

Memoranda :

MEDICAL, SURGICAL, OBSTETRICAL.

THE TREATMENT OF SYPHILIS.

MR. D'ARCY POWER, in his article on the treatment of syphilis, recommends the administration of mercury perchloride, and gives two prescriptions for this preparation.

Some years ago I pointed out, and, I believe, proved, that mercury perchloride was one of the least efficient, and indeed, when given in hard water like the London water, often a useless preparation for internal administration. In answer to the question, "What is the best preparation of mercury to be given in syphilis?" I wrote:

Since each of the numerous preparations of mercury is believed to be of benefit in syphilis, and since the only constant factor in these various preparations is the metal itself, we must suppose that it is the metal itself which is the curative agent, and not any of the substances with which it is combined. This fact suggests the answer that the best preparation of mercury is that which, in safe, unirritating doses, contains the largest quantity of the metal; for if mercury be the enemy of the syphilitic virus it is inconceivable that the very small quantity of the metal contained in the one-sixteenth of a grain of the perchloride can be as useful as the comparatively large quantity contained in a grain of mercury with chalk. This theoretic advantage of preparations containing a large quantity of the metal is also confirmed by experience; for one of the most convincing proofs of the value of mercury in syphilis is its rapid and striking influence over infantile syphilis.

Now in this form of syphilis the *hydrarg. cum creta* is the preparation generally given, and its rapid effect is, I contend, due to the large quantity of the metal circulating in the small body of the infant. Moreover, I have seen patients progress but slowly or not at all while taking corrosive sublimate and who improved rapidly when put on a course of mercury with chalk, or subjected to a course of inunction.

Again, I have seen several cases of severe syphilitic iritis develop while patients were taking corrosive sublimate, and I have seen again and again grave tertiary lesions follow even a prolonged course of preparations containing a small quantity of the metal. But I have never seen such after a prolonged *uninterrupted* course of inunction, or of preparations like mercury with chalk and blue pill. Corrosive sublimate, which is so frequently given in syphilis, is the least efficient form in which to administer mercury internally, for not only does it contain in a safe dose an exceedingly small quantity of the metal, but even this small quantity frequently fails to reach the patient, for when given (as it frequently is) in solution in ordinary water containing lime salts, it is liable to decompose, the mercury becoming precipitated at the sides or on the bottom of the containing vessel. Theoretical considerations, then, as well as practical experience, point to preparations containing a large quantity of the metal as the best for administration in syphilis. But while it is of advantage to have a large quantity of mercury circulating through the tissues of the patient, the quantity must not be so large as to produce salivation, purgation, or any other injurious effects; for when the struggling tissues are injured by mercury or by any other cause, then the enemy triumphs, and the worst forms of syphilis may ensue. It will be seen that the view which I am advocating as the best method of treating syphilis—namely, maximal doses, short of mercurialism, of preparations of mercury containing large quantities of the metal—is a compromise between the old school, which did harm with excessive doses, and a modern school, which believes in minimal doses.

London, W.

J. McNAMARA, M.D.

THE twenty-third Universal Cookery and Food Exhibition will be held in the Royal Horticultural Hall, Westminster, from October 29th to November 2nd. The exhibition is devoted solely to exhibits connected with food, cookery, confectionery, and bakery, including new inventions and ideas in cooking, and an international display of trade novelties of a useful and educational character. In the list of patrons we note the names of Sir James Crichton-Browne, Sir Anderson Critchett, and Sir Arthur Downes.

Reports

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

LEEDS GENERAL INFIRMARY.

A CASE OF ACUTE PUERPERAL INVERSION OF THE UTERUS.

(Recorded by J. B. HELLIER, M.D. Lond., Honorary Obstetric Physician.)

THE patient in the following case, a woman aged 18, was admitted under my care on the evening of March 28th, 1912, having been sent in from a distance of 36 miles. She was a primipara who had been delivered on March 24th, and was suffering from puerperal inversion of the uterus.

There seems to have been some difficulty with the placenta, which was said to have come away in two pieces. There was much *post-partum* haemorrhage, and she had continued to lose more than the normal amount of lochia cruenta.

State on Admission.—She was blanched, with rapid pulse (128 to 140) and a temperature of 102.5°. The vagina was occupied by the fully inverted uterus, which felt like a large polypus with a pedicle two inches thick. It had a grey, sloughy appearance, and a small fragment of placenta was still adherent. The vagina was full of dirty offensive discharge. The cervix was fully dilated, and the division between vagina and cervix obliterated.

