

Memoranda :

MEDICAL, SURGICAL, OBSTETRICAL.

FRACTURE OF TIBIA WITHOUT SEPARATION.

A MAN aged 45 was sent to the Liverpool Royal Infirmary in October, 1904, by Dr. Casey of St. Helens for an opinion as to his right leg, which showed bowing and apparent thickening of the tibia for a length of about eight inches. It was evident that the deformity had resulted from some temporary yielding of the bone under his weight, for he had continually gone about on it. Some form of osteitis had apparently existed, and the question was, Had the bone become inflamed as the result of accident or disease? He stated that in June, four months earlier, he had tripped heavily down some steps, but did not knock his leg. A suspicion of fracture which he might have overlooked arose during the inquiry, and to throw light on the condition of the bone an x-ray photograph was taken the same day on a large plate. In the print a transverse streak could be seen in the most prominent part of the bend, proving pretty clearly the existence of a well-united fracture, probably incomplete.



United transverse fracture of right tibia, probably incomplete. Indistinct in photograph after 4 months. Situation scratched on plate. Bend in the bone quite evident.

The large plate has been lost, but the accompanying illustration was photographed from the large print. As the transverse streak was insufficiently distinct for reprinting here, its exact locality has been scratched on the plate, and shown here as an artificial line, which, however, bears no resemblance to the wider streak of rarefied bone, originally found, and partly still visible.

It seems certain that the case was one of fracture caused by a violent jar as he tripped, unaccompanied by a fall, but breaking the tibia transversely about a third below the knee, without separation, and not disabling him sufficiently to compel his serious attention. He managed to get about with an aching leg, and firm union occurred; but meanwhile a bend took place that led him to complain four months after the accident.

There was nothing further to be done. His leg had become quite strong, and when reassured as to the distinct but not very prominent bowing, and given to understand that this interesting but not disabling deformity was due to his own fortitude in having put up with a fractured bone, which naturally yielded under the pressure of his weight while undergoing the inflammation necessary for union, he became quite content.

Liverpool.

RUSHTON PARKER.

HYPERTENSION, BLOOD VISCOSITY, AND CAPILLARY SPASM.

THE whole question of hypertension and arterio-sclerosis daily draws steadily increasing attention to itself from the medical world. The recent very detailed analysis of Professor Clifford Allbutt puts most of this very complex problem before us. His discourse is all the more valuable as he is no mean contributor to the elucidation of some phases of the question. What, however, struck me was that he totally ignored one very important branch of the subject. When we have to deal with such a section of

hydrodynamics as the circulation we have to consider three fundamental parts of the mechanism: (1) The motive power; (2) the conduits; (3) the fluid. With the first—the heart—he has fully dealt; with the second he has carefully discussed the safety valves or the kidneys and the larger arteries, but I do not consider he has paid proportionate attention to the capillaries. Finally, of the fluid to be moved he said nothing.

The energy required to force a fluid through a conduit is in a definite ratio to the viscosity of the fluid and the sectional area of the tubes conveying it. In large arteries slight variations in the blood viscosity have relatively little influence, but as the capillaries are reached a slight rise in the viscous inertia of the blood is of paramount importance. This is often, in my experience, the prime cause of hypertension, which by its persistence either ends in arterio-sclerosis of the larger arteries or in heart failure, or perhaps both.

The increased viscosity of the blood in most cases is due to toxæmia by uric acid and its allies and associates. Get rid of this chronic toxæmia, and arterial tension falls. This explains the remarkable fall in blood pressure that takes place by drinking a suitable vehicular water such as Vittel (Grande Source), combined with the modified diet and hygienic life during the cure. Help this action by suitable massage, baths, or skin circulation stimulants, and the heart and large arteries are given a chance to recover themselves. Again, with a delayed circulation of toxic blood bathing the capillary walls, the constituent cells of these will swell and further obstruct the flow, whilst spasm will be constantly kept up so as to constitute an ideal vicious circle of obstruction.

How to measure this capillary delay and obstruction is still a moot question. Any attempt to estimate it by withdrawal of blood I consider misleading, for we there institute bio-chemical changes that mar the attainment of our object, and measure rather the coagulability of the blood. I prefer the old method of timing the capillary reflux, taking care to observe identical conditions at each observation.

Only last month a lady consulted me for a series of very disquieting symptoms, including unpleasant heart sensations, "neuritic" pains in her arms, etc., and cold extremities. I found a failing heart, a relatively low blood pressure, and an astounding capillary reflux of 10 sec. (3 sec. as normal). In ten days, on a modified Vittel cure, the capillary reflux had fallen to 5 sec., the heart was rapidly recovering, the pains had disappeared, and the blood pressure had remained the same. Here the relieved capillary spasm and greater blood fluidity, which should have reduced the blood pressure below normal, was compensated for by the more vigorous action of the rested heart muscle. That lady was saved at the very brink of the precipice of "heart disease." Equal success will attend similar treatment of capillary obstruction and retardation and high blood pressure, but drugs simply superpose one toxæmia on another.

