Dr. Tomkinson, in reply to the discussion, said he had found the high-frequency vacuum electrode of the greatest value in pruritic states of the anus. Dr. Adamson's postural difficulty might easily be overcome by the use of a high-frequency couch, and a nurse's assistance in maintaining the patient's position.

DEMONSTRATIONS.

Sporotrichosis.

Dr. Adamson (London) showed photographs of a case of sporotrichosis and of cultures prepared from it. Sporotrichosis, he said, was possibly a common disease in this country, but we had not yet learnt to recognize it. Since the first case was described by Schenk, in America in 1898, the disease had proved to be common in France and in America, and in these countries much work had been done in connexion with the pathology of this affection, especially by de Beurmann. The disease led to gummatous lesions in the skin and subcutaneous tissues. In the American cases there had been a chain of gummata along the forearm as the result of a wound on the hand. In the French cases the lesions were generally multiple and scattered over the body. The disease had been proved to be due to a fungus—the sporotrichium—which was easily obtained in cultures from the gummatous lesions. Dr. Adamson's case was that of an Englishman, aged 50, who had just returned from Brazil where he had got the infection. It was a characteristic case of the American type, and the cultures (exhibited) of spirotrichium were obtained on Sabourand's glucose-peptone agar. It was the first case exhibited in this country, and as illustrating what the speaker had said, that the disease might prove to be common here, a case had since been reported by Dr. Norman Walker from Cumberland, and Dr. Grünbaum was to-day reading notes of another case. It was now known that the disease might affect not only the skin, but also the mucous membranes, conjunctivae, joints, muscles, bones, and testicle, and perhaps other organs. The lesions cleared up with large doses of iodide of potassium.

Dr. B. Cranston Low demonstrated a cast from Dr. Norman Walker's case of sporotrichosis, recently published in the British Medical Journal. He also demonstrated cultures and drawings from the same case. He described the microscopic appearances, and pointed out that the condition resembled the microscopic appearances seen in actinomycosis rather than that of syphilis and tubercle. Attention was drawn to the fact that when cultures were made for diagnostic purposes they should be kept at room temperature, and not incubated.

Dr. Street (Woburn Sands) said a case not yet submitted to cultural diagnosis, but much resembling those described as sporotrichosis, was now under his care. The eruption first appeared on the dorsal aspect of the feet, and was now on the dorsal aspect of the hands and forearms also. Besides the larger nodules, there were a quantity of smaller and very irritable papules. The case had been seen more than once by the President of the Section, and many of the more common sources of similar eruptions had been excluded. There was in this case a reasonable source of animal infection.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

HAEMORRHAGIC PANCREATITIS FOLLOWED BY RECOVERY.

The patient in the following case, a widow aged 33, was admitted to King Edward VII Hospital at Windsor, on May 25th, 1911, with a history to the effect that on the day of admission while at breakfast she had been suddenly seized with a feeling of great distension accompanied by faintness. During the day she had vomited frequently, and towards the afternoon more pain was experienced in the epigastrium. The bowels had acted well. Dr. Spurrier, of Maidenhead, after seeing her, had advised admission into hospital. She had had a similar attack in June, 1910, and two in April, 1911, separated by a week's interval, but none of these were at all equal in severity to the present.

State on Admission.—The patient was obviously in great pain. Temperature 99°, pulse 124, respirations 24. The abdomen was distended and very tender. The caecum was dilated; the main tenderness seemed to be on the right side of the abdomen.

Operation.—With Dr. Spurrier assisting, an incision was made through the right rectus at the level of the umbilicus. The abdomen and pelvis were full of dark bile-stained fluid. Nothing being found in the pelvis or appendix region to account for the symptoms, the incision was prolonged upwards. Patches of fat necrosis were present in the omentum. The head of the pancreas was found to be of the size of half an orange, and very hard. In the root of the mesentery and peritoneum in this region the fat necrosis was very marked, in some places resembling patches of whitewash. The gall bladder was distended, but a careful search for stones along the ducts gave negative results. The wound was sutured without drainage.

Result.—The patient had no further pain or bad symptom, and made an uninterrupted recovery, leaving the hospital on June 16th, three weeks after operation.

