be reduced to 5 per cent. or less for the leucocytes and to 2 per cent. or less for the red corpuscles.

7. The "mean daily variation" appears to be independent of the hour at which the rabbits are fed.

8. The "mean daily variation" in the experiments on man was found to be smaller for both the leucocytes and the red cells at 3 p.m. than at noon.

9. The number of leucocytes in the blood of the man examined was greater at 3 p.m. than at noon, whilst the reverse was the case with the red corpuscles and the haemoglobin.

10. Evidence is adduced that in rabbits the leucocytes are more numerous at 2 p.m. than at either 10 a.m. or in the evening, and that this is independent of the time of feeding.

11. The increase in the number of leucocytes in man was proportionately the same at noon and at 3 p.m., when an artificial leucocytosis was produced.

12. The introduction of horse serum subcutaneously into man produces no change in the amount of haemoglobin or in the number of red corpuscles, but causes a leucocytosis.

13. The injection of antitoxin in man produced no specific recognizable alteration in the cytology of the blood, the rate of rise and fall in the number of leucocytes being the same whether a normal or the antibody containing serum was injected.

14. The introduction of antimicrobial (antistreptococcic) serum was followed by an absence of any leucocytosis in the case of man. This may depend either on a specific inhibitory action of some substance (? the "immune" body) in the serum, or on a physiological failure of the body to respond with a leucocytosis to an injection of serum which follows on a series of previous ones, each of which had succeeded in producing such a change, similar to the failure in the formation of antibody noted by Axel Jörgensen when an antigen was injected daily for a certain length of time.

15. The varieties of cells taking part in the leucocytosis as a response to serum injections in the case of man are (1) the polymorphonuclear and the eosinophilous group, and (2) the transitional and large mononuclear group, no change being demonstrable in (3) the lymphocyte group or (4) the mast cell group.

16. Daily small haemorrhages in rabbits—that is, 5 per cent. of their blood volume or less—produce a progressive diminution of equal amount in the haemoglobin percentage, and in the numbers of red corpuscles and white cells per cubic millimetre. This diminution is less than corresponds with the quantity of blood removed, the blood elements being partially regenerated. Very little sign of regeneration of the blood elements can be seen when 2 c.cm. of the blood are daily removed for eight or nine days.

17. No change could be detected in the haemoglobin percentage or in the numbers of red corpuscles in rabbits as the result of injecting rabbit, goat, or horse serums, whether normal or containing antibodies, by whatever route they were introduced.

18. No change could be demonstrated in the numbers of leucocytes in rabbits as a result of the introduction of rabbit or goat serums, whether normal or containing agglutinin, by whatever route they were injected, whilst a leucopenia was found to follow the introduction of an antimicrobial (antistreptococcic) serum, but whether as a response to some special substance (? immune body) present in this type of serum, or in response to the horse serum itself, is not altogether clear, since a suggestion of a similar response, though not great enough to allow of definite proof, may be present after the introduction of diphtheria antitoxin contained in horse serum. If the leucopenia should prove eventually to be in response to some substance specific to the immune serum, it might help to explain the poor results so often obtained when antimicrobial serums are used as curative agents.

THE city and University of Montpellier have decided to erect a monument in memory of the famous doctor of the medical faculty, François Rabelais. The model of the monument, which is to be executed by the well known sculptor M. Jacques Villeneuve, was exhibited in the Salon of 1912. Subscriptions may be sent to Dr. Levère, General Treasurer of the Paris Committee, 77, Avenue de Villiers, Paris.

Memoranda:

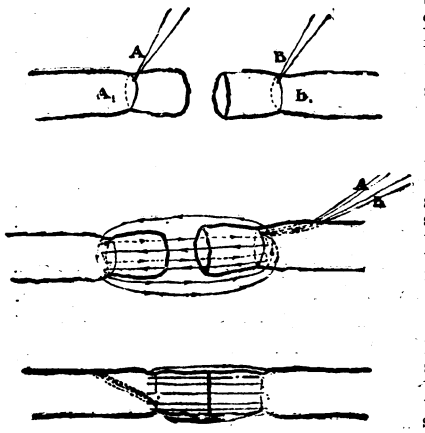
MEDICAL, SURGICAL, OBSTETRICAL.

AN IMPROVED METHOD OF TENDON SUTURING.

THE chief desiderata in the operation of tendon suturing are adequate strength and perfect smoothness of the site of union. The chief defect of the ordinary procedures is the violation of the latter detail involved by the presence of palpable knots and unsightly suture tags. The method to be described overcomes this defect and gives, I think, a bond as near perfection as possible.