Vittel.

H. J. JOHNSTON-LAVIS.

TREATMENT OF PNEUMONIA.

In reference to the article by Dr. Frank M. Pope on The Importance of Pneumonia as a Cause of Death, I feel compelled to give my experience of this disease.

During sixteen years of practice in a working class community, consisting largely of millworkers and colliers, I have not lost a case of pneumonia. Treatment consists of: Open window (day and night), sponging every four hours (more often if considered necessary, or the patient asks for it, which he often does), and poulticing for the first two or three days. The diet consists of milk, coffee, tea, oxo, bovril, with as drinks water (cold), barley water, home-made lemonade. The drugs used are phenacetin and quinine sulphate ãã gr. j every hour (Burney Yeo).

I seldom have any trouble with a case. The nursing is generally done by the housewife. Crisis, more often than not, occurs about the seventh day. Convalescence is rapid, and I allow the patient to go outside (if the weather be not absolutely atrocious) as soon as he can walk downstairs.

The treatment seems so simple that I cannot help thinking that I have been lucky, but the facts remain.

Atherton.

JAMES MARSH, M.B., C.M.

and poisoning are far more frequently due to the carelessness of the worker than to defects in machinery; and yet this is the only country in Europe where the employer has to bear the full cost. Were the worker compelled, by a deduction from wages or otherwise, to pay a share, this would, in my opinion, be a stronger check against malingering than any that has been proposed by your correspondents. And yet while much is being said as to free choice of doctor and payment according to attendance leading to malingering, we have now an Insurance Bill, which professes to be national, in which the most prevalent cause of malingering is left untouched.

In questions affecting sickness and invalidity Parliament goes muddling on and bills are introduced, when the only one who is not consulted is the medical man. Not only in our own interest, but in that of the nation at large, it seems more than time that medical men rallied round one common centre. Had this been done in the past we would not now have had to grapple with an Insurance Bill embodying a principle, excellent in itself, but developed in a manner which manifests a painful ignorance of what has taken place in other countries. Hence comes it that we have now so many provisions in that bill which are unworkable and palpably absurd.—I am, etc.,

Greenwich, June 26th.

J. H. KEAY.

ORGANIZATION OF THE PROFESSION IN NEW SOUTH WALES.

SIR,—From your article on "Organization of the Profession in New South Wales" one might infer that in Australia there is a wage limit. In no State do I believe this to be the case, though the profession has several times attempted to bring it about. The competition there and in New Zealand is very keen. I was in practice for seventeen years in a large agricultural and mining town in Victoria. Among my lodge members were clergymen, lawyers, and bank managers, some of whom preferred their own private doctor. Men drawing a salary of £500 and £700 a year were mean enough to call on me to attend them at 13s. a year, but no dispensing; families are always included. The work was enormous, as they required far more attention than a similar class in this country. The labouring classes here cannot be compared to those of Australia; in the latter they are superior in education, dress, and manners. I have known some to have their own visiting cards. Their homes are kept in a very different style from here. There is not so much drinking. One member's will was proved at £22,000, another £7,000, so it behoves the profession here to be very wary how they accept Mr. Lloyd George's scheme.—I am, etc.,

July 5th.

A. T.

Universities and Colleges.

UNIVERSITY OF OXFORD.

The following candidates have been approved at the examinations indicated:

FIRST B.M.—*Organic Chemistry*: H. E. Bamber, J. N. L. Blainey, H. G. Burford, A. Jackson, T. L. Price, J. A. G. Sparrow, A. Traill.

Human Anatomy and Human Physiology: H. E. A. Boldero, L. G. Brown, F. B. Chavasse, W. T. Collier, V. T. Ellwood, R. C. Fairbairn, R. J. Inman, M. R. Lawrence, G. A. Maling, T. S. Nelson, O. B. Pratt, G. S. Robinson, C. P. Sells, J. A. G. Sparrow, N. A. Sprott, C. P. Symonds, H. A. B. Whitelocke.

FINAL B.M.—*Materia Medica and Pharmacology*: W. J. Hart, H. M. Pope, E. Scott, J. A. Wood.

Pathology: J. L. Birley, A. Booth, C. H. Budd, A. A. M. Davies, H. T. Evans, R. A. Faucus, J. R. Kay-Mouat, D. P. McDonald, W. H. Ogilvie, R. C. Ozanne, H. M. Pope, J. Sainsbury, W. W. Wagstaffe, R. O. Ward.

Forensic Medicine and Public Health: H. C. Bazett, J. L. Birley, A. Booth, N. S. Lucas, S. W. Scott-Wilson, P. T. Spencer-Phillips, C. J. G. Taylor, W. W. Wagstaffe, W. C. Wigan.

