until such time as he becomes eligible and presents himself to be examined by the Dental Section of the Board.

In order to give effect to these alterations the necessary changes were made in the regulations. The altered conditions are to take effect from November 1st, 1904.

The President reported that, in accordance with the unanimous recommendation of the Board of Examiners in dental surgery, he had authorized the Board to hold, in February, 1904, an additional examination in general anatomy and physiology, and general pathology and surgery (Part I of the Second Professional Examination for the Licence).

Annual Meeting of Fellows and Members.

The following resolutions were carried at the meeting—namely:

I. Moved by Dr. Thomas Morton, M.R.C.S., seconded by Mr. Dennis Vinrace, M.R.C.S., and carried *non. con.*

That this meeting once more affirms the claims of the Members to representation on the Council on grounds of historical right, justice, and expediency.

II. Moved by Mr. Joseph Smith, M.R.C.S., seconded by Dr. G. Danford Thomas, M.R.C.S., and carried *nem. con.*—

That the Council is respectfully requested to receive a deputation of Members to confer on the subject of the foregoing resolution.

Resolution No. I.

With reference to this resolution the Council adopted the following resolution, namely:

That, in the opinion of the Council, it is not expedient to reopen the question of the representation of Members of the College on the Council.

Resolution No. II.

In regard to this resolution the Council adopted the following reply, namely:

The Council, being of opinion that it is not expedient to reopen the question of the representation of Members of the College on the Council, consider that no useful purpose would be served by receiving a deputation of Members to confer on the subject.

Posting of Minutes of Council.

With reference to the motion proposed by Dr. Dickinson and afterwards withdrawn, the Council arranged that the minutes of its meetings be posted in the Library and Common Room as well as in the Hall of the College, and that Section I of the regulations of the Council be amended accordingly.

Fellows' Dinner.

It was determined by the Council to hold a Fellows' subscription dinner at the College on the day of the Council election in July, 1904.

Meeting of Fellows.

It was resolved that this meeting, due to take place on the first Thursday in July after the annual election of the Council, should be suspended during the year 1904.

Physical Deterioration.

A letter of December 1st was read from Mr. A. W. FitzRoy, Clerk to the Privy Council, forwarding a further memorandum from the Director-General of the Army Medical Service, together with four tables of figures giving more detailed statistics as to the percentage of recruits rejected and the causes of rejection, and stating that the Physical Deterioration Committee "will be glad if the Royal College of Surgeons will take these documents into consideration, and while favouring the Committee with any observations it is desired to make, will be careful to state whether the perusal of the supplementary matter now furnished suggests the modification in any degree of the opinions previously expressed on the subject."

The matter was referred to the Committee appointed by the Council to consider the previous Memorandum of the Director-General.

UNIVERSITY OF OXFORD.

Radcliffe Travelling Fellowship, 1904.

AN examination for a Radcliffe Travelling Fellowship of the annual value of £200, and tenable for three years, will be held in Hilary Term commencing on Tuesday, March 1st. Candidates must have passed all the examinations required by the University for the degree of Bachelor of Arts and for the degree of Bachelor of Medicine. They must also have been placed in the first class in one, at least, of the public examinations of the University, or have obtained some prize or scholarship within the University unattached to any college or hall, and open to general competition among the members of the University. The successful candidate must before election declare that he intends to devote himself during the period of his tenure of the Fellowship to the study of medical science, and to travel abroad with a view to that study. The Regius Professor of Medicine and the Examiners, two months before the expiration of the second year after the election of each Fellow, present a report on the work done by him to the electors, who may, if they think the report unsatisfactory, declare the Fellowship forfeited. The examination will occupy three days. Papers will be set in physiology, pathology, and preventive medicine, and a subject will be proposed for an essay. There will also be a practical examination in pathology. Intending candidates should send their names, addresses, and qualifications to "The Radcliffe Examiners, University Museum, Oxford," on or before Tuesday, February 9th, 1904.

UNIVERSITY OF CAMBRIDGE.

Examiners.—The following have been appointed additional examiners for the third M.B. examination this term: Dr. D. MacAlister, Dr. J. H. Drysdale, Mr. T. S. P. Strangeways, Mr. D'Arcy Power, and Dr. C. W. Mansell-Moullin.

