

approaching discredit. But it was clear that one nurse could not watch night and day, so trusting to the dermatologist and the conviction he had inspired, I insisted, as a last card, on the patient's removal to a nursing home, in which the lady's guardians, being fortunately reasonable people, at length acquiesced. There the patient was never left alone, night or day, and was never allowed to leave her room for any purpose, and the nurses knew well their duty; yet three days elapsed before a movement under the bedclothes led to the detection of the lady's hand holding most unsuspectingly a handkerchief, but in the handkerchief was a small ragged piece of pumice-stone! and thereupon this protracted case came quickly to a complete cure. I am ashamed to say that I understand no little "kudos" accrued to me from an indiscriminating public, which considered that at long last my patient efforts had restored a young lady's good looks and health.

STAGE II.

A year or two later this patient developed gastric pain, vomiting of blood, etc., and her guardians were much alarmed. Not to go into detail, I could detect nothing, and was conscious of some unreality in the matter; while the blood, of which there was plenty in evidence, had clearly not been in the stomach, despite its presence in vomited matter. For instance, it lay as a pinkish layer at the bottom of a vessel of vomited milk, and the milk was tinged pink. The patient's symptoms were clearly recounted, and her attitude seemed to be one of entire bonafides. What course my treatment would have run without my previous experience of her I know not, but after some days' careful observation I was certain her illness was feigned, and told her so, and there was an end of the matter. What her artifice was she did not disclose, nor, indeed, would she admit or confess anything, but her symptoms promptly ceased.

STAGE III.

Again, a year or more afterwards, she developed "obstruction of the bowels," that is, the bowels never moved, despite most drastic remedies administered before I was called in. Her guardians suspected nothing, and were much concerned about her condition. However, I presently told them that, in my opinion, the illness was feigned, and though they scouted the idea they promised me their help, and as far as they possibly could watched her night and day, and acted loyally to me, I believe, seeing that she took medicine and food, and so forth. The patient looked well, had no other symptoms, no distension, and enemata failed to produce any result. I ordered some pills which should have been cruelly effectual. These and other medicines she was seen to swallow. I cannot explain it, for I never obtained the information from her, but it is a fact that she was never known to have the bowels moved by those watching her for fully a month. Perhaps her friends weakened in the resolve to watch her constantly and everywhere. The patient, at any rate, never faltered in her statement that no action took place, and described her discomforts accordingly. I mention these facts to show the hopelessness of treating such patients at home, for the general public simply cannot realize this kind of case at all.

I was not disturbed about my patient, but sure that she was hoodwinking those around her, and to put an end to the farce I insisted on her going into a home, and again she was put under the care of two nurses, and strictly confined to her room. I wonder at her mental attitude in allowing herself to be taken so far to certain detection. She received in the home some active aperients of simple nature, and a full dietary, with a result as entirely satisfactory to me as it ought to have been ignominious to her. If it was, she did not show it. She was sent home immediately, cured, after an interview with me which I am hopeful was the means of keeping her well till now—that is, for several years. I regret I never examined the sensitiveness of her palate.

In other respects this patient is a bright and pleasant girl, and no one would, I think, suspect her of these "hysterical" tendencies. Of the many strange things met with in practice, I regard my experiences with this young lady as amongst the strangest.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

SNUFFED POWDERS IN CORYZA EX FENO.

As Bristowe recited, the great Dr. Elliotson, in the earlier part of the last century, suggested the pollen of various grasses as the cause of "hay fever," and Mr. Blackley, himself a sufferer from that troublesome malady, published a book on the subject, in which after many researches and observations the conclusion is reached that Dr. Elliotson's suggestion is verified. Blackley thought that the local effects of the pollen were partly mechanical and partly chemical; to the eyes, conjunctivitis; to the nose, coryza; and to the bronchial tubes an irritative asthma.

As to coryza ex feno, may I suggest to my brethren a seasonable local medicament?

