vigilance to keep them free from any condition which would produce oral sepsis, by using all the known means of hygienic care and by well-placed and carefully-finished fillings when necessary. Artificial teeth were of great importance, and demanded the highest standard of workmanship and good sound judgement, with the view always of conserving the best interests of the following functions —mastication, insalivation, speech, and aesthetic values.

Mr. Booth Pearsall (London) thought it might as well be argued that the intestinal economy was badly designed because of stomach-ache. He could point to many people restored to health by means of artificial teeth. He attributed an important rôle in the production of ill health to improper occlusion of the teeth.

Mr. J. Lewin Payne thought Mr. Turner's contention that teeth were non-essential as masticatory organs, and of little importance in the human economy, demanded much stronger evidence than had yet been put forward. If such were a fact, it seemed strange indeed that Providence had endowed practically all vertebrate animals with an ample masticatory apparatus, which persisted in a high state of development in spite of many other changes in the anatomical structure. If, with a little care, the edentulous could fare as well as those with teeth, why had these organs remained so long? A certain percentage of people might manage tolerably well without teeth, and it was undoubtedly true that an edentulous patient was better off than one whose mouth was reeking with septic roots; but when such theories as these were stated as facts they were in danger of going from one extreme to the other, and of overlooking entirely the functional activity of the mouth. Furthermore, teeth were required in the human economy, not merely as a means of beauty and for mastication, but also as an aid to speech and in the development of the jaws.

Mr. Turner, in reply, said that some of the speakers seemed to have mistaken the intention of his paper. As he had said, his object was to simplify the treatment of hospital patients by urging what seemed to him a fact, that an edentulous patient could fare just as well as one with a full set under the food conditions of the civilization of to-day. If, however, his conclusion held good for hospital patients, it held good for all. He had pointed out a fact of which those who criticized him had taken no cognizance—that a few interdigitating teeth, especially if septic and tender, would be a detriment rather than an aid; and unless his critics could assert that each case which had influenced their opinion was an aseptic completely edentulous mouth, their criticism was at present valueless. The presence of teeth was not at all necessary to the retention of food in the mouth till insalivation was thoroughly effected; on the other hand, both with teeth and without it was possible to reach the physiological limit of the use of mastication with resultant nausea and vomiting. As to meat, teeth were scarcely used for its comminution—it could be easily cut with a knife and fork into fragments as small as ever teeth cut it. The deck of a channel steamer on a rough day provided excellent material for studying the point. An appeal to the lower animals did not furnish his critics with much comfort. In them teeth were more for prehension and fighting than for mastication. He did not think malocclusion could be held responsible for much, since the articulation of the adult both in savage races of to day and in skulls from old graveyards, etc., was generally a flat mill. Moreover, Nature had found that in the case of a herbivorous diet—which of all diets entailed the most severe use of teeth in bruising and pulping the grass—a flat mill with a slightly salient enamel "pattern," as in the horse, was the most efficient masticatory apparatus. He was very pleased to learn Dr. Cryer's agreement with his proposition, and especially with his point as to the value of a "concentrated" mastication on a few teeth as compared with the "diffuse" mastication of a full set. Mr. Mummery's summing-up fairly expressed the meaning of his paper.

CROWN AND BRIDGE WORK.

A paper dealing with crown and bridge work was read by one of the Honorary Secretaries on behalf of Mr. Harry Baldwin. Its main contention was that well-fitted collars and bands, even if passing beneath the gums, are non-injurious and non-septic, and that properly constructed crowns are to be regarded as the most perfect substitute known for natural teeth. Most of the members who discussed this paper dissented from the views expressed. They held that, however careful and skilled the work might be, real accuracy and fit could never be obtained, and that mouths containing bridges and crowns must always be in a more or less septic condition. On this account their use should be avoided when possible.