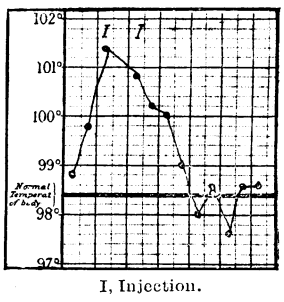
Remarks.

The intense pain in this case had also been present in the four other cases of haemorrhagic pancreatitis I have met with. In each case it was continuous, and the patients seemed to suffer more than in any other abdominal disorder. The urine at no time contained sugar.

J. O. Skevington, F.R.C.S.,
Windsor. Surgeon, King Edward VII Hospital.

SEA-WATER INJECTIONS.

The value of this variation of an accepted treatment for collapse can only be estimated by the results obtained in suitable cases, and it is desirable that for a time those using the treatment should give their experience for or against. My first case was to me highly satisfactory. A girl aged 6 had a return of summer diarrhoea with vomiting of the most severe type; all the classical signs of English cholera were present in a severe form. Treatment of the ordinary kind had no apparent effect, and included intestinal antiseptics, lavage, and, what I want to lay particular stress on, an ordinary saline injection was used in the interval between telegraphing for the plasma and its arrival. Fifteen hours afterwards there was no response. The child was comatose, respirations shallow, and icy cold, eyes sunken, half closed, and conjunctiva inflamed where exposed, and the extremities cold. The vomiting had ceased by this time, as it often does in bad cases, and the evacuations were reduced to a watery dribble, and the child was in what I might call the "meningeal" state of the disease, from which I cannot remember having seen a recovery in thirty years. I looked for Dr. Jacques Serda's symptom, but I cannot say that I found it. He says: "Au toucher, et ce signe est caractéristique, l'on constate une notable différence de température entre le front qui est chaud et les joues qui sont fraîches."



I, Injection.

Being unfamiliar with the treatment, I gave 50 c.cm. for a first injection, and repeated it in twenty-four hours. In the light of recent experience I should give 100 c.cm. another time and make the interval shorter. The injection was given behind the great trochanter, and took about ten minutes to flow, and was not felt by the patient owing to her half unconscious state. Three hours later the tumour caused by the injection (about the size of a turkey's egg) was absorbed, reaction was setting in, and the child was given milk made with Fairchild's Pepton powder. The diarrhoea abated from the time of the first injection, and fell to four, three, two, and by the fourth day one evacuation daily. The night after the second dose she was conscious, and next day "hungry," and has improved so rapidly that she has asked for "fish and chips."

Leeds. H. Waite.

THE DANGER OF CARBOLIC ACID OINTMENT IN HOT CLIMATES.

The following notes will show the possibility of a severe accident arising from the use of carbolic acid ointment in tropical climates.

The patient one evening feeling some slight irritation on the back of the hand, and attributing it to the bite of an insect, applied, as she had often done before, some carbolic acid ointment to the part, which at once became white and numb, while shortly afterwards a burning pain set in. Next day the back of the hand presented all the appearance of a rather severe superficial burn. She considered that the condition was due to the poisonous bite of some insect, but examination of the ointment showed that,

unnoticed in the evening light, she had applied practically pure carbolic acid, which had completely separated out from the paraffin ointment.

Her child's leg had also been rubbed the previous evening with the ointment, and was irritated and inflamed to an even greater degree.

The photograph shows the condition of the hand four days after the application.

Such an accident seems very liable to occur in hot climates, and so it has seemed worth while to draw attention to the possibility.

Hong Kong. J. C. DALMAHOY-ALLAN, M.D.

Reports

ON

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

DISTRICT INFIRMARY, ASHTON-UNDER-LYNE.

A CASE OF TRAUMATIC RUPTURE OF THE STOMACH: OPERATION AFTER TWENTY-FOUR HOURS: RECOVERY.

(Under the care of A. J. RODOCANACHI, F.R.C.S.)

N. H., a girl 6 years old, had her tea and shortly afterwards was running on the roadway, when her toe caught on a grid and she was thrown on her face. She walked home, about a mile, and complained to her mother of abdominal pain. She was put to bed and given castor oil. She vomited twice that night, and almost constantly the following day. In the afternoon Dr. Ralphs was sent for, and he ordered her immediate removal to the infirmary. On admission her abdomen was much distended, tender in all parts, and dull in the flanks.

