would see his way to demonstrate the condition with the oesophagoscope in one or two patients before one of the laryngological societies at an early date. It would be interesting to know in how many of these alleged syphilitic strictures the lesion was behind the cricoid plate and therefore not, strictly speaking, oesophageal.

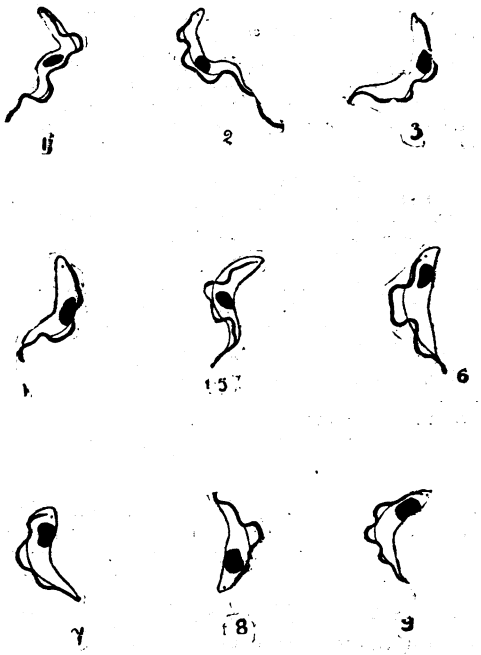
Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

ON THE PRESENCE OF POSTERIOR NUCLEATED PARASITES IN A STRAIN OF *T. BRUCEI.*

(From the Runcorn Research Laboratories.)

While carrying out some experiments on the degenerative changes undergone by trypanosomes in the cadaver of the animal host, it was observed that in the blood of a rat which had been inoculated for the purposes of the experiments with the strain of *T. brucei* (Uganda), some of the short, stumpy forms of parasite presented a position of the nucleus posterior to the centre. The strain employed was obtained from Sir David Bruce in September, 1910. In consequence of this observation the films taken from the laboratory animals employed for carrying on this strain and for experimental purposes during the period that the



Figs. 1 and 2.—Long forms.
Figs. 4 and 5.—Short, stumpy forms.
Fig. 3.—Form with nucleus slightly posterior to centre.
Figs. 6, 7, 8, and 9.—Forms with nucleus posterior.

strain has been kept going in the laboratory were examined carefully and searched for parasites presenting this peculiarity in the position of the nucleus. As a result of this examination it was found that not only in rats, but also in rabbits and guinea-pigs, such forms appeared, usually in small numbers. The figure shows to what extent the nucleus is displaced posteriorly in various instances in films from the blood of different animals. In no case so far has the nucleus been observed in these preparations to lie actually posterior to the blepharoplast, but in many instances it approaches very closely to the blepharoplast.

Liverpool. B. Blacklock, M.D.

LARGE DOSES OF CALOMEL IN DIARRHOEA.

For over twenty-five years I have observed the results of the treatment of diarrhoea by means of the administration of calomel, and have found that in every case in which the remedy was promptly and efficiently employed the result has been recovery. In this complaint large doses of calomel are tolerated without ill effect, and I have found that the drug is sufficient for the purpose without opium. It is best exhibited as a powder, because in the form of pills or tablets it is less satisfactory. Infants have borne the drug in much larger doses in proportion than adults. For a long time I had considerable difficulty in the administration and retention of the powder in cases in which vomiting was a complication. I discovered that cerium oxalate, combined in equal quantities with the calomel, at once overcame the vomiting and secured the retention of the drug. Mercury perchloride suggested itself owing to its greater convenience of administration than the powders, but it did not produce the same satisfactory result.

In mild cases of diarrhoea I have found small doses of calomel to be sufficient, but in serious and obstinate attacks I have been compelled to the conclusion that larger doses are indicated—so much so that I regard it as an aphorism that if calomel fails to cure diarrhoea it is because the dose is insufficient. I have tested the use of calomel in heroic doses, and in this complaint have never observed any untoward effects. For adults I prescribe 5 grains, together with 5 grains of cerium oxalate, to be taken every two hours, and find that six of the powders, and sometimes less, are sufficient to control the attack. To children, of no matter how tender an age, I prescribe 2 grains of calomel with 2 grains of cerium oxalate every two hours until the symptoms subside.*

I have also tried calomel in the diarrhoea of typhoid fever; 2 grains night and morning give good results. Though I cannot say that calomel will cure typhoid, if given in the early stages it greatly mitigates it. One precaution is very necessary—never to give it if the bowels be confined, as they often are. Magnesium sulphate combined with potassium bicarbonate should then first be given, or salivation is almost certain to occur. There is usually great diffidence in giving purgatives in typhoid fever, but I have never seen any harm result from this combination in moderate doses, and continued until the bowels are relaxed; it should on no account be given in one large dose. I have never known a case to end fatally that had been submitted to this treatment in the early stage of the disease.

Calomel is also of great value in the wasting condition of children from gastro-enteritis due to bad feeding, but only where tubercle is absent. One grain of calomel given night and morning, together with proper feeding, has been the means of restoring many infants where other modes of treatment have failed, including hydrarg. c. creta, which I have found absolutely useless.

It is well known that calomel disinfects the alimentary tract, but, in addition to this, it is supposed to increase the flow of bile from the liver. I believe, after a long and careful investigation, that the flow of bile following the use of mercury does not depend upon increased action of the hepatic cells, but that the drug has the power of removing the mucus which has obstructed the biliary passages, and thus permits the flow of bile which has accumulated in the liver itself. It has often been told me, both of adults and children, that 1 grain of calomel taken at bedtime has produced sleep—a report which has led me to speculate as to whether the liver plays any physiological part in the production of sleep.

Bradford, Yorks. W. E. Fellowes, L.R.C.P.and S.Edin.

EXCESSIVE INGESTION OF SALT PRODUCING OEDEMA.

Dr. Bain's memorandum in the British Medical Journal of October 5th, 1912, page 880, interested me very much. I am indebted to my friend Dr. Ackerley of Llandrindod for having first forcibly called my attention to the subject of excessive salt eating. I have had a case of exophthalmic goitre under my care for over a year, and on the whole she has done well under treatment by means of continuous counter-irritation (Lebenswecker method). She, however, suffered from extensive oedema. I showed her at a meeting of a medical society, and the members were inclined to attribute it to cardiac weakness; nevertheless it was acknowledged that oedema was often seen in exophthalmic goitre quite apart from heart or kidney disease. No one suggested salt-eating as a cause. A short time ago the patient's sister told me she ate large quantities of salt. I asked her to stop this, and

* Messrs. Hough, Hoseason and Co., of Manchester, prepared the powders in the form of tablets, which are readily dispensed and easily crushed into powder.

since then the oedema has greatly lessened. Patients who are very fond of highly salted food often refuse to give it up. I know of several such who have puffy eyelids and slight oedema of the feet, especially at the end of the day.