Memoranda:

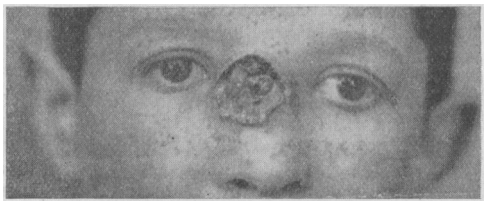
MEDICAL, SURGICAL, OBSTETRICAL.

ATROPHIC RHINITIS FOLLOWED BY GUMMA OF BRIDGE OF NOSE.

The following is a note of a case of atrophic rhinitis, followed by gumma of the bridge of the nose, in a boy of 12.

The patient, a weakly, ill-developed lad, was first seen in February, 1908. He had several fits when 1 year old, and has always been delicate and not allowed to go to school. He has a sister, aged 18, who is quite well. There is a history of one miscarriage one year before the birth of the boy. There are remains of old iritis of the left eye, which diverges. In both eyes there are extensive old choroidal changes, chiefly along the vessels. There has been a bad smell from the nares for five or six years. The boy has well-marked atrophic rhinitis, with crusts, more marked on the right side. Small doses of hydrarg. c cret. and a formalin spray were ordered.

The boy was not seen again until August, 1909. He had not been well for some months, and had been taking hydrarg. c cret. since February, 1908. Ten days before his visit



a red, painful swelling appeared on the bridge of the nose which burst after five days. There was a large ulcer, the size of sixpence, with indurated edges, on the bridge of the nose, which had perforated the nares. Both nostrils were full of crusts. Weak chromic acid and carbolic acid were applied at intervals of a few days to the ulcer. Inunctions of ungt. hydrarg. and large doses of potass. iodide were ordered. The nares were sprayed with formalin and peroxide of hydrogen. In spite of this treatment the ulcer was spreading rapidly, and on September 5th was larger than a shilling-piece. Decoctum sarsae co. was then ordered. In three days there was marked improvement, and in ten days the ulcer was much smaller. I did not see the boy again until April, 1910. The ulcer had healed in October and there was dense adherent cicatricial tissue covering the old perforation. This case is interesting from several points of view.

1. It proves that atrophic rhinitis can be due to congenital syphilis.[1] There can be no doubt that the boy was suffering from this disease.

2. Although the boy had been taking hydrarg. c cret. for eighteen months a gumma developed on the bridge of the nose.

3. Mercurial inunctions and very large doses of potass. iodide failed to arrest the growth of the gumma, whereas decoctum sarsae at once effected a cure.

Adolph Bronner, M.D.,
Senior Surgeon, Bradford Royal Eye and Ear Hospital,
Laryngologist, Bradford Royal Infirmary.
Bradford.

PUERPERAL SEPTICAEMIA.

On April 27th, 1910, Mrs. D. was confined of twins. She was extremely anaemic and had suffered from great swelling of the legs and feet for several weeks. She had not been medically attended for this. There was no history

[1] Alexander, *Archiv. Laryngologie*, 222 and 223.

of any vaginal discharge. When first seen her pulse was 120, and the pains very feeble and infrequent. Both children presented by the head, and were delivered with forceps as the pains were not sufficient to do more than engage the head in the pelvic brim. She had severe *post-partum* haemorrhage, which was checked and finally stopped by compression of the abdominal aorta. The uterus was douched out with creolin as hot as could be borne.

On the 28th the temperature was 100° and rose the next morning to 102°. The lochia were scanty but sweet, and the patient said she felt very well, had slept fairly, and taken a moderate amount of food. By the evening of the 29th the temperature was 104.5°, the pulse 148, and as there was a faintly putrid smell about the lochia the vagina was scrubbed out and douched, and the uterus was washed out with iodine.