Treatment.—The patient was anaesthetized by intravenous injection of hedonal, about 820 c.c.m. of a 75 per cent. solution being allowed to run into the vein at the elbow. After the parts had been disinfected as well as possible with lysol, I reduced the inversion by about 15 minutes' steady manual taxis. At first the uterus felt so large in proportion to the small "pedicle" that success seemed unlikely, but at the end of this time it went back somewhat suddenly. A large Hegar's dilator was introduced to make sure that reduction was complete, and the cavity was packed with iodoform gauze. No special signs of shock followed the reduction.

Result.—As the uterus was already in a condition of septic endometritis, daily irrigation was ordered, and the offensive discharge gradually ceased, but convalescence was complicated by a slight degree of phlebitis with swelling of the left leg. This, however, soon subsided, and she went to the convalescent home, and was thence discharged cured on May 22nd.

COMMENT.

The new anaesthetic, hedonal, answered very well here, and combined anaesthesia with the benefit of saline infusion. There was no difficulty as to the diagnosis, but one must remember how large the puerperal uterus is at this stage, and how lax the vagina. Thus, though the inversion was total, the hand could be passed nine inches into the vagina before the fingers were arrested by the inverted wall of the genital canal. After reduction the fundus reached the navel. I saw a somewhat similar case in November, 1909, in a patient who had been delivered by a midwife five days before; but here three minutes sufficed for the reduction.

I record the case because of the extreme rarity of the condition. Many a man practises for a lifetime without seeing a case, and a distinguished obstetrician of exceptional experience told me recently that he had never seen a case. Kuestner says that in the clinic of Braun and Spaeth in Vienna no case occurred in 250,000 deliveries, and Ahfeld saw but one in more than 100,000 labours.¹ This is true of well-ordered lying-in clinics, but a large proportion of the cases have occurred in the practice of midwives. Still, we must be fair to the midwives. If they attend half the cases in a district they are not necessarily to be blamed if they see at least half the inversions. The spontaneous occurrence of inversion is established beyond question. Probably it is often produced by undue traction on the cord for which the accoucheur is not responsible, as in cases where the cord is wound around the neck or entangled in the limbs, or is of abnormal shortness. Dyhrenfurth recorded a case of inversion where the cord measured only 1.4 inches.

It is a curious fact that in 64 cases of *post-mortem* delivery, collected by Reiman, inversion was found in 7. Inversion is now known to be commonest in young primiparae, but I think the case here recorded of inversion at the age of 18 must be amongst the youngest on record.

¹ Veit's *Handbuch d. Gynaecol.*, Band I, S. 383 et seq.

me beforehand, will write to Dr. Charles Hill, 13, Rodney Street, Liverpool, in order that he may refund the amounts paid, if this has not been done already.

As far as we know the money has been returned to all who notified me beforehand, and so allowed me to dispose of the tickets, but there may be some who have been overlooked.—I am, etc.,

W. BLAIR BELL,
Liverpool, August 2nd.

Honorary Secretary, Dinner Committee.

Universities and Colleges.

UNIVERSITY OF LONDON.

THE following candidates have been approved in the examinations indicated:

FIRST M.B.—E. M. Atkinson, J. A. Birrell, Alethea J. Bolton, Marian N. Bostock, W. W. Brown, L. J. F. Bull, A. W. B. Carless, L. A. Celestin, J. D'A. Champney, C. C. Chesterman, A. H. Clarke, Doris M. Collins, P. N. Cook, J. M. Courtney, R. Coyte, Dorothy T. Daintree, T. M. Davies, M. A. B. Demerdash, Hilda M. Denton, E. de Robillard, K. Dykes, T. G. Dykes, T. S. Evans, G. Fehrsen, J. L. R. Fortier, T. A. Fuller, W. B. Gabriel, L. Gill, *W. Gover, A. R. Hart, R. B. Hawes, N. N. Hayson, W. B. Heywood-Waddington, E. B. Hickson, F. G. E. Hill, J. C. C. Howe, J. F. Howells, P. Hughes, J. B. Hume, J. W. Hyatt, Helen Ingleby, S. R. Johnston, T. John-Thomas, C. A. Kirtan, V. J. F. Lack, H. W. Lewis, N. M. Lewis, R. T. Lewis, A. Lyell-Taylor, M. H. MacKeith, F. C. Mason, B. A. Cecily M. E. Maude, *R. G. Mayer, *M. W. H. Miles, L. C. Moore, G. Moulsom, R. V. Norton, J. H. Oonvala, Margaret S. Palmer, E. F. Peck, J. W. G. Phillips, B. H. Pidcock, C. V. Pink, H. T. Prys-Jones, W. M. A. Rahill, K. M. Ross, W. R. Rowlands, M. Schwartz, A. Selby-Green, A. Shafeek, R. G. Simpson, G. H. Sims, Lily D. Taylor, A. L. Telling, R. N. Vakil, Lotty Weihermann, J. P. Williams, *O. Williams, T. P. Williams, A. Williams-Walker, W. Yeoman.

