

MEMORANDA: MEDICAL, SURGICAL, OBSTETRICAL.

ACUTE VOLVULUS OF THE VERMIFORM APPENDIX: OPERATION: RECOVERY.

Dr. T. Priestley of Sheffield, who sent the patient to the Royal Infirmary, has very kindly supplied me with the following notes of this case:

J. R., aged 5 years, was quite healthy until September 4th, when he received a blow on the abdomen from a playmate. During the succeeding night he complained of "belly pain." On September 5th he ate his breakfast and went to school. At dinner time he again complained of pain, but returned to school in the afternoon. In the evening he refused food and was sick several times, but was able to play with other boys in the street. During the night of September 5th he was unable to sleep because of pain. Dr. Priestley saw him on the morning of September 6th. He complained of pain and tenderness in the region of the appendix, and there was rigidity of the overlying muscles. The temperature was 99.8° F., and the pulse-rate 100 per minute.

He was admitted to the infirmary during the afternoon and was forthwith operated on. On incising the peritoneum some opalescent fluid escaped. The appendix, which was situated behind the caecum, was greatly swollen, dark in colour, and covered with flakes of grey lymph, but not perforated. On bringing it to the surface it was seen to be twisted on its long axis to the extent of two complete turns. The torsion was limited to the caecal end of the organ and was easily untwisted; but as the appendix was obviously gangrenous it was removed and the stump invaginated in the usual way. The meso-appendix extended only to the junction of the basal and middle thirds of the tube. A small rubber and wick tube drained the right iliac fossa for forty-eight hours. The boy made an excellent recovery.

I have sent this case for publication because a search of the surgical literature within my reach has failed to reveal any mention of acute torsion of the appendix.

The diagnosis and treatment of the lesion call for little comment. It would be impossible to distinguish between it and ordinary acute appendicitis until the abdomen is opened, and appendicectomy is called for whether the appendix is gangrenous or not.

Sheffield.

SINCLAIR WHITE.
Senior Surgeon, Sheffield Royal Infirmary.

RUPTURE OF MIDDLE MENINGEAL ARTERY: OPERATION: RECOVERY.

On April 25th, 1907, a man, aged 38, was admitted into the Queen's Hospital, Birmingham, in an unconscious condition. About four hours before, the ladder on which he was standing was pulled from under him by some boys, and he fell several feet on to his head. He was dazed at first, but soon recovered and walked to hospital. He was then found to have sustained a scalp wound over the right parietal eminence. No evidence of fracture of the skull was discovered, and as he appeared to be quite well, the scalp wound was dressed, and he was allowed to return to work. In a little while, however, he became drowsy and unconscious, and was brought back to hospital.

When seen, the patient was deeply unconscious, and breathing stertorously. The face was ashy pale, both pupils dilated and fixed, and the pulse rapid and feeble. Operation was at once decided upon. The scalp wound was found to be superficial only, the occipito-frontalis aponeurosis not having been penetrated. A large flap was turned down, and an area of bone in front of the right parietal eminence bared. A fissured fracture, commencing about 1 in. in front of the scalp wound, and extending forwards for about 2 in., was discovered. A circle of bone at the posterior extremity of the fracture was removed with a trephine. The dura was then seen to be separated from the bone by a mass of blood clot fully 1½ in. thick. On removing the clot, blood was seen trickling into the space anteriorly. With rongeur forceps the opening in the skull was extended forwards to a point 1½ in. behind the external angular process of the frontal bone and 1½ in. above the zygoma. Both branches of the middle meningeal artery were then found to have been cut across by the fracture just beyond the bifurcation of the main vessel. The bleeding was controlled by means of horse-

hair stitches passed beneath the arteries as they lay on the dura. The cavity was then cleared of blood clot, and a small drainage tube passed into it through a puncture in the scalp flap which was secured in place by a few stitches. No bone was replaced. The dura had been separated very extensively from the skull, the separation extending down to the base of the skull and almost to the middle line above, over practically the whole extent of the right side.

The patient recovered satisfactorily, and at the end of a month was discharged with the wound firmly healed and apparently quite well except for some bilateral deafness which was noticed as soon as he regained consciousness. This deafness has to some extent improved, but is still complained of.

WILLIAM BILLINGTON, M.B., M.S. Lond. F.R.C.S.
Surgeon to Out-patients, Queen's Hospital, Birmingham.

LOOSE BODIES IN THE KNEE-JOINT: OPERATION.

A YOUTH, aged 19 years, had suffered from pain in his left knee-joint, accompanied by effusion on five occasions, during the past three years. He had been treated by plaster-of-paris bandages on each occasion. His medical adviser detected a loose body in the joint.

When I saw him the left knee-joint was distended with fluid, and two loose bodies were readily felt in the inner suprapatellar pouch. The operation area having been carefully prepared, by shaving the part, well scrubbing it with soap and water, and applying a carbolic compress overnight, my partner, Dr. Coombs, administered chloroform, and I made an incision over the inner side of the joint. Upon opening the joint, synovial fluid freely escaped, but the loose bodies which had disappeared into the joint remained behind. The joint was flexed and digitally explored. Three loose bodies of cartilaginous nature were removed. The synovial membrane was closed with a fine continuous catgut suture, the internal lateral ligament with interrupted catgut sutures, and the skin incision with silkworm gut. A dry cyanide gauze dressing was applied. The limb was then placed upon a back splint with foot-piece. There was no rise in temperature after the operation. The skin sutures were removed on the tenth day, and the wound healed by first intention. Four days after the removal of the sutures a plaster-of-paris bandage was applied and kept on for three weeks. The patient now plays tennis, and enjoys all kinds of recreation without pain or discomfort of any kind.

Haemarthrosis of a joint may end in the organization of the clot, and a fibrous mass being formed, may act as a loose body.

Inflamed portions of synovial membrane may become organized and detached, and so form a loose body. In osteo-arthritis these inflamed portions may become cartilaginous. In osteo-arthritis an enchondrosis springing from the margin of the articular cartilage may become detached.

Again, portions of articular cartilage may exfoliate and form loose bodies.

Concerning the treatment of these cases, if pain and recurring synovitis incapacitate the patient, as in this case, there is but one treatment—namely, by operation.

In a straightforward case such as this nothing further than the removal of the loose body is required, as we remove the cause; but in cases of osteo-arthritis, where the presence of a loose body is merely an incident in the disease, which may repeatedly recur, especially if the patient be otherwise crippled by the disease, then the question of excision of the joint must enter into consideration. This remark applies also to tuberculous disease of the knee-joint, in which a loose body with repeated synovitis may be the earliest manifestation of tuberculous synovitis.