Early on the morning of the 30th the temperature was 104°. The patient had had a bad night and the pulse was over 140. A specimen of blood taken was examined by Dr. Murray of Liverpool, who reported on May 1st that it was sterile. Ten c.cm. of Burroughs and Wellcomes' polyvalent antistreptococcic serum was injected about noon. On May 1st both children developed a mild purulent ophthalmia, which readily yielded to treatment. From May 1st to May 4th the uterine discharge was purulent and extremely foul; the uterus was washed out twice daily with iodine. The temperature ranged from 100.4° to 103°, and the pulse-rate never fell below 130 and was oftener 140. The patient said she felt well; had no headache and no suspicion of a rigor. She took a fair amount of fluid nourishment. She was given about 8 oz. of brandy daily, and for medicine strong doses of tr. ferri perchlor. and quinine. She was restless at night but not sleepless, often having half an hour's consecutive sleep. She was never delirious. Her feeling of wellbeing did not depend on any mental hebetude, as she was throughout perfectly intelligent and alert. On May 4th the uterus was washed out at 11 a.m., the patient, as always, on the back, and the douche only raised about 2 ft. from the bed. The temperature was then 101.6°. At 1.30 she had a most severe rigor; temperature 106°, pulse 152. She had a second injection of 10 c.cm. of the same serum as before. At 3.30 her temperature was 108°, and the pulse, uncountable at the wrist, 180 at the heart. The abdomen was slightly tender all over the lower half and meteorism was very evident; the small intestine being markedly distended. For the first time she said she felt extremely ill. Her clothing was torn down the front and she was packed round with towels, and the front of her body and the whole of her thighs and legs freely sluiced with cold water. In a quarter of an hour the temperature had fallen to 105°; but she complained of extreme illness, said good-bye to all her friends, and expressed herself as conscious that she had not more than a few minutes to live. During the rest of the day the temperature and pulse-rate fell steadily, till at midnight the one was 100.4° and the other 138. During the night she had some sleep and took freely of fluids. By morning the distension of the intestine had entirely disappeared.

On May 5th the temperature never rose above 100° F., and the pulse varied from 124 to 130. She had an egg and toast for breakfast, a mutton chop for dinner, and again said she felt very well.

The rigor and hyperpyrexia followed so immediately on the douche that it was evident that they were due to some escape of fluid through patent Fallopian tubes, so the douching was suspended. From May 5th to 7th there was nothing to record but steady, satisfactory progress, but on the 9th the uterine discharge was so vilely offensive that the uterus was douched again, the height of the douche being only 6 in. However, the same result followed in a minor degree; temperature 1.30 p.m., 103.5° F., pulse 150. Meteorism, though present, was much less pronounced than on the first occasion. Ten c.cm. of serum was given, and at 9.30 temperature was 100.8° F., pulse 128. The following days the temperature and pulse were:

	A.M.	P.M.
May 8th ...	Temp. 99.4°, pulse 122.	Temp. 100.2°, pulse 122.
May 9th ...	Temp. 100°, pulse 127.	Temp. 100.2°, pulse 124.
May 10th...	Temp. 101.2°, pulse 122.	Temp. 101°, pulse 126.

On examination per vaginam there was neither perimetritis nor parametritis; the uterus was involuting well, and there was no vaginal discharge. From the 7th the vagina had been washed out twice daily, but no uterine douche given. A Bondin catheter was passed into the uterus and gently aspirated, but withdrew nothing but a few drops of blood-stained and slightly offensive fluid; 10 c.cm. of serum were given by the mouth.

	A.M.	P.M.
May 11th...	... Temperature 99.6°.	... Temperature 101°.
May 12th...	... Temperature 100°.	... Temperature 102°.

Serum 10 c.cm. injected.

May 13th and 14th the evening temperature was 103° F., and on the 14th a swelling was found on the right buttock, which on incision discharged a small quantity of vile-smelling chocolate-coloured pus.

From that date progress has been steady. She rose from bed on May 31st, and on June 12th went away for a change of air. She reports on June 23rd, "I feel much better, and am enjoying myself fine. I only felt my back aching a bit when I went for a long walk."