Medicine, Surgery, and Midwifery: H. C. Bazett, A. R. Chavasse, H. J. B. Fry, A. D. Gardner, J. A. Noble, E. R. Pearce-Gould, J. F. Penson, P. T. Spencer-Phillips, W. W. Wagstaffe.

Degrees.

The following degree has been conferred:

D.M.—Charles Singer.

UNIVERSITY OF LONDON.

GUY'S HOSPITAL MEDICAL SCHOOL.

THE annual prize distribution at Guy's Hospital took place on July 4th, Viscount Goschen presiding. In the course of the proceedings the dean of the school read his report, which recorded the presentation to the school by an anonymous donor of £8,000 for the erection and equipment of a new pathological department. With this sum a five-story warehouse, close to the post-

mortem room, had been acquired, and was now being converted into a place suited for its future purpose. It would afford the school the ampler accommodation for teaching and research which it had so urgently required for years. This work done, the reconstruction of the school would be practically complete; nothing would remain of it as it existed twenty-five years ago with the exception of the dissecting room. Since 1889 over £80,000 had been spent on new buildings, about three-quarters of that sum having been raised on loan, or otherwise provided by the school itself. It was a source of pride that the school was able not only to meet the capital charges on the sum in question, but also to provide a certain amount of remuneration for all its teachers. Satisfactory, however, as was this fact, it was felt that the permanent financial and educational success of the school could only be secured by obtaining adequate endowment. No further expenditure on buildings would probably be necessary for the next thirty years, and possibly by the end of that time the need would have been met. Subsequently the prizes were distributed by the Right Hon. Alfred Lyttelton, K.C., M.P., and a closely thronged garden party followed, the school buildings and hospital wards being thrown open to inspection.

UNIVERSITY OF BIRMINGHAM.

THE DEGREE CONGREGATION.

THE Degree Congregation of the University of Birmingham was for the second year held in the Great Hall of the University. The honorary degree of Doctor of Laws was conferred on the Right Hon. Sir Joseph Ward, Bart., K.C.B., Premier of New Zealand. The degree of Doctor of Science was conferred on William Ernest Fisher, David Fraser Harris, and Frederick Steward. Eighteen candidates were admitted Masters of Science, including two ladies, while the fifty-six Bachelors of Science included four ladies. The degree of Doctor of Medicine was conferred on Henry Percy Pickerill (*in absentia*), and the degrees of Bachelor of Medicine and Bachelor of Surgery upon E. W. Assinder, Evan Davies, J. S. Edwards, H. A. Evans, O. M. Holden, H. F. Humphreys, Elizabeth S. Impey, C. C. Jones, R. D. Nelson, A. H. Newton, and C. E. Salt.

Examinations.

The following candidates have been approved at the examinations indicated:

FIRST M.B., CH.B. (*Physics, Chemistry, and Biology*).—J. H. Crosskey, Lillie M. Donovan, Alice M. Evans, G. C. Mathie, R. F. Pinson, Hilda N. Shuffelbotham, A. P. Thomson (all placed in the Second Division), F. Newey, B. T. Rose, E. S. Jones.

SECOND M.B., CH.B. (*Anatomy and Physiology*).—J. C. Brown, J. E. Foley, H. G. Langdale-Smith, A. D. Millington, K. B. Pinson, C. A. Raison, L. D. Roberts, A. P. Smith, C. G. Teall, B. Wood-White, M. S. Woolf (all placed in the Second Division).

THIRD M.B., CH.B. (*Pathology and Bacteriology and Materia Medica and Pharmacy*).—Elsie M. Humpherson (Second Division), D. J. Evans.

FOURTH M.B., CH.B. (*Forensic Medicine, Toxicology, Public Health, and Therapeutics*).—G. H. Alabaster, R. A. Broderick, E. F. Buckler, G. E. Elkington, D. J. Evans, T. Hampson, Elsie M. Humpherson, J. C. Jones, J. B. Lowe, H. C. Nickson, P. T. Priestley, H. Sheasby, C. L. Spackman, R. J. T. Thornhill, A. A. Wilkinson (all placed in the Second Division).

FINAL M.B., CH.B.—E. Davies, J. S. Edwards, O. M. Holden, Elizabeth S. Impey, C. C. Jones, R. D. Nelson, C. E. Salt (all placed in the Second Division).

M.D.—H. P. Pickerill.

*Russell Memorial Prize in Nervous Diseases.

UNIVERSITY OF EDINBURGH.

AMONG those on whom honorary degrees in law were conferred at a meeting of the Senate on July 7th were Dr. Thomas Smith Clouston, Dr. James Mackenzie, Professor Ernest Rutherford, F.R.S., of Manchester, and Sir William Richard Gowers, F.R.S. (*in absentia*).

UNIVERSITY OF DUBLIN.

Degrees.

