

this might then have been described, quite naturally, as scarlatinal measles, instead of scarlatina and measles. I do not mean to suggest that the former term may not sometimes be an appropriate one.

JAMES F. BLACKETT,
M.D.Lond.

Audley, Newcastle, Staffs.

Reports

ON

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

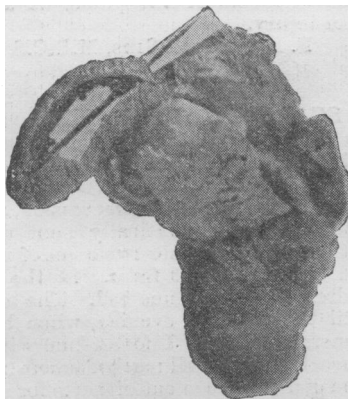
ROYAL NAVAL HOSPITAL, PLYMOUTH.

NEEDLE IN APPENDIX.

(By W. EAMES, Deputy Surgeon-General, R.N.)

A BOY, aged 15, was admitted on June 21st, with history of abdominal pain of an aching character, of six days' duration. It was referred to the right side of the abdomen between the umbilicus and Poupart's ligament. There was marked tenderness in this region, with rigidity of the right rectus muscle and some dullness on percussion. The patient felt well generally; the bowels acted normally, the tongue was fairly clean; the abdomen moved quite well with respiration; temperature 101.4°, pulse 80.

On the following morning, under an anaesthetic, I opened the abdomen through McBurney's point, and found marked adhesions between the caecum and abdominal wall, rendering the former almost immovable;



firmly attached was a large indurated tubular mass, evidently the appendix. After all adhesions had been carefully divided, the caecum, together with what proved to be the enlarged and indurated appendix, was brought out of the abdominal opening. An inch of the distal end of the appendix was apparently normal, but at its junction with the enlarged indurated portion remaining a black spot was observed, and was found to be the point of a needle, which occupied the whole of the distal part of the appendix, which was apparently healthy. The whole appendix was removed with the needle *in situ*, which is to be seen in the accompanying photograph, taken by E. Matthews, S.B.A. The whole appendix was 3½ in. long, and in the thickest portion was ¾ in. in diameter.

The patient had no knowledge of having swallowed a needle, which evidently entered the intestinal tract in a food mass. The patient's post-operative progress was quite satisfactory.

THE fourth congress of the German Urological Society will be held at Berlin, under the presidency of Professor L. Casper, on September 29th and 30th and October 1st, 1913. The subjects proposed for discussion are serology and vaccine-therapy in urology, and vesical calculus.

A RUSSIAN physician, Dr. Hippolit A. Deminsky, has recently died of pulmonary plague caused by infection in the course of an experimental research. A woman student of medicine of Moscow, H. M. Krasilnikowa, has also fallen a victim to pulmonary plague contracted in the discharge of her duty.

Reports of Societies.

ROYAL SOCIETY OF MEDICINE.

SURGICAL SECTION.

Tuesday, December 10th, 1912.

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

Filigree Implantation.