The suturing material used is Japanese silk (Allen and Hanburys) for this happily combines great tensile strength with tenuity, a combination presenting obvious advantages in facilitating and giving smoothness of the bond.

Two long ligatures, A and B—one for each piece, proximal (A) and distal (B), of the tendon—are tied around the two portions (A_1 and B_1) of the tendon near the line of section, and knotted, not in the centre but near the side on its upper aspect. One end of the proximal ligature (A) is, or both ends thereof are, threaded on a curved needle. This needle is passed on the near side of the circular ligature (A) opposite its knot through the tendon (A_1) to its under surface; then below the line of section to the far side of the distal circular ligature (B); thereafter up through this portion (B_1) of the tendon to the upper aspect. It is now passed back again across and above the line of section to the starting point (A_1), and the penetrating process repeated as just described; and so on till the upper and lower surfaces of the tendon are occupied and the line of section bridged by the lengthwise sutures.



The points at which the needle leaves and enters the two pieces of the tendon are always corresponding, but in traversing the tendon the needle is given an oblique direction so as to emerge to one side of the preceding longitudinal suture.

When this vertical longitudinal suturing has been carried from one side of the tendon to the other the needle is made to emerge laterally, and the investing suture is effected now as before, but in the horizontal plane. Two or more of these are inserted as required. Thus the line of section is bridged above, below, and laterally by the silk—so far much as in one of the usual and best methods. The chief improvement is now to be effected, and this is carried out as follows. It consists essentially in burying the knots and free ends.

If one thread has been used in the needle for the above procedure, this thread is made to emerge finally near the proximal knot. The two free ends of the proximal ligature (A) are thus brought together again; they are knotted, then threaded on the needle, which is made to penetrate the tendon in the immediate vicinity of the knot, and carried in a longitudinal direction for a little distance, and preferably in a wave-like manner, this so as to prevent the silk afterwards being drawn back towards its knot if that were possible when the tendon was put into action. After traversing the tendon these free ends are made to emerge therefrom at one side. In the latter manner the two ends of the distal ligature (B) are also similarly treated. These four ends, two emerging from either portion of the tendon, are now pulled upon and then severed by a knife flush with the surface of the tendon from which they are emerging.

If, however, the needle originally be threaded with both free ends of the proximal ligature (A) these finally are brought through the distal piece (B_1) of the tendon to appear in the region of the distal knot. The two ends of the proximal (A) and distal (B) ligatures are then knotted, the four ends threaded on a needle, and buried and cut in the same manner as before.

Whether the needle at first carries one or two threads will depend on the thickness of the silk; if a thick size be considered necessary the threads will naturally be more bulky and clumsy, but if a thin size will suit the double thread may be used if desired.

The above procedure may be somewhat modified by using one of the two threads of the one ligature (A) for the vertical suture and one of the two threads of the other ligature (B) for the horizontal suture, and then arranging

these threads so that a final knot is made on either side by one free end of each ligature. The free ends will then be buried in the usual way. This arrangement may increase the strength of the union if this, indeed, is necessary.

The ligatures in this method are so fine and the burying process of such a nature that the knots are not palpable nor perceptible, and of course the free ends do not appear. As perfectly smooth a surface as is practicable can be obtained by this means, the attainment of a perfect band being merely a matter of practice, whilst the method has the great advantage over all others that I know of in that there are no free ends left and no palpable knots. Thus union is not only extremely strong, permitting severe strain and immediate movement (active and passive) if required, but quite smooth, so that when the operation is done well the original site of section may elude any but close scrutiny.

G. S. THOMPSON, F.R.C.S.Eng.,
Late Casualty House-Surgeon, St. Mary's Hospital, London, W.
Kimberley, S.A.

OBSTRUCTED HERNIA IN AN INFANT.

ON November 21st, 1909, a child aged eleven months was sent to me. It had been vomiting incessantly and looked very ill. There was a very tense swelling in the right inguinal region, dull on percussion and irreducible. No impulse was found. I took the case to be one of strangulated hernia, although the bowels had been open that day after an enema.

An incision was made over the hernia, and on opening the sac a knuckle of very congested small intestine was seen. This felt almost solid. There was no difficulty in drawing down gut from either side of this loop, and no line of constriction was evident. On pressing the gut between the finger and thumb the apparent solidity of the loop was found to be due to a mass within it, which easily broke down on further pressure. The gut was then easily returned and the operation completed. The child made an uneventful recovery.

The mother had weaned the child on November 19th, and had since fed it on bread-and-butter. Evidently an undigested mass of this had got into the hernia, and could not get through it.

