

We conclude, then, that athletes have every hope of materially shortening the record times and accomplishing greater feats by the use of oxygen, or deep breathing, beforehand.

The table at foot of page 499, taken from Hill and Flack's paper in the *Journal of Physiology*, shows the effect of holding the breath with and without oxygen and after muscular exercise. The figures show how much quicker the CO₂ goes up and the O₂ down after exercise.

The next table shows that the ventilation of the lung is ample after severe muscular effort. What is at fault is that the use of oxygen and production of CO₂ are so rapid in the muscles that the circulation cannot keep pace with the demand. The excess of CO₂ can be warded off by forced breathing before the effort for some minutes, so as to clear out the CO₂ in the blood and tissues. The want of oxygen can be warded off partly by forced breathing, and still more by breathing oxygen. One of us (L. H.) has found that forced breathing, continued for two minutes, before running a certain course, lessens both the time in which he can do it and the after dyspnoea.

Subject.	Race.	Alveolar Tensions.		Observations when Samples Taken.
		CO ₂ .	O ₂ .	
W. V. F.	$\frac{1}{2}$ mile	4.62	17.43	Immediately after race.
	$\frac{1}{2}$ mile	6.0	16.40	Immediately after race.
R. M. L.	1 mile	4.57	15.65	About 1 min. after race.
	1 mile	4.86	17.05	After running from course into dressing-room.
	1 mile	4.40	16.54	Immediately after race.
J. F. P.		(5.16 before race)	(14.62 before race)	
	7 laps of 3 miles	4.22	15.32	Immediately after race.
H.	1 mile	5.12	16.0	About 1 min. after race.
	3 miles	4.53	14.94	2 min. after race, panting subsiding.
	1 mile	3.74	17.8	Immediately after race.
H. P.	3 miles	5.33	15.39	Immediately after race.
	3 miles	4.44	16.30	Immediately after race.
		(5.27 before race)	(14.42 before race)	

Dr. Vernon, combining the two methods and experimenting on himself, has obtained the following, among other figures, which are in course of publication, and which he has kindly communicated to me. His figures show how excess of oxygen inhibits the action of CO₂ on the respiratory centre, and how low the oxygen tension can sink if CO₂ be low.

	Alveolar Air after Holding Breath.		Time.
	CO ₂ .	O ₂ .	
Duration of forced breathing:			
0 min. ...	6.6	11.1	42 sec.
1 min. ...	6.1	8.2	2 min. 21 sec.
5 min. ...	5.5	5.8	3 min. 2 sec.
6 min. ...	5.9	3.7	4 min. 5 sec.
Duration of forced breathing plus last four breaths of oxygen:			
0 min. ...	7.2	15.7	1 min. 7 sec.
1 min. ...	7.4	40.2	3 min. 38 sec.
3 min. ...	7.9	56.0	6 min. 34 sec.
6 min. ...	8.5	46.2	8 min. 13 sec.

Forced breathing for some minutes allows the athlete to run much further without taking a breath and with much less distress. Ordinary breathing of oxygen helps the runner greatly, in giving the muscles and heart

ample oxygen. Forced breathing plus oxygen is the method which should enable the athlete to break all the world records. In holding his breath 8 min. 13 sec., Dr. Vernon greatly exceeded the record time spent under water by Miss Wallender at the Alhambra, namely, 4 min. 45 $\frac{1}{2}$ sec. It has been proved conclusively that excess of oxygen does not increase the rate of metabolism of living matter. It is not a question here of fanning up the fire of life, but of assuring the athlete an adequate respiratory exchange in his muscles during his supreme efforts.

MR. JUST'S OWN REPORT OF HIS EXPERIENCES.

On Monday, July 27th, I ran some trials on the Stamford Bridge ground. For some few minutes previous to starting I inhaled oxygen, standing at the starting-point. Immediately afterwards I started and ran a half-mile. I covered the first quarter-mile in 54 sec., and completed the half-mile in just inside 1 min. 55 $\frac{1}{2}$ sec. This is faster than I had run a half-mile before, my previous best performance being in a race when I did 1 min. 55 $\frac{1}{2}$ sec. In practice I have previously never done better than 1 min. 58 $\frac{1}{2}$ sec. After a short time I ran a quarter-mile, having again inhaled oxygen. This quarter took 53 $\frac{1}{2}$ sec. The first part was slow, but the last 260 yards were covered in 30 sec., and I finished strongly. Shortly afterwards I ran two separate 100 yards, going quite easily in about 11 $\frac{1}{2}$ sec.