A diagnosis of ruptured viscus was made, and a laparotomy was commenced within thirty minutes of her admission. The abdomen was full of bile-stained fluid, and this was traced to a rupture of the stomach, fully 2 in. long, along the greater curvature at the gastro-colic omental attachment. The rupture was closed by a double row of Pagenstecher stitches, the abdomen was flushed with saline solution, and closed without drainage.

She was sick twice during the first twenty-four hours after the operation, but after that had no further abdominal symptoms, but an acute bronchitis caused much anxiety during the first week. Her temperature fluctuated between 99° and 102°. Her respirations were at one time 60 and the pulse 160 per minute, but after the eighth day all three became normal, and she was discharged quite well four weeks after the injury.

The interest of the case lies in the apparently slight injury, the large size of the rupture, and the successful result after so long an interval as twenty-four hours.

British Medical Association.

CLINICAL AND SCIENTIFIC PROCEEDINGS.

BOMBAY BRANCH.

June 29th, 1911.

LEISHMANIA TROPICA AND THE ORIENTAL SORE OF CAMBAY.

(From the F. D. Petit Laboratory, Byculla, Bombay.)

DR. R. ROW read a paper entitled "Further Observations on *Leishmania tropica* of the Oriental Sore of Cambay, with special reference to the limitations of the house-fly acting as a possible infecting agent." He said: The experimental infection of man, monkey, and dog by direct inoculation of *Leishmania tropica* in the ⊙ body stage is now well recognized by all workers on the subject. Nicolle, working in Tunis, has succeeded in conveying the disease by this method from one to the other of these animals; and my observations, though limited to the infection from man to monkey, and then from monkey to monkey, have all been done by a similar method—namely, that of direct infection of fresh monkeys with the ⊙ body stage of the parasite taken from a fairly recent lesion. It was pointed out by me in another communication that I have found it essential for infecting purposes to have the parasite in the ⊙ body stage, as I find it impossible to infect monkeys when the parasite has gone even into the preflagellate stage in culture. It is true that sometimes, especially when the material is rich in macrophages, laden with parasites, an irregular culture of even eight days, containing flagellates and some unaltered ⊙ bodies, is capable of infecting an animal; but here I think it is the unaltered parasite which is responsible for the production of the typical experimental lesion. This agrees with the observations of Marzinowski and the earlier results of Nicolle and Marceaux, but not with the more recent observations of the latter, who have gone further by successfully producing the identical lesion by infecting with cultures of even the fourth generation from a parasite of human or simian source grown in N.N.N. medium. The Cambay parasite, however, seems to be slightly different from the Algerian or Tunisian species, as I have found it impossible to culture mine in N.N.N. medium, or even to carry the culture beyond the first generation in the medium described by me elsewhere as being best suited for the purpose and all its modifications. Further, the incubation period of the experimental disease in Bombay has been invariably two months, while that found by Nicolle in Tunis varies between 16 to 166 days; and, lastly, the flagellate stage of the parasite which I had the opportunity of examining in Paris—thanks to the kindness of Professor Nicolle, Professor Mesnil, and Dr. Danloe—appeared to be distinctly smaller than that obtained by me in Bombay. These differences point to the probability of slight specific variation between the parasite we have out here and those found in North Africa, and account for the constant fact forcing itself on the workers on the parasite here, that to obtain an experimental lesion we must have the parasite in the ⊙ body stage.

It is now well known that *Leishmania tropica* in culture undergoes development into a fully-formed herpetomonas-like flagellate—very like what *Leishmania donovani* of kala-azar does—and although it is possible in some specimens to observe some sort of post-flagellate stage in the shape of obscure ⊙ bodies (after the flagellate drops off the flagellum and the body of the parasite rounds off), it is impossible at present to say definitely whether this post-flagellate appearance is not merely that of a degenerate parasite and the subsequent swelling up of the parasite *post mortem*, as I have not yet been able to infect a monkey with bodies of this description. Then what is the significance of the flagellate stage of the *Leishmania*? It would appear from analogy to what obtains in the case of *Herpetomonas muscae domesticae* that the flagellate stage is a precursor of the post-flagellate stage before these round off into ⊙ body-like cysts in the gut of the house-fly, and the analogy is so striking that some authors have suggested the house-fly, and others the bug or some other biting insect, as being the possible intermediate host in whose intestines all the changes up to ⊙ body stage would

Obituary.