MR. LAWRIE MCGAVIN, in a paper on the results of filigree implantation in the radical cure of hernia, said that he had operated on 314 herniae exclusive of femoral—263 inguinal, 51 umbilical or ventral. In 106 of the inguinal and 40 of the umbilico-ventral filigrees were used, 20 being double inguinal. The total wire filigree implantations numbered 166. Of the umbilico-ventral 36 and of the inguinal 6 occurred in women, mostly obese. The oldest patient was 72. A filigree was used for one or other of the following reasons: Hernia of large size, long standing, age, atrophy from truss pressure, a wide hernial gap, or the necessity for doing very heavy work. There was recurrence in 2 cases, one from sepsis, the other from the filigree having been placed on the extraperitoneal fat. Both had been operated on since without recurrence. Recurrence might, but rarely did, follow sepsis; more often it was due to faulty technique. Filigrees gave rise to no untoward symptoms, and after a short time they could only be removed *en bloc*. There was a slight increase in the danger of sepsis. Seven cases suppurated. After suppuration the filigrees became more firmly embedded; they should not be removed. Displaced wires in a sinus could be removed without disturbing the filigree. Herniae after appendicular abscess were difficult to cover over with muscle, and the appendix should always be removed before implantation. The separation of adhesions and reduction were the dangers in large herniae. His mortality for the ventro-abdominal was 10 per cent., for the inguinal 0.9 per cent. The increased mortality was due to the herniae being of huge size and occurring in less healthy subjects, and there was an increased interference with the tissues. Few, if any, herniae could be considered incurable, and filigree implantation was the only true radical cure in bad cases. The filigree he used was one with the wires separated ½ in. and fixed by a central and two lateral longitudinal wires. For inguinal herniae he used two filigrees to allow the cord to pass. Mr. JONATHAN HUTCHINSON thought that the cases had not been followed up for a sufficient length of time, and that filigree implantation was not the only radical cure. Many cases tended to recur in other situations after a radical cure. The percentage of deaths and suppuration was increased by filigree insertion. Still Mr. McGavin's paper would encourage him to use filigree more often. Mr. STANLEY BOYD thought that the paper was a fair proof of the advantage of the filigree. He had lately used Kodak films instead of filigree. Mr. BARKER agreed as to the use of the filigree except for inguinal herniae, which he thought could always be controlled by a Bassini; if used the filigree could be bifurcated so that two need not be used. Herniae occurred in other situations after radical cure as the patients exerted themselves once more. In some ventral herniae there was no other method of cure; filigrees inhibited the growth of organisms, and the scar after suppuration was stronger than usual. Mr. SIDNEY BOYD thought that filigrees were also useful in direct inguinal herniae, and that the increased risk of sepsis was of not much importance. Mr. McADAM ECCLES said that the filigree was useful in the umbilico-ventral, but rarely necessary for the inguinal. The difficulty in the large herniae was the reduction of the contents, and he hoped that in future they would not be allowed to get so big. Filigree was of great value when much tissue had to be removed, and he had placed the filigree on the intestine itself. Mr. JOCELYN SWAN said that he had obtained good results from the use of the filigree in ventral herniae; four years had passed without a recurrence. He had found it especially useful in cases where portions of the abdominal wall had had to be removed.

Mr. MCGAVIN, in reply, said that his list did not include his later cases; in the earlier cases eight years had elapsed without a recurrence. Some 24 of the cases had

Universities and Colleges.

UNIVERSITY OF GLASGOW.

Statistics.

THE report of statistics, etc., for the year ending September 30th, 1912, issued by the Secretary of Glasgow University Court states that the total number of students was 2,794 (including 681 women), an increase of 4 on the previous year. Of these 727 (including 82 women) were in the Faculty of Medicine. In that Faculty 122 degrees were conferred—M.D. with honours, 2; with high commendation, 1; with commendation, 10; ordinary, 11; M.B., Ch.B., with honours, 6; with commendation, 8; ordinary, 83; M.B., C.M., 1. The total number of members of the General Council of the University at September 30th was 8,245, as against 7,946 the previous year. During the year the teaching staff consisted of 35 professors, 65 lecturers, and 81 assistants and demonstrators. The salaries paid to the principal and professors amounted in all to £29,052, to lecturers to £11,154, and to assistants and demonstrators to £7,370. Pensions amounting to £5,493 were paid to retired professors.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.

AN extraordinary comitia was held on Thursday, December 12th, Sir Thomas Barlow, Bart., K.C.V.O. being in the chair.

Address of Thanks to the President.

In accordance with a resolution passed at the last College, a document under the College Seal was presented to the President, recording the thanks of the College for his gift of 11 autograph letters of Harvey. The address, which had been composed by the Registrar (Dr. J. A. Ormerod), was as follows:

Collegium Regale Medicorum Londinense
Praesidi suo
Thomae Barlow Baronetto,
Ordinis Regii Victoriae Equiti,
Pro Epistolis undecim Harveianis
Suo sumptu et labore conquisitis
Et in bibliotheca Collegii depositis,
per hasce litteras
Sigillo communi Collegii appposito,
Gratias agit,
Et eximium illud donum commemorat.

The Senior Censor (Dr. S. J. Sharkey) was empowered to seal this document after the meeting.

Communications.

The following communications were received: (1) From the Librarian at Windsor Castle, dated November 1st, 1912, expressing the thanks of His Majesty the King for the gift of the *Life and Works of Dr. Caius*. (2) From the Secretary of the Royal College of Surgeons, dated November 15th, reporting proceedings of the Council of that College on November 14th. (3) From the Secretary of the Royal Sanitary Institute, dated November 26th, asking the College to appoint delegates to a Congress to be held in Exeter in July next. It was left to the President to nominate the delegates. (4) From the Secretary of the International Congress of Historical Studies, dated September 10th, asking the College to appoint a delegate or delegates to attend a Congress to be held in London in April next. Dr. Norman Moore was appointed delegate of the College. (5) From the Hon. Mrs. Pember, dated October 27th and 30th, offering to the College, on behalf of Lady Davey, two engravings relating to the late Dr. Hawes. The gift was accepted with thanks. (6) From the Insurance Commissioners, intimating that resident medical officers at hospitals need not be insured under the Act.