THE following were among the degrees conferred at a meeting of the Senate on July 6th:

M.B., CH.B., B.A.O.—G. G. P. Beckett, Mary G. Caskey, F. Crosby, F. C. Crossie, W. O. Halpin, A. E. Malone, R. H. Mathews, R. W. Murphy, M. S. Moore, P. F. Nunan, Gervaise G. M. Scroop, A. F. B. Shaw, H. J. Smyly, R. E. T. Tatlow, H. L. W. Woodroffe.

M.D.—J. B. Burgess, S. F. A. Charles, G. I. Davys, E. A. W. Henley, N. P. Jewel, W. H. L. McCarthy, R. H. Mathews, P. F. Nunan, J. L. Phibbs, R. E. T. Tatlow, J. H. Waterhouse, J. H. Woodroffe.

In absentia.

On the same occasion the license in medicine, surgery, and obstetrics was handed to E. N. Bateman.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

Council Election.

At the annual meeting on Thursday, July 6th, 742 Fellows voted, 735 sending their ballot papers through the post, and 7 voting in person. One ballot paper was invalid.

The President at 5.30 declared the result of the poll as follows:

	Votes.	Plumpers.
Mr. G. H. Makins, C.B.	575	57
Mr. Clinton T. Dent...	401	24
Mr. B. G. A. Moynihan	334	92

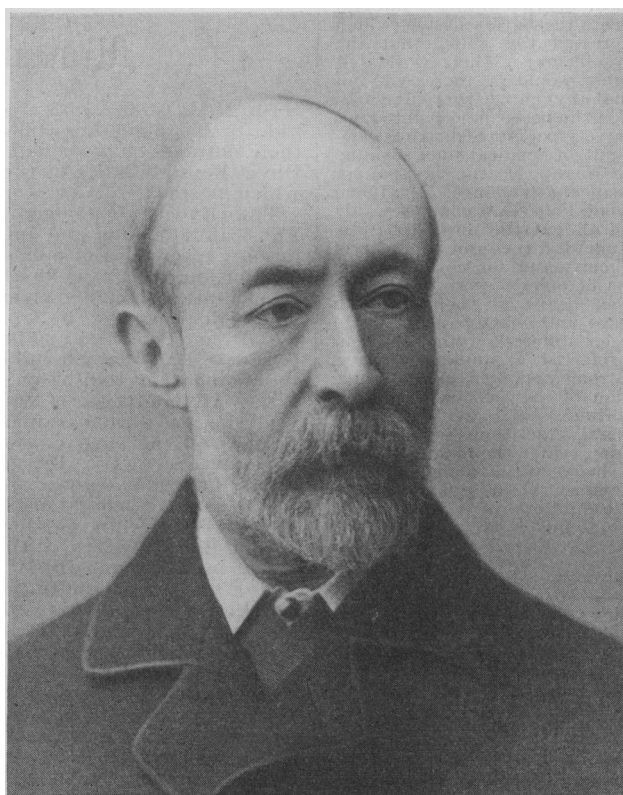
Mr. Makins and Mr. Clinton Dent were declared duly elected. Mr. H. J. Price and Mr. A. J. Walton acted as scrutineers.

Obituary.

FURNEAUX JORDAN, F.R.C.S.

CONSULTING SURGEON, QUEEN'S HOSPITAL, BIRMINGHAM.

MR. FURNEAUX JORDAN, for many years Surgeon to the Queen's Hospital, Birmingham, died at his residence at Teignmouth, Devon, on July 7th, at the age of 81. Mr. Furneaux Jordan, who was himself the son of a Birmingham surgeon, received his medical education at Queen's College, Birmingham, where he afterwards became Professor of Anatomy. He qualified as M.R.C.S. in 1854, and was appointed Surgeon to the Queen's Hospital in 1863, and some years later exchanged the Chair of Anatomy for that of Surgery. He became a Fellow of the Royal College of Surgeons of England in 1866. He was for many years one of the leading surgeons in Birmingham, and his eminence was recognized by his appointment as Consulting Surgeon to the Kidderminster Hospital, the West Bromwich Hospital, the Women's Hospital, the Dental Hospital, and the Skin and Lock Hospital in Birmingham. He gained the Hastings gold medal of the British Medical Association in 1866 for an essay on shock to the nervous system after injuries and operations, and was subsequently President of the Birmingham Branch of the British Medical Association as well as of the Midland Medical Society. Among his contributions was an essay on a new method of amputation of the hip-joint, and he published many other articles and addresses which he collected in a volume under the title *Surgical Enquiries*. Mr. Jordan resigned the Professorship of Surgery in 1884, and in 1886 retired from the active staff of the Queen's Hospital, when he was appointed Consulting Surgeon. Some years ago he retired altogether from practice, and had since resided at Teignmouth. He has left a widow, three daughters, and three sons, two of the latter being members of the medical profession.