The principal points of interest are the immediate onset of infection, which was almost certainly derived from the vagina and carried directly into the uterus on the blades of the forceps (rubber gloves were worn and the forceps on each occasion taken directly out of the water in which they had been boiled); the extraordinarily high fever; the proof afforded by the abscess that the infection was finally generalized, and the extreme value in certain cases of stock polyvalent serums. Polyvalent serums prepared by Parke, Davis, and Co. and the Lister Institute were obtained for use in case the first serum failed, but were not required.

Llandudno. EDWARD GOODDY.

HICCOUGH IN THE COURSE OF DIAPHRAGMATIC PLEURISY TREATED BY LABORDE'S METHOD.

F. S., aged 22 years, a toolmaker by trade, and of marked neurotic temperament, was seized with sudden severe pain in the back whilst at work. When seen later in the day he was evidently in violent pain, which he located at the lower part of the back, over the lumbo-sacral joint; his respirations were hurried and "pleuritic" in type, temperature 102°, and pulse 100. There were no other physical signs until the following morning, when friction sounds were distinctly heard over the basal margin of the left lung for about 3 in. on either side of the mid-axillary line. The pain had left the back, and was now located almost exactly to the region over which the pleural friction was heard. He developed a patch of consolidation in the base of the left lung, and the temperature continued between 102° and 104° for five days, when the crisis occurred, and the temperature dropped to 98°, and subsequently did not rise above the normal. The next day, however, the patient developed occasional distressing hiccough, which became more and more violent and frequent, until in a few hours it occurred with every inspiration. Morphine, by the mouth and subcutaneously, potassium bromide and chloral hydrate, nitro-glycerine, hot brandy, were all in turn tried and found to be useless, as was also "holding the breath." The hiccough continued for four days, stopping only when the patient had occasional snatches of sleep, and reappearing immediately on waking; it prevented his taking sufficient nourishment, and was rapidly bringing him to a state of extreme exhaustion. Finally, Laborde's method was tried. The tongue was seized at the tip between the fingers and pulled forwards, being held in this position for two minutes. The hiccough ceased immediately, and did not reappear for five hours, when a slight attack was treated in a similar manner. Thereafter the symptom did not recur.

The success of the method is possibly purely due to a mechanical cause, the traction on the tongue preventing the abrupt closure of the glottis, which is characteristic of hiccough; though Laborde's own theory that in his method of restoring the apparently drowned the superior laryngeal nerve is reflexly stimulated by the rhythmic traction of the tongue, and the fact that in such cases hiccough is frequently an early sign of the return of normal respiration, suggest that a temporary inhibition of the superior laryngeal nerve by continuous and forcible traction may, in part at any rate, be responsible for the cessation of symptomatic hiccough.

FRED T. H. DAVIES, M.B., Ch.B.
Handsworth, Birmingham.

MONOCULAR CONJUNCTIVITIS AND LACRYMAL CONCRETIONS.

An obstinate monocular conjunctivitis always suggests the possibility of some affection of the lacrymal passages, and, in many such cases, pressure over the tear sac will cause some muco-purulent secretion to be expelled from one or both puncta. Constant reinfection of the conjunctiva from an infected lacrymal concretion is a far rarer occurrence.

Dr. George S. Derby[1] states that in 1907 upwards of 50 cases of lacrymal concretion had been published. In only 4 of these was the upper canaliculus involved. Löwenstein had recently added a fifth and Derby reported 2 further examples. The case here appended is yet another instance of the occurrence of concretion in the upper canaliculus.

On February 10th Mrs. X., aged 47, consulted me for a conjunctivitis which had troubled her for a month, at first in both eyes, but persisting only in the right. I found marked bulbar and palpebral congestion and some redness and undue prominence of the upper lacrymal papilla. This latter the patient herself pointed out to me as something red hanging down in the corner of her eye. On pressure over the lacrymal sac, no exudation was expelled, but the prominence of the papilla became more marked, so that it looked as though there were a small cyst immediately beneath the punctum.