Of all iamatology, of all discourses on remedies for diseases, precise magistral formulae are the best for the busy medical practitioner. Here is a very useful one, of my devising and frequent using, and opportune at this time when grasses flower and susceptible persons suffer from their annual catarrh:

R. Pulv. pimentae bac. ... 3j
Ol. eucalypti ... miiij
Misce; fiat pulvis. To be used frequently as a snuff.

This mixture of allspice and eucalyptus carries not the intention of a sternutatory, ptarmic, or sneezer, but, rather, is an errhine, producing a substitutive discharge of healthy pituitary mucus, in which *materies morbi* are killed and washed away.

In the present preparation the pimento is a local stimulant and antiseptic, and the latter quality is accentuated by the co-operation of the eucalyptus.

Experto crede. Long ago I discovered allspice as a virtuous succedaneum for snuff of tobacco and as an excellent medium for the local exhibition of certain other medicaments.

JAMES SAWYER, M.D.Lond., F.R.C.P.,
Consulting Physician to the Queen's
Hospital, Birmingham.

A CASE OF DIVERTICULUM OF THE UPPER PART OF THE BLADDER WITH A PATENT URACHUS.

Mrs. B., aged 33, mother of two children, was admitted to the Adelaide Hospital on March 1st, 1910. She complained of inflammation of the bladder, which gave her great pain on micturition, and obliged her to pass urine very often. She also complained of umbilical hernia. Her bladder trouble seems to have begun about four years ago during her first pregnancy, when she had some difficulty in micturition, and for a time passed most of her urine by the umbilicus. She has micturated naturally since the birth of her child, but the act has become increasingly painful. The urine now is alkaline, and contains pus.

She is a thin woman, with obvious asthmatic breathing. On examining the bladder the sound could be insinuated into a cavity at the top of the viscus, and it could then with some difficulty be got into a further passage, and appeared under the umbilical scar. The patient was anaesthetized, and an incision about 3 in. long was made in the middle line below the umbilicus. A broad band containing dilated veins, and having the appearance of a varicocele, was found adhering to the parietal peritoneum. In this band the dilated urachus was contained. The peritoneum was opened on either side, and the incision prolonged downwards to the pubis. When the bladder was exposed it was found to have a large diverticulum at the top, with the urachus attached to the apex. The appearance of the bladder, with its diverticulum, reminded me very much of an hour-glass stomach. The narrow neck between the diverticulum and the true bladder was clamped and divided, and then the urachus, together with the whole area of abdominal wall which comprised the umbilical bulging was removed. The opening in the bladder, which was about 2½ in. long, was then stitched up with a double row of catgut sutures, taking care not to penetrate the actual mucous membrane. A small drain was fixed in the lowest part of the bladder incision, so as to reduce to a minimum the risk of leakage.

But for an acute attack of asthma, the patient made an excellent recovery. The bladder drainage tube was taken out in eight days, and the urinary sinus closed in a fortnight; the woman is now free from all bladder symptoms, and has been cured of her umbilical hernia.

For the notes of this rare case I am indebted to Mr. H. Dunstone, one of my clinical clerks.

C. E. TODD.

Surgeon, Adelaide Hospital, South Australia.

NOTES ON A CASE OF EXTRAUTERINE PREGNANCY.

Mrs. E., aged 28 years, was a strong, healthy woman, and mother of four children, the youngest aged 2 years. She had always been quite regular; previous labours had been normal, and she had had no miscarriages.

She stated that when about fourteen days over her usual time she began to have cramp-like pains in the lower part of the stomach, and felt as if she was going to have a miscarriage. On the morning of June 1st, about 3 a.m., she woke up with very severe pains, which continued at intervals for two or three hours. She then got out of bed rather suddenly to open a door, when the pain became very much worse, and she fainted. When I saw her at 3 a.m. she was very pale, with an anxious expression; the pulse was 80, regular, and rather soft. She complained of severe pain over the lower abdomen, particularly to the right side of the uterus, where it was extremely tender; there was no distension. There was no haemorrhage, and nothing could be made out by vaginal examination, owing to the extreme tenderness. The temperature was normal. She was removed five miles into the Lithgow Hospital, and during the afternoon her pulse rose gradually to 100°, and the abdomen became distended, at first on the right side, and later generally. In consultation with my colleagues, Drs. Kirkland and Gibbes, a diagnosis of ruptured extrauterine pregnancy was made, and it was decided to open the abdomen as quickly as possible.