Bournemouth. W. J. Midelton.

Reports of Societies.

MANCHESTER MEDICAL SOCIETY.

Wednesday, October 2nd, 1912.

Dr. E. S. Reynolds, President, in the Chair.

Classification of Dysmenorrhoea.

Dr. W. E. Fothergill (Manchester) submitted a way of explaining and arranging the varieties of dysmenorrhoea, which, he said, occurred (*a*) as a complaint of healthy women, and (*b*) as a symptom of various abnormal conditions. Women whose reproductive life was perfectly normal could have (1) the sharp pain known as spasmodic dysmenorrhoea, (2) the dull, aching pain known as congestive dysmenorrhoea, or (3), as was often the case, a mixture of the two. Uterine contractions went on throughout reproductive life, but were most active during pregnancy, during parturition, just after parturition, and during menstruation. Painful contractions during menstruation might well be called "menstrual pains," and regarded as not less compatible with perfect health than "labour pains" and "after-pains." Pelvic congestion was a normal feature of menstruation. If sufficiently pronounced, it was always associated with pain; and in many women produced it without any departure from health. In spasmodic dysmenorrhoea there were two factors—the violence of the uterine contractions and the sensitiveness to pain of the nervous system. In congestive dysmenorrhoea there were also two factors—the degree of pelvic congestion and the sensitiveness of the nervous system. Thus one factor was common to the two conditions, and this explained the fact that many healthy women suffered from a mixture of spasmodic and congestive dysmenorrhoea. For the woman whose brain received into consciousness menstrual contractions in the form of "menstrual pains" would also recognize menstrual congestion as pain. Persons specially sensitive to pain were by no means to be confused with neurotics. The latter complained every day of their lives, while the former only complained when in pain—as, for instance, during menstruation. As to the treatment of spasmodic dysmenorrhoea by dilatation of the cervix, the child's head was the best dilator, and there was no use in dilating the cervix for dysmenorrhoea in parous women. This treatment was also quite useless in cases of pure congestive dysmenorrhoea. As a symptom of abnormal pelvic conditions, both spasmodic and congestive dysmenorrhoea were common. This symptom was not much use from the point of view of the diagnostician; its presence had little bearing upon the treatment of the causal condition. It must be relieved by the usual analgesics, as must dysmenorrhoea in healthy subjects.

Lacrymation.

Mr. Bradburne, in a paper on lacrymation, asked if the source of stimulation in eyestrain could not be found in the nature of the aqueous fluid, and referred to the work of Pfeffer and Albricht on the toxicity of urine in cases of *petit mal* and chorea. He closed with a warning against the use of probes in epiphora, and quoted Hirschberg as saying, "These methods never do what they are intended; they only demonstrate what sick people will stand and what the sick body will stand in the way of ill-treatment."

Slow Pulse.

Dr. Charles Melland recorded three cases of slow pulse, illustrated by polygraph tracings, the analysis of which showed that in each case the nature and cause of the slow pulse were different. Only one of the cases (a young man aged 22 with a perfectly healthy heart) was a true bradycardia, in which all the chambers were beating slowly. His pulse was 40 per minute, and he had a well-marked "H" wave, as in other cases of sinus bradycardia. A second case, with a rate of 36, was one of incomplete heart-block, with the ventricles beating only half the rate of the auricles. This was in an elderly man with aortic disease and a history of syphilis, but with none of the syncopal attacks of the complete Stokes-Adams syndrome. The third was a patient with ulcerativa endocarditis, with a pulse of 45, whose tracings showed a heart-rate of 90, every alternate beat being a regularly recurring extrasystole, whose impulse could not be felt at the wrist.

ROYAL SOCIETY OF MEDICINE.

Surgical Section.

Tuesday, October 8th, 1912.

Mr. G. H. Makins, President, in the Chair.

Injury of the Semilunar Cartilages.

Mr. A. J. Walton, in a paper on injury of the semilunar cartilages, said this injury occurred when the knee was in a position of full extension, not in the position of semiflexion and eversion as usually described. The two semilunar cartilages represented the remains of an interarticular cartilage, the central perforation of which had increased in size until only a circumferential band was left. The under surface of the femur was flat, so the internal and external lateral ligaments were tense in full extension of the knee. The posterior crucial ligament was attached further forwards on the femur than usually described, so the posterior as well as the anterior crucial ligament became tense in full extension. The crucial ligaments formed a couple which kept the joint surfaces tightly together, especially on the inner side, during the movement from flexion to extension. At the end of extension the femur rotated on the tibia and the anterior end of the internal semilunar cartilage passed over the edge of the tibia. During sudden extension the anterior part was liable to be caught. The anterior end of the external passed forwards on to the non-articular area of the tibia, and so escaped injury. The speaker demonstrated his theory by a series of diagrams and dissected joints. Mr. Albert M. Martin said that from a personal experience of 449 cases he was sure that the joint was in a position of semiflexion. The anterior and posterior crucial ligaments were relaxed and the joint surfaces separated; this allowed lateral mobility of the knee. The internal rather than the external semilunar cartilage was caught, as the accident was an inward twist. The percentages in his cases was 92 to 8; 282 of his cases occurred in miners. The narrow places in which they worked precluded full extension of the knee. A large number of his cases occurred in football players, who were liable to twist their knees whilst dodging, the knees being semiflexed, and the feet fixed in the ground by the leather studs whilst the body weight went on. Some 95.5 of his cases were definite splits or tears; it was rare for the whole cartilage to be detached. Subsequent attacks were due to very slight causes. After thirty-six hours in bed, through a transverse incision, the cartilage was removed. He used no splints, and allowed the knee to be moved as soon as the patients could bear it. They were discharged on the tenth day. Mr. McAdam Eccles agreed with Mr. Martin as to the position of the joint at the time of the accident. The weight of the body came on the internal condyle accompanied by an inward twist. The cartilage was nipped by the weight of the body falling on the internal condyle with the knee twisted inwards. For the first dislocation he advised the application of a plaster for one month, followed by massage to the joint and muscles. For subsequent attacks he removed the cartilage through a curved incision. Mr. Berry thought that to obtain a good result the operation should be done rapidly. It should be completed in six minutes.

Clinical Section.