In the case just recorded there was no evidence of gross change in the joint.

Bedford.

S. J. ROSS, M.D. Vict.

THE TREATMENT OF COLLES'S FRACTURE OF THE WRIST.

MOST of us, no doubt, have been horrified from time to time at the ogee-like style of our workmanship when the scaffolding has been cleared away and the contour of the wrist finally revealed. Accordingly, when a few days ago I had occasion to treat a strong man with a badly deformed

Colles's fracture, and mindful of the usual more or less ineffectual struggles to rectify the deformity, I bethought me of a cobbler's iron foot. This I planted upon the table, and placing the convexity of the wrist curve upon the waist of the iron foot and steadying the arm above the fracture with my right hand, I seized the hand and carpus with my left hand and bore down with great force. I had at last discovered an immovable fulcrum, and the wrist immediately straightened with a gratifying crunch. I wish to emphasize the fact that the cobbler's implement is so perfectly adapted to this purpose, that Colles's fracture being so common, all surgeons should have one for this special object—even if the struggle for existence does not drive them to make any other use of it.

Sittingbourne.

R. M. BOODLE, M.R.C.S., L.S.A.

A CASE OF PNEUMOCOCCAL INFECTION.

THE following has, I think, some points of interest as being a case of pneumococcal cellulitis which followed the temperature course of typical pneumonia and resolved by crisis on the fifth day.

On August 25th, while resecting a rib in a case of pneumococcal empyema in a child, I pricked the third finger of the left hand with a needle. This occurred at 1 p.m. On the morning of August 26th the finger felt slightly tender; fomentations of carbolic, 1 in 40, were applied during the day. By night the finger was greatly swollen and acutely painful. At 10 p.m. rigors and vomiting occurred; the temperature rose to 102° F. Two incisions were made and fomentations continued. No pus was at any time formed, the cellulitis spread steadily into the hand and the arm to a short distance above the wrist joint. The lymphatics of the arm showed lymphangitis. The axillary glands were enlarged and tender.

On August 28th three incisions were made in the back of the hand; this relieved the tension slightly. The temperature remained high, varying from 101.6° to 102.8°, morning and evening. There was great prostration, back-ache, general malaise, and weakness. The arm was treated with lysol baths every two hours and fomentations, and quinine was given in 5 grain doses.

On August 30th, about 10.30 p.m., profuse sweating occurred, the temperature fell to 98.8°, and on the morning of August 31st was 97.8° F. The malaise and weakness had gone, and a general improvement of sleep and gastric functions was at once marked.

On examining the serum escaping from the incisions pneumococci in pure culture were found, there was a distinct leucocytosis, and marked phagocytosis in the leucocytes from the wounds.

Considering the course of the infection, the absence of pus, and the resolution by crisis, the question arises in such cases of septic cellulitis of treatment without incision. In a similar case I should be inclined to examine the serum for pneumococci, and if found treat as an ordinary pneumonia, giving morphine in small doses for the pain. The incisions certainly relieved tension by bleeding freely, but no pus was formed, and the resulting cicatrization has produced considerable stiffness and tenderness, which is yielding slowly to massage.

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REPORTS

ON

MEDICAL AND SURGICAL PRACTICE IN THE HOSPITALS AND ASYLUMS OF THE BRITISH EMPIRE.

COLONIAL HOSPITAL, ST. VINCENT (B.W.I.).

FATAL ENTEROSPASM, DIVERTICULA ON JEJUNUM.

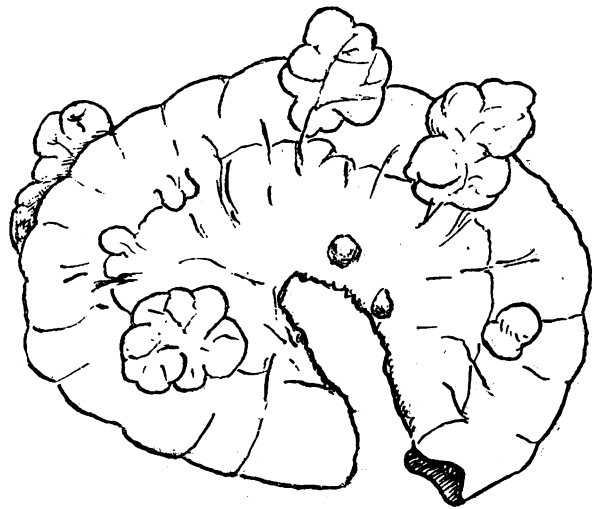
(Reported by C. W. BRANCH, M.B., C.M.Edin.)

J. H., aged 51, black, was admitted on May 9th, 1907, suffering from constipation of several days' duration and tympanites. There were no urgent symptoms, and it was decided that there was no strangulation of the gut. Accordingly treatment with enemata and repeated small doses of Epsom salts was tried all that day; for relief of

the pain due to the tympanites he was given in the night morphine and atropine hypodermically. Next morning the bowels were still unrelieved, and the patient's condition now rapidly became grave. He was given morphine hypodermically for euthanasia, and died that day, May 10th.

Post-mortem Examination.—The small intestine was greatly distended and contained a large quantity of brown liquid. There was nowhere any mechanical obstruction, nor was any part of the gut unduly congested. About 3 in. of the ileum, just above the ileocaecal valve, was contracted, but there was no organic stenosis. This portion was pale. A coil of the distended jejunum presented a series of six irregular saccular diverticula and a few smaller bulgings. This portion of gut was removed and photographed, but the photograph was unfortunately a failure. However, I had myself made the accompanying sketch.

I assisted lately in the autopsy of a valuable stud ass which had died of obstruction. The floating colon and caecum were enormously distended with dung, and there were several contracted parts of the gut of exactly the same nature as that above described. The lowest was at the splenic flexure, and the accumulated dung was all



Diverticula on jejunum.

above this. No other cause of obstruction was apparent. It may be mentioned that the animal had been freely treated with hypodermics of strychnine and atropine at my suggestion.

In the *BRITISH MEDICAL JOURNAL* lately was reported a case in which enterospasm was discovered after laparotomy; the contraction relaxed spontaneously during the operation, with the subsequent relief of the obstruction and recovery of the patient.