LEIGH DAY, M.D., B.Ch.Oxon.,
Assistant Surgeon, Essex County Hospital.

NEURALGIA IN A STUMP TWENTY-SEVEN YEARS AFTER AMPUTATION.

I WAS interested to read the report of a case of late neuralgia in an amputation stump, in the Epitome of Current Medical Literature for November 16th. I was called to a patient suffering from cerebral haemorrhage, which produced loss of power in the right arm and some thickening of speech. He was a stout, robust man aged 72. The right leg had been amputated above the knee twenty-seven years previously owing to a compound fracture of the femur. He had complained for some years of pain in the stump, more often at night, and frequently rubbed it to relieve the pain. On rising and walking about the pain disappeared, while in bed in the horizontal position it was unbearable. It was felt mostly on the posterior aspect of the thigh.

No neuromata nor any points painful on pressure could be made out. The skin was freely movable over the end of the bone, and was nowhere adherent. Examination of the urine failed to show any abnormal constituents.

I am inclined to the view that arterio-sclerosis causing anaemia of the nerves may have been the cause, and the occurrence of cerebral haemorrhage seemed to corroborate this.

C. J. B. BUCHHEIM, M.B., Ch.B.Glasg.
Caldercruix.

HERR MARTIN BRUNNER, the proprietor of an art gallery in Nürnberg, has founded a fund, to be called the Martin Brunner Fund, with a sum of M. 50,000 (about £2,500), for the purpose of encouraging research on cancer. An annual prize will be given for the most important work in connexion with the scientific investigation of cancerous disease and its prevention. The prize in 1913 will be £20, but in 1914 and subsequently it will be increased to £75 or £80.

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

SALISBURY GENERAL INFIRMARY.

TWO CASES OF LOCOMOTOR ATAXY TREATED BY SALVARSAN.

(Under the care of W. W. ORD, M.D.Oxon.)

CASE I.

E. R., a railway signalman, aged 44, was admitted on April 20th, 1912. He was sent in by Dr. Thornton, of Salisbury, who had had him under observation for some weeks. Twenty-one years previously he had suffered from ulceration over both shins, which showed deeply pigmented, symmetrical, somewhat scaly scars. No history of other illness, except influenza. He denied having suffered from any venereal disease. Five months before admission he had an attack of "gastritis," with vomiting. Eight weeks before admission he began to suffer from coldness and numbness in the feet, and two weeks later the same conditions appeared in the hands. Progressive weakness in the legs and arms, with unsteadiness in walking, developed, and he was obliged to give up his work.

On admission he was quite unable to walk, though he could stand with difficulty. He complained of coldness, numbness, and tingling in the extremities, and of paroxysmal gastric pains. The knee-jerks were absent; sensation in the feet was almost absent, and on trying to walk he said he had "a feeling as if walking on cotton-wool." The right pupil did not react at all to light, the left only sluggishly. Romberg's sign was present. Wassermann's reaction was negative.

On May 16th 0.3 gram of salvarsan was injected. By May 26th the gastric pains had disappeared, and sensation in the feet was returning. Both pupils were acting sluggishly to light, and the left knee-jerk could just be elicited. On June 10th a second injection of the same strength was given, and the improvement continued. On June 25th he got out of bed for the first time, and was soon able to walk a short distance without unsteadiness.

He left hospital on August 3rd. Both knee-jerks were then present, the right not so active as the left; both pupils reacted quite actively to light; sensation in the feet was normal; he had had no return of the gastric pains, and he could stand with his eyes shut. After a short stay at a convalescent home he applied for leave to resume work, was passed by the surgeon representing the railway company, and is now fulfilling his duties.

CASE II.

F. G., a labourer, aged 50, was sent in by Dr. Morgan of Gillingham, on July 20th, as a case of locomotor ataxy. He had been under observation for a year. On admission he complained of giddiness, convulsive attacks, with almost total unconsciousness, coming on at any moment, and of loss of power in the legs for five months. He had had syphilis in 1887, and had three to four months' treatment with "vapour baths." In 1905 he had Malta fever, and recovered after four months' treatment in Valetta Hospital. About six months ago he began to notice that he had trouble in speaking, and developed a sensation of "pins and needles" in both hands and arms, but no abnormal sensations in legs.

On admission he could only walk with difficulty, with the usual ataxic gait. Romberg's sign was well marked, the knee-jerks were totally absent, sensation was diminished in both feet, the pupils did not react to light, speech was slow, and articulation difficult. There were no gastric or other pains.