Alteration of By-law.

It was resolved to make an alteration in By-law 179. The by-law originally stood: "No Fellow, Member, Extra-Licentiate, or Licentiate of the College shall assume the title of Doctor, or append to his name the title of Doctor of Medicine, or the letters M.D., or any other letters indicating that he is a graduate of a university, unless he has obtained a degree entitling him so to do." The words marked in italics have now been omitted.

Medical Education and Sanatorium Benefit.

A report was received and adopted from the committee appointed at the last comitia on October 31st (BRITISH MEDICAL JOURNAL, November 9th, p. 1345) to consider sanatorium benefit under the Insurance Act in its relation to medical education. The following resolutions drawn up by the committee were agreed to by the College:

1. That the general hospitals with medical schools be advised each to establish a department for tuberculosis, such department to form part of the general service of the hospital.
2. That the hospitals with medical schools should consider the advisability of applying for provisional "approval" as regards sanatorium benefit.
3. That in localities where it is possible the services of

consulting physicians and surgeons should be utilized for consultation in cases of tuberculosis under the Insurance Act.

In view of the questions that had arisen during the discussion, it was recommended that the members of the committee should be appointed as a "Watching Committee" to consider any future Insurance Regulations on the subject of tuberculosis in their relation to medical education.

It was further resolved that copies of these resolutions should be sent to the general hospitals with medical schools, and to the Insurance Commissioners and to the Local Government Board.

The Anatomy Act.

The President announced that after a conference with the President of the Royal College of Surgeons of England a deputation consisting of the Presidents of the Royal Colleges, and representatives of the universities, and of the Examining Board, waited on the Home Secretary and explained to him the difficulties which now existed under the Anatomy Act in reference to obtaining subjects for dissection. The deputation received a sympathetic hearing, and the Home Secretary undertook to lend his aid in the matter.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

AN ordinary Council was held on December 12th, Sir Rickman J. Godlee, Bart., President, in the chair.

The Examination in Anatomy and Physiology for the Fellowship.

A report was received from the Board of Examiners in the above subjects, making suggestions with regard to the physiological part of the examination. A memorandum was likewise read upon the same subject from a number of teachers in physiology. The matter was referred to a committee for consideration.

Diplomas.

Diplomas were granted to 39 candidates found qualified for the Fellowship at the recent examination.

Diplomas were also granted to 52 candidates found qualified for the licence in dental surgery. These candidates included one woman.

Recognition of Dental School.

The London Hospital Dental School was recognized as an institution for instruction in dental surgery.

The Recent Annual Meeting of Fellows and Members.

The Council made the following comments on the resolutions carried at the meeting of Fellows and Members held at the College on November 21st, 1912:

On Resolution I.:

The Council are glad to find that their further action in connexion with the National Insurance Act has met with the approval and endorsement of the meeting of Fellows and Members.

On Resolution II.:

The views of the Council with regard to the question of the direct representation of Members were fully set out in their annual report of 1907, and the Council do not think that any further statement from them is needed.

Resolution III was passed without discussion, as the meeting was breaking up. The Council did not think that any comment was needed.

International Historical Congress.

Mr. D'Arcy Power was appointed delegate to attend this Congress, which will be held in London from April 3rd to April 8th, 1913.

RESULTS OF EXAMINATIONS.

The following candidates have been approved at the examination indicated:

FINAL FELLOWSHIP.—W. P. Gowland, A. R. Finn, S. L. Graham, A. B. O'Brien, A. C. Morson, W. H. Trethowan, I. S. Wilson, W. Gilliatt, G. Ley, G. Viner, C. Mackenzie, R. M. Vick, E. Pearse, E. C. Alles, L. Bromley, H. L. Attwater, T. T. Higgins, E. C. Lindsay, W. S. Wildman, A. D. Gardner, E. L. P. Gould, W. Smith, J. O. D. Wade, S. H. Rouquette, I. Fahmy-el-Minyawi, H. Platt, J. G. Saner, D. W. Hewitt, K. Mackenzie, L. E. B. Ward.