Photograph by] FURNEAUX JORDAN, F.R.C.S. [John Collier, Birmingham

WALTER E. WILLIAMS, M.B., C.M.GLASG.,

PORTMADOC, NORTH WALES.

DR. WALTER WILLIAMS died on June 27th at his residence in Portmadoc, after a long illness, at the age of 46.

He received his early education at The Friars School, Bangor, at the time when the late Bishop Lloyd was head master. He afterwards entered the Glasgow University, and after a successful career took the degrees M.B. and C.M. in 1890. After holding appointments in various parts of the country he settled down in Portmadoc about sixteen years ago, and soon built up an extensive practice. He was a man who loved his profession, and its honour and dignity he strictly upheld. He contributed papers on several occasions to the meetings of the North Wales Branch, but his interests were not confined to his profession; he possessed a talent for drawing which, if it had been cultivated and developed, would have unquestionably won him recognition as an artist. He took great interest in the antiquities, folk-lore, and natural history of Wales, and wrote several articles on these subjects for the Welsh periodicals. When the Cambrian Archaeological Association

met at Portmadoc a few years ago Dr. Williams read a most interesting paper on the famous Llangybi Well, and wrote for the local guide then published a valuable article on the flora of the district. A warm-hearted, genial, and sympathetic personality, he will be greatly missed by a large circle of friends and patients.

The funeral took place on June 30th at Llangybi Parish Church in South Carnarvonshire. He leaves a wife and a son to mourn his loss.

The death of Mr. JAMES A. BROWNE, L.R.C.P. and S.I., in the Millbank Military Hospital, London, came as a great shock and caused keen regret to a very large number of his professional brethren and a still larger number of general friends. Mr. Browne was attached as Second Lieutenant to Belfast University contingent of the Officers' Training Corps, and crossed from Belfast with them on July 1st to attend the review at Windsor. At Windsor station he was taken suddenly ill, and was promptly attended to by Drs. Stevenson and Vint, House-Physicians of the Royal Victoria Hospital, Belfast, who were also in the corps. He rallied, but was removed to the Ambulance Hospital and subsequently to Millbank, where he expired on July 4th. Mr. Browne was a universal favourite; he was more than liked by all who knew him. He had been Clinical Assistant in the Ophthalmic Department of the Royal Victoria Hospital, Belfast, and held the same post in the Belfast Ophthalmic Hospital. He was the only surviving son of Mr. J. Walton Browne, M.D., Senior Surgeon to the Royal Victoria Hospital, and also to the Ophthalmic Hospital, Belfast, with whom sincere sympathy is felt. The funeral took place on the morning of July 8th with military honours.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently died are Dr. A. Valentin, Professor of Diseases of the Ear, Nose, and Throat in the University of Berne, aged

65 years; Dr. Ludwig Kerschner, Professor of Histology and Embryology in the University of Innsbruck, aged 51; Professor Adolf Schmidtman, Curator of the University of Marburg; Dr. Wever, formerly Under-Secretary of State in the Prussian Cultusministerium, aged 57; Dr. M. S. Dobroworsky, Professor in the Psycho-Neurological Institute, St. Petersburg, aged 56; Dr. S. E. Chaillé, Surgeon-General of Louisiana and personal Physician to Jefferson Davis, afterwards Dean of the Medical Department of Tulane University, an office which he held until his death, aged 81; Professor Krönig, head of the Medical Department of the Friedrichshain Municipal Hospital, Berlin, aged 55; Dr. Emma W. Mooers, Custodian of the Neuro-Pathological Collection of the Harvard Medical School, aged 52; Professor Ernst Julius Remak, the distinguished neurologist of Berlin, aged 62; Dr. Heinrich Stilling, Professor of Pathological Anatomy and Physiology in the University of Lausanne, aged 58; Dr. Carl Beck, Professor of Surgery in the New York Post-Graduate Hospital and Medical School, aged 55; Dr. Joseph Price, of Philadelphia, a well-known gynaecologist, aged 57.

Public Health

AND

POOR LAW MEDICAL SERVICES.

POOR LAW MEDICAL OFFICERS' ASSOCIATION.