Whilst running I felt extremely light on my feet, running for the most part with very little exertion. A remarkable fact was that after running my legs were not at all stiff, as they usually are after a hard run; after the quarter they were as supple and springy as if I had not run at all. Even though I had run so much within a very short space of time, I did not feel in the least tired.

I travelled so easily that the pace seemed much slower than it really was; and even sprinting, which usually tires me very much, seemed quite easy, although I had just run a half and a quarter mile.

I might add that I had been smoking considerably for three days previous to the trial, and that in the week before I had run three 800-metre races, and so my condition probably erred upon the stale side.

In conclusion, I might say that I felt no after-effects at all.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

TRAUMATIC POST-PARTUM HAEMORRHAGE.

I was requested by a midwife on the morning of June 8th last to attend a case of *post-partum* haemorrhage. It was the third labour of a woman aged 27; the two previous confinements had been uneventful. On this occasion, I was told, pains had commenced about 6 a.m., and for about an hour were small and few. About 7 a.m. they increased in force, and became almost continuous; the child was born at 8 a.m., and in about fifteen minutes the placenta was expelled with the membranes; these I found complete, the uterine surface of the placenta being unbroken. About the same time the woman began to complain of pain in her "back passage," eventually causing her to call out and strain; about 9 a.m., while straining, a large quantity of blood and clot was driven explosively into the bed followed by a stream of blood; the pain was relieved and the straining ceased.

I was then sent for, and found the woman blanched and complaining of faintness. The uterus was hard and, I judged, empty; a small stream of blood was flowing from the vagina. About 3 in. from the vulva and on the right side of the vagina I found a firm swelling about the size of a golf ball; also a small fistulous opening into which I could get the tip of my index finger. The rectal pain had returned, and the woman was straining a great deal; suddenly the lump collapsed, and some blood and clot was driven into the bed. The pain was relieved, and again the straining ceased. A fairly large stream of venous blood now flowed from the opening; this was easily controlled by a couple of fingers pressed against the side of the vagina. I had some handkerchiefs boiled in 1 in 4,000 perchloride and packed the vagina. After three hours these were removed; the haemorrhage did not return, and there was no perceptible swelling in the vagina.

The patient had a temperature of 100.6° F. on the sixth day, which subsided after a dose of Epsom salts; otherwise her recovery, though slow, was satisfactory.

Enfield.

RINGLAND MORROW, M.B.

DOUBLE OVARIAN CYST WITH MYXOEDEMATOUS SYMPTOMS.

A WOMAN, aged 34 years, with one child, born 14 years ago, was admitted to the Perth Public Hospital on May 2nd, 1908. She had a large abdominal tumour extending from below, reaching on the left side up to the costal margin and on the right side not quite so far upwards. She stated that she had first noticed the swelling five years before, and that she had been taking thyroid-gland tablets for the last three years. She was found to be in a condition of mental hesitancy, which, with her round swollen face, spread-out nose, puffy eyelids, and slit-like unintelligent eyes, suggested the cretin. Her skin was very dry and covered with branny scales, whilst her hands were notably thickened and spade-like. Her temperature was subnormal and her urine was scanty, the total quantity on one day being only 27 oz. Her hair was very dry and her tongue coated and flabby. It was elicited that for the last six years her normal menstruation had been replaced by a "flooding" coming on every six to nine months and lasting as long as a fortnight or more. She had been in hospital in December, 1907, and during that period had had a "flooding" which gave out an excessively offensive smell. At this time I prescribed iron in connexion with her preparation for operation. The result was extraordinary. She became strikingly emotional, passing into a highly nervous state, in which she gave way to tears on the slightest provocation, and, finally, abruptly left the hospital. On her readmission I again prescribed iron, and found that after a few doses she again passed into the nervous tearful state. On stopping the iron her condition rapidly improved.