At a meeting on October 11th, Sir William Osler, Bart., President, in the chair, the following were among the exhibits: Mr. H. Morriston Davies: A case in which *Arterio-venous anastomosis* had been performed after gangrene due to syphilitic endarteritis in a man aged 47. In June, 1911, the middle toe of his left foot had been amputated for gangrene, but the wound failed to heal. Fresh gangrenous patches developed, the foot was cold and

a ratio per 1,000 strength of 8.10 for officers, as compared with 4.89 for non-commissioned officers and men. This discrepancy is attributable, in part, to the heavier incidence of enterica among the officers, the outcome of exposure to risks in jungles and out-of-the-way places when on leave or shooting expeditions, but in part to the comparatively small percentage of officers inoculated against typhoid fever. The percentage of inoculated persons among the men is 85, while among the officers it is only 51.

WOMEN AND CHILDREN.

The general health of women was good as compared with former years, though the death-rate was slightly higher, but the health of the children in barracks was not good. The admission-rate from all causes rose from 343.5 to 370.6, and the death-rate was also somewhat higher.

INDIAN MEDICAL SERVICE.

IT has been decided that officers without a permanent regimental appointment who are officiating in the Bacteriological Department shall draw staff pay at the rate of 225 rupees per mensem if under, and 250 rupees per mensem if over, five years' service.

Officers of this department are eligible for the benefits of Presidency house allowance in Madras and of the Calcutta and Bombay house allowance schemes.

Universities and Colleges.

UNIVERSITY OF CAMBRIDGE.

THE following candidates have been approved at the examination indicated:

FIRST M.B.—*Part I. Chemistry:* F. Allen, D. J. Batterham, P. J. Briggs, E. B. Brown, G. W. Brown, T. A. Butcher, T. A. Collot, R. S. Corbett, G. P. Crampton, T. L. Crawhall, L. P. L. Edwards, G. G. Havers, J. M. Higgington, J. B. S. Lewis, G. T. Lipshytz, R. H. Marten, R. T. Raine, D. W. R. Richardson, G. D. C. Tracy, C. R. H. Weekes, T. A. V. Wood. *Part II. Physics:* F. Allen, D. J. Batterham, D. C. Beaumont, P. J. Briggs, E. B. Brown, G. W. Brown, T. A. Butcher, B. M. Coates, G. P. Crampton, T. L. Crawhall, L. P. L. Edwards, R. T. S. Gwynne, E. W. Hall, G. G. Havers, J. M. Higgington, M. H. Jupe, G. T. Lipshytz, H. H. Marten, G. S. Need, R. T. Raine, D. W. R. Richardson, G. D. C. Tracy, C. R. H. Weekes, T. A. V. Wood. *Part III. Elementary Biology:* F. Allen, D. C. Beaumont, G. H. Bickley, T. A. Butcher, B. M. Coates, G. P. Crampton, W. L. Dandridge, L. P. L. Edwards, E. W. Hall, M. H. Jupe, R. T. Raine, D. W. R. Richardson, C. R. H. Weekes, T. A. V. Wood.

UNIVERSITY OF LONDON.

THE LONDON HOSPITAL.

THE competition for entrance scholarships at the Medical School of the London Hospital resulted as follows: The *Price Scholarship in Science*, value £100, was awarded to Mr. R. G. Simpson; the *Price Scholarship in Anatomy*, value 50 guineas, was divided between Messrs. W. D. Newcomb, of Trinity College, Cambridge, and A. C. Ainsley, of Caius College, Cambridge. Similarly treated was the *Buxton Scholarship in Arts*, the dividers being Mr. H. L. Douglas and Mr. S. E. Harvey; while the *Entrance Scholarship in Arts*, value £50, went to Mr. V. J. F. Lack. To the *Epsom Scholarship*, value £120, Mr. S. H. de G. Pritchard was appointed on the nomination of the Head Master of Epsom College.

SCOTTISH UNIVERSITIES.

Inclusive Fees.

AT a conference of representatives of the General Councils of the Universities of Glasgow, Aberdeen, and Edinburgh to discuss the question of an inclusive fee in the departments of medicine and applied science held recently in Perth, the following resolution was adopted:

> That, having considered the memorandum of resolutions adopted at the conference of representatives of the University Courts of St. Andrews, Glasgow, and Aberdeen on June 20th, 1912, and the report of the subcommittee of the General Council of the University of Glasgow, the conference finds that, while not opposed to the principle of an inclusive fee for university courses in medicine, further inquiry is necessary into the amount of the fee and into the form the regulations must take to protect the interests of the universities and the extramural schools.

UNIVERSITY OF WALES.

AN examination for a registrable Diploma in Public Health is to be held for the first time next December. The names of candidates must be submitted to the University Registrar, Cathays Park, Cardiff, not later than November 15th, and the examination will begin on December 16th. The regulations concerning it closely correspond with those of other like bodies. The examination is in two parts, the fee for each of them being 6 guineas. The Act empowering the university to grant registrable diplomas in public health was obtained in December, 1911, and recognition of the diploma was accorded by the General Medical Council last June, and made retrospective.

UNIVERSITY OF EDINBURGH.

THE following candidates have been approved in the subjects indicated:

FIRST M.B. *Chemistry.*—G. B. Brewster, S. L. Dmitrieff, J. A. C. Guy, J. B. Hanna, Jeannie J. Harper, F. J. Hauptfleisch, P. W. Lam, Marjorie I. S. M'Gregor, J. P. D. Maclagan, Bessie M. Mactaggart, H. G. H. Maxwell, J. S. Rao Pandit, M. Talaat, E. T. N. Taylor. *Physics:* H. Anderson, W. E. Canekeratne, Eva M. Clark, H. B. Dykes, J. Gunn, K. C. Jaidka, S. N. Kaul, P. W. Lam, Marjorie I. S. M'Gregor, A. W. Mackie, A. Maja, S. A. D. Naoroji, D. A. Sprott, G. W. G. Sutherland, P. Vertannes, D. F. Thompson. *Botany;* J. G. L. Brown, W. E. Canekeratne, D. Colombos, P. W. Edwards, N. M. Gokool, K. C. Jaika, N. Jennings, D. W. M'Lean, A. J. Muirhead.

SECOND M.B. *Anatomy.*—R. C. Aitchison, R. Andrew, T. C. Bowie, J. E. Chow, I. A. Clarke, D. S. Falconer, A. J. Ferguson, F. J. Ng-a-Fook, A. W. Forrest, J. Hepburn, O. D. Jarvis, E. B. Kelley, D. Lennox, A. J. E. G. Lim, H. H. Lim, J. G. Louden, C. F. Maclachlan, P. C. MacRae, R. W. H. Miller, S. N. Mitra, J. J. Molyneaux, R. Power, P. V. Ramanamurty, V. A. Rankin, A. A. Watson, C. J. Young. *Physiology:* M. H. Alikhan, Dorothea I. Baird, T. Y. Barkley, H. J. Bruwer, W. M. Christie, F. A. Correa, J. Dale, M.A., J. C. Dobson, R. B. Eade, A. J. Ferguson, W. H. Ferguson, E. L. Galgut, Helen M. Gall, W. Goldie, H. Jackson, Muriel H. Kerr, N. B. Laughton, A. R. Laurie, E. Law, J. Lawson, T. J. Lloyd, Margaret M. M'Garrity, I. C. Mackay, R. M'Kinlay, J. M'Leman, J. W. Malcolm, C. E. Meryon, S. N. Mitra, W. T. Patterson, J. S. Rankin, C. B. B. Reid, W. Shanks, H. S. Smith, L. J. Spence, M. Stewart, T. M. J. Stewart C. H. Wan, J. S. Webster, L. H. Werden, J. D. Whitfield, W. Williams.