*Awarded distinction in Inorganic Chemistry. †Awarded distinction in General Biology. ‡Awarded distinction in Physics.

SECOND M.B., PART I (Organic and Applied Chemistry).—J. S. Alexander, F. M. Alchin, Hannah K. Alton, R. T. Bailey, G. T. Baker, Ruth Balfour, G. E. Barker, W. R. Barrett, R. V. Bevan, J. W. Bigger, J. A. Binning, E. S. Bowes, H. G. Broadbridge, O. St. L. Campion, L. A. Celestin, Hester M. Church, A. W. Cocking, W. H. Coldwell, R. C. Cooke, T. R. Davies, *L. S. Debenham, A. R. Dingley, R. O. Eades, C. Y. Eccles, S. H. Edgar, L. P. L. Edwards, L. W. Evans, R. Fazan, Marjorie E. Franklin, W. I. M. Gabriel, J. W. H. Grice, Grace M. Gulston, A. G. Harsant, M. H. Hassan, N. H. Hill, H. M. Holt, G. P. B. Huddy, S. W. Isaacs, J. P. J. Jenkins, D. B. S. Jones, G. S. L. Kemp, H. Korn, R. P. Langford-Jones, Mildred B. Langley, F. F. Langridge, F. R. Law, H. Lewis, I. H. Lloyd, Katharine Lloyd, D. Loughlin, S. A. S. Malkin, F. K. Marriott, Marie M. A. Moralt, R. G. Morgan, J. K. Muir, S. Muttiah, Eleanor J. Partridge, *B. C. W. Pasco, *A. W. Peeris, R. L. Portway, R. V. Powell, T. E. Roberts, Elisabeth H. Schwab, E. W. Scofield, N. M. Sen-Gupta, W. Steadman, H. G. Stormer, R. Stowers, E. C. Tamplin, A. C. Teuten, M. B. M. Tweed, J. F. Twort, W. J. Vance, S. Vidot, W. J. G. Walker, Josephine L. H. Wallace, J. W. Wayte, W. R. White-Cooper, J. de S. Wijeyeratne, A. F. Wyatt, C. F. B. Wyborn, G. C. N. Younger.

*Awarded a mark of distinction.

UNIVERSITY COLLEGE. Entrance Scholarships.

The following awards have been made: The *Bucknill Scholarship* (value 135 guineas), C. J. C. Cooke, of the Technical College, Derby. *First Medical Exhibition* (value 55 guineas), E. Sakoschansky, of University College, Nottingham. The *Second Medical Exhibition* (value 55 guineas), T. M. Cunningham, of University College, London, and University College School.

LONDON HOSPITAL MEDICAL SCHOOL.

The following demonstrations will be given during the months of August and September in the clinical theatre at the hospital at 2.15 on each day: Monday, Diseases of the Pleura: Dr. Wall. Tuesday, Diseases giving rise to Morbid Renal Excretion: Dr. Grünbaum. Wednesday, Diseases of Children: Dr. Hutchison. Thursday, Diseases of the Nervous System: Dr. Thompson. Friday, Diseases of the Heart: Dr. Lewis Smith. The demonstrations began on Tuesday, August 6th. Members of the profession will be admitted on presentation of their private cards.

KING'S COLLEGE HOSPITAL.

Scholarships.

The following awards of scholarships and prizes have been made: *The Senior Scholarship*: Mr. J. R. Waddy. *The Tanner Prize*: Mr. H. A. Richards. *The Todd Prize*: Mr. A. S. Wakeley. *Special Clinical Surgery Prize*: Mr. S. Smith. *The Prize in Medicine*: Mr. S. Smith. *The Prize in Surgery*: Mr. S. Smith. *The Prize in Forensic Medicine*: Mr. V. W. Draper.