On May 20th, 1908, I removed two large multilocular ovarian cysts, under chloroform, with a surprising result. Within a few days the round swollen face had given place to an oval shape with the thickening removed, and so with the puffed eyelids, whilst her expression became that of an intelligent woman. Also her previous slow method of getting out her sentences had given place to the normal method of speaking. In fact, all round she became utterly changed from the poor wreck to which she had been reduced. How far the ovarian cysts had contributed to her myxoedematous condition it is difficult to understand, although there can be no doubt as to the beneficial effects resulting from their removal. I might add that this patient had been in the Perth Public Hospital in April and May, 1905, the casebook stating that she was at that time treated for "myxoedema and metrorrhagia."

ARTHUR J. NYULASY, M.R.C.S.Eng., etc.,
Gynaecologist to the Perth Public Hospital, Western Australia.

A METHOD OF EXAMINING SEMINAL STAINS.

THE methods of examining stains on clothing, suspected to be seminal, recommended in textbooks on forensic medicine, are very unsatisfactory. With fresh stains, almost any process of soaking the cloth and then squeezing or dabbing on to a slide, will extract a fair number of spermatozoa, some of them complete, but the majority broken, head from tail. With old dried stains, or those subjected to a tropical climate, the result is usually bad, and gives great trouble to examine, failure to detect being frequent.

The following process fixes the spermatozoa along with the albuminous vehicle, and scraping will then remove innumerable spermatozoa, single or in clumps, a large proportion being unbroken and at once recognizable.

1. A piece of cloth, 1 in. by 1½ in., is cut from the suspected stain, and soaked in Müller's fluid (potassium bichromate 2.5 grams, sodium sulphate 1 gram, water 100 c.cm.) for twenty-four hours, preferably at a temperature of 37° C. in an incubator. A covered watch glass serves very well to hold the fluid and cloth.

2. The cloth is well washed in several changes of water. Dust and dirt are thus removed, as well as the fixing fluid.

3. The bit of cloth, one end being held in forceps, is placed for a moment on blotting paper, to remove excess of water, and then laid flat on the middle of a microscope slide. The edge of a scalpel or of another slide is then passed with a fair amount of pressure from the end of cloth fixed by the forceps to the other. This scraping is repeated on the other surface, the cloth being turned over, on the same part of the slide.

4. The end of cloth is then placed, with the forceps, between finger and thumb, the rest been pleated up by the same means and tied in, so that firm pressure of the tips of fore-

finger and thumb causes a drop of fluid to exude, and drop on to the middle of the slide, on which the scraping has been carried out.

5. The slide is held high over a flame, or placed in an incubator, to dry, and the resulting film fixed either with heat or a saturated solution of mercury perchloride.

6. A 1 per cent. watery solution of eosin is used to stain, for three minutes, and then thoroughly washed off, the slide being then dried, after pressing between blotting papers, and examined with a one-twelfth oil immersion objective.

The resulting film from a semen stained cloth will be clean and satisfactory, the spermatozoa being unmistakable, and present in thousands; a vast number of them, especially those in clumps, being unbroken. The more vigorous the scraping the more spermatozoa, but also the more separation of head from tail. Basic dyes may be used, or Leishman's stain to fix and stain, but eosin shows up the tails better than these.

F. N. WINDSOR, Major I.M.S.,
Chemical Analyst and Bacteriologist
to Government of Burmah.

LATERAL SINUS THROMBOSIS.

THE reason given by Dr. Harrison—namely, their comparative rarity in general practice—for narrating in the JOURNAL of June 27th two cases of sinus thrombosis, is my excuse for submitting the following particulars of what in my opinion was another example, although unfortunately the pathology was not established either by operation or autopsy.

The patient, a robust-looking working man, age 30, sought advice about a "gathering in the ear." He had chronic suppurative inflammation of the middle ear of the right side, which was treated until the discharge ceased, when he left off attending.