Degrees.—At the congregation on December 10th, the following degrees were conferred: *M.B. and B.C.*: R. T. Worthington, Trinity; W. L. Harnett, St. John's; H. I. Pinches, Sidney Sussex. *M.B. only*: R. B. Etherington-Smith, Trinity; H. H. Weir, Trinity; J. E. Payne, Peterhouse. *B.C. only*: A. R. Brailey, Downing.

The following have passed the examination for the degree of Master of Surgery: C. E. Marriott, B.A., Clare; J. K. Murphy, M.D., Caius.

VICTORIA UNIVERSITY, MANCHESTER.

MEETING OF UNIVERSITY COURT.

THE first meeting of the new Court of the University of Manchester was held on December 11th. The only item of medical interest was the recommendation by Convocation that the representative on the General Medical Council should be nominated for election by this body. The Court did not see its way to alter the present procedure—namely, election by the Council.

DURHAM UNIVERSITY.

COLLEGE OF MEDICINE.

Memorial to the late Dr. Turnbull.

AT a recent meeting of the past and present students of the University of Durham College of Medicine it was unanimously resolved to institute a memorial to the late Dr. Turnbull who, for nearly eight years, filled with so much acceptance the post of Demonstrator of Anatomy in the College. Although the ultimate form that the memorial may assume cannot be determined until the amount of money available for the purpose is known, it was felt that after erecting a tablet to his memory in the College,

and presenting his portrait to the students' room, the funds might be invested and the interest thereon devoted annually to the giving of a "Turnbull" medal or prize in the Department of Anatomy. The Committee, which is constituted as follows, has agreed that the maximum subscription for students at present attending the College should be 5s.

Professor Sir G. H. Philipson, M.D.,	Dr. Raw.
Chairman.	Dr. Monica Robertson.
Dr. W. D. Arnison.	Dr. G. G. Turner.
Dr. Bolam.	Mr. Davies.
Dr. Cox.	Mr. Hamilton Drummond.
Dr. Dale.	Mr. Gabe.
Professor Howden.	Miss Johnston.
Dr. Evelyn Kendle.	Mr. Lloyd.
Dr. Parkin.	Mr. Willan.

The Treasurer is Dr. John Clay, 42, Jesmond Road, Newcastle-on-Tyne, who will receive subscriptions; the Honorary Secretary is Mr. W. T. Sewell, President of the Students' Representative Council. The following subscriptions have already been promised:—

	£	s.	d.
Professor Sir George H. Philipson
Professor Howden
Dr. Cox
Dr. Arnison
Dr. S. Raw
Dr. A. Maud Dodd

UNIVERSITY OF LONDON.

Recognition of Teachers.

MR. G. H. A. COMYNS BERKELEY has been recognized as a teacher of midwifery and gynaecology, and Dr. R. A. Young as a teacher of diseases of children at the Middlesex Hospital Medical School.

Organic Chemistry.

A circular has been issued to students in the medical schools of the University pointing out that the last Preliminary Scientific Examination and the last Intermediate Examination in Medicine for internal and external students under the old regulations were held last July, and indicating exemptions which apply to certain undergraduates and graduates.

ROYAL COLLEGE OF SURGEONS OF EDINBURGH.

Fellowship.

AT a meeting of the College held on December 15th the following gentlemen, having passed the requisite examinations, were admitted Fellows of the College: Sydney Herbert Allen, L.R.C.S.E., Melbourne, Australia; Arthur Alison Bradburne, L.R.C.S.E., Buxton, Derbyshire; Arthur Bernard Cridland, M.R.C.S.Eng., L.R.C.P.Lond., Wolverhampton; Daniel Randolph Gonsalves, L.R.C.S.E., Octacamund, India; William Colin MacKenzie, M.D., B.S., Melbourne; John Macmillan, M.B., C.M., D.Sc., F.R.C.P.E., Edinburgh; James Hutcheson Pestell, L.R.C.S.E., Victoria, Australia; Richard Staward, L.R.C.S.E., Springfield, Glasgow; and Harry Findlater Wilkin, L.R.C.S.E., Wickhambrook, near Newmarket.

Representatives on Royal Infirmary Board.

At the same meeting Dr. Peter Hume Maclaren and Dr. James Ritchie were elected representatives of the College on the Board of the Royal Infirmary for the ensuing year; and Mr. Henry Wade, M.B., F.R.C.S.E., was elected Conservator of the Museum.

TRINITY COLLEGE, DUBLIN.