The persistence of the constrictions in my two cases, even after the spasm had relaxed at death, was no doubt due to the simultaneous failure of peristalsis. There was no impelling force to distend the relaxed but narrowed portion of gut.

The saccular diverticula figured had the appearance of having been slowly formed by bulging of weak spots at some time previously, with separation of the muscular fibres. The protrusions were divided and marked by fibrous bands. I have never met a similar condition, and believe that, together with the enterospasm, it justifies the reporting of the case.

UNDER the will of the late Mr. Francis Williams Dymond of Heavitree, Devon, who died on September 9th, Exeter Dispensary receives a sum of £1,000.

TUBERCULOSIS AND DAIRIES.—The Iowa Society for the Study and Prevention of Tuberculosis has, according to the *Medical Record*, discovered that tuberculosis is far more prevalent in the dairy district than in southern Iowa. This is held to support the theory that contact with dairy cows is a fertile source of tuberculosis in man. The Society will report the results of its researches to the State Legislature next session and ask for an appropriation for stamping out tuberculosis in the dairy herds of the State.

MEDICAL NEWS.

THE annual dinner of the Association of Public Vaccinators of England and Wales will be held at the Hôtel Métropole, Leeds, on Friday, October 25th, at 6.30 p.m.

THE medical staff and lecturers of the Royal Hospital of St. Bartholomew's will give a *conversazione* to view the new out-patient and special departments block on Wednesday, October 23rd, at 9 p.m.

THE courses of practical instruction at the Central London Throat and Ear Hospital recommenced this week. As last winter, they are to be given on Tuesday and Friday of each week, commencing at 3.45 p.m.

At the meeting of the Royal Microscopical Society, 20, Hanover Square, on Wednesday next, at 8 p.m., Mr. Alfred Letherby will read a paper on systematic exposure with transmitted light in photomicrography.

It is stated that the King of Siam, who recently visited the new Virchow Hospital in Berlin, has given orders for the foundation of a similar institution, with surgical and bacteriological departments of the most modern type, at Bangkok.

A COMMISSION has been appointed to consider questions relating to factory labour in India. The medical member is Lieutenant-Colonel C. Mactaggart, M.B., I.M.S., Inspector-General of Prisons, United Provinces of Agra and Oudh.

PROFESSOR C. J. PATTEN, M.A., M.D., Sc.D., Professor of Anatomy in the University of Sheffield, has been appointed Extern Examiner in Anatomy in the Medical and Science Faculties of the University of St. Andrews and University College, Dundee.

A COURSE of practical training in food and meat inspection for commissioned officers and professional men has been arranged by the Royal Sanitary Institute beginning on November 12th. Further particulars can be obtained on application to the Secretary, Margaret Street, London, W.

WE are asked to state that the eighth annual dinner for medical men residing in West Somerset will be held at the London Hotel, Taunton, on Friday, October 25th, at 6.30 p.m. sharp. The Chairman will be Dr. G. W. Harvey Bird, of Bridgwater. Guests may be invited, and the charge for dinner will be 6s. per head. A light musical programme will be carried out after dinner.

A STATE Commission on Consumption has been appointed in Massachusetts. Its functions are to attend to the building of hospitals, and to disseminate information in regard to methods of overcoming the disease. Dr. Arthur T. Cabot, formerly President of the Massachusetts Medical Society, has been appointed Chairman of the Commission.

THE Child Study Society has arranged a course of lectures and discussions to be held during October, November, and December at the Parkes Museum, Margaret Street, W. The first lecture will be given on Tuesday, October 15th, at 8 p.m., by Sir John Cockburn, the subject being the aims and objects of the Society. Further information can be obtained on application to the Honorary Secretaries at the Parkes Museum, Margaret Street, London, W.

THE first meeting of the winter session of the University College Hospital Medical Society will be held in the new school buildings, on October 16th, at 8.30 p.m. Sir Thomas Barlow will be in the chair. Professor William Osler will deliver an address on the influence of the Medical Society in the education of the medical student. The Society will be glad to see students from other hospitals as well as old University College Hospital men. Evening dress.

THE New York Board of Education is said to be contemplating the establishment of a separate department of school hygiene, the special function of which is to be to advise on all matters relating to the health of the children and to recommend safeguards for the protection of their bodily health. The estimated cost is £6,000. The School Commissioners hold that the results would justify such outlay, and believe that the expenditure would be generally approved by the taxpayers.

FOUR lectures will be delivered at Gresham College, Basinghall Street, E.C., this month, by Dr. F. M. Sandwith, Gresham Professor of Medicine. The lectures, which are free to the public, will be given at 6 p.m., on October 15th, and the three following days. The syllabus issued indicates that the first two will be devoted to a consideration of Gresham College and the City in Elizabethan times, and the remainder to the problem of the control of the milk supply.

UNDER the will of the late Mr. Samuel Valentine, of Brixton, the following hospitals each receive £1,000 for the endowment of a Jacob and Rachel Valentine bed: The London Hospital, St. Peter's Hospital for Stone, Charing Cross Hospital, King's College Hospital, Guy's Hospital, St. Thomas's Hospital, the Cancer Hospital, and the Metropolitan Free Hospital.

A COURSE of post-graduate lectures on ophthalmology at the Royal Eye Hospital, St. George's Circus, S.E., will be opened on Wednesday next, at 7 p.m., when Professor Simeon Snell, President-elect of the British Medical Association, will deliver an address on injuries and wounds of the eye, eyelids, and orbits. The lecture will be illustrated by lantern slides, and all medical men interested in ophthalmology are invited to be present. The subsequent lectures of the course will deal with errors of refraction, medical and surgical ophthalmology, and the pathology of the eye. Particulars as to fees and hours can be obtained on application to the honorary secretary, Dr. H. Willoughby Lyle, at the hospital.

ITALIAN MEDICAL CONGRESS.—As has already been announced in the BRITISH MEDICAL JOURNAL, the seventeenth Congress of the Italian Society of Internal Medicine will be held at Palermo on October 21st and the three following days. Almost all the clinicians of Italy have expressed their intention to be present, and among the distinguished foreign physicians who have promised to attend is Professor Bouchard of Paris. The subjects to be discussed are neurasthenia in its pathological, clinical, and therapeutic aspects; serumtherapy, its advantages and disadvantages; acupuncture as a means of diagnosis and of treatment; and the etiology and epidemiology of malaria.