LONDON (ROYAL FREE HOSPITAL) SCHOOL OF MEDICINE FOR WOMEN.

Appointments.

The following appointments have been made: Mr. F. Wood-Jones, M.B., B.S., D.Sc.Lond., Demonstrator in Anatomy, St. Thomas's Hospital Medical School, to be Lecturer and Head of the Department of Anatomy in succession to Mr. F. G. Parsons, F.R.C.S., who has resigned. Mr. J. A. Gardner,

M.A.Oxon., F.I.C., to be Lecturer in Organic Chemistry and Head of the Department of Chemistry in succession to Miss C. Evans, D.Sc., who has resigned. Miss Widdows, B.Sc., to be Lecturer in Inorganic Chemistry. Miss M. D. Waller, B.Sc., to be Demonstrator in Physics.

Scholarships.

The following scholarships have been awarded: *The St. Dunstan's Medical Exhibition*, value £60, for three or five years, to Miss A. M. Kerr, of the Clapham High School. *The School Scholarship*, value £30, to Miss E. M. Scarborough, of Trinity Hall, Southport. *The Dr. Edith Peache Phipson Post-Graduate Scholarship*, value £40, to Miss C. L. Houlton, M.B., B.S. Lond.

UNIVERSITY OF SHEFFIELD.

THE Council of the University, at its last meeting, made the following appointments: Mr. Harold Leader, M.B., M.R.C.S., L.R.C.P., to be lecturer in diseases of children; Mr. H. Nield, M.B., Ch.B., to be demonstrator in anatomy; and Mr. E. F. Finch, M.D., F.R.C.S., and Mr. P. A. Reckless, F.R.C.S., to be honorary demonstrators in anatomy.

LONDON SCHOOL OF TROPICAL MEDICINE.

THE following candidates were approved at the examinations held at the end of the 39th session:

*W. P. Chamberlain (Major, U.S. Army), *W. Lapsley (Captain, I.M.S.), *F. C. McCombie, H. Emslie Smith (Captain, I.M.S.), *H. R. Price (Major, I.M.S.), *W. Allen, *S. L. Brohier, *W. J. Geale, *J. E. L. Johnston, *A. H. Owen, *B. Spearman, W. F. M. Loughnan (Captain, R.A.M.C.), J. F. Corson, H. B. Rosair, A. R. Nelligan, A. C. N. McHattie, J. C. C. Hogan, J. L. Gilks, W. Teifer, N. A. Dyce Sharp, H. B. Blaker, A. Lionel Smith, A. B. Arora, E. S. Marshall, H. Fleming, A. D. J. B. Williams.

* Passed with distinction.

CONJOINT BOARD IN SCOTLAND.

THE following candidates have been approved at the examinations indicated:

FIRST COLLEGE.—Catherine M. Anderson, W. C. Borrie, J. S. M. Conner, E. Dias, W. O'G. Donoghue, P. F. Fairley, C. Harris, T. Jackson, W. P. H. Lightbody, R. MacKinnon, D. R. Nicol, A. A. B. Noble, G. L. Pillans, J. R. B. Robb.

SECOND COLLEGE.—L. Ghose, C. C. Irvine, H. O. Martin, W. M'Alpine, J. M'Farlane, S. Swaminathan, J. Walker.

THIRD COLLEGE.—A. Crawford, R. J. Croxford, G. B. Hanna, J. MacRae, W. A. Rees, J. Remers, C. A. Slaughter, B. S. Thakur.

FINAL.—J. G. Morrin, F. W. White, H. A. Topalia, G. W. Mason, T. N. Wilthew, J. P. Carroll, J. M. Coplans, L. C. Mascarenhas, K. Want, E. C. Hamilton, F. F. Keravalla, P. Walsh.

Obituary.

WILLIAM HODGSON CARRUTHERS, M.D., M.R.C.S., HALTON, CHESHIRE.