An incision was made in the middle line, and on reaching the peritoneum it was seen to be bluish and evidently distended with blood. On incising it an enormous quantity of blood gushed out; the right tube was seized and brought out of the wound, when a small ragged perforation was discovered in the middle of it, opening directly into the peritoneal cavity. The tube and ovary were ligatured *en masse* as quickly as possible, cut off, and all clots, etc., removed. Placental tissue was found, but no fetus. By this time the patient was collapsed and quite pulseless; she rallied immediately when the abdominal cavity was flushed out with a gallon of hot saline solution, most of which was left. A pint was also injected subcutaneously into the axillae. The wound was closed with through-and-through sutures, the condition of the patient precluding any idea of layer suturing. The operation lasted about thirty minutes. Afterwards she slowly improved, although her condition was critical for the first two days. The convalescence was gradual but sure, and at no time did the temperature rise above 100°. The pulse-rate remained rapid for about a fortnight, and then sank to normal. The wound healed *per primam*.

The points of interest in this case seem to be: (1) The early date of the rupture; (2) at no time was there any discharge of blood or decidua from the vagina, except a slight stain on the morning following the operation; (3) the patient being a well-nourished and muscular woman, it is improbable that her condition would have been discovered by careful pelvic examination at so early a stage; and (4) finally, the absence of any history of previous pelvic trouble.

H. R. RICE,

Lithgow, New South
Wales.

Hon. Surgeon, Lithgow District
Hospital.

ON the occasion of the International Exhibition of Brussels the Belgian Society of Ophthalmology has organized a meeting which will take place on September 24th and 25th. Papers will be read by MM. Axenfeld, Hess, Hirschberg, Jessop, Landolt, Motois, Straub, and others. Those who desire to take part in this friendly gathering are asked to communicate with Professor van Duyse, 65 rue Basse-des-Champs, Ghent, Belgium, before August 15th.

Reports

ON

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

AUCKLAND HOSPITAL, NEW ZEALAND.

A CASE OF CEREBELLAR TUMOUR.

(By G. GORE GILLON, Honorary Surgeon to the hospital.)

THE patient in the following case, a girl aged 15, was admitted to hospital on April 22nd, 1908. Her family history was good, and her personal to the effect that she had been vomiting almost daily for six months past, and suffered from headache and dimness of vision. Headache, at first occipital, had begun nine months previously. There was also some stiffness of muscles at the back of the neck. The headache was now frontal, and almost constant. Vomiting came on after the headache, and was independent of meals. Her vision had been dim for twelve months, and had been getting worse. She had giddiness, and had lost weight (on admission her weight was 7 st. 4 lb.). She had been treated before coming to the hospital for stomach disease.

Condition on Admission.

The skull was quite symmetrical everywhere; intelligence and cerebration good. The stomach was tested, and showed nothing abnormal.

She staggered slightly to the left side when walking, and walked with irregular, uncertain gait. She swayed when standing up, and, when the eyes were shut, fell always to the left side. There was slight inco-ordination on this side. She showed dysidiadokokinesis in the left arm, and the grip of its hand was weaker than that of the right.

The reflexes varied; the knee-jerks were absent; the epigastric reflex present. The plantar reflex on the left side was sometimes absent. There was no Babinski sign.

The left eye could not move into the left outer canthus, and there was slight nystagmus when the eyes were directed to the left. Sensation was slightly impaired over the left naso-orbital area supplied by left fifth nerve.

Optic neuritis being suspected, the Honorary Ophthalmic Surgeon, Dr. Pabst, was asked to examine and report on the patient's eyes. He reported that there was right convergent strabismus, combined with paralysis of the left external rectus; that fixation was performed by the left eye owing to its superior visual acuity; that there was double optic neuritis, more marked on the right side (pupils equal, but with sluggish reactions), and the eyes were hypermetropic.

Diagnosis.

On these findings a diagnosis of cystic tumour of the left cerebellum (possibly due to hydratide) was made.

Treatment.