He was given three intramuscular injections, each of 0.5 gram of neo-salvarsan, on July 27th, August 2nd, and September 1st. Improvement commenced almost immediately, and was steadily progressive. He was discharged on September 4th, all symptoms from which he was suffering on admission having disappeared.

I saw him a month after he had left hospital. He was then feeling quite well, and had resumed his ordinary work.

Universities and Colleges.

UNIVERSITY OF OXFORD.

Degree.

THE following degree has been conferred:

D.M.—W. D. Sturrock.

Examination.

The following candidates have been approved at the examination indicated:

D.P.H.—*Part I:* J. C. Barucha, A. G. Macfarland, L. J. J. Orpen, H. G. T. Truscott Major. *Part II:* R. Donald, A. H. Tebbutt. *Both parts:* W. B. Hill, A. E. Jerman.

UNIVERSITY OF CAMBRIDGE.

Diploma in Psychological Medicine.

REGULATIONS for the examination for the diploma in psychological medicine have been prepared.

The examination will be in two parts. Any person whose name is on the *Medical Register* is admissible to Part I of the examination, which will consist of a paper and a practical and oral examination in the anatomy and physiology of the nervous system, and a paper and practical and oral examination in psychology. A syllabus of the subjects has been drawn up.

Candidates for Part II of the examination must at the time of entry be registered medical practitioners of not less than two years' standing, and must produce evidence of having had twelve months' clinical experience. The special board for medicine has suggested that this clinical experience should have been gained in a registered mental hospital of the United Kingdom, or in an asylum in the United Kingdom, or some other institution or licensed house recognized by the university, but this detail has not yet been formally passed by the Senate. The second part of the examination will consist of a paper, and clinical and oral examination in neurology, a paper in psychiatry, lunacy law, and asylum administration, and a paper giving a choice of subjects for an essay in psychiatry and a clinical and oral examination in that subject.

The examinations for the diploma will be held once in each year. There will be an examination for Part I beginning on June 3rd, 1913, and for Part II beginning on July 1st, 1913. In 1914 and in subsequent years the examinations for Part I will be held in Cambridge during May or June, and for Part II in London during March or April. A candidate who passes both parts of the examination will receive a diploma testifying to his competent knowledge of psychological medicine. Applications for further information should be addressed to Dr. C. S. Myers, the Psychological Laboratory, Cambridge.

The following degrees have been conferred:

M.D.—Alfred Whitmore.
M.B.—R. R. Armstrong.

UNIVERSITY OF LONDON.

A MEETING of the Senate was held on November 20th, the Vice-Chancellor (Dr. Herringham) presiding.

Appointments.

Dr. Sandwith was appointed External Examiner in Tropical Medicine for the year 1912-13, to complete the period for which the late Dr. Duncan was originally appointed.

The Vice-Chancellor (Dr. W. P. Herringham), Sir Alfred Pearce Gould, K.C.V.O., and Sir David Ferrier, F.R.S., have been elected chairmen of the Civil Service Committee, the Graham Legacy Committee, and the Physiological Laboratory Committee respectively.

D.Sc. Degrees.

The D.Sc. degree in Bio-chemistry was granted to Dr. Casimir Funk, of the Lister Institute of Preventive Medicine, and in Psychology to the Rev. Dr. F. A. Powell Aveling, of University College.

New Board of Studies.

In view of the increase of the provision for sociological teaching and research now under the control of the university, due mainly to the successive benefactions of Mr. Martin White and the recent endowment made by Mr. Ratan Tata, a new board of studies in sociology has been constituted as from January 1st next.

Examinerships in the Faculty of Medicine.

Notice is given that there are vacancies for one examiner in each of the following subjects: Medicine, Surgery, Forensic Medicine and Hygiene, State Medicine, Anatomy and Physiology, and two vacancies in Pharmacology.

Course in Physical Anthropology.

A course of lectures and practical instruction on physical anthropology will be given in the anatomy departments of University College and King's College by Professor D. Waterston and Dr. D. E. Derry. The course will begin on Tuesday, January 14th, at 4 p.m., at University College, and will comprise the following branches of the subject: Craniоscopy, craniometry, osteometry, anthropometry (on the living subject), estimate of stature, age and sex from bones, comparison with higher mammals (especially Anthropoidea), and race distribution and characteristics. Further particulars may be had on application to the Secretary of King's College or to the Secretary of University College.

CONJOINT BOARD IN IRELAND.

THE following candidates have been approved at the examination indicated:

Diploma in Public Health.—D. Adams, J. M. Bennett, *L. Bousfield, Captain, R.A.M.C., J. Burke, W. H. Date, M. Golding, Alice W. Maclean, A. E. S. Martin, A. S. Millard, W. M. Morrison, R. M. Wishart.