Treatment with a lotion of sodium biborate, with protargol and boracic ointment, later supplemented by zinc sulphate drops and a weak ammoniated mercury ointment, was carefully carried out for seven weeks with no permanent effect. There had thus been a continued conjunctivitis of eleven weeks altogether.

The patient now consented to let me slit up the canaliculus, as I had diagnosed an infected lacrymal concretion, acting as a permanent focus of infection. I did so and removed two concretions, each the size of twice an ordinary pin's head. They were of a dirty yellow colour and soft. The first squashed under my finger, as I tested its consistency, but on removal it had a distinct rounded surface, as though it had rubbed continually against the other concretion. The second concretion I examined under the microscope and found an amorphous mass. Both were evidently pieces of inspissated mucus occupying the lumen of the canaliculus, but apparently not completely blocking it, since there was no interference with the passage of tears, and the protargol drops passed freely into the nostril.

A week after removal of the concretion slight improvement was noticed. I syringed through the upper canaliculus, and the lotion passed freely into the nose. A fortnight later the white of the eyeball showed clearly for the first time, and five weeks after the operation the eye was normal.

Rosa Ford, M.B.Lond.,
Oculist to the Bermondsey Medical Mission.

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

BRADFORD ROYAL INFIRMARY.

A RARE PELVIC TUMOUR.

(By Arthur T. Paterson, M.D.Edin., Resident Surgeon.)
[Under the care of Dr. T. Jason Wood.]

The following case seems to be of rather more than ordinary interest owing to its rarity:

The patient, a widow of 64 years, came to the Bradford Royal Infirmary complaining of pain in the right inguinal region and at the vulva; the pain was especially present after micturition, and the patient felt that she did not pass her water freely. These conditions had prevailed for about six months, and were first noticed after she had done a lot of walking whilst electioneering. There was no haematuria, but occasional scalding, and the urine contained a trace of albumen.

The patient was examined under an anaesthetic, and a firm round swelling, which could be grasped in bimanual examination, found on the right side of pelvis, close to middle line. A sound was passed into uterus, and took the normal direction, thus excluding that organ as being the lump felt.

The patient seemed desirous of undergoing an operation for the relief of her symptoms, so she was admitted as an in-patient, and operated on a few days later, the diagnosis made being that of a small ovarian tumour, or a fibroid with a short pedicle.

Under ether a suprapubic median incision was made: the tumour presented itself at once. It had no connexion with the uterus; this organ was seen to be rather small, otherwise normal; the ovaries also were observed to be healthy. Some doubt existed as to exactly where the tumour was attached and what it was. It rested above and in close proximity to the fundus of the bladder, and shifted its position as the bladder was distended artificially. Obviously now the tumour was seen to be adherent to the anterior surface of the bladder, and most likely had eroded the wall of the latter viscus, since, on opening the tumour and allowing it to discharge a jelly-like substance, a finger inserted through the opening palpated a sound in the bladder.

The tumour was completely evacuated, then dissected off the bladder; the opening in the bladder wall was closed in two layers with catgut sutures. A rubber drainage tube made fast with a stitch was inserted into the prevesical space, as a precautionary measure against leakage, and the abdominal wall repaired layer by layer. A self-retaining catheter was inserted into the urethra. The wound in the abdomen remained dry for three or four days; then urine appeared on the dressing, so a Cathcart's draining apparatus was fitted on to the drainage tube and drained the urine quite satisfactorily, none being passed naturally. The suprapubic opening gradually closed, and in four weeks the Cathcart's apparatus became unnecessary, the patient passing a gradually increasing quantity of water naturally. Four days after removal of the drainage apparatus the suprapubic wound had quite healed, and that day the patient passed 43 oz. of urine naturally and without difficulty.