THIRD M.B. *Materia Medica.*—R. G. Bannerman, M.A., E. G. von B. Bergh, W. Bird, J. V. Buchanan, J. S. Crichton, Georgina E. Davidson, S. J. A. Laubscher, E. Llewellyn, W. H. M'Granahan, Jessie A. MacLaren, R. H. H. Newton, B.A., G. S. Pirie, E. G. C. Price, E. A. Seagar, H. J. Simson, J. Z. Truter, J. B. Young.

UNIVERSITY OF GLASGOW.

THE following candidates have been approved at the examinations indicated:

FIRST M.B., CH.B. (B., Botany; Z., Zoology; P., Physics; C., Chemistry).—G. W. Allan (B., P.), A. B. Austin (B., P.), *J. W. W. Baillie (B., P.), W. Baird (C.), *J. E. Bannen (B., P.), W. Barras (C.), J. Beveridge (Z., C.), M. N. Bhattacharjee (Z., C.), T. Blackwood (Z., C.), R. M. S. Boyd (B., P.), J. P. Broom (B., P.), A. C. Brown (B.), H. D. Brown (B., P.), J. A. Buchanan (B., P.), S. E. A. Buckley (B., P.), D. Campbell, M.A., B.Sc. (B., Z.), T. W. Carstairs (C.), T. C. Christie (B., P.), D. Clyde (B., P.), D. H. Coats (C.), W. K. Connell (C.), A. S. Cook (C.), *A. J. Copeland (B., P.), J. Crerar (B., P.), J. N. Cruickshank (B., P.), R. Cunningham (B., Z., P., C.), A. Dick (B., P.), J. H. Dobbin (B., P.), J. F. Duthie (B., P., C.), K. H. Dyke (B., P.), S. N. Dykes (B., P.), J. Ewing (B., P.), B. W. H. Fergus (B., P.), F. E. Ferguson (P.), J. B. Fisher, (B., Z., P.), L. L. Fotheringham (B., P.), *A. D. Gibson (B., P.), K. J. A. Gillanders (B., P.), P. F. A. Grant (C.), *T. Gray (B., P.), W. Guy (B.), A. Harper (B., Z.), W. E. Haydon (B., Z.), F. W. Hebblethwaite (B., P.), S. J. Henderson (B., P.), J. C. Hendrie (B., P.), H. F. Hollis (B., P.), J. N. Jamieson (P.), O. Johnston (C.), S. Johnstone (B., P.), A. Kennedy, M.A. (B., P.), J. Liddell (B.), F. C. Logan (B., P.), W. W. Lundie (B., P.), K. M'Alpine (B., P.), H. E. M'Coll (B., Z.), W. R. M'Crae (B.), J. R. M'Crindle (B., P.), E. Macfarlane (B., P.), A. M'Gowan (Z.), A. M'C. Macintosh B., P.), D. B. M'Intosh (C.), J. E. MacIntyre (B., P.), N. Mackillop (B., P.), J. M. Mackintosh (Z., C.), D. M'Laren (Z.), *G. Maclean (B., Z.), J. W. Maclean (B., P.), P. D. MacLean, M.A. (B.), J. Macleod (B.), P. M'Luskie (B., P.), A. F. M'Millan (B., P.), F. K. Macmillan (B., P.), W. M'William (B., P.), F. R. Martin (C.), A. M. Millar (P.), G. M. Millar (B., C.), D. S. Mitchell (B., P.), W. W. Morrison (Z.), J. Orr (C.), W. M. B. Orr (B.), J. A. Paterson (P.), J. W. Patterson (B., P.), G. Pearson (B., P.), A. C. Philps (B., Z., P.) J. Prentice (B., P.), *T. J. Quigley (B., P.), J. G. Rennie (Z.), S. M. Riddick (B., P.), A. W. Ritchie (B., C.), I. M. Robertson (B., P.), K. M. Rodger (B., Z., P., C.), R. Rodger (B., P.), F. J. G. Rolland (B., P.), F. W. Sandeman (B., P.), A. M. Scott (B., P.), W. Scott (B., P.), *H. B. Sergeant (B., P.), A. W. Sinclair (B.), A. W. Smith (B., P.), *C. L. Somerville (B., P.), H. H. Spencer (B.), J. Steel (B., P.), J. Steele (B., P.), A. R. Steinberg (B., P.), J. S. Stewart (B., P.), P. A. Stewart (Z.), T. S. Stirling (B., P.), *A. S. Strachan (P.), H. Stuart (B.), G. C. Swanson (B., P.), J. B. Sweet (C.), D. Taylor (B., P.), C. B. Templeton, (C.), *H. W. Torrance (B., P.), J. J. Treanor (B., C.), R. N. Walker (B., P.), R. S. Weir (C.), *K. J. T. Wilson (B., P.), J. T. Wylie (C.), R. Young (C.). *Women:* J. M. Alexander (B., C.), M. M. Anderson (B., P.), M. N. Blake (B., P.), W. J. Crawford (B., P., C.), *M. B. Gillespie (B., P.), M. H. Glen (B., P.), L. F. Goetz (P.), J. L. Hamilton (B., P., C.), M. C. B. Leigh (Z., C.), M. J. T. Leitch (P.), M. E. MacIver (B., P.), *L. Maclay (B., P.), M. A. M. MacLean (B., P.), E. S. Martin (C.), M. K. Mitchell (B., P.), M. M. Morton (B., Z.), M. I. T. Reid (B., P.), M. N. Robertson (P.), *J. Stalker (Z., C.), M. Watson (B.), M. M. Weir (B., Z.), *A. E. Wilson (B., P.).