ROYAL COLLEGE OF SURGEONS OF EDINBURGH.

THE following candidates have been admitted to the Fellowship:

W. Anderson, F. A. F. Barnardo, Capt., I.M.S., W. W. Carlow, R. M. Gibson, W. C. Grosvenor, H. F. Hamilton, W.A.M.S., J. W. Hitchcock, J. A. Lee, J. H. G. Robertson, Capt., A.M.C., New Zealand, S. Robson, P. A. Ross, D. H. Russell, N. C. Shierlaw, J. E. L. Simcox, W. P. Walker.

In addition to giving special consideration to the expectation of life in consumptive people, Theodore Williams traced the influence of heredity in 1,000 private patients. As the result of his inquiries he came to the conclusion that 48.4 per cent. of cases of consumption were hereditary, in 12 per cent. the predisposition was inherited from the parents, and in 1 per cent. from the grandparents; whilst in the remaining cases there was a history of consumption in collaterals. With the discovery of the tubercle bacillus, and the recognition of its powers, under conditions of ventilation and habits of life favourable to its growth, of infecting people with no tuberculous history, the views as to heredity in the spread of consumption changed. Finally, Squire and others, by very careful investigations and inquiries, showed that the difference in the incidence of the disease in the offspring of tuberculous and non-tuberculous parents is very small.

In 1869, being much impressed with a paper by Sir Hermann Weber, read before the Royal Medical and Chirurgical Society, on the effect of high altitudes on the treatment of consumption, he visited Davos and examined many cases there. What he saw induced him to give full trial to the high altitudes, and the results which he obtained with over 400 cases formed the basis of his Lumleian lectures on *Aërotherapeutics*. His experience of the effects of high altitudes on phthisical patients was most favourable, and one most important result that impressed itself on him was that relapses were very few.

In 1876 Theodore Williams delivered the Lettsomian lectures before the Medical Society of London, his subject being "The influence of climate in the prevention and treatment of pulmonary consumption." The greater part of the four lectures consisted of a careful analysis of the results of various climates on cases under the care of his father and himself, with due reference to the results of other workers in the same field. The lectures were printed in the *BRITISH MEDICAL JOURNAL* in the year of their delivery, and published the following year in book form, after being revised and with large additions, chiefly under the headings of sea voyages and future health resorts.

The lectures were a very thorough and able presentation of the value of the climatic treatment of consumption, and did good work in bringing such an important subject in an accessible and readable form before the medical profession. They also stamped him as an authority on consumption. In addition to his statistical work, Williams carried out some observations and experiments in institutions which showed that by the adoption of reasonable precautions with regard to the disposal of sputum, the dust could be kept free from tubercle bacilli, and the spread of infection in this way be practically done away with.

He became a Member of the Royal College of Physicians in 1865 and Fellow in 1871. He acted as Censor in 1899-1900, and was on the Council in 1891-92-93. He read the Lumleian lectures in 1893, his subject being *Aërotherapeutics in Lung Diseases*. He was also a representative governor for the College of the University of Birmingham. He delivered the Harveian oration before the College in 1911 on *Old and New Views on the Treatment of Consumption*, afterwards published in book form (1911). In this he reviewed the various modern methods of treating consumption, giving his own experience of them. On the broader question of national attack on consumption, he was convinced that any comprehensive scheme should include the establishment of a large number of consumption hospitals scattered over the country in connexion with dispensaries and sanatoriums, and as a further link in the chain some form of labour colonies and exchanges should be available. He pointed out that the work was not for doctors only, but that local authorities should assist by dealing with overcrowding, the want of open spaces in cities, ventilation, insanitation, and by providing pure water and milk supplies.

Theodore Williams was one of those who conceived the idea and carried through its initial stages to successful institution of the National Association for the Prevention of Consumption and other Forms of Tuberculosis, which held its inaugural meeting May 4th, 1899, with the late Earl of Derby in the chair. The late King Edward was the President of the Association, and Williams was a

member, and later vice-chairman, of the council and its organizing committee.

He was also a member of the advisory committee appointed by King Edward VII to adjudicate on the prizes offered for the plans for the erection of a sanatorium for tuberculosis on the best lines which past experience and original thought could suggest, and which resulted in the erection of the King Edward VII Sanatorium, Midhurst. On the completion of the sanatorium Williams was appointed consulting physician to it, and in 1907 received the M.V.O. in recognition of his services in the cause of consumption.