A few days later she went to the convalescent home at Rawdon, and before leaving I satisfied myself that the wound had quite healed. Patient assured me she no longer had any pain, but still had some feeling of difficulty in emptying the bladder; doubtless this was due to the surgical interference at the time of operation, and would in all probability disappear.

The tumour was considered to be a dermoid, originating probably in connexion with the urachus. On section it was seen to be of two compartments; the uppermost had a somewhat calcified wall and contained caseous matter; the lower and larger compartment had a vascular wall, the interior of which was ridged, and it contained a colloid-like substance; no typically dermoid structures were found within.

The tumour was now sent to Dr. Eurich, the honorary pathologist, who kindly sent the following report: "The walls of the tumour consist of dense, interlacing masses of non-striped muscular fibre. Here and there among this mass of muscle can be seen scattered alveoli lined by columnar epithelium, and containing in their lumen colloid material."

Diagnosis: "Adenomatous myoma, probably developed from urachus."

LONDON HOSPITAL.

A CASE OF MENINGEAL HAEMORRHAGE IN A DIABETIC DUE TO ENDOCARDITIS WITHOUT PHYSICAL SIGNS OF VALVULAR TROUBLE.

(By D. G. Rice-Oxley, M.R.C.S.Eng., L.R.C.P.Lond., House-Physician.)
[Under the care of Dr. Percy Kidd.]

J. P., a man, aged 49. was admitted to the London Hospital on May 23rd, 1910. He complained of twitching movements on the right side of his body, which commenced in the hand, and quickly spread to the arm, face, and leg.

[1] *Archives of Ophthalmology*, November, 1909, p. 581.

the surface of nearly all fruit pulp a mould forms which does not penetrate much into the substance, and when jam is properly made the layer of mould should be sliced off the top of the pulp. In some cases, however, the pulp is poured out through the bung-hole of a cask, when the mould gets incorporated in the substance of the jam. At a recent meeting of the Sanitary Committee the city analyst reported that in not one of fifty-five samples of flour which had been sent to him for examination had he found any mineral adulterant; all were found to be pure wheat flour without the addition of alum or of any foreign grain such as soya flour.

REPORTS OF MEDICAL OFFICERS OF HEALTH.

Essex.—The estimated population of the administrative county of Essex at the middle of 1909 was 1,070,973, or a quarter of a million more than the number recorded at the last census. The birth-rate was 22.9 per 1,000 and the death-rate 10.7 per 1,000. The infantile mortality-rate was 80 per 1,000 births. In the preface to the report the county medical officer of health, Dr. J. C. Thresh, refers to the insufficiency of the information which is given in some of the reports of the district medical officers of health, who do not, he states, point out sanitary defects which require remedying and improvements required in administration. He admits that some of the medical officers of health in the county have not hesitated to express the opinion that if they opened their minds too freely in their reports they would soon cease to hold their appointments. With this view Dr. Thresh does not appear to be in agreement, and he asks if those medical officers of health who do report fully ever fail to obtain re-election. The Notification of Births Act is in force in three districts in the administrative county—namely, Barking, Grays, and Ilford. In each district a woman health visitor has been appointed. Referring to the necessity for making a chemical and bacteriological examination of a water supply, Dr. Thresh expresses the opinion that while a chemical examination is absolutely necessary, a bacteriological examination may or may not be required. At the Essex county public health laboratory it is the custom to make a chemical examination first, and, if the results leave any doubt as to the wholesomeness of the supply, such bacteriological tests are applied as may be necessary to arrive at a definite conclusion.

Medical News.

WE are requested to state that the second fortnight of the post-graduate course now in progress at Edinburgh commences on Monday, September 19th. Each of its several parts is independent. The honorary secretary is Dr. Edwin Bramwell, whose official address is University New Buildings, Edinburgh.

IN consequence of representations made by the General Shipowners' Society, London, the Board of Trade is now reconsidering the scale of medicines prescribed for use on board ship. With a view of assisting the Board of Trade to arrive at a decision on the subject, medical officers of the leading steamship lines have formulated a modern list of drugs.