SECOND M.B., CH.B. (A., Anatomy; P., Physiology; M., Materia Medica and Therapeutics).—I. Abdurahman (P., M.), G. K. Allan (A., P., M.), J. M. Anderson (A., P., M.), J. Anderson (M.), R. Armstrong (A.), A. D. Blakely (M.), W. E. Boyd, M.A. (A., P.), M. S. Bryce (P.), J. Buchanan (M.), W. E. A. Buchanan (A., P.), J. Cameron (P.), J. Campbell (A., P., M.), J. M. Campbell (A., P.), *A. M. Clark (A., P.), A. L. B. Clark (M.), R. Clark, M.A. (M.), A. Climie (A., P.), W. Combe (A., P.), J. P. Crawford (M.), W. Cullen (A.), F. V. Daeblitz (M.), W. Donald (M.), T. I. Dun (A., P., M.), D. Ferguson (P.), T. Ferguson (A., M.), H. T. Findlay (A., P.), J. J. Finlay (A., M.), G. Fleming (M.), I. M. Frazer (A., P., M.), W. W. Galbraith (A., P.), L. W. Gemmell (M.), A. J. Gibson, M.A. (P., M.), J. Gilchrist (P., M.), P. Gordon (P.), *R. T. Grant (A., P.), R. M. Greig (M.), D. C. Hanson (M.), D. Hardie, M.A. (M.), *J. W. P. Harkness, M.A. (A., P., M.), R. Isbister (A., P.), *A. C. Jebb (M.), D. B. King (P.), J. C. Knox (A., P.), R. M. Lang (A., P.), *G. M'Callum (P.), H. D. M'Crossan (A.), A. M. M'Cutcheon (A., P.), R. W. MacDonald (M.), D. M'Intyre (M.), D. M. M'Intyre (M.), J. M. Mackay (A., P.), D. Mackie (A., P.), R. H. M'Killop (M.), J. A. MacLean (A.), E. J. MacPhail (P.), J. K. Manson (M.), A. P. Martin (M.), W. J. May (M.), W. Meikle (M.), P. Nath (A., P.), J. R. Pate (M.), J. Paterson (P., M.), J. M.

Pinkerton, B.Sc. (M.), J. S. Prentice (M.), W. B. Primrose (A., P.), H. Quigley (A., P.), F. P. Rankin (M.), T. F. B. Reid (M.), R. C. Robertson (A.), A. F. Ross (A.), A. Scott (A., P., M.), *S. C. Shanks (A., P.), *W. F. Shanks (A., P.), J. Smith, M.A. (A., M.), N. M. Smith (M.), J. B. Steven (A., M.), J. F. Steven, M.A. (A.), J. S. Stewart (M.), *R. S. Strachan (A., P.), R. Tennent (M.), C. R. T. Thompson (A., M.), J. Vallance (M.), J. Walker (A., P.), W. S. Wallace (M.), W. J. C. Watt (M.), J. B. Williamson (M.), J. G. Wilson (P., M.), T. M. Wilson (M.), A. Young (A.), G. Young (M.), J. M. Young (P.). *Women:* G. G. T. Anderson (M.), E. W. Gompertz (A., P.), J. F. Henderson (P.), G. Montgomery (M.), M. Walker (A.). G. B. Whish (A., P.), I. H. Younger (A., P.).

THIRD M.B., CH.B. (P., Pathology; M., Medical Jurisprudence and Public Health).—A. M. Blackwood (M.), J. S. K. Boyd (P., M.), J. J. Burke (M.), J. Cameron (P.), W. L. Cassells, B.Sc. (P.), T. M. Crawford (M.), W. T. Currie (P., M.), J. Dunbar (P., M.), J. B. Fotheringham (M.), A. R. H. Geyer (M.), I. D. Grant (P., M.), J. W. W. Hewitt (P., M.), T. C. Houston (M.), J. R. C. Mackintosh (P.), R. M. M'Minn (M.), E. S. Macphee (M.), W. S. Martin, M.A. (M.), O. H. Mayor (M.), T. A. O'Brien (P.), R. Parker (P.), A. M. Ramsay (P.), D. R. E. Roberts (P., M.), S. D. Robertson (P., M.), H. Stewart, M.A. (P.), R. Stewart (P., M.), W. B. Stewart (P., M.), I. D. Suttie (M.), E. N. Thomson (P.), J. C. Walker (P.), H. C. Watson (M.), W. H. N. White (P.) *Women:* C. S. T. Anderson (P.), J. R. Anderson (M.), M. J. Brown (M.), E. Crawford (M.), M. P. Hislop (M.), A. R. M'Kail (M.), S. A. J. Rankine (M.)

FINAL.—J. J. Lowell, S. Blumenfeld, C. Brash, A. Brown, W. Brown, J. S. Buchanan, J. W. Burton, J. H. J. V. Coats, *Jane M. Davidson, *J. H. Dible, J. Dickie, *W. B. Drummond, J. M. Forsyth, J. E. Fyfe, A. M. Gibson, Maggie L. Kirkwood, R. A. Lennie, J. R. M'Curdie, C. A. M'Guire, G. D. M'Lean, *J. M. Macpherson, *T. Martin, K. D. Murchison, A. Peden, J. F. Quigley, *D. W. Reid, J. R. R. Ritchie, A. L. Robertson, E. Robertson, *J. H. Robertson, J. I. Robertson, F. Shearar, J. F. M'G. Sloan, *A. R. B. Soga, G. Stevenson, R. Stewart, W. P. A. Stewart, *W. Taylor, J. C. T. Teggart, Janet M. Walker, G. M. Whish, F. J. Whitelaw, T. Whitelaw, W. F. Wood.

* Passed with distinction in one or more subjects.

UNIVERSITY OF BIRMINGHAM.

Professors Malins and Priestley Smith.

AT the last meeting of the Council, the resignation of Dr. Edward Malins as Professor of Midwifery and Diseases of Women was reported, and the following resolution was unanimously passed thereon:

That the Council accepts with great regret the resignation of Dr. Edward Malins as Professor of Midwifery and Diseases of Women, and begs to tender to him its best thanks for the valued services which he has rendered to the medical school during the eighteen years in which he has occupied the chair. The Council also desires to express to Dr. Malins its warmest thanks for the generous donation of £1,000 to the university funds with which he has signalized the termination of his official connexion with the the university.

Subsequently the resignation of Mr. Priestley Smith as Professor of Ophthalmology was received and acknowledged in the following terms:

That the Council accepts with great regret the resignation of Mr. Joseph Priestley Smith as Professor of Ophthalmology, and begs to tender to him its thanks for the distinguished services which he has rendered to the medical school during the fifteen years in which he has occupied the chair.

UNIVERSITY OF BRISTOL.

THE following degrees have been conferred:

M.D.—G. W. J. Brasher; V. B. Green-Armytage.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

A QUARTERLY council was held on October 10th, 1912, the President (Sir Rickman Godlee) in the chair.

The late Mr. Clinton Thomas Dent.