THE death of Dr. Carruthers, of Halton, a highly-respected member of the profession, occurred with tragic suddenness as he was about to leave his motor car on July 22nd, and the news caused profound sorrow. Dr. Carruthers was one of those men whose personality was of such a kind that he leaves a void that will be extremely difficult to fill. He was of such a lovable, kindly nature that he lived amongst the people and for the people, and although he lived to within two years of the allotted span of life, no one could believe or apprehend any danger as he left his happy home to pursue his ordinary work on that morning. Dr. Carruthers had a very distinguished professional career, never knew what it was to complain about the excessive demands on his time, and was always willing and ready to attend to the many professional calls for his valuable services. He was unselfish to a fault, and was never known to deny his services to the poorest of the poor at any hour day, or night. No one was kinder or more anxious in the exercise of his calling to be of service to his fellow-man, and the world is all the poorer by his demise. Dr. Carruthers was a highly gifted, well-read, cultivated man, and quite up to the time in which he lived in the literature and practice of his calling. When he left to go his rounds, he appeared to be in his usual health, and made no complaint to any member of his family or to any one about him.

Dr. Carruthers was born in Lymm, Cheshire, in December, 1844, and two years later his parents removed to Halton, Cheshire, where he spent the remainder of his life. His father was a well-known and highly popular member of the profession. The subject of this notice received the greater part of his early education at Arnold House, Higher Broughton, Manchester, and in 1862 took

MERCURIAL POISONING AND THE WORKMEN'S COMPENSATION ACT.

A. H.—A workman who believes himself to be suffering from mercurial poisoning contracted in the course of his employment must in order to establish a claim under the Workmen's Compensation Act present himself for examination to the certifying factory surgeon. The defence of the employer in such a case might be to dispute the diagnosis, or to assert that the poisoning was contracted otherwise than in the course of the man's employment. The burden of proof lies on the workman.

Public Health

AND

POOR LAW MEDICAL SERVICES.

MEDICAL INSPECTION OF SCHOOL CHILDREN.

Letter from the Local Government Board.

AT a recent meeting of the Hambledon (Surrey) Board of Guardians, a letter was read from Dr. J. K. Willis, of Cranleigh, pointing out that the relieving officer had referred to him cases of children requiring treatment for enlarged tonsils and adenoids, following the medical inspection carried out in the elementary schools. Such cases had hitherto been treated at the hospitals, but they were not now eligible for treatment at such institutions. He asked if the guardians were prepared to pay a reasonable fee for the treatment of such cases, suggesting 10s. 6d. for the operation and 10s. 6d. for the administering of the anaesthetic. The guardians communicated with the Local Government Board, and received the following reply:

Local Government Board,
Whitehall, S.W.,
June 27th, 1912.

Sir,

I am directed by the Local Government Board to acknowledge receipt of your letter of the 8th instant relative to the arrangements in the Hambledon Union for the treatment of children attending elementary schools who require attention on account of enlarged tonsils or adenoids.

In reply the Board ask me to point out that the general responsibility for the administration of Poor Law relief rests with the guardians. They consider that, if an order for medical relief is given by the relieving officer in any case of the kind in which application is made to him, the district medical officer should examine the child, and if he considers that an operation or special treatment is necessary, should report the circumstances to the guardians. It will then rest with the guardians to decide whether the case is one for relief at the cost of the poor rates, and, if so, whether they should authorize the medical officer to proceed at his discretion or should take further advice.

If an operation or special treatment is necessary and is carried out by the medical officer with the approval of the guardians, the Board recognize that, although no fee is legally payable under the regulations, a reasonable gratuity should be paid for the services rendered. The Board would be prepared in this connexion to allow a gratuity of one guinea in respect of each operation for the removal of tonsils and adenoids as suggested by the guardians; but such gratuities should be reported individually for the Board's sanction.

I am, Sir,

Your obedient servant,

(Signed) J. S. DAVY, Assistant Secretary.

Sir William Chance Bart., the well-known authority on the Poor Law, and one of the guardians, said he was glad that such an answer had been received from the Local Government Board, because he had always held that boards of guardians had power to give relief in those cases, and that it was quite unnecessary to refer the matter to any other authority. He thought the doctors were justly entitled to the extra remuneration, and he wished the Local Government Board's letter could be published generally, because it showed what the powers of guardians were in the matter.

It was decided to send particulars of the letter to the medical officers of the union.

REPORTS OF MEDICAL OFFICERS OF HEALTH.