After an interval, of the length of which I have no note, he reappeared, this time complaining of "stomach-ache." Just above the umbilicus there was marked visible pulsation, and at the same place a loud whiffing systolic murmur was equally audible by mediate and immediate auscultation. The development of the abdominal muscles was extreme. He was advised to rest in bed pending further investigation. On visiting him two days later my attention was diverted from the abdominal condition by a new set of symptoms and signs which had developed in the interval. Complaint was now made of excruciating headache in the right post-auricular and occipital regions. The temperature, normal when taken at the surgery, was 104° F.; the pulse, also previously normal, was 110 and thready; the tongue was dry and coated; there was a heavy fetid odour from the mouth, with anorexia; there had been vomiting and rigors, followed by profuse perspiration. The abdominal pain, although now eclipsed by the headache, was still present, and it was found that both liver and spleen were enlarged. During the next three days the temperature was markedly remittent, fluctuating irregularly between 102° F. and 106° F., and other two rigors occurred. On the fifth day there was a cord-like formation to the inner side of the sterno-mastoid muscle, and tenderness over the upper third of the internal jugular vein. Swelling of the joints ensued, and the shoulder was exquisitely painful. On the tenth day the patient was found in the typhoid state. Diarrhoea had set in, and the stools, which were very offensive, were passed unconsciously. There was muttering delirium and great prostration. The face was pinched, and there was a bright blush on the cheeks. Death occurred on the twelfth day.

The case was a puzzling one. When I advised rest in bed it was in the belief that the patient had an abdominal aortic aneurysm, which I still think he had. Then the development of the localized headache recalled his antecedent ear trouble and suggested intracranial suppuration. While attention was directed to that the renewed complaint of abdominal pain and the discovery of the enlargement of the spleen and liver raised a doubt, soon dispelled by the palpable involvement of the internal jugular vein, as to whether the primary trouble were not in the abdomen after all. But in reviewing the whole circumstances there seems little doubt that the case was one of infective thrombosis of the sigmoid sinus. Sir William Macewen, in his classic work, *Pyogenic Infections of the Brain and Spinal Cord*, describes three types of the

disease—namely, the pulmonary, the typhoid, and the meningeal, the classification being based on the manifestations of the systemic infection. The case above narrated was of the typhoid type. Operation was stoutly resisted by the patient himself, and the opposition of his friends, coupled with personal reasons, prevented a *post-mortem* examination being made.

Berkhamsted.

JAMES HARVIE.

RAW MEAT JUICE IN THE TREATMENT OF HAEMOPHILIA AND ALLIED STATES.

OF the various methods that have been introduced to remedy the defective coagulation of the blood of haemophilic subjects none has proved as constantly successful as that suggested by Dr. Weil, of Paris—namely, the intravenous injection of fresh serum (10 to 20 c.cm.). The effects of this treatment, which are preventive and to some extent curative, can be obtained by the injection or ingestion of fresh antiphosphoric serum, a product which has the advantage of being always and everywhere available.

It may be mentioned that Weil's treatment is based on the fact that the addition of normal serum to haemophilic blood determines immediate coagulation, from which it may be inferred that the blood of the haemophilic subject is lacking in the special ferment which is supplied by the normal serum. It occurred to me that this ferment must be present in raw meat juice, and as I have had an opportunity of putting this hypothesis to the test I venture to place the result on record.

The patient was a youth, aged 18, a typical haemophilic subject who from childhood had been subject to intra-articular and other haemorrhages following slight traumatism. The intra-articular haemorrhage was always followed by profuse haematuria. A sideslip on the stairs led to haemorrhage into the knee while he was under my observation. The joint was distended with blood and the pain was excruciating, so much so that comparatively large doses of morphine had to be given at intervals. The temperature rose to 100 to 101° F., and there was well-marked constitutional disturbance. In the course of a day or two blood made its appearance in the urine, whereupon I prescribed a preparation of raw meat juice, as circumstances did not admit of the juice being prepared as required. The haematuria ceased within ten hours, and did not recur for a week, when, as the patient disliked the taste of the product, it was discontinued. On the following morning the urine was smoky and highly albuminous, so the meat juice was resumed, and the urine at once returned to normal. This treatment was continued for a month until matters had cleared up, and no recurrence of the haematuria took place. I learned from the patient that on previous occasions treatment had had no effect whatever in arresting the haematuria, so that it seems reasonable to infer that the meat juice was the active agent, confirming the *a priori* conception I had formed as to its probable influence.