He was one of the founders of the Queen Alexandra Sanatorium at Davos, of which at the time of his death he was treasurer, member of council, and honorary physician.

Williams was an active member in his time of the London scientific societies, and was president at one time of the Medical Society, president and for many years chairman of council of the Medical Graduates' College and Polyclinic, twice president and treasurer for many years of the Royal Meteorological Society, and president of the Harveian Society, of the Life Assurance Medical Officers' Association, and of the Balmological and Climatological Society. He was also an honorary member of the Société Française d'Hygiène, and of the American Climatological Association. He was vice-president of the International Association for the Prevention of Tuberculosis, by which association he was awarded two medals. He was one of the four honorary presidents of the International Congress on Tuberculosis held at Washington, the other presidents being Koch, Landouzy, and Trudeau. He represented the British Government along with the late Dr. Bulstrode at the Tuberculosis International Congress held at Paris, and was special representative at the International Tuberculosis Conference held at Berlin.

He was not only one of the leading English supporters of the International Tuberculosis Congresses, but was also a member of the committee formed by the National Association for the purpose of arousing interest, collecting information, and inducing local authorities to send delegates to the meetings held abroad.

Williams took a prominent part in the proceedings of the British Congress on Tuberculosis and for the Prevention of Consumption in 1902. He was one of the vice-presidents, and opened the discussion on "Climatology: what influence has climate on the treatment of consumption, and how far can cases be grouped for treatment in certain climates?" In concluding a very full and able address he stated that, in his opinion, while not undervaluing the advantages of the hygienic treatment of consumption, a most potent weapon was to be found in climate, not only as proved by results, but because of the invaluable assistance it renders to hygiene and medicine. It was a very good second string to the sanatorium bow.

Besides the works alluded to above, Williams wrote many smaller papers for medical literature. Many of these were published in the *Transactions of the Royal Medical and Chirurgical Society*. He also wrote articles on asthma, hay fever, phthisis, Australasia, and South Africa for *Quain's Dictionary of Medicine*. Nearly all his writings were in connexion with phthisis in its manifold complexions, and many, of course, on the effects of climate on this disease.

He was a munificent benefactor of the University of Oxford, and in addition to founding two scholarships at Pembroke College, he founded four university scholarships for students of medicine. One of his most prized distinctions was his election to an honorary fellowship at Pembroke College.

He married, in 1868, Mary, daughter of John Gwyn Jeffreys, LL.D., F.R.S., a well known conchologist in the Victorian era. He is survived by his wife with whom much sympathy will be felt in her bereavement.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently died are: Dr. Gustav Tiling, Professor of Surgery in the Helena Institute and Director of the Evangelical Hospital, St. Petersburg, and for some years editor of the *St. Petersburger medizinische Wochenschrift*; Dr. James Woods McLane, for many years

professor of obstetrics and gynaecology in the College of Physicians and Surgeons, New York, and formerly Dean of the Medical Faculty of Columbia University, aged 73; Dr. Elias von Cyon, for several years professor of physiology in the Medical Academy of St. Petersburg, author of a work on electro-therapeutics, a textbook of physiology, and a treatise on physiological experiments and vivisection (with atlas), published in 1876, aged 69; Dr. B. Panizza, sometime professor of hygiene and toxicology at Padua; and Dr. Edward Curtis, emeritus professor of materia medica and therapeutics in the New York College of Physicians and Surgeons, aged 74.

Medico-Legal.

MEDICAL TREATMENT OF SCHOOL CHILDREN.

THE First Division of the Court of Session has issued an important judgement with reference to the right of school boards to provide medical treatment for school children. The test case raised by Miss Allan as a ratepayer against the Glasgow School Board has already been referred to in our columns.

It concerned two school children requiring dental treatment whose parents were unable on account of poverty to provide it:

The School Board proposed to pay for the treatment out of the school fund, but they were threatened with an action of declarator and interdict at the instance of Miss Allan, who contended that the School Board had no power to do what they proposed. The effect of such payment by the Board would be to throw the cost of the treatment upon the school rate.

The Board maintained that they were entitled to provide and pay out of the school fund the appropriate medical or dental treatment required in such cases either (a) by providing the necessary apparatus and medical staff at one or more schools or other places, or (b) by sending the children to be treated by competent private practitioners or at hospitals or infirmaries, and that at all events they were entitled to do so in cases where the parent was unable on account of poverty or ill health to provide the necessary medical or dental treatment.

