

preference, because his experience of zinc was greater, and he was rather more confident of its action. But it was clear that magnesium had a specific action when introduced ionically. Belot had said that he got just as much effect from the action of the constant current. But there was no constant current except a migration of ions, and, if the pad were wet with something else, he was simply using certain other ions. It had also been claimed that lime administered internally was a cure for warts, and one could not help thinking that what was wanted in the cure of warts was alkalinity, and that any alkaline material would cure them—lime, magnesia, soda, etc. It might be that the warts were due to a germ which grew in acid media and not in alkaline media, and that magnesium was one of many ions capable of eradicating it.

DEMONSTRATIONS.

I.

DR. THOMAS LEWIS (London) described the method of taking simultaneous electro-cardiograms and heart-sound records, and gave a lantern demonstration of the results. The method, he said, was particularly valuable, because of the exact idea which it furnished of the time relations of heart sounds. His lantern slides included tracings of normal heart sounds and the common murmurs. Dealing with the character and time relations of the murmurs in mitral stenosis, he pointed out that, the heart's mechanism being normal, when the heart-rate was fast or the stenosis severe, the murmurs filled diastole, and when the heart-rate was slower and the grade of stenosis was less, they occupied presystole or presystole and early diastole. The presystolic murmur was not usually crescendo, the crescendo quality being given by the accentuation of the first sound. When the auricles fibrillated the murmurs filled diastole in the short cycles, or in all the cycles, when the heart-rate was fast. They lay in the early diastole of the long cycles, and were confined to early diastole when the heart-rate was very slow. Under the last-named circumstances the murmur might be separated from the preceding second sound by a short interval of silence. An isolated presystolic murmur was not found when the auricles fibrillated. The relation of the diastolic murmurs of mitral stenosis to the auricular contractions when heart-block was present showed that these murmurs were largely controlled by the positions of the auricular contractions. He added that the explanation of all the diastolic murmurs of mitral stenosis was to be found in a study of the differential pressures between the auricle and ventricle, and therefore in the velocity of flow through the mitral orifice.

At the close of the demonstration Dr. Lewis answered questions by Dr. C. F. Bailey and Dr. E. P. Cumberbatch relating to the cost of the electro-cardiograph apparatus, and to certain heart irregularities which were observed after operations.

II.

DR. FRANZ NAGELSCHMIDT (Berlin) brought forward a combined method of diathermy and electro-gymnastics in the treatment of nutritional disorders. He considered that dieting was frequently a failure. So long as the dieting continued the effect was good, but within a few weeks of the end of the dieting the disorders reasserted themselves. Dieting did not mean curing, but simply covering the symptoms. His own method, he claimed, involved not symptomatic treatment, but actual cure. He employed diathermy, or the electrical introduction of heat deeply within the tissues, by means of the Nagelschmidt diathermy apparatus, thus sparing the combustion of the body's reserve material, and at the same time stimulating the circulation and nutrition of the cells. Together with this he employed a method of electro-gymnastics of his own devising, which, he said, was free from the occasional disagreeable sensations of Bergonié's method, and at the same time stimulated a very active contraction of the muscles. The result was that while feeble persons gained in weight, over-stout persons tended to lose their surplus; the metabolism was thoroughly modified and righted, and the results remained steady after a long period of time. By combining a carefully regulated electro-gymnastic method with diathermy much good was done in heart

troubles, and he mentioned that he had also found the electrical treatment of value in arthritic and other conditions.

III.

MR. J. HALL-EDWARDS (Birmingham) projected a cinematograph film, which had been produced in Germany, showing the cycle of action of the stomach.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

LEAD NITRATE FOR INGROWING TOENAIL.

I was interested in the memorandum of Dr. Liesching concerning the use of lead nitrate for ingrowing toenail, as I also have found it satisfactory. Before using it I apply a little strong carbolic acid, and have not noticed any pus under the scab.

A. BAIRD, M.B., F.R.C.S.Edin.,
Worcester. Lieutenant-Colonel, R.A.M.C. (ret.).

BROMIDE ACNE TREATED BY VACCINE.