TROPICAL MEDICINE IN AUSTRALIA.—The Senate of the University of Sydney has agreed to contribute £100 towards a fund of £250 for organized research on tropical diseases in Australia on condition that the remaining three-fifths is contributed by the Universities of Melbourne and Adelaide. The *Australasian Medical Gazette* says that while this proposal will tend to unite the three Universities of Australia in the furtherance of the scheme, the amount suggested, unless it be intended as an annual contribution, is totally inadequate for the purpose. With this opinion everyone who has a notion of what research work is will agree. If such work is to yield satisfactory results it must be spread over some years, and even a grant of £250 a year is scarcely sufficient endowment for a worker whose whole time would be spent in the work.

INSURANCE COMPANIES AND MEDICAL FEES.—It is said that some of the life insurance companies in the United States (among which the Equitable and Mutual Life Assurance Company of New York is particularly mentioned) have returned to the former fee of \$5 (£1) for each medical examination. They admit (says the *Atlantic Journal-Record of Medicine* for September) that there was much disorganization of the medical departments from the almost unanimous refusal of the medical examiners throughout the country to enter into the cut-rate contracts. Many of the most experienced field medical representatives resigned, and the companies realized the danger of the risks they were incurring in allowing this state of things to continue. It is expected that the other companies will soon make similar announcements. The obvious moral is that the medical profession can succeed in securing equitable treatment by united action.

NURSING OF THE MENTALLY DISORDERED.—It would appear from a note in a recent issue of the *Nursing Times* that a scheme which is somewhat of a new departure has reached fruition. This is an association formed purely of nurses who have received special training in the duties incumbent on those who attend to cases of mental disorder. The plan, which is to be worked on co-operative principles, was to be put into practice at the beginning of this month. Nurses with the training indicated can be obtained from many ordinary associations, but no doubt it will be a convenience to those into whose practice the treatment of alienism enters largely to have an institution devoted solely to this class of disorder. Presumably all the nurses will be obliged to hold the special certificate of the Medico-Psychological Association. A quotation from the questions set at the last examination will show the sort of knowledge which the association expects its certificate holders to possess: 1. What is dementia? Mention the mental features seen in patients suffering from it. 2. How should a nurse act in regard to the delusions of a patient? 3. What would lead you to suspect that a patient was suicidal? 4. How should homicidal impulse be guarded against? The head quarters of the new body are at 115, Edgware Road, W.

has died universally regretted by all who had the good fortune of his friendship.

HAROLD B. MEAKIN, M.D.LOND.,
Captain, I.M.S.

CAPTAIN HAROLD BUDGETT MEAKIN, I.M.S., son of Edward Ebenezer Meakin, a merchant, of Almora, India, was born at Redhill, Surrey, on August 23rd, 1870. His earliest education was at home and at Reigate Grammar School. He then went to Dollar School, in Scotland, and in 1885 to Wesley College, Sheffield, under Dr. Dallinger. In 1889 he joined St. Bartholomew's Hospital. He obtained the diplomas of M.R.C.S. and L.R.C.P. and the degree of M.B.Lond., with Honours in Forensic Medicine, in 1894, and the M.D. in 1895. At the hospital he was House-Surgeon to Mr. Howard Marsh, President of the Abernethian Society, and editor of the *St. Bartholomew's Hospital Journal*. He held other appointments at the Metropolitan Hospital, and at the London County Asylum, Banstead; and was for some months in private practice in Chelsea. In the spring of 1898 he passed second into the Indian Medical Service, and won the Montefiore medal and prize in Military Surgery at Netley. He went to India, and was sent to Landi Kotal, on the frontier, beyond the Khyber Pass, and later to Lansdown as medical officer to the 9th Gorkhas. He returned to England and was married at Cambridge on January 6th, 1900, to Francis Amelia, elder daughter of Sir Robert Ball, F.R.S., who is left with a son.

He returned to India at once after his marriage, and went to Lucknow to help to mobilize a native field force for the relief of Peking. A fortnight later he sailed with the 43rd Field Hospital, which was the first to enter Peking, the day after the relief. For this service he received the medal and the military order of the Dragon. From Peking he wrote: "I have seen more of the horrors of war than anything I ever read made me imagine possible." He was afterwards head of the native General Hospital in Wei-Hai-Wei. In 1901 he returned to Calcutta and was sent with the 5th Bengal Lancers to the blockade of Waziristan, for which service he received the Waziristan medal. In 1902 he received what seemed to him the crown of all his work, the appointment of Surgeon to the Presidency General Hospital, Calcutta. For a year he enjoyed that honour, to which was added the appointment of officiating Professor of Pathology at the college. His hospital work was very heavy; he fell ill, and was found to have phthisis. He returned to England and went to Nordrach-upon-Mendip, where he so far recovered that he could not resist the longing to get back to his work. Contrary to the advice of his friends, he returned to India, but even before he got there his health failed. For a few months he was at Fyzabad as medical officer to the 2nd Bengal Lancers (Gardner's Horse). Then he had to surrender, was invalided home, and went again to Nordrach, where he died on September 21st, 1907.

One of his friends writes of him: "He was a man of very remarkable strength of character. He came of a clever family, and was brought up at home under rules that would now be thought unduly strict. At first, as a student at the hospital, he was inclined to be a bit aggressive; that soon passed, and left him free to use his rare intellectual and spiritual gifts. By nature he had a keen, self-confident, far-seeing, rather restless temperament; but he had also a tight hold over himself, and was a great lover of books and of serious thought. He was absolutely practical, yet he never despised or was indifferent to those ways of thought and of faith which we are apt to call unpractical. Also he had in a wonderful measure the gift of personal influence over men, the genius that makes friendships. From the time he was a student to the day he died he never ceased to draw men to himself. Wherever he was, at St. Bartholomew's, or at Netley, or on the Indian frontier, or at the relief of Peking, or on the staff of the Residency Hospital, or ill at Nordrach—and nowhere more than at Nordrach—he exercised this influence. Perhaps it was the union in him of sharp and ambitious energy with quiet critical enjoyment of good literature and music and high thinking; or his downright honesty of talk, his clear-cut opinions, his common sense; or his humorous judgments of himself and of other men, and his passionate will to make the right use of his life. In one or another

of these ways or in all of them he did exercise deep and wide influence; he had authority, he convinced our minds, he won our hearts. All through his long illness he never lost this power. By his early death his life seemed to be wasted and his work spoiled, but his spiritual career may fairly be called complete. Here was a man who, as he lost ground in his physical strength, gained ground in his inward strength; and his unconquerable spirit did its best work when all professional work was ended and put away from him."