THE following candidates have passed the Final Examination in Midwifery:

T. H. Gibbon, G. B. McCaul, R. H. Lee, H. St. M. Carter, D. Gray, H. R. Nelson, P. S. Stewart, W. S. S. Berry, T. C. A. Sweetman, S. H. Vickery, F. F. C. Willington, J. C. Hall, F. W. Bury, H. Stone.

MEDICAL NEWS.

PRESENTATION.—Dr. W. Whitworth, of St. Agnes, Cornwall, has been presented by the members of the Miners' and Mechanics' Institute with his portrait, in recognition of his valued services as honorary secretary of the institute for twenty-one years. Dr. Whitworth, after acknowledging the gift, presented it to the institution.

THE ROYAL INSTITUTION.—Professor Ray Lankester will commence a Christmas course of lectures illustrated by lantern slides and adapted to a juvenile auditory on extinct animals on Tuesday, December 29th. The first Friday evening meeting of the Institution for 1904 will be held on January 15th, when Lord Rayleigh will give an address on Shadows. Among other lectures announced we notice one fixed for March 4th by Professor Stirling, of Manchester, on Breathing in Living Things.

AT the annual general meeting of the Metropolitan Hospital Sunday Fund on December 16th, accounts were presented which showed that the total received this year was £64,975, being the largest sum hitherto collected. Attention was drawn to the fact that only some twenty congregations in the Home Counties had contributed, although it was well known that persons from these districts furnished a large proportion of all the in-patients. A motion intended to deter institutions from taking advantage of Hospital Sunday to bring their individual needs into prominence was passed.

AMERICAN NATIVE MEDICINE.—According to the *New York Medical Journal*, Dr. J. W. Blankenship, botanist at the State experiment stations at Bozeman, Mont., is making a collection of the herbs used by the Indians for medical purposes. The collection will be exhibited at St. Louis. Dr. Blankenship has discovered the formula for breadmaking from sunflower seeds, used by some of the tribes, and also the nature of the wild tobacco which they used to grow, and which was milder than that now in use.

MEDICAL VACANCIES.

This list of vacancies is compiled from our advertisement columns, where full particulars will be found. To ensure notice in this column advertisements must be received not later than the first post on Wednesday morning.

BIRMINGHAM AND MIDLAND FREE HOSPITAL FOR SICK CHILDREN.—(1) Honorary surgeon. (2) Two Physicians for Out-patients. (3) Surgeon for Out-patients.

BRIDGWATER INFIRMARY.—House-Surgeon, resident. Salary, £80 per annum.

BRISTOL ROYAL HOSPITAL FOR WOMEN AND CHILDREN.—House Surgeon, resident. Salary, £120 per annum.

CHELSEA HOSPITAL FOR WOMEN. Fulham Road, S.W.—(1) Resident Medical Officer. Salary, £80 per annum. (2) Registrar. Honorarium, £40 per annum. (3) Clinical Assistant.

DERBYSHIRE ROYAL INFIRMARY.—(1) Senior House-Surgeon. Salary, £100 per annum. (2) Assistant House-Surgeon. Salary at the rate of £60 per annum. Both resident.

EVELINA HOSPITAL FOR SICK CHILDREN, Southwark.—Clinical Assistants in the Out-patient Department.

HASTINGS, ST. LEONARDS, AND EAST SUSSEX HOSPITAL.—House-Surgeon, resident. Salary, £75 per annum.

HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST, Brompton.—Resident House-Physicians. Honorarium, £25 for six months.

LIVERPOOL CANCER RESEARCH.—Assistant Director. Salary, £200 per annum.

LONDON THROAT HOSPITAL, Great Portland Street, W.—House Surgeon, non-resident. Honorarium at the rate of £50 per annum.

MANCHESTER SOUTHERN HOSPITAL FOR WOMEN AND CHILDREN.—(1) Two Honorary Assistant Medical Officers. (2) Anaesthetist. Honorarium, £30 per annum.

NEWPORT AND MONMOUTHSHIRE HOSPITAL.—Assistant House-Surgeon, resident. Salary, £70 per annum.

NORTH-EASTERN HOSPITAL FOR CHILDREN, Hackney Road, E.—Surgeon.

NORWICH: HEIGHAM HALL PRIVATE ASYLUM.—Ass't Medical Officer.

PLYMOUTH: SOUTH DEVON AND EAST CORNWALL HOSPITAL.—House-Surgeon, resident. Salary, £100 per annum.

ROYAL LONDON OPHTHALMIC HOSPITAL, City Road, E.C.—Assistant Surgeon.