ALEXANDER GRAY, M.B., C.M.Glasg., BRADFORD.

The sudden death of Dr. Gray on September 15th was a sad loss to the medical profession of Bradford. He was attending as a spectator in the operation room of the Bradford Royal Infirmary, when he was seized with a sudden attack of angina pectoris, to which he succumbed in a few minutes. His kindly genial face and sympathetic manner were so well known in Bradford that all classes of the community have felt as if they had parted from one of their greatest friends.

Alexander Gray was born in Blackburn of Scottish parents, was educated privately, and in due course went to Glasgow University, where he graduated M.B. and C.M. in 1878. He practised for a few years at Newchurch, Lancashire, removing to Dalton-in-Furness in 1882. Here he held appointments as Surgeon to the Barrow Hematite Steel Company's Mines, the Roanhead Mines, and the Monzell Mines, and was a medical referee for the Prudential Assurance Company. He was one of the founders of the Baldwin Lodge of Freemasons and an ardent Churchman, helping to found a Church institute and club for young men. On the recommendation of the late Bishop of Carlisle, he was made an incorporated member of the S.P.G.—the first layman so honoured in the diocese. In 1892 he removed to Bradford. He assisted in the formation of the Yorkshire Association of Glasgow Graduates, acting for some time in the capacity of Honorary Secretary for Bradford and district.

Dr. Gray was a keen politician, being a strong Conservative and an ardent tariff and social reformer. He had served in the capacity of President of the East Ward Conservative Club, Bradford, for eighteen years. Dr. Gray was greatly interested in the work of the Bradford medical societies. He was a member of the old Medico-Ethical Society, and after its incorporation into the local Division of the British Medical Association continued to take a prominent part in its work. He was also frequently seen at the meetings of the Bradford Medico-Chirurgical Society. For some years he had been a divisional surgeon to the Bradford City Police.

Dr. Gray was twice married, his first wife dying early in his career. He was married again in 1884, and has left a widow and two daughters to mourn the loss of a devoted and loving husband and father. His funeral was largely attended by members of the medical profession, representatives of public bodies, and personal friends.

Mr. Henry Soltau, L.R.C.P., L.R.C.S.Edin., L.F.P.S. Glasg., who recently died in this country at the age of 62, went abroad in 1875 as a pioneer missionary to Burmah, his main object being to enter China from that side. He was not at that time a qualified medical man, but he had some knowledge of medical matters and was able to minister to the wild tribes of the frontier among whom he travelled. In 1880, after a hazardous journey, he and a companion succeeded in entering China from Burmah, they being the first Europeans who had attempted that route. After a short period at home, during which he gained some further knowledge of medicine, he returned to Burmah in 1883, at a time of great political unrest during which he and his colleagues underwent great hardships. In consequence of this Mr. Soltau was invalided home, and took the opportunity of obtaining his medical diplomas, so that in 1892 he was able to go out to South India as a qualified medical man. His previous hardships, however, told upon him, and in the year 1896 he took up medical mission work in London in connexion with the London Medical Mission at Endell Street, St. Giles, and his work amongst the poor of that district was very greatly appreciated. From that time onwards he concerned himself much with the cause of medical missions at home and abroad, and for a time acted as secretary of the London Medical Missionary Association. Recently, however, he was obliged to give up all active work on account of increasing ill health. He was a man of real abilities and great personal influence, but at the same time he was particularly modest and retiring, and his loss is deeply felt in medical mission circles.