At the annual general meeting of the Association of Poor Law Medical Officers of England and Wales, which took place on July 6th in the Council Chamber of the British Medical Association, a letter was read intimating that an invitation would shortly be received from the Lord Mayor of Bristol for the Association to hold its next annual meeting in that city. The elections for the year took place, all existing honorary officers being re-elected. (President, Surgeon-General Evatt, C.B.; Chairman of Council, Dr. Balding (Royston); Treasurer, Dr. A. Napper (Cranleigh); Auditor, Dr. Withers Green (London); Secretary, Dr. Major Greenwood). The election also left the previous council unaltered, with the exception of the substitution of Dr. W. Brown (Bristol) for one member. The routine business of the meeting having been completed, Dr. Major Greenwood introduced a discussion on the National Insurance Bill in reference to the work of members of the association, an account of which will be found at p. 114 of the SUPPLEMENT to this issue. Dr. Lyster (M.O.H., Hants) read a paper advocating the transformation of the Poor Law Medical Service into an integral part of the Public Health Service. In the discussion which followed Dr. Withers Green expressed the belief that the result would be to deprive many officers of their work, but Dr. Holder thought that the number would be increased, not lessened. Dr. A. Napper thought that any change from subjection to boards of guardians would be for the better, and pointed out some difficulties in the way; in sparsely populated districts part-time offices were necessary to permit of medical men residing in them at all, and in default many of the non-pauper class would be unable to secure medical attendance. Dr. Lloyd Brown thought that the tendency of Poor Law changes would be in the direction of getting rid of all but the most destitute. If much Poor Law work were perfunctory, the same was true of the work of sanitary medical officers, and for corresponding reasons—namely, that both classes of officers were practically unable to do anything with the means at their disposal. Dr. Larking thought that preventive and curative work should be kept absolutely apart and under different authorities, but Surgeon-General Evatt much preferred a single authority. Dr. Greenwood, who had been a strong opponent of the single authority plan until the introduction of the National Insurance Bill, agreed that part-time appointments of many kinds were necessary for the welfare of general practitioners and of the public. Dr. Lyster, in his reply, deprecated the idea that there would be any inequality in rank between the Poor Law and sanitary medical officers in his scheme. At present Poor Law medical officers were subordinate to the clerks of various unions, but in his proposed service the chief under whom they would serve would be a professional man.

VAX.—During the past ten years the conscientious objector has been very much in evidence in Scotland, and it is, no doubt, true that, as stated by our correspondent, the "objection" is to be associated with the fact that the mothers object to taking a little trouble to protect the infant's arm after the operation of vaccination has been performed. The objecting parent very commonly has no views either one way or another as to the protective power of vaccination. The signing of blank forms by J.P.s. is a serious question and one calling for thorough investigation; it would appear to be an abuse of the duties pertaining to the office of a Justice of the Peace.

Medico-Legal.

AN ACTION FOR LIBEL.

In the London Sheriff's Court, on July 6th, Dr. A. R. G. Pocock, of Beaconsfield and Gerrard's Cross, was awarded £500 as damages in respect of certain libels on the part of a neighbouring medical practitioner (Dr. W. H. Hornibrook). The principal libel consisted in stating to a patient of Dr. Pocock's, whom the defendant had had occasion to see professionally, that none of Dr. Pocock's fellow practitioners would meet him in consultation. The case originally began in the High Court, but no defence being put in, was remitted for assessment of damages. After the case had been opened by counsel (instructed by Messrs. Le Brasseur and Oakley, on behalf of the London and Counties Medical Protection Society), the plaintiff gave evidence to the effect that there was no ground or justification whatever for the libels. He had been in practice in the locality for some nine years, was in a partnership, and no medical man had ever refused to consult with him. On behalf of the defendant, counsel (instructed by Messrs. Hempsen) said that he did not wish to defend the writing of the letters, but submitted that in fact the plaintiff had not suffered any damage from the libels. The jury, having held a brief consultation, gave the award stated, and a verdict with costs was entered for that amount.

RECEPTION OF INSANE PERSONS.

A. T. asks if a person letting apartments could be prosecuted for receiving into her house two insane persons, sisters, with two attendants. She would undertake to board them, is a certified nurse, and has had experience in an asylum, but does not undertake any control of them.

* * Yes, she could be prosecuted, and probably the "attendants" also.

Medico-Ethical.

The advice given in this column for the assistance of members is based on medico-ethical principles generally recognized by the profession, but must not be taken as representing direct findings of the Central Ethical Committee, except when so stated.

SUPPLYING SPECTACLES.

D. C. W.—It seems undesirable that medical practitioners should make a profit by supplying instruments or appliances of any kind.

RESPONSIBILITY FOR CONSULTANT'S FEE.

HALIDON.—We do not think that, in the circumstances described, A. can be held to be responsible for C.'s fee.

Medical News.

DR. M. A. CURRY, of Putney, London, tenders his gratitude to the numerous colleagues who so kindly granted their suffrages on his behalf at the recent by-election of a Direct Representative on the General Medical Council for which he stood.

THE Executive Council of the National League for Physical Education and Improvement has adopted a resolution expressing the opinion that in deciding upon the sanatorium benefits under the National Insurance Bill due consideration should be given to the claims of anti-tuberculosis dispensaries.

THE annual meeting and banquet of the Brussels Medical Graduates' Association will be held at the Garden Club of the Coronation Exhibition, on Saturday, July 22nd, at 7.30. All graduates of the University of Brussels are welcome, and members are invited to bring ladies. Tickets, price 7s. 6d. (not including wine), may be obtained from the Honorary Secretary, Dr. Arthur Haydon, 23, Henrietta Street, Cavendish Square, W.