*Passed with honours.

Obituary.

WALTER BERNARD, F.R.C.P.I.,

LONDONDERRY.

DR. WALTER BERNARD died suddenly at his residence, Buncrana, near Londonderry, on December 6th. His father was a captain in the old 60th Rifles, and marched with the reinforcements into Brussels on the evening of the battle of Waterloo, but was too late to take part in the memorable action.

Walter Bernard, who was born on May 1st, 1827, at Newmarket, county Cork, became M.R.C.S.Eng. in 1852, a Licentiate of the Royal College of Physicians of Ireland in 1858, and a Fellow of the same college in 1876. He was one of the few remaining members of the medical profession who took part in the Crimean war. He served as a civil surgeon throughout the entire campaign, and attended the wounded on the field of Inkerman. He saw the havoc worked amongst the British troops by small-pox and cholera, and in speaking of the campaign used to say that for every man shot fifty died of disease during the terrible winters of 1854 and 1855. On the voyage home from the Crimea he saved a man's life from drowning, and was presented with the Royal Humane Society's certificate. Dr. Bernard had practised in the north of Ireland for sixty years. For many years he enjoyed a large practice in Londonderry, and held many public appointments. He was a very old member of the Londonderry Branch of the British Medical Association. He leaves a widow. His life was deeply scarred by three great sorrows, the deaths of his three children.

EDWARD ALFRED BIRCH, M.D., F.R.C.P.,

INDIAN MEDICAL SERVICE.

BRIGADE-SURGEON EDWARD ALFRED BIRCH, of the Bengal Medical Service, retired, died in London on November 27th, aged 72. He was born on September 24th, 1840, educated at the City of Dublin Hospital and in the school of the Royal College of Surgeons in Ireland, and took the L.R.C.S.I. in 1861. Later on he acquired many other diplomas, the L.K.Q.C.P. in 1865, the F.R.C.S.I. in 1866, the D.P.H. Cambridge in 1878, the M.D. Brussels in 1879, the M.R.C.P. London in 1886; in 1892 he was elected F.R.C.P. London. Immediately after qualifying, he entered the Royal Navy as Assistant Surgeon in 1861, and served in the China war, being present at the actions of Kagosima and Simonoseki, in Japan. In 1865 he resigned his commission in the navy, and in the following year entered the I.M.S. as Assistant Surgeon on March 31st, 1866. He was promoted to Surgeon on July 1st, 1873, to Surgeon-Major on March 31st, 1878, and to Brigade-Surgeon on April 3rd, 1891; and retired from October 4th, 1893. In India he saw no war service, but spent almost all of his career in civil employment in Bengal, where he served in the Bihar famine in 1874, then for several years as Civil Surgeon of Hazaribagh, and from 1882 to 1889 as Superintendent of the Presidency European General Hospital in Calcutta. In 1889 he went home on furlough. On his return from leave he was appointed Principal of the Medical College, Calcutta, and held that post till he retired, except for a short interval in which he acted as Inspector-General of Civil Hospitals, Bengal.

Birch's name will, however, probably be best remembered as that of the author of a book in everyday use in India, consulted by most civil surgeons in their professional capacity, and by most other officers as parents,

of entering the Indian Medical Service, which he did in 1802, after taking the degree of M.D. at St. Andrews, and the diploma of L.R.C.S.Edin., with only six months' study. John Taylor, after taking the M.D. at Edinburgh in 1804, went to Madras as a missionary for the London Missionary Society, was appointed Assistant Surgeon in the Bombay Service in 1808, and confirmed on March 26th, 1809. He died at Shiraz in Persia on December 6th, 1821. Buchan Warren Wright, who entered the Madras Service in 1829, and resigned in 1837, and William French Clay, who joined the Bombay Service in 1848, and resigned ten years later, both spent the rest of their lives as ordained clergymen of the Church of England. And the first medical missionary in India, John Thomas, a colleague of the famous Serampur missionaries, Carey, Marshman, and Ward, first went to India in 1782 as surgeon of the Indiaman, *Earl of Oxford*.