On Saturday, September 21st, at Friar Gate, Derby, occurred the death of FRANK J. LOCHRANE. He was 29 years of age, and during the short time he had been in Derby had shown much promise of future success. Born at Glasgow, he studied and graduated at that University, taking the degrees of M.B., Ch.B., in 1901, and that of M.D. three years later. He studied also in London, Edinburgh, Dublin, and Vienna. His first professional appointments were those of House-Surgeon and House-Physician at the Glasgow Royal Infirmary; subsequently he held the post of House-Surgeon at the Peterborough Infirmary and Dispensary. In 1905 he was appointed Honorary Surgeon to the Women's Hospital at Derby, and entered private practice. Last July he was also appointed to the honorary staff of the Derbyshire Royal Infirmary to take charge of the Gynaecological Department. His illness was of short duration, and due to rheumatism. He was unmarried. The interment took place at Glasgow; a requiem mass was celebrated at St. Mary's Church, Derby.

Staff Surgeon WILLIAM THOMAS BILLINGS, R.N., died at 9, St. James's Terrace, Regent's Park, on September 27th, aged 86. He was appointed Surgeon, March 1st, 1845, and Staff Surgeon January 26th, 1855; the date of his retirement not being stated. He was Surgeon of the *Melampus* in the Black Sea during the Russian war in 1855, and received the Crimean and Turkish medals.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently died are Dr. J. Tillemont Fontes, Professor of Neurology in the University of Bahia; Dr. William Marshall, Professor of Zoology and Comparative Anatomy in the University of Leipzig, aged 62; Dr. Francis H. Markoe, Professor of Clinical Surgery in the College of Physicians and Surgeons, New York, aged 51; and Dr. Adrien Doyon, formerly Physician Inspector of the Uriage Springs, and corresponding member of the Paris Academy of Medicine, aged 84.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF OXFORD.

Entrance Scholarships at the London Hospitals.

The following candidates have been successful in gaining entrance scholarships at metropolitan hospitals: E. J. Z. Jessel, B.A., University, at the London Hospital; H. P. News-holme, B.A., Balliol, at St. Thomas's Hospital; E. W. M. H. Phillips, B.A., Jesus, at St. George's Hospital; P. N. Cave, B.A., University, at St. Mary's Hospital.

Scholarships in Natural Science.

Natural Science Scholarships are announced for competition as under:

December 3rd.—Balliol College, Christ Church, and Trinity College.

December 3rd.—Queen's and Hertford Colleges.

December 10th.—University, Lincoln, and Magdalen Colleges.

January 14th.—Jesus College.

March (date not fixed).—Merton College, New College, and Corpus Christi College.

UNIVERSITY OF CAMBRIDGE.

Appointments.

DR. HUMPHRY has been appointed Assessor to the Regius Professor of Physic for the ensuing academical year. Mr. J. J. Lister, M.A., St. John's College, has been reappointed Demonstrator of Comparative Anatomy for 1908. Dr. G. F. Rogers, F. C. Kempson, M.B., and Dr. Duckworth have been re-appointed Demonstrators of Human Anatomy for five years.

Diploma in Tropical Medicine and Hygiene.

The following candidates have passed the examination for the Diploma in Tropical Medicine and Hygiene:

J. C. O. Ford, C. A. Godson, F. C. H. Grenier, F. H. C. Hutchinson, T. G. N. Stokes, J. N. Walker, G. Wilkinson (Emm.), W. S. Willmore.

Council of the Senate.

Three vacancies on the Council of the Senate are announced owing to the resignations of Dr. Kirkpatrick, Dr. D. MacAlister, and Mr. Parry.

Benefaction Fund.

The Vice-Chancellor has announced that the Benefaction Fund to the University has now reached over £100,000.

UNIVERSITY OF LONDON.**CONVOCATION.**

THE requisite quorum of 50 members of Convocation not being present at the University on October 8th, at 5.30 p.m., the general meeting appointed for that time could not take place; and at the expiration of half an hour, the quorum being still deficient, the Chairman adjourned the meeting to Tuesday, November 5th, at 5.30 p.m.

UNIVERSITY COLLEGE.

Dr. W. M. Bayliss, F.R.S., will begin his course of eight lectures on certain fundamental problems in physiology common to animals and plants in the department of physiology, on Wednesday, October 23rd, at 5 p.m. The lectures will be devoted mainly to enzyme action, and are open to all students of the University and qualified medical men.

UNIVERSITY OF DURHAM.

THE following degrees were conferred at a Convocation on September 28th:

M.D.—T. Hartigan, F. W. Kemp, W. H. Lamplough, F. Laughton-Smith, F. R. H. Laverick, M. Richards, E. C. Young.

M.D. (for practitioners of fifteen years' standing).—H. T. S. Haveline, E. Beaumont, J. F. Butler-Hogan, B.A., M.D. Brux, G. Cross, J. Cumming, L. Cooper, J. Freeman, A. Hawkward, J. W. D. Hooper, H. Hill, L. Lewis, W. M. Palmer, A. W. Read, H. J. Roberts, H. F. Steele, J. F. Woodyatt, R. M. West, G. C. W. Wright.

M.B.—G. E. Davis, W. H. Edgar, G. R. Ellis, C. W. Greene, H. F. Joynt, E. P. H. Joynt, C. G. Kemp, H. M. Levinson, H. G. Mackenzie, M.A., S. D. Metcalfe, Elizabeth N. Niel, R. W. Pearson, J. W. Smith, G. Walker, L. L. Westrope, F. Whitby, C. R. Wilkins.

B.S.—G. E. Davis, W. H. Edgar, G. R. Ellis, C. W. Greene, H. F. Joynt, E. P. H. Joynt, C. G. Kemp, H. M. Levinson, S. D. Metcalfe, Elizabeth N. Niel, J. W. Smith, G. Walker, F. Whitby, C. R. Wilkins.

B.Hy.—G. Denholm, G. P. Harlan.
The following received the Diploma in Public Health (D.P.H.).—G. Denholm, A. G. W. Pearson.