SALISBURY: FISHERTON ASYLUM.—Assistant Medical Officer, resident. Salary, £150 per annum.

SEAMEN'S HOSPITAL SOCIETY, Greenwich, S.E.—Junior Resident Medical Officer. Salary, £40 per annum.

ST. GEORGE HANOVER SQUARE PROVIDENT DISPENSARY, Little Grosvenor Street.—Resident Medical Officer. Salary, £100 per annum.

ST. MARY'S HOSPITAL MEDICAL SCHOOL, Paddington, W.—Lecturer on Physics and Assistant Lecturer on Chemistry. Salary, £100 per annum.

WOLVERHAMPTON AND STAFFORDSHIRE GENERAL HOSPITAL.—Assistant House-Physician, resident. Honorarium at the rate of £75 per annum.

MEDICAL APPOINTMENTS.

CAREY Conrad de L., M.B., B.C.Cantab., Medical Officer to the Parish and Infirmary, St. Peter Port, Guernsey.

CRIMP, G. Lydston, B.A., B.C.Cantab., Assistant to Professor of Pathology, Medical School, Cairo.

CROSS, B. B., M.R.C.S., L.R.C.P.Lond., Medical Officer and Public Vaccinator of the Mitford and Launditch Union Workhouse.

DAWSON, Kathleen, L.S.A., M.D.Bux., Resident Medical Officer of the Maternity Department of the New Hospital for Women, Euston Road, N.W.

DUNCAN, William, M.R.C.P.Lond., F.R.C.S.Fr., Examiner in Midwifery to the University of Glasgow for the ensuing four years.

GARBUTT, Richard H. O., L.R.C.P., L.R.C.S. Edin., Medical Officer, Public Vaccinator, and Medical Officer of Health to the Walsingham District of the Wearside Union.

GASK, G. E., F.R.C.S., Surgical Registrar to St. Bartholomew's Hospital.

GREEN, A. L. B., M.R.C.S., L.R.C.P.Lond., District Medical Officer of the Ross Union.

HEILBORN, W. E., B.A., M.B., B.C.Camb., Anaesthetist to the Royal Infirmary, Bradford.

MAKINS, Richard, M.B., Ch.B.Glasg., Resident House-Surgeon to the Grimsby and District Hospital.

MURRAY, William, M.A., M.D. Aberd., Surgical Assistant at the Birmingham and Midland Hospital for Skin and Urinary Diseases.

MUSGRAVE, C. B. T., M.D., District Medical Officer of the Tavistock Union.

MYLES, Thomas, M.D.Dub., B.Ch., District and Workhouse Medical Officer of the Winton Union.

PROCTER, G. H., M.R.C.S., L.R.C.P., District Medical Officer of the Tonbridge Union.

THORNTON, Bertram, L.R.C.P.Lond., M.R.C.S.Eng., Medical Officer of Health for Margate, and also Police surgeon.

DIARY FOR NEXT WEEK.

TUESDAY.

Therapeutical Society. Apothecaries' Hall, Water Lane, Blackfriars, 4 p.m.—Agenda: Dr. W. E. Dixon on the Action of Drugs on the Pulmonary Vessels. Mr. C. Dennis Vinnace: A Plea for the More Thorough Study of Therapeutics.

BIRTHS, MARRIAGES, AND DEATHS.

The charge for inserting announcements of Births, Marriages, and Deaths is 3s. 6d., which sum should be forwarded in post-office orders or stamps with the notice not later than Wednesday morning, in order to ensure insertion in the current issue.

DEATHS.

GILLESPIE.—At 12, Walker Street, Edinburgh, on 11th inst., suddenly of acute pneumonia, Mabel Margaret, beloved wife of Alexander Lockhart Gillespie, M.D., F.R.C.P.E.

GRANT.—On December 15th, at Ebnore, Boscombe, Bournemouth, Allan Ewen Grant, M.B., Major Indian Medical Service, aged 41 years.

TREND.—On the 7th inst., at 1, Grosvenor Square, Southampton, Theophilus William Trend, M.D., M.R.C.P. Edin., aged 65.

LETTERS, NOTES, AND ANSWERS TO CORRESPONDENTS.

COMMUNICATIONS respecting Editorial matters should be addressed to the Editor, 2, Agar Street, Strand, W.C., London; those concerning business matters, advertisements, non-delivery of the JOURNAL, etc., should be addressed to the Manager, at the Office, 423, Strand, W.C., London.