Sir Henri Jules Blanc, K.C.V.O., M.D., late of the Indian Medical Service, has recently died in Paris. Born in London in September, 1831, he had just completed his 80th year. He was educated at the University of Montpellier, attaining the degrees of B.A., B.S., and M.D. He joined the allied forces in the Crimea, and afterwards, in 1859, entered the Bombay Medical Department as an Assistant Surgeon, becoming Brigade Surgeon in 1886. He retired from the service in 1887 with the honorary rank of Deputy Surgeon-General. Sir Henri served throughout the China war of 1860–2 as an Assistant Surgeon with the Jagir Corps. In 1867–8 he went with the Abyssinian Expedition on special duty and as a member of the Abyssinian Mission; he was taken prisoner and kept in chains for nearly two years; on his liberation he received the thanks of the British Government and a compensation grant of £2,000. He joined the British troops, and was present at the storming and capture of Magdala, receiving the medal granted for campaign. On his return to India he was appointed Senior Surgeon and Professor of Surgery at Grant Medical College, Bombay. He subsequently settled at Cannes, where he practised as consulting physician. He was made a Knight Commander of the Royal Victorian Order in 1901. He was the author of *A Narrative of Captivity in Abyssinia* and several works on medical subjects.

Deaths in the Profession Abroad.—Among the members of the medical profession in foreign countries who have recently died are Professor Dieulafoy, the distinguished Paris physician, whose name is familiar to all students of medicine, aged 73; Dr. Charles Nélaton, surgeon to the Paris hospitals, *agrégé* professor in the Faculty of Medicine, and author of Tubercle in Surgical Affections, The Relation of Traumatism to Cardiac Affections, and other contributions to surgical literature, aged 60; Dr. L. Bruandet, professor of anatomy in the Medical School of Rheims, aged 36; Dr. Place, some time professor of physiology in the Medical Faculty of Amsterdam; and Dr. Karl Hennig, professor of obstetrics and gynaecology in the University of Leipzig, aged 85.

Medico-Legal.

WORKMEN'S COMPENSATION ACT.

Death from Rupture of Aorta.

In Neep *v.* Stanton Coal and Iron Company (Mansfield, July 13th) the cause of death was rupture of an aneurysm, and what His Honour and the medical assessor were called upon to decide was whether or not the death was accelerated by accidents arising out of and in the course of the employment.

During the last year of his life the deceased met with a number of accidents in the course of his employment, and it was alleged that the effect of these was to increase the susceptibility to rupture of the aneurysm, and that the rupture of the aneurysm was accelerated by the accidents. One of these accidents occurred on May 31st, when the man sustained an injury to his toes, while on June 25th he had a fall in the pit, but did not report it, as he was able to get up again. From this time he got gradually worse.

Dr. Tweedie stated that he made a *post-mortem* examination on June 17th, at the request of the coroner. The pleural cavities were full of blood, and the descending portion of the aorta had ruptured through an aneurysm. There were clots between the two coats of the artery. From what he saw he formed the opinion that the actual rupture must have occurred a few hours before death. A slip or any slight exertion might have accelerated death in a man in deceased's condition. It was true that an aneurysm might be caused either through hard work or disease, and in this case he found no disease of the kidneys. He considered the aneurysm was due to disease in the coats of the arteries, which was attributable to natural causes. The deceased had had accidents prior to his death. The aneurysm was of long standing, and there were indications of several patches of degeneration which would be produced by natural causes. The clot found between the two coats of the artery could not have been there for more than two or three weeks, and therefore the healing would be very slight.

In reply to Mr. Ellison, for the defendants, the witness said that he did not think the accident to his toe had any connexion with his death. His Honour said the medical assessor advised him that death was due to natural causes, and was not in any way accelerated by the accident. He therefore gave judgement for the defendants.

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.

MEDICAL REFEREES UNDER WORKMEN'S COMPENSATION ACT.

H. W.—The obligations of medical etiquette are as binding upon medical referees under the Workmen's Compensation Act as upon any other member of the profession.

THE ETHICS OF CONSULTATION.

J. M.—We must assume that B. disapproves of the methods of treatment suggested by C., and is therefore unable to co-operate with him in the treatment of the case. B. is apparently supported by the opinion of the general practitioner in charge, and in these circumstances A. should accept their advice, or, if he feels unable to do this, he must ask both to retire from the case and find fresh medical advisers. It is unreasonable to expect that B., a specialist, should accept the co-operation of one who is not a specialist if his proposals do not appear likely to be useful, and it is unfair to suggest that his reason for doing this is due to any unworthy motive or to any rule of professional etiquette.

UNQUALIFIED DENTISTS AND THE MEDICAL PROFESSION.