On May 2nd—eleven days after admission—Mr. Gore Gillon trephined over the left cerebellar region, in the presence of Drs. McDowell, Sweet, Inglis, Pabst, and Thomson, Dr. Aickin assisting and Dr. Closs giving the anaesthetic. The whole of the bone covering the left posterior occipital fossa was removed. The membranes were bulging. Clear fluid (about 3 oz.) was found in a cyst in the left side. No hooklets were found.

After-Progress.

The following notes show the progress of the case during convalescence:

May 3rd. The patient vomited once.

May 4th. Drainage tube removed. Large amount of cerebrospinal drainage.

May 5th. Iodoform packing removed.

May 7th. Vomited once.

May 13th. Complained of frontal headache, and vomited.

May 20th. The patient much better; no vomiting; no headache; eyesight improving. There is a protrusion at the site of the wound.

May 27th. Eyes examined. The optic neuritis is much less—almost disappeared.

June 5th. Wound painted with alcohol.

June 10th. Vomited once and complained of headache. (After each of these attacks of vomiting and headache the temperature rises to 100° F. for a day, otherwise the temperature and pulse normal throughout.)

July 4th. Red lotion applied to the cerebellar hernia.

July 10th. Pot. iod. given for three days only. Protrusion is granulating over.

By the end of July the patient was able to walk long distances; she did not stagger, and there was no swaying when her eyes were shut; the squint had disappeared, and the grasp of her hands was equal; pulsation had

work; but that while certain ruptures caused by the accident did not prevent his working at present they might, and probably would, become more marked as time went on, and so prove detrimental to him. The sheriff substitute made a suspensory award, but the Court of Session held that he had no power to do so. The Lord President said that he declined to follow the practice of the English courts, for which he could find no sanction in the Act itself. There being no evidence of actual incapacity at the time, the sheriff substitute should have ended the compensation.

Advantage of Employing a Medical Assessor.

In a case at Ilkeston (May 27th) a colliery company applied for the termination or reduction of the compensation paid to a workman.

Evidence was given that the respondent was injured while working at the Cossall Colliery, and that he was paid 16s. 2d. per week compensation. He then tried to resume work, but complained he could not carry out his duties.

Dr. Anderson, of Nottingham, said he examined respondent. He could not say he was not fit to do ordinary colliery work. He could not make him out.

Dr. J. J. Tobin, of Ilkeston, said respondent was suffering from weakness of the spine, and witness did not think he could do any work involving bending. He was a typical neurasthenic.

His Honour suggested that respondent should be examined by Dr. Court (who was sitting as medical assessor), and this took place in an ante-room. At the conclusion His Honour said he had come to the conclusion that respondent was not fit to resume his old occupation, and the application would be dismissed with costs.

Loss of an Eye.

In a case at Sheffield (May 26th), a machinist had met with an accident which caused him to lose the sight of one eye. He received weekly compensation for some time, but the employers then applied to have the payments terminated on the ground that the man could resume his old work. It was proved, however, that the work required the keenest of eyesight, the tools of the machine having to be adjusted to a sixty-fourth part of an inch. After trying to do this work for some time the man found it hopeless. In the event, the county court judge refused to terminate the award. This case may be compared with one which was decided recently by a London county court judge. He held that, in the case of a domestic servant one eye was, for all practical purposes as good as two, and he made a suspensory award of 1d. a week.

Osteo-mylitis.

In a case at Rotherham (May 27th) it appeared that a collier had had his wrist crushed between two corves on February 8th. Various operations having been performed, the arm was amputated on March 3rd. According to the medical evidence adduced on the part of the applicant, he was suffering from osteo-mylitis, it being contended that this disease was caused to assert itself by the blow on the arm. On behalf of the employers an affidavit was read in which Dr. Bell, late of the Rotherham Hospital, expressed the view that the organism had entered the system from a carbuncle between the shoulders. The learned judge, who was assisted by Dr. Cuff as medical assessor, made an award in favour of the applicant of 9s. 1d. a week.

CONTRACTS NOT TO PRACTISE.

DELTA writes: (1) Several years ago A. sold his practice to B. under an agreement not to practise in the district for ten years. It is now desired to extend this period, and A. is willing to sign an agreement for such extension without any consideration whatever; but he has been told that such an agreement would not be binding without some consideration. (1) Is it usual for agreements not to practise to be for limited periods, or without limit as to time?