ON September 12th Mr. Herbert Samuel, Postmaster-General, formally handed over to the Committee of the National Sanatorium at Benenden, Kent, a new twenty-bedded pavilion subscribed for by the Post Office Branch of the National Association for the Establishment and Maintenance of Sanatoria for Workers' Friendly Society.

A TOWN planning and model house exhibition is to be held next summer at the Romford Garden Suburb, and in connexion with it a competition for certain prizes of considerable value is announced. Most of them relate to cottages and houses to cost not more than a fixed price, and examples of which the competitors are to supply. Another is for the best suggested plan of laying out the Gidea Park Estate.

THE tenth International Congress of Pharmacy was held recently at Brussels. Delegates from sixteen different Governments and from most of the prominent pharmaceutical associations of Europe were present. Among the subjects discussed were the general principles on which the official examination of medicinal preparations should be based. It was unanimously resolved to invite the Belgian Government to convene at as early a date as possible an international conference for the purpose of unifying the method of the analysis of potent drugs. It was also resolved to request the editors and the various committees of different pharmacopoeias to adopt in the next edition of these volumes analytical reagents of a uniform character.

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 *Aitiology, 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.

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

☞ *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.

R. C. writes: Can any member inform me of a ladies' club or similar institution suitable for a lady dispenser engaged during the day in a N.W. practice?

GEAR-BOX writes: Before taking a contemplated plunge from petrol motors, I should very much like if some medical users of Stanley steamers would allow me to communicate with them.

RUSTICUS desires to know where to obtain information about the relative values of: (1) the Alexander-Adams operation; (2) the intraperitoneal method of shortening the round ligaments; (3) the fixation method advocated by Kelly in treatment of retroversions and retroflexions of the uterus.

NORTH would be much obliged if some one could advise him as regards a suitable place in the South of England or elsewhere where a medical man, who has been ordered to spend the winter months in a milder and drier climate than that of the North of Ireland, could go to. A really comfortable seaside golf hotel with moderate winter tariff and golf charges would be most suitable, as outdoor exercise is essential.

RUS writes: I am staying in a house in the North of England where there is a plague of what the owner calls mosquitos. Whether they are real mosquitos I do not know, but they are buzzing, biting insects, which possibly were in the empty house, or may have been imported in some foreign furniture. Could you or any reader tell me how to get rid of them?

X. desires to know if any one can suggest a line of treatment for an obstinate case of erythema multiforme occurring in a little girl of 3 years old. The recurrent eruption disappeared for a time under strict sour-milk treatment, but the child grew weary of taking it, and immediately on its being slackened the spots began to reappear. Change of air has been tried, tonics of various kinds, arsenic, salol, etc. An attempt was made to give naphthol β, but the nauseous properties of the drug defied attempts to conceal it. The eruption has now lasted many months.

ANSWERS.

G. A. F.—Application should be made to the Secretary, National Hospital for the Paralysed, etc., Queen Square, Bloomsbury, who would probably be able to recommend a suitable home.

M.B.—Our correspondent must use his own judgement in the matter. In the few cases in which the Fallopian tubes have been removed on account of tubal pregnancy or some other morbid change, we are not aware that any ill results hav followed.

INDIAN DIPLOMAS.

L.R.C.P. AND S.—The only diplomas granted in India which entitle their holder to be registered, and therefore to practise, in this country are those of the Universities of Calcutta, Bombay, Madras, and Punjab respectively. As for the Colonies, each of them is its own master in respect of granting or refusing admission to its register, but when dealing with foreign diplomas—that is, those not locally obtained—the smaller Colonies commonly adopt the practice of this country.

TROUBLESOME ERECTION.

ANT-APHRODISIAC writes: In answer to "A Correspondent" in the JOURNAL of September 3rd, I may state as a personal experience, after taking a nightly dose of ʒss pot. brom. for nearly two years, on account of a slight attack of *petit ma*