PERPLEXED writes that he has been called in frequently to attend cases of severe alveolar bleeding and collapse after the injection of local anaesthetics and extraction of teeth by unqualified dentists, and he suggests that if members of the medical profession refused to attend, but allowed a patient to die, the unqualified dentist would get into difficulties with the coroner, and he asks what is the general custom.

*** There can be no doubt that no medical man should allow a person to die because he was suffering from an injury inflicted by an unqualified dentist; if he did he would be likely to be "hauled over the coals by the coroner." As the law at present stands these men are doing nothing illegal, and, although the medical profession is well advised in refusing to assist them in any way in their practice, it is impossible to stand aside and refuse help in such urgent cases as those to which our correspondent refers.

THE OBLIGATIONS OF A SUBSTITUTE.

A. ST. J.—(1) A. goes for his holiday leaving a local colleague, B., in charge of his practice. B. is summoned to attend a confinement, but being already engaged tells the messenger to get another doctor. C. is called in and attends the case until it is finished; the messenger told C. the above facts. We are asked to say to whom the fee should go.

*** As C. was not asked personally by B. to undertake the work for him, C. might claim to be entitled to the whole of the fee, but if he is on terms of reciprocal obligation with A. and B., C. should take half the fee and the other half should go to A., whose case, as we understand the statement sent to us, it originally was.

(2) When A. went for his holidays he left a local colleague, B., in charge of his practice, and after his return he discovered accidentally that a number of his patients had gone to B. We are asked to say whether B. ought to take A.'s patients under such circumstances.

*** Unquestionably B. should not take any of A.'s patients to whom he was introduced when in charge of A.'s practice.

RETAINING FEE.

LIGHT.—The renewed application for an increase of the retaining fee should be made on the ground that so few visits having been required, the total income from this source is very small, and this argument should be supported by showing how dependent the applicant is upon fixed payments in order to enable him to live in his remote district. The increase in the number of men would not be a ground for asking for an increase in the retaining fee as, if it leads to a larger number of visits, our correspondent will receive more. If the fee paid is inadequate, it would be better to ask for an increase in the amount paid for each visit. We should think it impolitic to threaten to resign the appointment, as if the authorities were to drop the retaining fee and pay our correspondent for each visit, even at a fairly high rate, he might, if the visits are few, receive less in the year than he does at present.

Universities and Colleges.

UNIVERSITY OF LONDON.

Lectures by the Professor of Protozoology.

PROFESSOR E. A. MINCHIN, Professor of Protozoology in the University, will give a course of fifteen lectures on trypanosomes and allied flagellates at the Lister Institute of Preventive Medicine, at 5 p.m. on Tuesdays and Fridays during the second term (January to March). The lectures, which are free, will be addressed to Honours B.Sc. students and to medical men, and will be followed by exhibits of such preparations as occasion requires.

Chadwick Lectures in Hygiene and Municipal Engineering.

Dr. Charles Creighton will give a course of four lectures on the history of the plague, at the University, South Kensington, on Fridays, October 20th, 27th, November 3rd and 10th, at 4 p.m.

UNIVERSITY COLLEGE.

Dr. J. Sherwood New has been appointed Assistant and Lecturer in the Department of Hygiene and Public Health in succession to Dr. F. N. Kay Menzies.

Public Health AND POOR LAW MEDICAL SERVICES.

REGULATIONS FOR LEAD WORKS.*

REGULATIONS have been issued by the Secretary of State for the smelting of materials containing lead, the manufacture of red and orange lead, and the manufacture of flaked litharge, bearing dates of August 12th and September, 1911. Lead material means material containing not less than 5 per cent. of lead and zinc material containing not less than 2 per cent. of lead. Where a lead process is carried on which gives rise to dust or fume the floor of the room must be kept in good condition and sprayed with water daily. Flues are not to be entered until they have been ventilated, and no person must work therein for more than three hours without an interval of at least half an hour. No person under 16 years of age and no female shall be employed in any lead process. Suitable meal rooms and vestiaries must be provided, with adequate washing appliances. There is to be a monthly medical examination of the workers, either by the certifying factory surgeon or by some qualified medical practitioner appointed by the Chief Inspector of Factories to discharge temporarily the duties of the certifying surgeon, and like him to make examinations and give such certificates as are required under the Workmen's Compensation Act in regard to cases of industrial disease. Application for such temporary appointment is to be made by medical men to the Superintending Inspector. The occupier is required to give a copy of the regulations to any one in his employment on application. In Wales and Monmouthshire a copy of the Regulations in Welsh must also be affixed. This hardly looks as if school board education was making much progress in Wales. It is pleasing to see the announcement that opportunities should be given by employers to surgeons to become acquainted with the processes in lead works. Some of the Regulations resemble those at present in force in German lead factories.