Colchester Borough.—Dr. W. F. Corfield, the Medical Officer of Health of Colchester, has based his statistics for 1911 upon the census population of 43,463, and not, as is customary, upon the estimated population at the middle of the year. The net birth-rate was 22.4 per 1,000, and the net death-rate 12.4 per 1,000. The infant mortality-rate was equal to 105 per 1,000 births, compared with an average rate of 95 in the previous five years. Early in the year special work was undertaken to try and find out if there were any rats in the district infected with plague. The whole district was divided into eleven divisions, and a rat-catcher employed to visit each in turn. Altogether 348 rats were caught and sent to the laboratory established at Ipswich, where they were examined on behalf of the Local Government Board. All but five showed no signs of plague, and further

and more detailed examination gave a negative result even in these five. At a later date 373 more were examined, all negatively. A rat-catcher was also continuously employed by the corporation, and his work, in Dr. Corfield's opinion, has been productive of much good. Before the arrangements were made for sending rats to Ipswich rat virus was supplied free of charge to those applying for it at the Public Health offices.

City of Hereford.—In presenting his annual report for the year 1911, Dr. Miller states that the death-rate for the city was higher than in 1910. The increase was partly owing to intimation of additional deaths of residents outside the city, through the Registrar-General. Although the death-rate was higher than in 1910, the death-rate of children under 1 year was 92 per 1,000 births, compared with a rate of 101 for 1910. In common with other towns the birth-rate is decreasing; it was 19.11, compared with 21.85 during the preceding year, and an average of 22.1 for the five years 1905-10. The death-rate (14.8) was slightly in excess of that for the previous year, but compares favourably with the death-rates of other towns of the same size. Phthisis accounted for twenty-two deaths during the year, giving a rate of 0.97, compared with a rate of 1.14 for the previous five years. Action was taken in connexion with the Housing and Town Planning Act in fifty-eight cases—the defects being mainly due to dirty and damp ground-floors and walls and general dilapidation. The water-supply of Hereford seems satisfactory; two new filter beds have been provided which cover an area of 20,000 square feet each. As school medical officer for Hereford, Dr. Miller made eighty-two visits to the various schools in Hereford, examining 828 children. The most prevalent defects found were defective vision, enlarged tonsils, adenoids, decayed teeth, deafness, and verminous heads. Dr. Miller states that the weights and heights of the children of Hereford compare favourably on the whole with the children in urban areas. Any difference in height is very small, and in regard to weight, the greatest difference is slightly over 1 lb. With regard to the treatment of defects, the routine pursued in Hereford was that on the completion of the inspection a list of the defects found was sent to the teacher. After an interval inquiries were made through the teacher in regard to the treatment carried out, and where there had been no treatment a second notice was sent to the parents, and if nothing was done a third notice. The question of providing treatment at a clinic for medical and dental defects is at present under the consideration of the Education Committee, and it is hoped that an arrangement with members of the medical and dental professions may be arrived at.

THE APPOINTMENT OF M.O.H.

ERGOT.—We are not aware of any regulation which would prevent the Local Government Board sanctioning the appointment as medical officer of health of a medical practitioner who acted as assistant to another practitioner.

Medical News.

A SERIES of special demonstrations on the administration of tuberculin will be given at the Brompton Hospital for Consumption from September 2nd to September 7th. The fee for the course is two guineas.

A CASE of plague has occurred in Liverpool. The patient was a boy aged 7 years, admitted to the Royal Infirmary on July 25th, and operated upon for appendicitis. A gland removed from the groin was found to contain the plague bacillus, and this diagnosis has been confirmed on bacteriological examination for the Local Government Board. No information as to the probable source of the infection has been published, but the boy resided in a neighbourhood inhabited by dock labourers.

THE Harrogate Corporation has entered into an arrangement with Mr. Arthur Smithells, F.R.S., Professor of Chemistry in the University of Leeds, for a scientific examination of the spa waters. Professor Smithells's work will include much more than an analysis of the various waters, for, with the co-operation of colleagues in the university, a chemical, physical, and geological survey of the whole system of springs will be instituted and a scientific investigation made of various points in connexion with their utilization.

AT a meeting of the council of the Metropolitan Hospital Sunday Fund on July 30th, the Lord Mayor (Sir Thomas Crosby) in the chair, the Distribution Committee recommended awards amounting to £52,294, of which sum 7½ per cent. was appropriated to the purchase of surgical appliances and 2½ per cent. to district nursing associations. The other awards ranged from £5,693 downwards, St. George's Hospital receiving a grant of £1,581. The committee was requested to investigate the question of how much ought to be allowed as the average cost of an out-patient at each visit.