UNIVERSITY OF ABERDEEN.**Election of Assessors.**

THE Business Committee of the Aberdeen University Council reports that the term of office of two of the General Council's Assessors, Angus Fraser, M.A., M.D., LL.D., and Albert Westland, M.A., M.D., expires at the statutory half-yearly meeting of Council in October, 1907. Dr. Angus Fraser has acted as Assessor continuously since November, 1889; Dr. Westland was elected in October, 1905, for a period of two years. These gentlemen are eligible for re-election. An election to fill the two vacancies will therefore form part of the business of the statutory half-yearly meeting, and under Ordinance No. 9, Section 4, will take precedence of all other business. No member of the Senatus Academicus may preside at the meeting, or vote, or take any part in the election. The nomination of candidates must be in writing on a nomination paper of prescribed form, which may be obtained from the clerk. If more than two candidates are nominated, the Chairman will ascertain by a show of hands which candidates have a majority of votes at the meeting. If a poll is demanded by the proposer or seconder of a candidate, the poll will be taken by means of voting papers issued to all members of Council (not being members of the Senatus Academicus) who appear from their address on the Register to be resident in the United Kingdom or the Channel Islands. It is quite competent for members of the Senatus to be present at, and take part in, the subsequent business of the meeting.

The University Court has granted permission to P. J. Anderson, M.A., LL.B., to hold the office of Clerk of Council, to which he was appointed at the April meeting in conjunction with the office of Librarian to the University.

UNIVERSITY OF GLASGOW.

THE following candidates have been approved in the subjects indicated:

FIRST M.B. (B., Botany; Z., Zoology; P., Physics; C., Chemistry).—M. J. Aitken (Z., C.), J. B. Alexander (C.), J. C. H. Allan (P.), W. L. Anderson (Z.), T. S. Barrie (B., P.), W. E. H. Beard (Z., C.), S. H. Bloom (Z., C.), D. S. Brough (B., P.), S. Bryson (B., C.), A. D. Buchanan (B., Z.), D. S. Buchanan (B., P.), E. T. Burke (B., P.), C. Cameron, M.A. (B., P.), J. Campbell (B.), J. A. J. Conway (Z., C.), R. C. Corbett (B., P., C.), W. T. G. Davidson (B., P.), J. Dunbar (B., P.), K. Falconer (B., P.), W. Fraser (B., P.), L. L. Fyfe (B.), A. Gardner (B., P.), A. Garvie (Z., C.), A. R. H.

Geyer (Z., C.), L. Glushak (B., P.), W. G. Goudie (B., Z., P.), C. W. F. Greenhill (P., C.), J. R. Grice, M.A. (B.), J. M. F. Grier, M.A. (B., Z., C.), G. C. Griffiths (Z., C.), H. Haddow (Z., C.), J. S. Hall (Z., P.), A. S. Hannay (Z., C.), A. G. Henderson (B., P.), P. Henretty (C.), J. R. Herbertson (B., Z., P., C.), A. G. Holms (B., P.), J. Johnstone (B., P.), F. A. Kerr (B., P., C.), A. Kirkhope (Z., C.), R. P. A. Kirkland (B., P.), J. M. C. Lang (Z., C.), W. J. R. Lavery (B., P.), F. Lawrie (B., P.), H. D. McCrossan (B., P.), J. R. McCurdie (B., P.), N. M. Farlane (B., P.), W. W. MacNaught (B., P.), S. A. MacPhee (Z., C.), G. H. M. Robert (Z., P., C.), A. T. M. Whirter (C.), M. Manson (C.), W. S. Martin (B., P.), F. Matheson (B., P.), J. Matheson (B., P.), A. Mitchell (Z.), A. Muir (P.), R. Parker (B., P.), H. Paterson (B., P.), T. F. Patrick (B., P.), J. Purdie (B., P.), J. C. Pyper (B., P.), A. Rae (B., P., C.), H. C. D. Rankin (B., P., C.), H. Y. Riddell (B., Z., C.), J. R. R. Ritchie (B., P.), E. Robertson (B., P.), J. H. Robertson (B., P.), W. L. Scott (P., C.), J. Smith (P., C.), R. A. Steven (Z.), J. A. Stewart (C.), L. T. Stewart (P., C.), W. P. A. Stewart (B., C.), A. H. Taylor (B., P.), G. Taylor (B., P.), W. Taylor (B., P.), W. R. Taylor (Z., C.), J. A. H. Telfer (B., P.), W. Tudhope (B., P.), G. A. Valentine (B., P.), A. G. Waddell (Z.), J. L. Walker (B., P.), T. Waterhouse (P.), E. C. White (C.), M. White (B., Z.), T. Whitelaw (Z.), A. Wilson (B., P.), W. B. Wilson (B., P.), J. C. Wood (C.), W. P. Yates (Z., C.) Women.—J. R. Anderson (B., P.), M. L. Kirkwood (B., P.), B. Macgregor (B.), K. S. Macphail (C.), L. M. Ross (B., P.), C. H. Shearer (B., Z.), P. Stewart (B., P.), M. B. Thomson (Z.).

SECOND M.B. (A., Anatomy; P., Physiology; M., Materia Medica and Therapeutics).—A. Aitchison (M.), W. S. Alexander, M.A. (A., P.); J. Allan (A., P., M.), A. C. Anderson (A.), J. G. Anderson (A., P.), W. Anderson (A., P., M.), E. Barnes, M.A. (A.), A. M. Bayne (A., P.), E. A. C. Beard (P., M.), D. M. Borland (M.), J. A. G. Burton (A., P.), J. Cairns (A., P., M.), J. A. M. Cameron (A., P., M.), J. L. Cochrane (A., P., M.), D. R. Cramb (A.), C. Duguid, M.A. (M.); T. S. Fleming (P., M.), G. Fletcher, M.A. (A.); E. G. Glover (M.), R. D. Goldie (M.), J. Graham (M.), J. Granger (M.), J. Gray (P., M.), W. Howat, M.A. (A., P., M.), J. Howie (P.), J. W. Jones (A., P., M.), D. N. Knox (M.), A. Leishman (A., P.), W. M. Adam, M.A. (M.); W. C. Macartney (A.), D. M. Dougall (M.), D. M. Intyre (A.), T. Mackinlay (M.), D. Mackinnon (M.), W. A. Maclellan (P.), C. Macmillan (A., P., M.), J. W. M. Kneel (M.), T. Marlin (M.), W. A. L. Marriott (A.), D. Meek (A., M.), A. Millar (P.), H. B. W. Morgan (M.), F. Murchie (A., P., M.), F. L. Napier (A.), W. Nicol (A.), C. Nicholson, M.A. (A., P.), J. Robertson (A., P.), W. W. Scott (A.), W. A. Sewell (M.), A. H. Sinclair (A.), J. S. Somerville (A., M.), R. Steel (M.), A. F. Stewart (M.), R. Sweet (M.), A. G. W. Thomson (M.), C. H. Wagner (A., P., M.), W. S. Waterhouse (M.), J. B. Whitfield (M.), H. J. Windsor (A., P., M.), W. R. Wiseman, M.A. B.Sc. (A., M.), D. Yellowlees (M.), D. Young (M.), J. Young (M.) Women.—C. Barrowman (A.), F. A. Gallagher (A.), E. A. Hay (A., M.), J. D. M. Whirter, M.A. (A., P.), M. Muir (A.), E. M. Walters (M.), M. A. Wylie, M.A. (A., P.).