THE summer general meeting and luncheon of the Irish Medical Schools' and Graduates' Association will be held on Wednesday, July 26th, at the Imperial Hotel, Birmingham, at 1.15 for 1.30 p.m. Dr. W. Douglas, Honorary Secretary, will be pleased to receive the names of any Irish graduates wishing to attend—at Goudhurst, Kent, up to July 19th and at the Imperial Hotel, Birmingham, afterwards. Ladies and other guests may be invited. The price of the tickets is 3s. each.

THE annual luncheon of the Continental Anglo-American Medical Society will be held at Birmingham on Thursday, July 27th, at 1.30 p.m., at the Grand Hotel, Colmore Row. The chair will be taken by Professor Sir William Osler, Bart., honorary president. Members of the society who intend to be present are requested to communicate as soon as possible with Dr. Charles G. Jarvis, honorary secretary, 81, Boulevard Malesherbes, Paris.

THE annual conference of the National Association for the Prevention of Consumption and other Forms of Tuberculosis will be held on Wednesday, Thursday, and Friday next, July 19th, 20th, and 21st, at Caxton Hall, Westminster. The first session, on Wednesday, at 10.30, will be presided over by Professor Sims Woodhead, and will discuss the spread of knowledge about tuberculosis by lectures, literature, and exhibitions in schools and by the district nurses. At the afternoon session at 2.30 p.m., when Dr. Philip of Edinburgh will be in the chair, the machinery for detecting the disease will be discussed, including the hospital, the tuberculosis dispensary, and public and voluntary effort. Both sessions on Thursday will be devoted to the discussion of treatment, under the presidency of Professor Sir William Osler. On Friday the morning session will be devoted to the discussion of the after-care of patients, and the afternoon session, under the chairmanship of Dr. Leslie Mackenzie, medical member of the Local Government Board (Scotland), will be given to the discussion of the administrative and financial aspects of the National Insurance Bill; Mr. Waldorf Astor, M.P., will speak on the cost of tuberculosis to the community; Dr. Nathan Raw on the use of existing accommodation; and Mr. Ernest J. Schuster, LL.D., on the general and medical aspects of the bill.

CREMATION has now been sanctioned by the Russian Government. Crematoriums will, therefore, it is semi-officially stated, be established in St. Petersburg, Moscow, Odessa, Warsaw, and Riga.

In recognition of his twenty-five years' service as medical officer of health for the City of Bristol, Dr. D. S. Davies was on July 3rd presented with a silver coffee service by the members of the staff of the health department. The presentation was made by Mr. J. W. Kirley, who spoke of the cordial relations that had always existed between their chief and the staff; he added that if additional evidence of their amicable relations were required, he might say that every member of the staff had contributed to the present. Mr. Dimond, who also spoke, referred to the high esteem that was felt by the citizens for their medical officer of health. Dr. Davies said he was deeply touched by the evidence of kindly esteem and loyalty from the staff. The progress in the health of the city was due not to any one man but to the devotion to the common good of all the staff. They must not be content to stand still, and any present success must lead them on to further endeavour.

THE Central Counties Branch of the British Dental Association held its annual meeting at Leicester on June 30th, under the chairmanship of Mr. Cale Matthews of Birmingham, who, speaking of the work done by the Law and Ethics Committee of the branch, dwelt on the value of a high standard among the members. He subsequently inducted into the chair the new president, Mr. F. Lankester of Leicester, the other officers appointed being Mr. M. Knott, treasurer, Mr. C. W. Randall, honorary secretary, and Mr. A. L. Bostock of Kidderminster, president-elect. At the dinner which followed in the evening the toast to the association was proposed by Dr. Wallace Henry of Leicester, who expressed the opinion that the dental profession as well as the medical profession was affected by the national insurance scheme, and should assist in fighting the clauses inimical to their joint interests. The toast was acknowledged by Mr. W. A. Waite, president of the parent association. Its members, he said, were still increasing, and he hoped that very soon every qualified dental practitioner would have joined it. Other speakers were the mayors of Banbury and Leicester, who seemed disposed to believe that the anxiety felt by the medical and dental professions as to the effect of the National Insurance Bill was unwarranted; and Dr. Allan Warner, who acknowledged the toast to the guests on behalf of the medical men present.