Miss Allan, the second party, on the other hand, maintained that the Board were only entitled to provide for the medical examination and supervision of pupils attending schools within their district. She maintained that the Board were not entitled to expend the school fund in providing for individual medical or dental treatment either generally or even in cases where the parent was unable on account of poverty or ill health to provide the same so as to throw the cost upon the ratepayers.

The Court has decided that where any pupil in a school within the district of the School Board required individual medical or dental treatment the Board was not entitled to provide and pay out of the school fund under its administration for such medical or dental treatment either (1) by providing the necessary apparatus and medical staff at their own schools or other places, or (2) by sending the children to private practitioners or to hospitals or infirmaries. Their lordships also held that the Board was not entitled to make provision and payment as suggested in cases where the parent was, by reason of poverty or ill health, unable to provide the necessary medical or dental treatment.

The Lord President, in delivering the unanimous judgement of the four judges, said that while the Act compelled the School Board, if required by the department, to provide medical examination and supervision, Parliament, if it had meant to include treatment, could easily have said so. If Parliament had meant to give the power of incurring the enormous expense of the medical and surgical treatment of all children of school age, and charging it to the ratepayers, it would have done so by plain words which needed no sedulous construction to make them bear that meaning.

It has since been pointed out that the decision applies only to the fund in the hands of the School Board derived from the local rates, and would not apply to money voted by Parliament to the Scottish Education Department, which this year amounted to £7,500, and is mainly allocated for the medical treatment of tuberculous children.

Dr. A. BANKS RAFFLE, Barrister (School Medical Officer, South Shields Education Authority), writes: The publicity which has been given to the case of *Allen v. the Glasgow School Board* renders it necessary that the position under English law should be well known. The effect of the above case will probably be to hamper the work of commencing medical treatment of school children under authorities where it is not already carried out.

The Education (Scotland) Act, 1908, Sect. 4, only provides for medical inspection and supervision. The Education (Administrative Provisions) Act, 1907, which applies to England, provides for the medical inspection of school children, and "such arrangements as may be sanctioned by the Board of Education for attending to the health and physical condition of the children educated in public elementary schools" (Sect. 13, 1 (b)). Moreover, the Local Education Authorities (Medical Treatment) Act, 1909, Sect. 1, clearly interprets the meaning of Section 13 of the Act of 1907. The first part of this section runs: "Where any local education authority provides for the medical treatment of children attending any public elementary school," etc.

THE DIATHERMIC APPARATUS.

Alleged Negligence: Verdict for Defendants.

In the case of "*Freeman v. Hall-Edwards and Emrys-Jones*," the hearing of which was commenced by Mr. Justice Ridley at Birmingham on December 9th, a claim was preferred by Mr. Osborne Francis Freeman against Dr. John Francis Hall-Edwards and Dr. Emrys-Jones of Birmingham for damages for alleged negligence. The defendants denied negligence, and did not admit the alleged injuries. Mr. Parfitt, K.C., and Mr. Rowlands (instructed by Messrs. Rowlands) appeared for the plaintiff; Mr. Acland, K.C., and Mr. Joy (instructed by Messrs. Hempsons for the Medical Defence Union) for the defendants.

It appeared that in May, 1911, the plaintiff, acting on the advice of Dr. Bert Jordan and Dr. Stanley Barnes, arranged to have treatment by Dr. Hall-Edwards with diathermic apparatus with a view to curing analgesia in the legs. The apparatus used by Dr. Hall-Edwards was invented by a German doctor. It was said to have been used for the first time on the plaintiff. Having seen Dr. Hall-Edwards on two previous occasions, the plaintiff went on June 6th, 1911, when he alleged that owing to the improper application of the electrode to his leg he suffered from a blister. The plaintiff said that his leg grew worse as time went on, and in September, 1911, eczema developed. It was only on January 25th that he recovered the use of his leg. He alleged that in consequence of being away from business he lost £400. Part of his business was tea-tasting. In cross-examination the plaintiff denied that he had used sticks to get about with prior to June 6th, 1911. It was untrue that he was unable before that date to get about by himself. He said when Dr. Emrys-Jones entered the room he drew attention to his leg, and if it had not been for that he would probably have lost his leg. He said he felt no uncomfortable sensation, and was in the position of being unable to feel pain. Some years before he had had twenty-four teeth out without an anaesthetic, so he could stand a little pain. He denied that he went to see Dr. Hall-Edwards either on June 8th or 12th.

Dr. Bert Jordan, the plaintiff's private medical attendant, said that the condition of the plaintiff's leg after June 8th was such as to indicate a severe burn.