* * (1) Unless the agreement be by deed, some consideration is necessary on the principle *nuda pactio non parit obligationem*, but the consideration need only be nominal. Where the agreement is by deed, no consideration is necessary. (2) It is usual for such agreements to be for limited periods of time. Such covenants are technically known as "covenants in restraint of trade," and will not be enforced by the courts unless they can be shown to be reasonable. A covenant not to practise in a district for an unlimited period of time might in some circumstances be considered unreasonable.

AN International Congress of Forensic Medicine will be held this year at Brussels from August 4th to 10th. The programme of discussions is not restricted to forensic medicine, but will include psychological medicine, bacteriology, toxicology, and legislation in relation to legal medicine. Governments, academies of medicine, universities, and associations of chemists and toxicologists have been invited to send delegates. An exposition of apparatus and medical instruments will be held in connexion with the congress. All information will be supplied on application to the General Secretary, Dr. C. Moreau, Rue de la Gendarmerie, 6, Charleroi; or the Treasurer, Dr. Héger Gilbert, Place Jean Jacobs, No. 9, Brussels.

Universities and Colleges.

UNIVERSITY OF CAMBRIDGE.

THE following candidates have been approved at the examination indicated:

FINAL M.B., B.C. (Part II)—H. L. Attwater, T. R. H. Blake, L. S. T. Burrell, N. L. Clarke, C. N. Coad, A. E. Cullen, M. E. Dellschaft, G. W. Dryland, W. H. F. Eales, D. Embleton, J. T. Fox, S. Gordon, R. H. F. Hick, E. F. Higgin, J. S. Jobson, K. T. Khong, G. C. Lim, C. G. H. Moore, E. E. Paget-Tomlinson, W. M. Penny, I. Powell, F. E. W. Rogers, L. M. Routh, H. C. Snell, E. R. Stone, R. J. Vernon, C. S. A. Vivian, W. E. Wallis, T. A. Weston, M. H. Whiting, N. S. Williams, H. B. Wilson.

Degrees.

The following degrees have been conferred:

M.D.—S. A. Henry, Trin.; H. Ackroyd, Gonv. and Cai.
B.C.—C. W. Archer, Trin.

The Raymond Horton-Smith Prize for 1910 has been awarded to R. W. S. Walker, M.D., of Trinity College, for a thesis entitled *Clinical Observations on Congenital Diseases of the Heart*.

SOCIETY OF APOTHECARIES OF LONDON.

THE following candidates have been approved in the subjects indicated:

SURGERY.—*J. Cree, *W. H. Hooton, *W. E. North-Smith.
MEDICINE.—*A. C. Dickson, *E. M. E. Hall, *W. H. Hooton, *M. S. Jevons.
FORENSIC MEDICINE.—W. J. Gibson, W. H. Hooton, G. Meyer, C. J. Thompson.
MIDWIFERY.—N. B. Darabsett, A. Y. Massey, T. F. O'Mahony, C. Pyper.

*Section I.

†Section II.

The Diploma of the Society has been granted to Mr. J. Cree.

Medical News.

THE Queen has become Patron of the Chelsea Hospital for Women.

THE Queen has sent a donation of £100 and an expression of her best wishes for the success of the endeavour of Prince Francis of Teck to raise £20,000 for the Middlesex Hospital.

THE Poplar Borough Council, at its meeting last week, recommended that ophthalmia neonatorum should be added to the list of diseases which must be notified compulsorily under Section 55 of the Public Health (London) Act.

THE *London Gazette* of June 24th announces the appointment of Sir Frederick Treves, Bart., G.C.V.O., C.B., to be a member of the Royal Commission on Divorce and Matrimonial Causes, in the room of Sir R. D. Isaacs, K.C., resigned.

ON Monday, June 27, a medical Rose Croix Chapter was duly consecrated by the M.P.S. Grand Commander, the Right Hon. the Earl of Dartrey, 33°, and Ill. Bro. George Frederick Rogers, M.D., 31°, was installed as the first M.W.S.; Ill. Bro. A. W. Oxford, M.D., 32°, to whose initiative the foundation of the Chapter is mainly due, is Recorder.