I may add that, apart from its assumed specific effect in arresting haemophilic bleeding, raw meat juice constitutes an ideal food for such subjects in view of the anaemia induced by the loss of blood. I have advised its continued administration in the hope that it may exert a prophylactic as well as a curative influence.

Aix-les-Bains.

ALFRED S. GUBB, M.D.

Reports

ON

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

BRADFORD CHILDREN'S HOSPITAL.

CASE OF ADENO-CARCINOMA OF THE BREAST IN A GIRL AGED 11 YEARS.

By WILLIAM H. THOMPSON, M.R.C.S., L.R.C.P.Lond.,
Honorary Surgeon.

L.S., a girl aged 11 years, was admitted into the medical wards on July 13th, 1908, under the care of Mr. Mossop, who transferred the case to me for operation.

History.—A swelling in the left breast was first noticed three years ago as a small hard lump under the nipple. It did not increase in size until Easter, 1908, when the child fell and knocked it; since then it has grown larger,

and the skin over it has become red. There has never been any pain.

Condition on Admission.—There is a very hard tumour of the left breast, about the size of a plover's egg, involving the nipple, which has practically disappeared, being replaced by a smooth, red, flat surface, about the size of a shilling, slightly elevated above the surrounding skin. The tumour is well defined, and can be freely moved over, and lifted up from the chest wall. On firm pressure over it, a drop of yellow mucoid fluid can be squeezed out. No enlarged axillary glands can be felt.

Operation.—On July 17th an elliptical incision was made round the tumour, and it was dissected out along with the gland substance and surrounding fat, the pectoral muscle being exposed after the removal of the growth. The wound healed by first intention, and the patient was discharged. She was seen again on August 14th, when the scar was perfectly healthy.

Microscopical Examination.—The tumour was sent to Dr. Eurich, the city pathologist, who reported as follows:—The growth consists of alveoli of varying size and shape. They are formed of epithelial cells conforming to no particular type. Only on the outer aspect of some of the alveoli can be seen oblong cells similar to those lining the alveoli, and especially the ducts of the healthy mamma. Most of the alveoli are solid; only a few show attempts at formation of a lumen. The fibrous stroma is not very abundant; here and there it appears to be hyaline. Many of the epithelial cells are undergoing fatty degeneration.

Diagnosis.—Adeno-carcinoma of breast.

REMARKS.

On August 14th, 1908, I saw the mother of the patient, who told me the interesting fact that whilst she was pregnant with the above child she nursed her own mother who was dying from cancer of the uterus. On cutting through the tumour (which was of stony hardness) immediately after the operation, I remarked upon the "creaking" sensation as the knife passed through it, and said it was very suggestive of scirrhus growth. A more extensive operation was not performed, as it was not possible to know that the growth was carcinomatous, and also because of the fact that there were no enlarged lymphatic glands to be felt. The patient will be kept under observation, and it will be interesting to discover whether any recurrence takes place, or whether any glands become enlarged. I have to thank Dr. Eurich for his kindness in examining the tumour, and the House-Surgeon, Dr. Scroggie, for the notes of the case.

TUBERCULIN OINTMENT FOR LUPUS.—The treatment of lupus is not satisfactory, in spite of the introduction of Finsen and Roentgen treatment, of hot air, and the like. Free excision of all the affected tissue and grafting of skin is frequently the surest and most rapid way of treating a patient, but E. Senger (*Berl. klin. Woch.*, June 8th, 1908), who has frequently operated with success in this way, observes that in cases not suitable for excision other means are necessary. The introduction of Koch's tuberculin raised considerable hopes, especially with regard to lupus, but three disadvantages accompany its employment. These are (1) the injections often cause severe reaction, evidenced by high fever, collapse, and other alarming symptoms; (2) at times the nodules, instead of becoming smaller, become larger, and new nodules appear under the treatment; and (3) a permanent and complete cure has never been achieved. Senger therefore sought a safer method, and, after some experimentation, conceived the idea that the tuberculin might be applied directly to the affected part. For this purpose he employed vasenol mixed with tuberculin. At times he used lanolin instead of the vasenol, but found that the vasenol was more easily rubbed in. At first he used 1 gram of tuberculin to 10 grams of vasenol, but later on he found that 5 or even 3 per cent. was sufficiently strong. He gives details of a severe case in which all the visible lupus nodules healed under this treatment. There was no general reaction, although a very marked local reaction appeared after each application. The cure was not permanent, but on recurrence the Roentgen rays were applied with satisfactory results. Whether the patient is cured remains to be seen, but Senger considers that he is justified in stating that the combination of tuberculin ointment treatment and the x rays yields results at once conservative and rapid in chronic lupus. In this case the ointment was rubbed in for one minute on two succeeding days, and then, after a pause of twenty-one days, four applications were made. He has since modified this, but he does not describe his present method.