ULVA LATISSIMA IN BELFAST LOUGH.

THE seventh report† of the Royal Commission on Sewage Disposal is concerned entirely with the nuisances due to excessive growths of green seaweed in sewage polluted estuaries, with special reference to Belfast Lough. For many years past there has been a serious effluvium nuisance in the Lough, which became so acute that in 1899 the Belfast Corporation was required by Parliament to purify the sewage of the town in such a manner as to meet with the approval of the Irish Local Government Board. It was then established by observation and experiment that the nuisance was caused entirely by rotting green seaweeds and especially by *Ulva latissima*, and that when this weed decayed (under anaërobic conditions) it suffered two distinct but consective fermentative changes, in the first of which fatty acids were produced, while later the sulphates present either in the tissue of the weed or in the seawater were reduced to sulphides, with the eventual evolution of sulphuretted hydrogen. Professor E. A. Letts, who had already been conducting experiments for the Belfast Corporation and Mr. Eric H. Richards, were requested by the Commission to make further experiments comparing the growth of ulva in various mixtures of polluting liquids, natural and artificial, with the growth of the seaweed in pure sea water, to determine,

* Statutory Rules and Orders, No. 752. Factory and Workshop Dangerous and Unhealthy Industries. August 12th, 1911. Regulations for the Smelting of Materials containing Lead, the Manufacture of Red or Orange Lead, the Manufacture of Flaked Litharge. Home Office, September, 1911.

† Seventh Report of the Commissioners appointed to inquire and report what methods of treating and disposing of sewage may properly be adopted. London: Wyman and Sons. Price 2s. 6d. (Cd. 5,543.)

if possible, which was the most stimulating constituent of those liquids found to promote growth, and to observe the changes in composition of the seaweed, if any, after growth in these mixtures. The report of their experiments is included in the seventh report of the Commissioners. They came to the conclusion generally that during the warmer parts of the year, when the seaweed is actively growing, the effects of sewage pollution, or of sprinkler effluent, were very considerable. The report also contains an account by Mr. C. C. Frye and Mr. G. B. Kershaw of successful attempts that were made to destroy the seaweed by copper sulphate. These experiments demonstrated that copper sulphate crystals, when carefully distributed in the proportion of about 1½ cwt. per acre over areas of slob covered with *Ulva latissima* and other similar seaweeds would destroy such weeds almost completely in the course of a week, but that the effect was only temporary, lasting about two months. It was also shown that the application of the copper sulphate in destroying seaweeds and killing many mussels, assisted the natural cleansing of the banks by the tides to a very marked extent.

Medical News.

THE Harveian Oration before the Royal College of Physicians of London will be delivered by Dr. C. Theodore Williams, M.V.O., on October 18th, at 4 p.m.

THE Child Study Society will begin its new session of lectures and demonstrations at 90, Buckingham Palace Road on Thursday, October 12th, at 7.30 p.m.

THE title of the oration to be delivered before the Hunterian Society on February 14th, 1912, by Dr. Glover Lyon is "The Cure of Consumptive: A review and forecast."

THE winter term of clinical lectures and demonstrations at the National Hospital for the Paralysed and Epileptic commences on October 10th, at 3.30 p.m., and will be continued on Tuesday and Friday, till December 15th.

DR. WATSON WILLIAMS will deliver the inaugural lecture, "The Influence of the Upper Air Tract on Respiration," illustrated by lantern slides, at the Central London Throat and Ear Hospital, on Friday, October 27th, at 3 p.m.

A SERIES of post-graduate lectures and demonstrations will be given at the Ancoats Hospital, Manchester, throughout the coming academic year (October-July) on Thursdays, at 4.15. All members of the medical profession are cordially invited to attend.