THIRD M.B. (P., Pathology; M., Medical Jurisprudence and Public Health).—D. Anderson (M.), T. Archibald (M.), W. H. S. Armstrong (P.), J. Atkinson (P.), A. Ballantyne, M.A. (M.), J. Blakely (M.), J. N. Brown, M.A. (M.), W. B. Brownlie (M.), J. Cameron (M.), M. I. T. Cassidy (M.), D. Clark (P.), D. J. Clark (M.), A. B. Cluckie (M.), J. Cook (Coalburn) (P., M.), W. Dawson (P.), T. S. Forrest (M.), W. L. Forsyth (P.), J. Fotheringham, B.Sc. (P., M.), R. D. B. Frew (P., M.), W. E. Gemmell (M.), A. I. A. Gourlay (M.), E. O. D. Graham (P.), T. Harkin (P.), J. M. Henderson (M.), J. M. L. Hendry (P.), J. H. Hislop (P., M.), W. A. Hislop (P., M.), W. H. Kiepe (P., M.), J. T. Kirkland (P.), W. Leitch (P., M.), D. C. Macardie (P.), F. C. Macaulay (M.), R. McCarlie (P.), J. G. McCutcheon (P.), A. M. Macdonald (M.), W. M. Kendrick (M.), M. D. Mackenzie (M.), F. W. Mackichan (M.), W. C. Mackie (M.), J. J. Mackintosh (P., M.), J. M. M. McMillan (P., M.), A. Macpherson (M.), M. M. K. M. Rae (P.), A. Maguire (P., M.), F. N. Marsh (M.), W. A. Muir (M.), C. S. M. K. Murison (M.), W. Noble (P., M.), R. M. F. Picken, B.Sc. (M.), R. Rae (M.), H. N. Rankin (M.), H. G. Robertson (P., M.), A. Semple (P., M.), J. B. Sim (M.), W. Stevenson (M.), H. C. Storrie (M.), D. Taylor (M.), W. Telfer (M.), A. Turnbull, M.A., B.Sc. (P., M.), H. White (M.), D. M. G. Wilson (P.), J. A. Wilson (P., M.), J. Y. Wood (M.), H. Young (M.) Women.—M. B. S. Darroch (M.), O. Robertson (M.), W. M. Ross (M.), J. H. Stewart (M.).

The following passed with distinction in the subjects indicated:

FIRST EXAMINATION.

In Botany and Physics.—W. W. MacNaught. In Botany.—D. S. Brough, J. R. McCurdie, F. Matheson, E. Robertson. In Zoology.—G. C. Griffiths, A. G. Waddell. In Physics.—T. S. Barrie, J. Dunbar, A. Gardner, F. A. Kerr, J. E. Paterson, J. C. Pyper, J. R. R. Ritchie, J. H. Robertson, W. L. Scott, G. A. Valentine.

SECOND EXAMINATION.

In Anatomy.—W. Howat, M.A.; A. Leishman. In Physiology.—J. A. M. Cameron, Jeanie D. M. Whirter, M.A. In Materia Medica and Therapeutics.—E. G. Glover, J. Granger, W. M. Adam, M.A.; J. W. M. Nee, H. B. W. Morgan.

THIRD EXAMINATION.

In Pathology.—A. Turnbull, M.A., B.Sc. In Medical Jurisprudence and Public Health.—M. I. T. Cassidy, F. W. Mackichan, R. M. F. Picken, B.Sc.

UNIVERSITY COLLEGE, CARDIFF.

Two scholarships, each of the value of 72 guineas, open to competition amongst students of the Universities of Oxford, Cambridge, and London, who are beginning their fourth winter of medical study, have been won by C. W. Shepherd (Cardiff), and W. Reece Thomas (Tylorstown), who have just completed their third year at the Cardiff College medical School. A third Cardiff student, G. Ambrose Williams, B.A. (Gowerton), who competed at the same time, obtained third place, and has been offered an exhibition of £36. Mr. A. A. Read, Lecturer in Metallurgy, and Mr. Herbert Bruce, M.A., Lecturer in History, were appointed Associate Professors in their subjects. A letter was read from the Newport Education Committee agreeing to contribute £200 annually to the College in the same manner as contributions are made by the Cardiff Corporation and the county councils of Monmouthshire and

Glamorgan. The Principal and the registrar were appointed representatives of the Council to attend the conference of the South Wales District of the Workers' Association at Cardiff on October 12th. Mr. H. R. Jordan, B.A., was appointed Assistant Lecturer in the French Language and Literature.

CONJOINT BOARD IN ENGLAND.

THE following candidates have been approved at the examinations indicated:

FIRST EXAMINATION.

Part I (Chemistry) and Part II (Physics).—J. C. Beddard, †M. Ffoulkes, G. J. Gallagher, C. L. Graham, *A. P. Green, *A. Holmes, *G. B. H. Jones, B. R. Khanna, S. Lal, J. L. Lauder, †G. N. Martin, *C. H. G. Pochin, *E. H. S. Scarr, †D. Scott, A. W. Woo, †K. E. Wood.

Part III (Elementary Biology).—E. C. Bowden, E. R. Chambers, T. Clarke, H. D. Field, C. L. Graham, A. Holmes, F. M. S. Hulke, B. R. Khanna, C. V. N. Lyne, R. T. McRae, J. H. Paget, E. H. S. Scarr, C. G. Stoddard, A. Tilbury, R. E. S. Waddington, V. J. A. Wilson, A. W. Woo, H. S. Young.

* Part I only. † Part II only.

HOSPITAL AND DISPENSARY MANAGEMENT.

WILTS COUNTY ASYLUM.