Brigade-Surgeon THOMAS STICK VEALE, late of the Bengal Medical Service, a veteran of the Crimea and of the Mutiny, died at Croydon, on December 1st, aged 81. He was born on March 25th, 1831, received his medical education at University College, London, and took the M.R.C.S. in 1854, the L.S.A. in 1855, and the M.D. of St. Andrews seventeen years later—in 1872. As soon as he had qualified he went to the East, and during the Crimea war in 1854–5 served in the Army Civil Hospital at the Dardanelles. Entering the I.M.S. as Assistant Surgeon on January 27th, 1858, he became Surgeon on January 27th, 1870, and Surgeon-Major on July 1st, 1873, retiring with a step of honorary rank on February 22nd, 1885. His whole service in India was passed in military employ. He served in the Indian Mutiny towards its close, in 1858, and gained the Mutiny medal, on the North-East Frontier of India, in the Bhutan campaign of 1865–66, receiving the Frontier medal, and in the second Afghan war in 1879–80, earning a third medal with clasp.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently died are: Professor Karl Kopp, head of the Dermatological Policlinic of the University of Munich, aged 57; Dr. J. E. Newcomb, Professor of Laryngology in Cornell University, aged 55; Dr. Seydel, Emeritus Professor of Forensic Medicine in the University of Koenigsberg, aged 74; and Dr. Ernest Tavel, Professor of Bacteriology and afterwards Extraordinary Professor of Surgery in the University of Berne, in his 55th year.

Medical News.

THE dinner of the West African Medical Staff will be held on January 15th at the Walnut Room, Grand Hotel, Charing Cross, at 7.30 p.m.

AT the meeting of the Royal Microscopical Society, at 20, Hanover Square, on Wednesday next, at 8 p.m., Mr. Frederick Enock will give a lantern demonstration on insect intelligence.

MR. A. W. MAYO ROBSON, C.V.O., F.R.C.S., Major, R.A.M.C. (T.F.), has been appointed a Knight of Grace of the Order of St. John of Jerusalem in England, and Dr. W. D. Drydone-Jack and Dr. Thomas Nelson have been appointed Esquires of the same order.

THE report adopted at a meeting of the Council of the Metropolitan Hospital Fund on December 9th showed a total collection for the current year of £67,972, of which £62,401 has been distributed among various institutions. In this the fortieth of the operations of this fund, the sum collected was £957 in excess of that received in the previous year. On the other hand, the total sum collected actually in places of worship was only £35,866, this being nearly £1,200 less than in 1911. Before the meeting concluded a special honorarium of £100 was voted to enable an extended holiday to be taken by Sir Edmund Hay Currie, the Secretary of the fund, who is now 79 years of age, and has shown great devotion to his work.

MR. T. WINGATE TODD, who since 1910 has been Lecturer in Anatomy in the University of Manchester, has been appointed Henry Willson Payne Professor of Anatomy in the Medical Department of the Western Reserve University, Cleveland, Ohio. Mr. Todd, who graduated in 1907 with first-class honours at the final examination for the degrees of M.B. and Ch.B. obtained amongst other distinctions, whilst a student in the university, the Tom Jones Scholarships in Anatomy and in Surgery. After graduation Mr. Todd was appointed Demonstrator in Anatomy, under the late Professor Alfred H. Young. In 1909 he was House-Surgeon at the Manchester Royal Infirmary.

THE Metropolitan Asylums Board has made arrangements for a three months' course of lectures and demonstrations in hospital administration for the benefit of candidates for the diploma in public health. They will be given at the Eastern Hospital, Homerton, by Dr. E. W. Goodall, on Tuesdays and Fridays, beginning January 7th, 1913; at the North-Western Hospital, Hampstead, by Dr. J. MacCombie, on Mondays and Thursdays, beginning Monday, January 6th; and at the Grove Hospital, Tooting, by Dr. J. E. Beggs, on Thursdays and Saturdays, beginning January 4th. The fee for the course is 3 guineas. A prospectus can be obtained from the Clerk to the Metropolitan Asylums Board, Embankment, E.C.; the class can be joined at any time, provided it is completed during the class beginning in April, 1913.

THE Royal Surgical Aid Society celebrated its jubilee last week by a luncheon held at the Cannon Street Hotel (the President, Lord Aberdeen, presiding), and a meeting at the Mansion House, with the Lord Mayor (Sir David Burnett), in the chair. Reference was made during the proceedings to the fact that the King, who is the patron of the society, has granted the use of the prefix "Royal" in its title. Tributes to the useful work of the Surgical Aid Society were paid by the Bishop of London and members of the clergy, and Lord Aberdeen pointed out that a very large proportion of the income of the organization went directly to the alleviation of suffering, working expenses being kept at a low percentage. Sir Frederick Treves, in moving a vote of thanks to Mr. Muirhead Little, Mr. T. H. Openshaw, and Mr. E. Laming Evans, the surgeons of the society, and to the honorary surgeons of branches, said he could testify to the immense value of the provision made by the society in completing the work of the hospitals. A special fund is to be raised in commemoration of the jubilee.