THE National Association for Promoting the Welfare of the Feeble-minded has done much good work in the past, and no feature of this much-needed charity is more worthy of admiration than the providing of these derelicts not merely with a home, but also with a means of occupation. The new Farm Colony at Hildenborough, near Tonbridge, is an example of the methods by which it endeavours to combat what threatens to be one of the most crying evils of the age. Here defective children of either sex (in most cases the offspring of defective parents) are rescued from the dangers of the street, the prison, or the workhouse, brought up in clean and healthy surroundings, and taught to labour with their hands. It has been found that though many of these children can neither read nor write, and indeed are totally incapable of acquiring the ordinary rudiments of education, they show a certain amount of aptitude for manual labour. At Hildenborough, therefore, they are given every chance of learning something which will enable them, if not to support themselves, at least to keep them from swelling the already overcrowded ranks of the unemployable. So far the experiment has been singularly successful. The Farm Colony, which was built to accommodate 50 boys and 50 girls, was opened by H.R.H. Princess Christian of Schleswig-Holstein on the afternoon of July 11th, when her Royal Highness, who was received by a guard of honour of the Officers' Training Corps at Tonbridge School, was presented with purses containing subscriptions amounting to £400 towards the maintenance of the new establishment. Speeches were made by Sir William Chance, the chairman of the colony committee, and Mr. W. H. Dickinson, M.P.; and a vote of thanks was proposed by the Marquess Camden, Lord Lieutenant for the county of Kent. The Princess afterwards inspected the farm buildings, where the boys were to be seen at work, and where specimens of excellent needlework done by the girls were on view for sale. Later in the afternoon some charming morris dances were performed by the Guild of Play Children from the Bermondsey University Settlement.

Letters, Notes, and Answers.

AUTHORS desiring reprints of their articles published in the BRITISH MEDICAL JOURNAL are requested to communicate with the Office, 429, Strand, W.C., on receipt of proof.

TELEGRAPHIC ADDRESS.—The telegraphic address of the EDITOR of the BRITISH MEDICAL JOURNAL is *Attitology, 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 to which special departments of the BRITISH MEDICAL JOURNAL are devoted will be found under their respective headings.

QUERIES.

COUNTRYSIDE seeks advice as to treatment of a patient, a busy young barrister, who is greatly troubled with itching quite unaccompanied by rash. "After his cases he finds he has been perspiring copiously, and that he must hurry to his chambers to relieve his skin irritation by scratching. What tries him most is that he frequently is hours before he can fall asleep at night. Could any particular spa in August be strongly recommended as part of the treatment?"

MIXED VACCINE IN TUBERCULOSIS.

W. S. M. desires to administer tuberculin and also a staphylococcal vaccine as curative treatment in a case of phthisis where the sputum also contains cocci. He asks whether there is any contraindication to sucking the one vaccine after the other into the syringe and injecting them together so as to avoid puncturing the skin twice.

DRY MOUTH.

DR. W. W. HARDWICKE (London, S.W.) asks for advice in the treatment of the following case of chronic dryness of the mouth: A lady aged 47, menstruating regularly, had chronic enteritis for over two years when she came under my notice, suffering from diarrhoea with yellow evacuations, dry mouth, loss of flesh. When under my care the diarrhoea was only relieved temporarily by astringents, but eventually cured by "membroids" of "coflectant" (Cook), which are said to be insoluble till reaching the bowel. Now, three weeks later, there is no return of the diarrhoea, but dryness of the mouth continues and makes the patient's life miserable. No albumen, no sugar. Neither acids nor alkalis relieve it.

ANSWERS.

RETINA.—The symptoms point to a detachment of the retina. It would only be possible to make a positive diagnosis after an examination of the eye. If our correspondent is not satisfied, the case appears to be one in which the services of a specialist should be obtained.

CASE OF PHOSPHATURIA.

DR. H. J. THORP (Ipswich) writes in reply to "R. A. C." to express the opinion that the treatment of phosphaturia consists of removing the cause, such as dyspepsia and nervous debility. Speaking generally, the mineral, vegetable, and acid tonics are required in almost all cases, and the usual adjuncts, good air and exercise, the cold sea water bath, and a well selected generous diet, principally composed of animal food, and relief from anxiety and overwork. Any local disease must be remedied.

NERVOUS FLATULENCE.

DR. W. H. SPURGIN (Newcastle-on-Tyne) writes, in reply to "A." that it is clear that his nervous system is depressed, perhaps from want of a change of air and scenery. His flatulence would be relieved by a mixture of ginger, soda, and nux vomica, with peppermint water, taken half an hour before food. This would materially improve his nerve power. Dr. Spurgin thinks that a preparation of pepsin taken immediately after or with food would be beneficial.

STAINED FINGERS.

BURMA.—Silver salts and potassium permanganate become decomposed in contact with the skin, and the stains formed consist respectively of metallic silver and an oxide of manganese; these cannot be removed by any solvent except strong acids, which it would not be proper to use; but if the silver stain is only recent and superficial, a solution of potassium ferricyanide 10 grains, and sodium thiosulphate about 100 grains, in an ounce of water may remove it rather slowly. Solution of chlorinated lime is said to be best for removing a chrysarobin stain; the B.P. solution is of a suitable strength. Iodine stains are best removed by a strong solution of sodium thiosulphate (known to photographers as "hypo"), or by wetting the part and rubbing it with crystals of the salt.