As the ordinary treatment of bromide acne seems very unsuccessful, the following notes may be of interest.

The patient, aged about 20, had been taking potassium or sodium bromide, for three or more years. Her face was covered with a rash presenting every variety of acne. The usual methods of treatment had completely failed, but it was considered inadvisable to leave off the bromide. I had written to the laboratory from which I usually obtain my vaccines, and was told that vaccine treatment of bromide acne was not likely to be of any use. In the course of an article in the BRITISH MEDICAL JOURNAL in June or July last year a couple of lines were quoted to the effect that Professor Strubell of Dresden had treated three or four cases with good effect. I wrote to Professor Strubell, who very kindly sent me some of the stock vaccine he used—mixed staphylococci—at the same time giving me advice on the treatment of the case.* He considers that bromide acne is almost always a staphylococcal infection, and that only in a few cases is it necessary to follow the opsonogen by a course of acne bacillus vaccine. At the same time he insists on the need of systematic local and dietetic treatment. The course of vaccine, too, is a long one, and from twelve to twenty injections, or even more, may be necessary.

In the case referred to the injections were rapidly run up to 500 million, and then maintained at that dose. Massage with ichthiol and salicylic soap was done twice daily, and a diet as far as possible free from fat carefully carried out.

Improvement was very soon noticed, no fresh spots appearing after the third or fourth dose. After a series of ten doses the skin was clear of spots, and the scars of the old ones were fading rapidly. Three weeks afterwards one or two spots appeared, and a further series of five doses was given—since which time (a year ago) no further treatment has been required, although the patient has continued to take small doses of bromides. The disappearance of the discolouration of the skin has been, from the patient's point of view, not the least valuable part of the cure.

The success of this case would make the treatment worth trying in others. I have also used "opsonogen" with very good effect in five or six cases of furunculosis, and in a case of chronic periostitis following a wound of the shin.

Helston, Cornwall.

MARK R. TAYLOR.

METASTATIC SARCOMA OF LUNG SIMULATING PNEUMONIA.

The clinical aspects of metastasis secondary to malignant disease of the viscera are of considerable interest and importance. When the existence of a primary tumour is obvious, or when such a tumour has been more or less

* The vaccine is made for him by the Chemische Fabrik Güstrow, and can be obtained in England from Messrs. Chas. Zimmernann and Co., of London, under the name of "Opsonogen." It has the merit of being cheap.

recently removed by operation, evidences of disease in other organs must necessarily excite more or less alarm. In actual practice, however, this relatively straightforward state of affairs by no means always exists. The primary growth may perhaps be overlooked, or the history of it may be concealed, or its nature, even though the tumour has been removed by operation, may have been doubtful. Further, the interval between the primary growth and the secondary development may be so considerable that suspicion is at rest; and in individual instances the symptoms of the later growth may be so indefinite that the true meaning may be missed. The following clinical record illustrates some of the above points:

A woman, aged 48, consulted me in September, 1912, when she complained of pain in the right side, cough and expectoration of blood-stained sputa. The physical signs were those of pleurisy and pneumonia—dullness, crepitations, bronchial breathing, etc.—with a temperature of 10° F. With rest in bed and appropriate treatment the patient gradually improved; the temperature fell to the normal level and the symptoms disappeared, so that after three weeks the patient regarded herself as completely recovered. There remained, however, at the right base physical signs which were regarded as due in part to a thickened pleura, and in part to fibrotic changes in the lung substance.