The following resolution was passed by the Council:

That the Council hereby express their deep regret at the death of their colleague, Mr. Clinton Thomas Dent, whom they highly esteemed for the energy and ability which he displayed in all matters to which he put his hand, and whose judgement and keen interest in the affairs of the college they greatly appreciated.

For these reasons, as well as for his attractive personality, the Council believe that his loss will be long felt and deeply regretted in the large circle of friends which his many interests and versatility gathered round him.

That a copy of this resolution be forwarded to Mr. Dent's relatives, and that the sincere sympathy of the Council be expressed to them in their bereavement.

The President reported that the vacancy in the Council occasioned by the death of Mr. Dent would be filled up at the annual meeting of Fellows in July, 1913. It was arranged to hold a special Council meeting on October 17th, 1912, to elect a vice-president in place of Mr. Dent.

Mr. John Marle.

The President reported that Mr. John Marle had recently died of pneumonia. Mr. Marle had been "articulator" at the college since 1865, and had, during his long period of service, carried out a large amount of valuable work in connexion with the osteological portion of the museum.

Annual Meeting of Fellows and Members.

A draft copy of the annual report, to be presented to the above meeting on Thursday, November 21st, 1912, was submitted to the Council.

Jenks Scholarship.

Mr. Graham S. Wilson, till lately a student at Epsom College, was appointed to the above scholarship.

CONJOINT BOARD IN IRELAND.

THE following candidates have been approved at the examination indicated:

FIRST COLLEGE.—J. H. Barrett, S. H. Berwitz, J. J. Campbell, B. J. Daunt, R. D'Alton, Miss E. M. Lloyd Dodd, C. K. T. Hewson, E. T. McElligott, T. Moore, P. O'Connell, I. Sharpe.

SOCIETY OF APOTHECARIES OF LONDON.

THE following candidates have been approved in the subjects indicated:

FIRST HALL.—(*Chemistry*) H. C. C. Hackney. (*Anatomy*) A. U. L. Bennet, C. H. Fischel, H. C. C. Hackney, N. Hoffmeister, J. Lyon, R. H. Pettersson, J. E. Pickering, W. F. W. Sim, R. A. Wilson. (*Physiology*) C. H. Fischel, N. Hoffmeister, S. B. King, J. Lyon, R. H. Pettersson, J. E. Pickering, W. F. W. Sim, R. A. Wilson.

Public Health AND POOR LAW MEDICAL SERVICES.

DISTRICT MEDICAL OFFICERS AND SUPERANNUATION.

VORTEX, who is a district medical officer, 60 years of age, with twelve years' service, asks if he can now resign on pension, or whether he must hold office till he is 65 to enable him to claim it.

*** Our correspondent must remain in office till 65 years of age, unless previous to that time he becomes incapable of discharging his duties efficiently in consequence of permanent infirmity of body or mind or old age.

Obituary.

DR. E. MELLOR LIGHT of Ebury Street, London, S.W., died of septic infection at Cromer on October 1st after a comparatively short illness. Dr. Light won an exhibition in natural science at St. Thomas's Hospital in 1879, but shortly afterwards went up to Cambridge, where he graduated B.A. in 1883 and M.B., B.C., in 1888. He proceeded M.A. in 1887 and M.D. in 1904. He received his medical education not only at Cambridge and St. Thomas's Hospital, but also at Leeds. He at various times held the appointments of house-physician to the Brompton Hospital for Consumption, clinical assistant to the throat department of St. Thomas's Hospital, and resident medical officer and pathologist to the General Infirmary, Leeds. Dr. Light gave particular attention to the study of life assurance, and was a member of the Life Assurance Medical Officers' Association and of the corresponding international association. He had been since 1897 the chief medical officer of the Prudential Assurance Company. Dr. Light, who was only 52 years of age, married in 1901 the daughter of John James of Hurcott, Worcestershire, by whom and by two young sons he is survived. The body was cremated at Golder's Green on October 4th.

DR. JOHN KNIGHT, Medical Officer of Health for Scarborough, whose death occurred after an operation undertaken to relieve a condition of ill health from which he had suffered for several months, was born at Glasgow in 1874. He was educated at the High School and afterwards entered the University of Glasgow, where he had a brilliant career, graduating M.B., C.M., with first-class honours in 1896 and taking the Brunton prize as the first medical graduate of his year. He took the D.P.H.Camb. in 1898 and the degree of M.D.Glasg. in 1902. He became a pupil associate of the Glasgow Public Health Department and afterwards acted for a year as assistant to the Professor of Forensic Medicine and Public Health in Glasgow. Later he again became connected with the health department and was for a time on the staff of the Belvidere Fever Hospital. In 1900 he was appointed assistant to Dr. Chalmers, Medical Officer of Health for Glasgow, and five years later received the appointment of medical officer of health for Scarborough. He was also appointed school medical officer for the borough and in 1906 published an analysis of the infantile mortality of Scarborough for twenty-nine years ending 1905. He was medical superintendent of the fever and small-pox hospital, Scarborough.

Medico-Legal.

WORKMEN'S COMPENSATION.

Appendicitis or Accident.

IN Lawson *v.* Weardale Steel and Coke Company (Durham, July 15th) the question was whether the applicant's husband, who had died of appendicitis, was the victim of an accident. It was alleged that while working in an abnormal place he had strained himself, and that in consequence of the strain he had developed appendicitis.

His Honour, in giving judgement, said that the necropsy showed that the deceased, a young man apparently in good health when he went to work, had died of appendicitis, a well-known disease, which unfortunately too frequently attacked people in all stages of life, and under various circumstances. The case for the plaintiff was that although it was true the man died from appendicitis, yet it was brought on or accelerated by the accident. The first step that the applicant had to take was to prove that there was an accident. Was there proof that there was any accident at all, or was it merely conjecture? The accident suggested was a strain of some muscles of the abdomen which would have caused the appendix to burst, which undoubtedly it did. The only evidence of that was that the man thought, or complained, or said that he had strained or injured his inside. That was perfectly consistent with the pain in the ordinary case of appendicitis coming on suddenly, which it generally did. Therefore, when they had the facts perfectly consistent with the disease running its ordinary course without the intervention of any accident at all and the only evidence of the accident to put it at the highest was that the man thought that he had strained himself it would be wrong for him to say that the applicant had proved the first step in the case, namely, that there was an accident. He had no doubt that the poor young man thought he had strained himself because he did not know that there was anything the matter in the nature of appendicitis. His (the judge's) view on the facts was that the young man was unfortunately attacked with appendicitis which assumed acute form, and that he died from that disease. In his opinion the deceased did not meet with any accident within the meaning of the Act.

Capacity of a One-eyed Man.