A PROVINCIAL sessional meeting of the Royal Sanitary Institute will be held at the Town Hall, Hull, on October 14th, at 12 noon, when a discussion on the notification of measles and the influence of school closure will be opened by Dr. J. Mitchell Wilson, County Medical Officer of Health, East Riding of Yorkshire.

A COMPETITION for not less than twenty commissions in the Royal Army Medical Corps will be held in London on January 24th, 1912, and the following days. Applications to compete should be made to the Secretary, War Office, not later than January 15th. The presence of candidates will be required in London from January 22nd.

THE eighth annual festival service of the Birmingham Ward of the Guild of St. Luke will be held in Gloucester Cathedral at 4 p.m. on Thursday, October 26th, when the sermon will be preached by the Right Rev. the Lord Bishop of Gloucester. All practitioners are invited to attend; further particulars respecting the guild can be had on application to Dr. W. T. Elliott, 65, Temple Row, Birmingham.

AT the general meeting of the Medical Society of London, to be held on Monday, October 9th, at 8 p.m., the incoming President, Dr. J. Mitchell Bruce, will deliver the opening address, which will be followed by a paper by Dr. Leonard Guthrie on recurrent jaundice with pyrexia, splenomegaly, anaemia, and pigmentation of the skin in a girl 11 years of age.

DR. HOWARD PIRIE has left England to take up the appointment of physician in the electrical department at the Royal Victoria Hospital, Montreal. Dr. Pirie was chief assistant in the electrical department of St. Bartholomew's Hospital, and had charge of the corresponding work at Greenwich Hospital. He was also lecturer on electro-therapeutics at the London School of Clinical Medicine and North-East London Post-Graduate College, and secretary to the Roentgen Society.

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.

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.

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

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

CORRESPONDENTS not answered are requested to look at the Notices to Correspondents of the following week.

MANUSCRIPTS FORWARDED TO THE OFFICE OF THIS JOURNAL CANNOT UNDER ANY CIRCUMSTANCES BE RETURNED.

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

☞ *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.

P. would be obliged for any information regarding practice in Tangier. He asks whether any legal restrictions exist preventing a British graduate from practising there or in invalid resorts on the same coast.

J. C. would be much obliged if any medical man who has had experience of the "radium ionic water" would let him know the results in uric acid diathesis, particularly with regard to the claim as to its effects in removing, or reducing, uratic deposits.

ZETA would feel obliged for information as to whether a patient with pulmonary tuberculosis—mixed infection of some years' standing—and who has ceased to react to large doses of T.R., would be likely to benefit by an autogenous vaccine. There is no cavity. His temperature is never above 99° and health excellent, but expectoration is profuse at times.

DIABETIC COOKERY BOOK.

F. H. R. asks: Is there any small book published on diabetic dietary and giving cookery receipts?

*** One of the following might meet our correspondent's requirements: *Cookery for the Diabetic*, by W. H. and Mrs. Poole, with preface by Dr. Pavy. London: Longmans, Green, and Co., 1891. *Diet in Sickness and Health*, by Mrs. Ernest Hart. London: Scientific Press. 1895. A number of cookery receipts are given, pp. 476 and 489, in Dr. Chalmers Watson's *Food and Feeding in Health and Disease*. Edinburgh: Oliver and Boyd. 1910.

INCOME TAX.

DOUGLAS has an appointment abroad, where he resides for over twelve months at a time, returning then to England for three months' vacation. He wishes to know whether he is liable to British income tax.

*** The question of liability depends upon whether our correspondent has a residence in this country. If while here he resides in hotels or temporary lodgings he will only be liable in respect of any part of his income that arises here. If, however, he has a house here, occupied, say, by wife and family during his absence, he will be liable in addition to pay tax on any sums that he remits to this country out of his income arising abroad.

INCOME TAX INQUISITION states that he has already furnished by request copies of his accounts for the years 1908, 1909, and 1910 to the surveyor of taxes, who now presses for copies of the accounts for the three years 1905, 1906, and 1907. He asks whether he can be compelled to give accounts for as many as six years.

*** The position suggested by the inquiry is that our correspondent has, in the opinion of the surveyor, been undercharged for previous years. If this be so, our correspondent should make a formal statement to the surveyor of what he considers should have been the proper assessment for each of the years 1908-9, 1909-10, and 1910-11, basing the figures so far as he is able on the result of the three preceding years in