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 Manager, 423, Strand, W.C., on receipt of proof.

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

CORRESPONDENTS not answered are requested to look at the Notices to Correspondents of the following week.

MANUSCRIPTS FORWARDED TO THE OFFICE OF THIS JOURNAL CANNOT UNDER ANY CIRCUMSTANCES BE RETURNED.

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, and not at his private house.

TELEGRAPHIC ADDRESS.—The telegraphic address of the EDITOR of the BRITISH MEDICAL JOURNAL is *Artiology, London*. The telegraphic address of the MANAGER of the BRITISH MEDICAL JOURNAL is *Artioulars, London*.

Queries, answers, and communications relating to subjects to which special departments of the BRITISH MEDICAL JOURNAL are devoted will be found under their respective headings.

QUERIES.

COLOUR OF INFANTS.

A. R. asks for information as to the colour of newborn children of different races the adults of which are yellow, brown, or black.

* * We have referred this question to Dr. J. G. Garson, who writes: The best reference I can give to A. R. on this subject is contained in Topinard's *Eléments d'Anthropologie Générale*, pp. 312-314. Exact observations made with the aid of definite scales of colour are much wanted. Numerous individual variations will doubtless be found in children at different ages, which should be compared with corresponding observations on adults of the same race and tribe.

ANSWERS.

W. S. F.—Our correspondent's statement appears to be founded solely on hearsay evidence, and we should hope that his informant was mistaken.

MEDICAL OFFICER.—Dr. Herman's *First Lines in Midwifery* (London: Cassell and Co., 1901, 5s.) will probably meet our correspondent's requirements.

T. H. M.—Mr. S. G. Shattock, F.R.C.S., has been good enough to inform us that the only practicable method of examining the living tissue of a new growth is by means of teasings or scrapings studied on the warm stage. This method is well recognized by histologists and has been carried out at different times by certain workers in the field of malignant and other tumours.

AMBULANCE LECTURES.

BRIGADE-SURGEON-LIEUTENANT-COLONEL P. B. GILES (Bletchley) writes to point out that the fees paid by county councils for ambulance lectures vary. The County of Bucks gives £6 10s., and 1 guinea to the examiner on the condition that twenty-five students enter and that fifteen at least present themselves for examination. The Board of Education gives a grant of from 3s. 6d. to 5s. for every twenty hours' instruction, and also allows the medical man, if he cannot give all the twenty lectures himself, to employ as an assistant a schoolmaster who has passed the examination, or any other competent person, such as a sergeant in a bearer company.

MAINTENANCE OF THE INSANE POOR.

DR. T. DUNCAN GREENLEES (Grahamstown, S.A.) writes: In reply to the query of "LL.D." in the BRITISH MEDICAL JOURNAL of October 31st, I beg to supply the desired information relative to Cape Colony, and may say that in all the South African Colonies the insane poor are supported by the various Governments. There are practically no local rates, certainly not for this purpose, and the expense of maintaining the asylums is chargeable to the general exchequers in all the South African Colonies. In Cape Colony the cost of maintenance during the year 1902 was £114,020 12s. 5d., but, deducting receipts, the net expenditure was £101,666 19s. 4d.; the total number of patients remaining under treatment on December 31st being 1,653. The cost per patient varied in the different asylums from 1s. 9d. to 2s. 11d. per diem. The receipts from paying patients, which are returned direct into the treasury, amounted to £10,202 18s. 3d., and assisted materially in reducing the actual cost of the Colonial asylums. It should be noted, however, that this expenditure does not include additions or new buildings, stationery, water rates, payable to the local municipalities, and some other minor items of expenditure, but often includes repairs, furniture to new buildings, etc.

NOTES, LETTERS, Etc.

MEDICAL MISSIONARIES.

COLONEL T. H. HENDLEY, C.I.E., I.M.S. (retired) (London, N.W.), writes: I think a remark in the letter in the BRITISH MEDICAL JOURNAL of November 7th, page 1255, of your correspondent, Dr. W. F. Adams, should not be allowed to pass without some protest. He writes as follows with reference to the large number of persons who attend at mission dispensaries in India. "Why do such numbers come? In India, although some dislike the preaching, they come because they think, at any rate, that they get more consideration than in the Government dispensaries." I am afraid that not all medical missionaries content themselves with crediting the patients with such ideas, but go a step further by themselves depreciating—in ignorance, I trust—the work which is done in such institutions. I was present a short time ago at a meeting