Mr. Acland (cross-examining): Was not the plaintiff suffering from locomotor ataxy?

Mr. Parfitt: I object. It is not alleged in the pleadings that the plaintiff was suffering from constitutional disease, and to allow the point to be raised at this stage would be unfair.

Mr. Justice Ridley: I will rule against it.

Mr. Acland: I apply for leave to amend, but with a respectful protest that it is unnecessary.

Eventually the learned judge refused to allow the amendment.

Dr. Stanley Barnes also gave evidence. He was being questioned as to the probable effect of the disease from which the plaintiff suffered, when Mr. Acland outlined his defence. He said that Dr. Nagelschmidt, the inventor of the apparatus, had prepared a table showing the dosage to be given in using the apparatus. He (Mr. Acland) was prepared to show that, in view of what the witness stated to him, Dr. Hall-Edwards only gave half the necessary dosage.

The judge ruled the question out, indicating, however, that it did not hinder Mr. Acland's defence.

Dr. H. E. McCready having given evidence,

Dr. C. Williams, Electro-therapist to the London Homoeopathic Hospital, explained the diathermic treatment; it was necessary for the electrodes to be in perfect contact with the body in order to prevent a destructive electric discharge. If there was not perfect contact, sparks were produced.

In cross-examination he said that the fact of sparks appearing during diathermic treatment was in itself evidence of negligence on the part of somebody.

A diathermic apparatus was then brought into court and explained by Mr. Acland.

Dr. Douglas Heath having given evidence,

It was proved by another witness that during the period when he was absent from work there was a considerable falling off in the turnover in the plaintiff's business.

Mr. Justice Ridley having ruled that there was a case for the defendants to answer,

Dr. Hall-Edwards, in giving evidence, said that since 1895 he had applied himself to the application of electricity for healing purposes.

At this point a question was suggested as to the skill of Dr. Hall-Edwards.

Medical News.

THE Carlow Guardians have, by 13 votes to 5, rescinded a former resolution which ordered the prosecution of vaccination defaulters.

SIR PATRICK MANSON, G.C.M.G., and the late Dr. Andrew Duncan were appointed upon their retirement consulting physicians to the Albert Dock Hospital attached to the London School of Tropical Medicine. They have been succeeded in the wards by Dr. F. M. Sandwith and Dr. C. W. Daniels, while Dr. G. C. Low has been appointed assistant physician.

THE Hunterian Society will hold its meetings for the remainder of the present session at St. Bartholomew's Hospital, by the kind permission of the authorities. On the completion of the alterations now in progress at the London Institution, the society will, it is hoped, resume its meetings there, thus preserving a connexion of forty-six years' standing—or about one-half the time of existence of the society.

THE Court of Common Council, at a meeting on December 12th, after two ballots, finally selected Dr. W. J. Howarth to succeed Dr. Collingridge as Medical Officer of Health for the City of London. The appointment, however, will not become active for some months, as it is not until March that Dr. Collingridge is expected actually to vacate his office. Dr. Howarth, a graduate of the Victoria University of Manchester, is at present Medical Officer of Health for the County of Kent, and before his appointment thereto had been medical officer of health for the borough of Derby and also for Bury. He was also some four or five years ago president of the Midland branch of the Society of Medical Officers of Health.

THE third annual sale of work in aid of the funds of the Church Nursing and Ambulance Brigade of Young Women and Girls was opened by the Viscountess Frankfort de Montmécroncy at the Kensington Town Hall last week, when the Duchess of Westminster presented silver medals to four members of the corps in recognition of their services in cases of emergency in the London streets, one recipient having saved a woman's life by her prompt assistance. The brigade, which numbers 70 companies in London and the provinces and has over 4,000 members, in addition to those of the six Colonial contingents, was founded in 1901 for the purpose of training girls in first aid and ambulance work. Its members have already given evidence of the excellence of their training by the help they rendered in over 1,000 cases of sudden illness amongst the crowd during the funeral of the late King; and it is claimed that in time of war 40 auxiliary aid contingents, comprising more than 2,000 thoroughly trained and efficient girls, would be ready to take the field. The sale of work attracted a large number of visitors, for whose benefit an entertainment was given during the course of the afternoon by the pupils of Miss Laura Jefferies. In the evening the newly appointed officers of three London companies received their commissions, and a concert was held in which the Russian dancer, Mademoiselle Marguerite Favronowa, took part.