except Madras. Revaccinations were, however, more numerous. The ratio of successful vaccinations per 1,000 of population fell from 36.9 to 35.41, and the estimated proportion of children vaccinated from 43.83 to 42.62. There was an increase in the cost of each successful case, which varies greatly in different provinces. In most of the provinces there are central dépôts for the preparation of lymph. The chloroformed glycerine lymph manufactured at Lahore gave a percentage of success of 99.88. The use of prepared lymph is taking the place of arm-to-arm and calf-to-arm methods; but the position of vaccination in India, as a whole, is not altogether satisfactory, and increased attention and effort appear to be highly desirable. An interesting table is given, showing the "Conditions of employment of vaccinators in the different provinces of India."

SANITARY ADMINISTRATION AND WORK.

The details furnished in the section of the report devoted to "sanitary works" indicates progress both in municipal and village sanitation. Large sums of money are being spent on projects for water supply and drainage, and current sanitary business—cleansing, conservancy, and pure water—is receiving increased attention. The septic tank system and the utilization of sewage in farming are extending. The sanitary boards in the various provinces appear to be useful and energetic. Bombay is still hampered in sanitary matters by the prevalence of plague. The provincial sanitary reports are drawn up on different plans, and do not supply information in such a manner as to render general summaries or comparisons easy. This ought to be remedied.

MISCELLANEOUS.

The number of pilgrims proceeding to Mecca during the year was large, and their health appears to have been good. Small-pox prevailed to some extent at Mecca and on the homeward voyage. Summaries are given of the work done at the Central Research Institute at Kasauli, the Bombay Bacteriological Laboratory at Parel, the King Institute of Preventive Medicine at Guindy, Madras, and the Pasteur Institutes at Kasauli and Coonoor. Special inquiries are being conducted regarding enteric fever, dysentery, malaria, blackwater fever, kala-azar, and other subjects, and interesting accounts are given regarding these, indicating that researches are in progress by numerous eager competent workers, which promise substantial and fruitful additions to our knowledge of the causation and prevention of Indian diseases.

THE PLAGUE.

INDIA.

DURING the weeks ended June 6th, 13th, 20th, and 27th, and July 4th and 11th the deaths from plague numbered 1,198, 817, 699, 483, 435, and 453. The chief centres of the disease during the last week in question were: Bombay Presidency, 92; Madras Presidency, 55; Burma, 188; Mysore State, 71; United Provinces, 3; and the Punjab, 11. At Bangalore some 30,000 persons have been inoculated with the new plague prophylactic. The adoption of the treatment by the people of Bangalore is largely due to the example set by a number of Indian gentlemen who have devoted themselves to the work. Non-official workers are being largely employed in the Punjab in the districts affected by plague with excellent results.

GOLD COAST.

During the week ended June 27th 4 cases of plague were reported at Accra with 2 deaths from the disease. On July 9th all Gold Coast ports were declared free from infection. During the week ended August 8th 2 fatal cases of plague occurred in Accra. All other localities of the colony free from plague.

HONG KONG.

During the weeks ended June 20th, 27th, July 4th, and 11th the fresh cases of plague numbered 75, 85, 65, and 36; the deaths from the disease amounted to 62, 68, 61, and 28. A further telegram dated August 11th announced that during the week ended August 8th the fresh cases of plague numbered 11, and the deaths from the disease 9.

MAURITIUS.