A PRELIMINARY meeting was held on June 23rd at the St. Marylebone General Dispensary for the purpose of founding a new society with the title, Society of Officers of "Infant Consultations." The purposes of the society are to bring together those engaged in preventive and hygienic work of the kind; to co-ordinate their work, and to help in promoting similar institutions. The meeting, which was well attended, elected a provisional executive committee and officers. The first general meeting to confirm the resolutions, will be held in October next. The honorary secretaries *pro tem.* are Dr. Ronald Carter, 11, Leonard Place, Kensington, W., and Dr. J. Claypon, Belgrave Hospital for Children, to whom enquiries may be addressed.

THE National League of Physical Education, founded at Brussels in 1907, is organizing an International Congress of Gymnastics, to be held in that city on August 4th, 5th, and 6th. The object of the congress will be the study of the various methods of physical education from the educational and military, as well as from the medical and aesthetic point of view. The work of the congress will be distributed among five sections: (1) Paedagogic gymnastics (President, Professor L. M. Torngrén, of the Royal Central Institute of Gymnastics of Stockholm); (2) sports, military training, etc. (President, M. Knudsen, of Copenhagen, Inspector of Gymnastics in Denmark; Lieutenant Grenfell, Inspector of Gymnastics in England, is one of the vice-presidents); (3) rhythmical gymnastics and callisthenics (President, M. Jaques-Dalcroze, Professor in the Conservatoire of Geneva); (4) medical and special gymnastics (President, Dr. Edgar F. Cyriax, of London); (5) gymnastic physiology and psychology, hygiene of movement

(President, Professor Dr. Schmidt, of Bonn). Information as to the congress may be received on application to the Secretarial Office, rue de Chasseurs, 16, Woluwe-St.-Pierre, Brussels.

THE usual monthly meeting of the Executive Committee of the Medical Sickness, Annuity, and Life Assurance Society was held at 429, Strand, W.C., on Friday, June 17th, Dr. de Havilland Hall in the chair. The two most noticeable features of the year, so far, have been the comparatively small number of claims experienced as against the expectation and the great increase of members wishing to secure a larger weekly amount of sickness benefit. This fact seems a proof of the satisfaction of members and their confidence in the Society. That this is so is doubtless due to the prompt settlement of their claims and the large reserves which have been accumulated since the foundation of the Society in 1884. A letter was read at this meeting from a member expressing thanks and gratification to the Committee after an illness lasting 470 weeks, and for which he has received in sickness pay over £800. The total amount paid away in sickness pay is now over £160,000, and many thousands of this have gone to those cases of practically permanent breakdown of which the above is a typical example. Prospectuses and all information can be obtained from Mr. F. Addiscott, Secretary, 33, Chancery Lane, W.C.

AT Sale sessions recently a man was convicted for neglecting his infant child in a manner likely to cause it unnecessary suffering, and was sentenced to six months' hard labour. He alleged that he had difficulty in finding any one to take care of the child; but evidence was adduced that he was addicted to drink, and had lost employment on that account. The infant was left with a woman who expressed her willingness to take care of the child until the father could find some suitable person. She was warned that she would be held responsible, and on May 3rd the infant was seen by a doctor, who advised its removal to the Manchester Eye Hospital, as it was in danger of losing its sight; but the father did not take it there, stating that he had no money. Two days later the inspector of the National Society for the Prevention of Cruelty to Children found the infant in a pitiable condition, with pus exuding from the eyes. Dr. Adolphe Renshaw was called to see it, and it was removed to Knutsford Workhouse. Dr. Renshaw stated that when admitted it weighed 8 or 9 lb., whereas it ought to have weighed 16 lb. The infant became very ill. The father was warned on May 7th, but did not go to see the child until May 10th, when he arrived drunk. The infant died four days later, and at the inquest the jury found that death had been accelerated by neglect. The case would appear to have been, as the chairman of the bench said, an extremely bad one, and is further proof of the need for the continued existence of the National Society.