THE annual report of this asylum for the year ending March 31st, 1907, contains the report of Dr. Ireland Bowes, the Medical Superintendent, for the year 1906. The Committee in their report allude to the overcrowding which has existed in the asylum for the last few years. The Lunacy Commissioners, they say, have given them clearly to understand that they will not tolerate any such overcrowding as occurred in 1904-5-6, and they fear that the necessity for enlarging the asylum will again force itself upon consideration. In the meantime, chiefly by discharging to their respective workhouses about 20 harmless patients, they have been able to reduce their numbers to an average lower than that of the two preceding years. During the year 1906 the overcrowding was still felt on the male side, and doubtless the carrying out of the proposed extension on the male side, plans of which were approved by the Commissioners some time ago, would relieve the pressure for some years. Nevertheless, pauper lunacy in Wiltshire does not appear to be at present on the increase, for we see from a table furnished by Dr. Ireland Bowes that the total pauper insane in the county, in the asylum, workhouses, and with friends, numbered 1,178 in 1904, 1,168 in 1905, and 1,165 in 1906. In the asylum on January 1st, 1906, there were 988 and on December 31st, 1906, there were 967. The total number of cases under care during the year was 1,161 and the average number daily resident 987.9. During the year 173 were admitted, of whom 145 were first admissions. In 77, or 55 per cent., the attacks were first attacks within three and in 16 more within twelve months of admission; in 50 the attacks were not first attacks within twelve months of admission; in 23 the attacks, whether first or not, were of more than twelve months' duration and the remaining 7 were of unknown duration. They were classified as to the forms of mental disorder into: Mania of all kinds, 97; melancholia of all kinds, 49; senile and organic dementia, 6; general paralysis, 2; acquired epilepsy, 5; and cases of congenital or infantile defect 14. The table of probable causes shows that alcohol was assigned in 21, or just over 12 per cent., venereal disease in 2, old age in 20, the menopause in 2, "moral" causes in 45, previous attacks in 43, and the remainder were distributed over other usually cited causes, including various bodily diseases and disorders in 17. Hereditary influences were ascertained in 72, or over 41 per cent., congenital defect existed in 10, and further a family history of phthisis was obtained in 19, and a family history of intemperance in 16.

During the year 58 were discharged as recovered, giving a recovery rate on the admissions of 33.5 per cent.; 39 as relieved, and 4 as not improved. During the year also there were 93 deaths, giving a death-rate on the average numbers resident of 9.4 per cent. The deaths were due in 20 to cerebro-spinal diseases, with 9 from general paralysis; in 37 to chest diseases, including 13 deaths from pulmonary tuberculosis; in 9 to abdominal diseases, including 2 deaths from enteric fever and 1 from peritoneal tuberculosis; in 10 to general diseases, including 2 from general tuberculosis, and 17 deaths were due to senile decay.

For the first time for fifteen years, since the re-drainage of the asylum, enteric fever occurred in this institution. Five male patients and one nurse were attacked, and two of the former died. No cause could be discovered for this outbreak. Dysentery also attacked 21 patients, all males, and Dr. Ireland Bowes notes that the disease prevailed to a greater extent among patients in the crowded division. No inquest was held during the year, and the only serious casualties were fractured bones incurred by three patients.

The institution was visited in July by the Lunacy Commissioners, who drew attention to the overcrowding on the male side, and again urged the extension of this asylum to cope with this condition, and a pressure for accommodation which they believe is likely to become accentuated.

LETTERS, NOTES, AND ANSWERS TO CORRESPONDENTS.

ORIGINAL ARTICLES and LETTERS forwarded for publication are understood to be offered to the BRITISH MEDICAL JOURNAL alone unless the contrary be stated.

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

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.

COMMUNICATIONS respecting Editorial matters should be addressed to the Editor, 6, Catherine Street, Strand, London, W.C.; those concerning business matters, advertisements, non-delivery of the JOURNAL, etc., should be addressed to the Manager, at the Office, 6, Catherine Street, Strand, London, W.C.

AUTHORS desiring reprints of their articles published in the BRITISH MEDICAL JOURNAL are requested to communicate with the Manager, 6, Catherine Street, Strand, W.C., on receipt of proof.

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

TELEPHONE (National):—

EDITOR,
2631, Gerrard.

GENERAL SECRETARY AND MANAGER,
2630, Gerrard.

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.

MOTOR TRICYCLES.

MOTICULUS asks for information in regard to motor tricycles or triars. He wishes to know whether the engines are air-cooled or water-cooled, whether there is a change speed gear or not, and whether the differential gear is similar to that in a motor car or a free-wheel arrangement.

OVARIAN PAIN.

MONTIFEX asks for advice in the treatment of a young married woman, who on and off for the last two years has had more or less severe left ovarian pain. A few months ago he sent her to a general hospital, where, there being slight leucorrhoea, curettage was performed. Previous to that he had treated her by rest, counter-irritation, tampons, douches, bromides, etc. The pain still comes and goes with unfailing regularity. It is not increased at the menstrual period, in fact rather the reverse. She seems in excellent health otherwise. She has no children, and our correspondent supposes she is not likely to. Can anything else short of ovariectomy be recommended?

CLOVER'S ETHER INHALER.

G. H. T. I. C. asks the use of the "water jacket" in Clover's ether inhaler. Is it filled with cold water to prevent too rapid evaporation of ether? My limited experience (he adds) seems to be that with cold water in the "jacket" the patient takes much longer to go under than when no water is used; and, also, that the moisture from the patient's breath condenses in the ether chambers, sometimes to such an extent as to give the impression that ether still remains in the chamber, when only water is present, as found by the glass inspection stopper.

* * The original object of the water jacket was to secure a more uniform temperature of evaporation. It was warmed in cold weather by being placed in hot water before the ether was poured in, and in cold water during great heat in the summer time or tropics. The present form of Clover's ether inhaler is usually made with a much smaller, and therefore less active, water jacket than was the case with the original pattern.

ANSWERS.

DELTA.—If the condition is congenital, medical treatment is not likely to be of use. If it has been acquired, the question of treatment would depend on the cause, and on a careful consideration of all the circumstances of the case.

MOTOR BICYCLES: SIDE-SLIP.

DELTOID writes: "Cyclist" will be interested to hear that Mr. Cantlie in his book on *Physical Efficiency* says: "The limit of time a motor cyclist who rides frequently can continue riding before he seriously damages certain important organs is about eighteen months. It is a form of conveyance that is to be condemned." Mr. Cantlie evidently wrote without any practical knowledge. The present writer has from the very first appearance of the motor cycle, some five or six