THE accounts submitted at the annual meeting of Livingstone College on November 28th unfortunately showed a considerable balance of expenditure over income during the year. Several previous accounts have revealed the same state of affairs, and there is now a relatively large deficit. Partly, perhaps, in view of this circumstance it is proposed to raise a special centenary fund of £10,000, of which £3,500 would be applied to clearing off a mortgage, and £1,500 spent on improvements, while the balance would form the nucleus of an endowment. It is to be hoped that the appeal will succeed, for the college does excellent work. This consists not in training missionaries to play the part of doctors, but in providing them with such information in regard to the care of their health as any man ought to possess if he proposes to settle in a tropical semi-civilized country, where medical assistance may be difficult to secure, and where he is certain to be surrounded by a number of followers for whose lives and well-being he will be responsible. It is to be regretted that all missionary societies do not make it incumbent on every prospective missionary to become acquainted with the facts of hygiene and the causation of tropical diseases, knowledge which in many circumstances would make it possible to avoid those diseases altogether. It would almost seem as if the foreign missionary societies were more enlightened in this respect, for we note that a large proportion of all the students at Livingstone College during the past academic year are employed, not by British, but by foreign societies.

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.

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

Queries, answers, and communications relating to subjects to which special departments of the *BRITISH MEDICAL JOURNAL* are devoted will be found under their respective headings.

QUERIES.

T. H. G. would be glad to hear of any means of curing a blind external fistula following a small ischio-rectal abscess in a young lady who refuses to have an operation under a general anaesthetic.

T. W. inquires whether there is a reliable apparatus for fusion training in cases of squint, cheaper than Worth's amblyoscope, and suitable for treatment.

DELTA asks for suggestions as to the cause and possible cure of the following condition: A young man, 33 years of age, has lived in Norway for the last seven years; about twelve months ago large patches of his whiskers, beard, and moustache turned pure white in colour, the rest being jet black.

GLACIAL ACETIC ACID IN PSORIASIS.

INDIA writes: All who have had cases of psoriasis to deal with must have been interested to read Dr. Cregan's experience of treatment with glacial acetic acid (November 2nd, p. 1214), but those who for many years have been seeking in vain for a cure less trying than the disease must wish that your correspondent had been a little more explicit as to the method used. Would Dr. Cregan be so good as to tell us whether the application of the acid was made once only, or once a week, or once a day, or oftener; and also whether anything else, locally, such as an ointment for the prior removal of scales, or internally, was used concurrently with the applications?

ANSWERS.

DR. THEO. M. KENDALL (London) writes: If "Samaritan" will consult the *Medical Annual* for 1911 he will find there mentioned that a combination of menthol and valerianic acid, known as validol, is recommended as the best remedy for the vomiting of pregnancy. I have tried it with good results, and, if I am not mistaken, others have referred to this combination in the columns of the *JOURNAL*.

TREATMENT OF VARICOSE ULCERS.

DR. J. H. DONNELL (Hinckley) writes: In reply to "J. H. M.'s" inquiry (December 14th), I think he will find calcium iodide in 10-grain doses three times a day between meals, and a reliable ointment containing allantoin or common comfrey (*Symphytum officinale*), will most probably heal the ulcers up within a month. A few skin grafts with the ointment, applied later, would probably expedite the cure.

DR. JAMES MACMUNN (London, E.C.) writes in answer to "J. H. M.": Apparently the first indications are to avoid sepsis or cure it, and to aid venous circulation. In ambulatory treatment I have found the mode of using dry boric acid given in Thomson and Myles's *Surgery* excellent. When mere "callosities" has to be met, I rarely fail with the following: (a) Refresh edges by some means; (b) strap on daily a slice of Turkey sponge sprinkled or not with iodoform, etc., or orthoform if sensitiveness be present (this occasionally). If these measures fail (a) pare and undermine edges, (b) make a few radiating incisions, (c) curette or not surface of ulcer, (d) apply the sponge and strap over so as to pull the released edges together as far as possible. Do this as often as necessary. Lying up, of course, is necessary, and ultimately, to save time, skin grafting must be thought of, but I have often cured extensive ulcers in a short time without it. Oxygen is good. Calcium I often found to aid, sometimes to fail.

SCALE OF CHARGES FOR ADVERTISEMENTS IN THE BRITISH MEDICAL JOURNAL.

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NOTE.—It is against the rules of the Post Office to receive *postes restantes* letters addressed either in initials or numbers.