During the weeks ended July 2nd and 9th, the fresh cases of plague numbered 1 and 1; both cases proved fatal. A telegram dated August 10th announces 2 cases of plague on August 6th and 7th.

TRINIDAD.

During the last fortnight of June, 3 fatal cases of bubonic plague were reported in Trinidad.

THE AZORES.

Several cases of plague were reported in the Azores between July 15th and August 15th; exact data not to hand.

Medical News.

THE St. Thomas's Hospital old students' dinner will take place on Friday, October 2nd, at the Savoy Hotel, Strand. The chair will be taken by Mr. T. Wakley at 7.30 p.m.

THE Legislature of the State of Ohio has passed a resolution asking the Congress of the United States to establish a National Bureau of Health, and to provide it with power and funds commensurate with the highly important duties with which it will necessarily be entrusted.

DR. NEWELL of Merville, co. Donegal, was recently presented with a testimonial consisting of a purse of 125 sovereigns, and a silver cigarette box bearing a suitable inscription by his many friends in Innishowen as a mark of their appreciation of his long and valued services in the district.

AMONG the successful candidates at the Trinity Term Final Examination of the Council of Legal Education was Major P. J. Probyn, D.S.O., M.B., R.A.M.C., who has since been called to the Bar as a member of Lincoln's Inn. Only on one previous occasion, we believe, has an officer on the active list of this corps been admitted to the Bar.

THE winner of the entrance scholarship for university students at St. Thomas's Hospital is Mr. H. C. Bazett, of Wadham College, Oxford. The entrance scholarship in science has been divided between Mr. W. B. Foley and Mr. F. McG. Loughnane, each receiving £105. Both have studied science at St. Thomas's Hospital Medical School for about a year.

WE have received from Messrs. Allen and Hanburys a copy of their new General Price List, which takes the form of a bound volume of some 360 pages. The list comprises drugs and pharmaceutical preparations, foods, soap, serums, surgical instruments, etc., as well as a good deal of useful information, such as addresses of nursing institutions, notes on poisons and antidotes, a posological table of unofficial drugs, and the composition of British and foreign mineral waters. The book has been printed by Messrs. Allen and Hanburys in their own works.

THE Antarctic expedition under the leadership of Dr. Jean Charcot, son of the famous neurologist, left Havre on August 15th. The expedition, towards the expenses of which the French Legislature has voted £32,000, is expected to last two years, and its first objective will be the recovery of fossil remains discovered by Baron Nordenskjöld some years ago. The expedition includes a meteorologist, a geologist, a hydrographist, and a zoologist and botanist, while Dr. Charcot himself is a bacteriologist. The success which attended his first Antarctic journey in 1904-5 is of good augury for the second, and on this occasion the expedition is provided with six automobile sledges which have been tested in the Alps.

THE body which is the precise French equivalent both in object and name for our own British Association for the Advancement of Science commenced its annual meeting in the first week of this month at Clermont Ferrand, and was attended by several representatives of English medicine. The leading personality at the meeting was Sir William Ramsay, to whom the Association has awarded its gold medal this year. The last event of the week was a reception given by the Medical Society of Royat and the Directors of the Royat Company. This inland watering-place, of which we gave an account last year (vol. i, 1907, p. 758), lies close to Clermont Ferrand, and during the week of the meeting the visitors were afforded an opportunity of examining its waters and therapeutic resources at their leisure.

THE fourth International Electro-Therapeutic Congress will commence its session at Amsterdam on September 1st. This Congress, the formal title of which is Congrès International de Radiologie et d'Electrologie Médicales, first took place at Paris in 1900, when it was arranged that it should be held every three years. The second congress was in Berne in 1903, and the third at Milan in 1905, taking place a year earlier than nominally should have been the case owing to the importance attached to the then recent discovery of x rays. The congress this year will be held in the University Buildings at Amsterdam, which have been placed at its disposal, and has for its President Dr. J. K. A. Salomonson, Professor of Neuropathology. The questions to be dealt with are divided into four main classes: Electro-physiology and pathology, diagnosis and therapeutics by electrical methods, diagnosis and therapeutics by x rays; the study of various radiations and the technique of electro-therapeutics.