THE annual meeting of the Society for Training Teachers of the Deaf on the Pure Oral System was, by the kind invitation of Mrs. Herbert Fletcher, held at 20, Devonshire Place, W., on June 22nd. The chair was taken by the Rev. H. A. Cumberlege, Vicar of St. Andrews, Wells Street. The report for 1909 (read by the Rev. Arthur S. Thompson, Honorary Secretary), was adopted. The Chairman gave a brief account of the year's proceedings, showing the useful work the society had done, on small resources, in training qualified teachers of the deaf on the pure oral system. It had done good service in furnishing teachers to elementary school special classes for the deaf throughout the country, and deserved more assistance from the State than so far it had obtained. The London Education Committee had been approached with the view of obtaining increased support. The report stated that the society were gratified to have taken part in the creation of a Joint Examination Board for teachers of the deaf, which had during the last year held its first examination, and had received the approval of the Board of Education. The students at the college and school had had the privilege of visiting and learning practical methods in the London County Council schools for the deaf, as well as in the society's own practising school at Ealing. Mr. Macleod Yearsley, F.R.C.S., had kindly lectured to the students on anatomy and physiology, and also acted as examiner in these subjects under the authority of the Joint Examination Board. His Majesty's Inspector had reported favourably upon the management of the school, and upon the careful individual teaching which each pupil had received. Unfortunately the finances of this society again showed a balance on the debit side, and an appeal was made for increased support on the part of subscriptions. Pupils are received on moderate terms at the residential school of the society, 47, Eaton Rise, Ealing, where also student teachers are trained under the principal and secretary, Miss Hewett.

Letters, Notes, and Answers.

COMMUNICATIONS respecting Editorial matters should be addressed to the Editor, 429, Strand, London, W.C.; those concerning business matters, advertisements, non-delivery of the JOURNAL, etc., should be addressed to the Office, 429, Strand, London, W.C.

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

TELEPHONE (National):—

2631, Gerrard, EDITOR, BRITISH MEDICAL JOURNAL.

2630, Gerrard, BRITISH MEDICAL ASSOCIATION.

2634, Gerrard, MEDICAL SECRETARY.

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

QUERIES.

CARPUS asks for references to any publication in which the diagnosis of St. Paul's "thorn in the flesh" is discussed from the medical point of view, and inquires whether glaucoma is considered to be a probable diagnosis.

ANSWERS.

PITCAIRN ISLAND.

STAFF SURGEON, R.N., writes: I visited Pitcairn Island in June, 1907, in H.M.S. *Torch*, and if you have no later information the particulars given below may be of service to "Aero," who inquired the number of inhabitants at the present day (BRITISH MEDICAL JOURNAL, June 18th).

Age:	80-90	70-80	60-70	50-60	40-50	30-40	20-30	10-20	Under 10	Total.
Males ...	1	2	2	4	4	8	12	21	19	73
Females ...	—	1	3	1	10	11	12	14	19	71
Totals ...	1	3	5	5	14	19	24	35	38	144

I cannot vouch for the statement that the inhabitants are not vaccinated, but as the only medical men they ever see are those of men-of-war, and as the small ships that make this trip have no means of preserving lymph, it is extremely unlikely that they are.

LETTERS, NOTES, ETC.

MEDICAMENTS APPLIED TO UTERUS TASTED IMMEDIATELY.

DR. ALEXANDER DUKE (London) writes: Some time since, whilst making an application of Churchill's tincture of iodine on cotton wool to the cervical canal, the patient said, "I know what you are using, Doctor"; on asking her "What?" she said, "Iodine, for I can taste it in my mouth." Doubtful of her statement I substituted carbolic the next visit, and she at once said, "That is not the same drug you used last time, as it has quite a sweetish taste." I have several times since tested the truth of her statement with regard to immediate recognition by taste of the medicament applied on other patients, and find as a general rule they can guess the character of the drug used almost immediately by taste alone. I should very much like to know how the sense of taste can be called into action so rapidly, or if such has been noticed by other gynaecologists?

SCALE OF CHARGES FOR ADVERTISEMENTS IN THE BRITISH MEDICAL JOURNAL.

	£	s.	d.
Eight lines and under	0 4 0
Each additional line	0 0 6
A whole column	2 13 4
A page	8 0 0

An average line contains six words.

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