THE annual meeting of the Hospital Almoners' Council took place at Caxton Hall on Friday, December 6th, Sir James Goodhart, Bart. (Vice-President), in the chair. The report draws attention to the fact that the council now numbers among its members many representatives of London and provincial hospitals. During the past year almoners trained by the council have been appointed at two London hospitals, while others have secured posts as assistants. Two candidates are being specially trained for posts in the north of England and nine others are now in training. The chairman, in moving the adoption of the report, drew attention to the work of the council in stimulating a demand, which it is now called upon to supply, and made a reference to the importance of the recommendations of the special committee on out-patients of King Edward's Hospital Fund for London as they affect the future of the movement. Particular attention was drawn by various speakers as to the necessity of definite training and to the danger of the appointment of persons unable to benefit by the experience of their predecessors. The need for this training had been realized by those hospitals which had sent almoners to be trained by the council.

To meet the feeling which it believes to exist among social workers for an elementary knowledge of the foundations of eugenics, the Eugenics Education Society has organized a course of lectures on the groundwork of eugenics which will be held at the Imperial College of Science, South Kensington, during next year. In the spring term (January 14th to March 20th) there will be a course of elementary biology with special reference to the reproductive system conducted by Mr. Clifford Dobell, M.A., Lecturer in Zoology, Imperial College of Science. The course will include practical and experimental work in laboratory. In the summer term (April to July) a course on heredity, including evolution, genetics, and heredity in man will be conducted by Mr. R. C. Punnett, F.R.S., Arthur Balfour Professor of Genetics in the University of Cambridge. In the autumn term (October to December) the course will deal with statistical methods applied to some problems in eugenics, and will be conducted by Mr. G. Udny Yule, University Lecturer in Statistics, Cambridge. The fee for the complete course of three terms is ten guineas, and for each separate term four guineas. Further particulars can be obtained on application to the Honorary Secretary of the Society, 6, York Buildings, Adelphi, W.C.

AT the annual dinner of the past and present students of the National Dental Hospital, on November 29th, Sir John Rose Bradford, who was in the chair, described dental surgery as a branch of general surgery which became specialized early, and showed, like other specialized branches, a certain tendency to drift away from its parent. It was no doubt true that dental surgery owed much to medicine and surgery, but it was equally true that dental surgery had reciprocated. The work done in connexion with pyorrhoea alveolaris and other septic conditions of the mouth had opened the eyes of clinicians to the dangers of apparently trivial affections. Again, too, though it was true that discoveries in medicine and pathology were doing much to render tropical countries more safely habitable, one of the most important questions that arose when the propriety of a given individual living in the tropics was under consideration was of a dental, not of a purely medical order; a sound mouth and teeth which could be got into good order were of the highest importance in enabling an individual to retain his health in hot climates and more or less uncivilized surroundings. A satisfactory account of the progress of the school was supplied by its Dean, Mr. Sidney Spokes. Some 20,000 patients had attended during the concluded year, so that there was ample clinical material, and none of the students sent up from the school had failed at their examination: one of them had been awarded the Smith-Turner exhibition, another taking second place. A scheme of amalgamation for teaching purposes with one of the medical schools of the university had been under consideration, but a definite conclusion had been postponed until the issue of the report of the Royal Commission on University Education in London. Reference to the report was subsequently made by Sir Alfred Pearce Gould, who said that he did not think that any medical or dental school that was doing good work had any reason to be nervous. Schools directly connected with the university might perhaps find it necessary to adopt certain changes, but he was certain that they would welcome any suggestion which spelt improvement, for every one recognized that methods of providing medical education had not reached their highest development. Other speakers during the evening were Dr. J. W. Pare, Mr. E. N. Perham, and Mr. R. R. Ward, the latter urging students to add to their licence in dentistry a degree or diploma in medicine.