The case of Hargreaves *v.* Haughhead Colliery Company (House of Lords) raised a question of general importance—namely, if a miner loses one eye by accident and is subsequently able to resume work at full wages, is he entitled to have a declaration of liability made under which the employers will be held liable if cataract supervenes in the other eye?

It appeared that upon February 18th, 1910, the appellant sustained injury by accident arising out of and in the course of his employment with the respondents, and as a result one of his eyes had to be removed. The sheriff substitute found that on November 12th, 1910, the appellant's incapacity ceased, that he was fit to resume work as a miner, and that his wage-earning capacity was not diminished by the loss of his right eye. This decision was upheld by the Court of Session.

On appeal to the House of Lords, Lord Macnaughton said: In this case I think the injury plainly results from the loss of the man's right eye. At the time of the accident there was no sign of incipient cataract. It is not very clearly stated, but I think that is the fair result. It seems to me impossible to say that the arbitration ought to have been kept open. If a man gifted by nature with two organs of vision loses one, then to say that the arbitration ought always to be kept open on the chance of his losing the other is, I think, absurd. For these reasons I think the appeal ought to be dismissed. The other learned lords concurred.

Power Finally to End an Award.

It is important to notice that the House of Lords has now settled a point on which the English and Scottish Courts have been at variance—namely, can the county court judge keep an award open where the incapacity has ceased, but may at some future time recur?

A man was injured in the London and North Western Railway's employment on February 12th, 1909, and received compensation for a month, when he returned to work at his former wages. For nearly a year he worked without complaint, but in January, 1910, he ceased, on account of pain and nervousness. He attributed this to neurasthenia dué to the accident, but the employers maintained that it had nothing to do with the accident, but was the result of influenza. After hearing, the arbitrator found as a fact that the illness was not attributable to the accident, that the man's incapacity was due to illness, and that he had completely recovered. Accordingly, he ended the compensation.

The appellant maintained, on appeal, that an award of one penny a week ought to have been made to keep the matter open. The House of Lords dismissed the appeal. The Lord Chancellor said that when the arbitrator was satisfied that the incapacity resulting from the accident had finally disappeared he could so adjudge, and thereby finally end the weekly payment beyond renewal. On the other hand he might, if he thought proper, adjudge that the weekly payment be ended until further order, or award a nominal payment to keep the matter alive. But in the present case he had found, in fact, that the man had recovered from the effects of the accident, and, accordingly, he was entitled to end the compensation.

Medical News.

PROFESSOR METCHNIKOFF will deliver the Lady Priestley Memorial Lecture for 1912 on "The Warfare against Tubercle," on Friday, November 29th, in the great lecture theatre of the Royal Society of Medicine, 1, Wimpole Street, Cavendish Square, at 4.30 p.m. The lecture will be given in French, and illustrated by lantern pictures. Professor Metchnikoff is delivering the lecture under the auspices of the National Health Society, of which Princess Christian is President. Members of the Society will be admitted on presentation of members' tickets. Applications for tickets for non-members, price 10s. 6d., must be made before November 29th, to the Secretary, National Health Society, 53, Berners Street, Oxford Street, W.

THE Liverpool Medical Institution commenced its meetings for the session 1912–13 on October 10th, when Mr. Robert Jones delivered his presidential address on the present position of the treatment of fractures. Subsequently he entertained the members at supper.

THE annual meeting of the State Children's Association will be held on Wednesday next at 4 p.m. at 24, Park Lane, W., by the invitation of the Earl and Countess Brassey. The chair will be taken by the Right Hon. Sir Albert Spicer, M.P., vice-chairman.

THE inaugural lecture of the winter session at the Central London Throat and Ear Hospital will be delivered by Dr. Dundas Grant on Friday, October 25th, at 3 p.m., the title of the lecture being "Some Views in Oto-Rhino-Laryngology Reviewed; Some Criticisms Criticized."

THE opening meeting of the thirty-first session of the West London Medico-Chirurgical Society took place on October 4th, when the new President, Dr. G. P. Shuter, delivered an address dealing with the history of nitrous oxide anaesthesia. Earlier in the evening the Keetley Memorial Medal was presented to the out-going President, Mr. McAdam Eccles.

THE Hungarian National Committee for the seventeenth International Congress of Medicine in London next year was definitely constituted at a meeting in Budapest on October 5th. In accordance with the rules of the Congress it consists of representatives of the Ministries, of the Faculties, of the Academy of Science, and of the larger medical societies of Hungary. Professor Emil de Grósz has been elected President, and Privatdocents R. Bálint and J. de Elischer and Dr. Ch. Jassniger, Secretaries of the Committee.

THE latest date for sending in essays for the Hunterian Society's medal this year is December 31st. It is awarded for the best essay by a general practitioner embodying the results of his own operations. The competition is open to all registered practitioners resident within Great Britain, Ireland, and the Channel Islands, whether Fellows of the society or not. Further particulars can be obtained on application to the Honorary Secretaries, Dr. A. C. Jordan, 11, Bentinck Street, W., and Dr. O. K. Williamson, 55, Upper Berkeley Street, W.

A COURSE of lectures and demonstrations will be given at the National Hospital for the Paralysed and Epileptic, Queen Square, W.C., during October, November, and December. Dr. C. M. Hinds Howell will give a course on the anatomy and physiology, and Dr. S. A. Kinnier Wilson on the pathology of the nervous system. Dr. James Collier will give a course on the clinical examination of cases of disease of the nervous system. The fee for the course will be five guineas, and full particulars can be obtained from Dr. Frederick E. Batten, dean of the medical school. The first lecture of the course will be given on Tuesday, October 29th, and the subsequent lectures will be given on Tuesdays, Wednesdays, and Thursdays in each week.

AT Bradfield College, Berks, on October 10th, Sir William Osler opened the new science school, and afterwards addressed a large audience. It was mentioned that the sons of medical men largely predominate at Bradfield, and Sir William suggested that boys going in for the profession might spend two years working in the laboratories between the ages of 14 and 16; this would modify the science work, which is now necessary after the boy leaves school. He much opposed the name used in connexion with chemical laboratories, and trusted that "stink" would not be applied to those he had just opened, as it had prejudiced boys against taking science classes. The Head Master pointed out the healthy situation of the school; also the

new sanitary and ventilating systems that had just been completed, thus making the college one of the most up-to-date public schools in England.

THE opening meeting of the Bournemouth Medical Society was held on October 9th. The retiring president, Dr. A. C. Coles, was in the chair. Before proceeding to the business of the evening, the president referred to the great loss sustained by the death of Dr. Fred Gardner, a past president of the society, and a vote of condolence with Mrs. Gardner was passed by the members present. The president, in introducing the president-elect, thanked the members for their support during his term of office. Dr. Frank Fowler, the new president, then took the chair and read his address, A Review of Electrotherapy and Radiology. A vote of thanks was passed with acclamation. Mr. Belben showed a specimen of a fibroid uterus containing a hydatidiform mole.

THE annual dinner of the Continental Anglo-American Medical Society was held at the Hôtel Majestic in Paris on October 12th, when the chair was occupied by Sir Bertrand Dawson, K.C.V.O., Physician to the London Hospital. The following members were present: Sir Dyce Duckworth, Bart. (Honorary President), Dr. G. Sandison Brock and Dr. Welsford (Rome), Dr. Gubb (Algiers and Aix-les-Bains), Dr. Pryce Mitchell (Monte Carlo), Dr. Tribe (Cairo) Dr. C. Winchester du Bouchet, Dr. Chaussegros, Dr. Hogg, Dr. Jarvis, Dr. Koenig, Dr. Magnin, Dr. Leonard Robinson, and Dr. Turner, Honorary Secretary (Paris). The guests included Dr. Chauffard, Dr. Widal, Dr. Vaquez, Dr. Florand, Dr. Lepage, Dr. Tuffier, Dr. Barton Jacobs (New York), Dr. Castaigne, Dr. Field Robinson, Dr. Castex, Dr. Galezowski, Dr. Farcy, Dr. Lecene, Dr. Desfosses, Dr. Leredde, Dr. Léon du Bouchat, Dr. Nagle, Dr. Mignot, Dr. Wickernann, Dr. Rehfuss, and Dr. Sibbald. After proposing the toast of "The King and the Presidents of the French Republic and of the United States of America," the Chairman, in proposing "Success to the Society," laid stress on the importance of organization in modern watering-places, and, in discussing the great progress made by modern methods of diagnosis, insisted on the importance of the modern hospital, not only as an educational centre, but as perhaps the only place where a thorough and complete examination of a patient could be carried out. Dr. Jarvis replied on behalf of the society, and proposed the health of the guests, to which Professor Chauffard replied. Dr. Robinson then proposed the health of the Chairman, who had been elected an Honorary President of the society at the annual meeting. Sir Bertrand Dawson briefly replied.

MEMBERS of the medical and administrative staffs of many of the London hospitals attended a demonstration at the house of Mr. E. B. Waggett on October 15th of the "Econocooker," an apparatus manufactured in France, for which advantages are claimed as compared with ordinary methods from the point of view of economy and the retention of the nutritive value of food. Undaunted by the presence of M. Escoffier, the chef of the Ritz Hotel, Mr. Waggett, in introducing Mr. Kiechlé, who demonstrated the invention, declared the proper method of cooking to be that of the primitive savages, who made a fire in a hole in the ground, withdrew the fire, and cooked their food in the heated cavity. The principle is still applied in cooking bread in the old-fashioned brick oven, and the French apparatus applies the principle to the cooking of meat. Two pieces of iron are heated for ten minutes and then placed above and below the food to be cooked, the whole being enclosed in a close-fitting cover. Mr. H. S. Corder, the British representative of the makers, claimed that the apparatus roasted meat in what is undoubtedly the correct way, thus described in the *Encyclopaedia Britannica*—namely: "The meat at first should be placed close to a brisk fire for five minutes so as to coagulate the albumen. It should then be drawn back a short distance and roasted slowly." Owing to the rapid fall in temperature of the hot discs during the first few minutes, while the enclosed air, the cover, etc., is being heated, the meat was treated in the way described above. Emphasis was laid on the saving of trouble in attending to the cooking range by using the new apparatus, and on the fact that the only heating required is that given for ten minutes to the metal discs. Several dishes were prepared in the presence of the audience, and the food was tasted by them and apparently approved. Modified forms of the apparatus designed for hospital and military use were exhibited, and it was stated that the "Econocooker" is now on sale at the principal stores.

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.

☞ *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.*

ANSWERS.

DR. GEO. GORDON CUMMING (Estcourt, Natal) writes: In reply to "Tubercle" (BRITISH MEDICAL JOURNAL of August 17th), the province of Natal is admirably suited for cases of tuberculous disease of lungs such as suggested. The chief point in selection of a place of residence would depend on the condition of the heart, owing to the great variations in altitude. Estcourt itself and district is well suited for cases without any marked heart condition, and living in the district can be had from about £6 per month in boarding house. I can speak from personal knowledge of several cases which have been under my care here, and will be pleased to furnish any further information desired.

TENDER HEELS.

DR. R. NIMMO WATSON (Harrogate) writes, in reply to "T. H." (September 28th): In a number of these cases which had resisted various forms of treatment I have found instant relief afforded by deep acupunctures of the heels under nitrous oxide.

SIGNIFICANCE OF WASTING.

K. S. L. writes: If "J. H." resided in South China he would know that this wasting is a common early symptom of leprosy. He does not mention whether there is anaesthesia of the skin over the affected part. The nerve trunks should be examined to ascertain if there is any thickening.

LETTERS, NOTES, ETC.

TREATMENT OF WHOOPING-COUGH.

M.R.C.S. writes: Dr. Bain asks in the JOURNAL of October 5th for a treatment of whooping-cough which will cure in ten days. Years ago, when in practice in a large town, I went through an epidemic of whooping-cough which was most distressing from the great mortality not only in my practice but in those of my neighbours. I read everything I could find, and adopted Niemeyer's treatment, as he was the only man who had a decided faith in himself. The patient was to be kept at one temperature, and nothing allowed which was likely to produce a paroxysm, such as draughts or wild play, and before each paroxysm a full dose of potassium bicarbonate was to be given. My first case coughed twenty or thirty times an hour and refused to take the medicine. I urged the mother to persevere, and in three or four days the child ran to take the medicine when she felt a paroxysm coming on; in ten days she was coughing once only in the twenty-four hours. I have never since had a case lasting beyond a fortnight when the treatment was seriously carried out.

A CORRECTION.

DR. H. D. MCCULLOCH writes calling attention to a defective sentence which appeared in his letter in the JOURNAL of October 12th, p. 999, on the chief use of the peritoneum, and which crept in through Dr. McCulloch not having had the opportunity of correcting a proof of his letter before publication. The sentence (commencing in the sixth line of the letter) should read as follows:

On the principle of setting a thief to catch a thief, one would imagine that the economy would evolve, among its complex structures, organs that would produce battalions of minute motile cells to best deal with these enemies, instead of leaving it to a supporting serous membrane which is without any means of repelling the invaders, unless it be by becoming what has been termed a "pyogenic membrane"—the result of the inopportune destruction and death of battalions of immature leucocytes, which, in a phase of their development when non-phagocytic, happen to be lining the entire serous surfaces.