THE reproduction of daylight conditions in artificial illumination was once the ideal of the illuminating engineer. But it seems now to be realized that the visibility of the orb of the sun in the heavens is not an advantage, and that diffused or reflected light is better. In the most modern lighting systems the actual light source is entirely hidden from view. At first the sources of light were tucked away in grooves around the walls a little below the level of the ceiling, but this tentative method of indirect lighting has given place to something more ambitious. In a paper read before the Illuminating Engineering Society on December 3rd, Mr. F. W. Willcox and Mr. H. C. Wheat described the system of illumination which is known in this country as "eye rest" and in America as "eye comfort." The lighting fixture in this case takes the form of a bowl containing highly efficient reflectors. This bowl, which has an opaque under-surface, is suspended from the ceiling of a room, and the whole of the light is thrown upwards. Thus by means of the excellent diffusing medium of the ceiling, with its large area of distribution, a gentle, glareless light, with softened shadows, is obtained uniformly over the room. The authors were mainly concerned with economic and aesthetic questions, and the main physiological consideration they advanced was that direct brilliant sources of light in the line of vision cause the eye to tire and weaken more quickly than diffused light, and that the nerve energy expended in bringing protective mechanism into play produces brain fatigue. On the other hand, with indirect lighting in which the ceiling is the only visible source of illumination, the rays are prevented from striking directly into the eye. It is a moot point whether the existence of glare, as in ordinary systems of lighting, makes it necessary to raise the intensity in order to produce a required visual acuity, but if this is the case a system of indirect lighting by which glare is avoided would require for the same visual acuity a smaller intensity of illumination. The authors described many applications of indirect lighting in offices and public buildings, and especially urged its adoption in hospitals, where exposed light-sources are irritating to helpless patients. The main objections urged against the system are the possible discomforts of an excessive surface-brightness of the ceiling, the flatness of the effect, the coldness of the light and the increase of cost. These were disputed point by point by the authors.

Letters, Notes, and Answers.

QUERIES.

SAMARITAN asks for advice as to the etiology and treatment of morning sickness in the early months of pregnancy.

SILVER desires references to the occurrence of abscess of the prostate gland or vesiculitis with abscess following the injection of silver nitrate to the prostatic urethra.

ENQUIRER asks for information as to the value of the treatment of malignant tumours by Antimeristem-Schmidt.

VARICOSE ULCERS.

J. H. M. asks for suggestions in the treatment of a case of long-standing varicose ulcers, two of them some inches in diameter. The patient is a man aged 62. He has had varicose ulcers for several years, and has been treated with all the usual lotions and ointments, Unna's paste, a solution of zinc sulphate 4 per cent., and lastly with a mixture of acid carbolic liquidum and liquor picis carbonis. His occupation necessitates him getting about to a certain extent, but most of the day he is sitting in an office. Just lately the ulcers have commenced to spread rapidly, for no particular reason. Is calcium iodide, internally, any good in this class of ulcer?

INCOME TAX.

A. B., who resides in furnished apartments, has been applied to for payment of income tax, Schedules A and B, though he has no property.

*** The demand is evidently made through a mistake on the collector's part, which he will no doubt admit on the facts being explained.

TRIAL LENSES.

J. H. H. has a set of spherical lenses for testing refraction. He has no cylindrical lenses, and desires to know what selection of cylindrical lenses would be most useful to purchase—say a dozen in all.

*** The smallest outfit which would be of any practical use would be lenses running from 0.25 to 3 in quarters, and in halves from 3 to 5 or 6. They would have to be both + and − in these strengths. A double set of each would be very desirable if any real use were made of them. That would mean either 36 lenses or 72. Any less number than 36 we should not advise, and this would only mean a single set of + and a single set of − lenses.

ANSWERS.

VINDEX.—Myopia may become apparent between the ages of 12 and 18—indeed, at almost any age.

DR. H. J. THORP (Ipswich) writes, in reply to "Ego's" inquiry in the BRITISH MEDICAL JOURNAL of November 16th, p. 1428, for treatment of dilatation of the stomach, to suggest: (1) Lavage. (2) A well-fitting bandage or abdominal belt. (3) Keep up a free action of the large intestine by mild aperients and the following mixture: Sodae bicarb. gr.x, acid. carbolic mjss, tinct. iodi mv, glycerine ʒss, aq. menth. pip. ʒj; t.d.s. (4) Starch food and saccharine substances should be taken sparingly.

LETTERS, NOTES, ETC.

TREATMENT OF WHOOPING-COUGH.

DR. CHAS. EDW. WINCKWORTH (Shefford, Beds), writes: Your correspondent appears to have been in error in supposing that the efficacy of potassium bicarbonate in the treatment of whooping-cough is due to the CO_2 that it contains. Many years ago the late Sir Morell Mackenzie and others made some useful experiments with this salt. It was found that its virtue consisted in its alkalinity, which lessened the viscidity of the phlegm. It appeared to have a decided expectorant effect upon the mucous lining of the larynx, and was superior in this respect to vin. ipecac. In 1874 I read in a small brochure on pertussis, written many years before that date, that vin. ipecac. was an improper remedy for that disease, unless there happened to be bronchitis in addition, for it irritated the larynx and increased the cough. My father used to give away in his parish a mixture containing potassium bitartrate coloured with cochineal whenever an epidemic of whooping-cough occurred. It appeared to be a useful remedy, and the country-folk had unbounded faith in it.