During the next two months the patient lived in the country and appeared to enjoy good health. In January, 1913, she again complained of pain in the right side, and was much troubled with cough attended by expectoration deeply stained with blood. The temperature was normal, and the tubercle bacilli was not present in the sputum. The physical signs had become much more decided. Practically the whole of the right chest was dull, and the dullness passed across the middle line in the front of the upper chest; the cardiac impulse and percussion were outside the left nipple line. In the lower part of the chest the respiratory murmur was feeble or absent, but at the higher levels the murmurs had a tubular or bronchial quality. An exploring needle was introduced, but obtained only a little blood-stained fluid. A careful investigation of the patient's history showed that in June, 1910, she was in University College Hospital under the care of Dr. Blacker, who kindly informed me that she then had "a degenerative fibroid polypus removed, and a second growth in December, 1910, the latter being of doubtful character. In April, 1911, another sloughing tumour was removed, and this had the definite structure of a sarcoma." The uterus and appendages were at once removed. In view of this history, and of the clinical facts, the diagnosis of secondary sarcoma of the lung was made. The immediate future promptly confirmed the conclusion, as the symptoms continued in spite of treatment. The patient's appetite failed, she rapidly lost flesh, and died of exhaustion on April 20th, 1913.

The feature of the case which it is desirable to emphasize is the appearance of malignant disease of the lung in the guise of an ordinary pleuropneumonia, this diagnosis seeming for a time to be confirmed by the marked improvement in the patient's general condition. Had the history of the patient been fully known at this stage it might, perhaps, have modified the prognosis, yet it could hardly have afforded ground for a confident interpretation of the pulmonary signs and symptoms as significant of malignant disease. The record lends emphasis to the caution "that with a history of malignant disease, subsequent clinical events, even though remote in time and situation, and perhaps not obviously suggestive of a secondary malignant growth, ought to be viewed with anxiety and suspicion."

Clapton, N.E.

T. MUIRHEAD MARTIN, M.D.

WE may remind readers that the eleventh International Congress of Tuberculosis will be opened in Berlin on Wednesday, October 22nd. The first of these congresses was held in the same city in 1902; at the present congress the chief subjects for discussion will be the clinical and pathological phenomena of human tuberculosis, the surgical treatment of pulmonary tuberculosis, the influence of insurance on the campaign against the disease, and the constitution of schools for debilitated children threatened with tuberculosis.

Reports ON MEDICAL AND SURGICAL PRACTICE IN HOSPITALS AND ASYLUMS.

MONTROSE ROYAL ASYLUM.

A CASE OF RETENTION OF FAECES WITH UNUSUAL SYMPTOMS.

(Reported by JOHN G. HAVELOCK, M.D. Edin., Physician-Superintendent.)

A. I. S., female, aged 38, single, domestic servant, was admitted on the night of August 29th, 1913, a pauper patient from a remote parish in the north of Scotland.

The history obtained was that she had been detained in an English county asylum from October, 1912, to July 26th, 1913, when she was removed to Scotland and placed in a poorhouse. She was found to be too troublesome for management there, as during the night she shrieked and shouted for no apparent reason, and refused to pass urine so that it was necessary to have it drawn off by catheter. The medical certificates stated that "she was alternately quiet and sullen, and restless and excited; talked incoherently and kept staring with a wild, vacant look in her eyes. At other times she sat silent and brooding, refusing to speak. She suffered from retention of urine, but objected to urine being drawn off although none had been passed for twenty-four hours."

Her mental condition on admission was that described in the medical certificates; her bodily condition was about average, but it was noted that the abdomen was distended. A catheter was passed, but only some 8 oz. of urine were drawn off. Her weight was recorded as 9 st. 9 lb.

On the morning of August 30th a dose of Epsom salts was administered, but this was vomited, and later in the day a dose of castor oil, which she retained. As this was not followed by an action of the bowels an enema was administered, and it was then manifest that the abdominal distension was due to retention of faeces. Copious enemas and mechanical operations succeeded in removing an immense accumulation of scybala, which were emptied into the ward w.c., with the somewhat ludicrous sequel that the drain became choked and was only relieved after much strenuous work by the institution plumber.

As the patient had been carefully weighed just before the operation, when the scale showed 9 st. 9 lb., it was evident that a similarly careful record of her weight after the removal of the faecal matter would give a correct estimate of the amount which had been removed. It was surprising to find that she then scaled only 8 st. 10 lb., so that the evacuated mass was 13 lb. in weight. Surely this must be a record stool; but I remember a somewhat similar case which occurred here when a patient, soon after admission, passed unaided a solid stool exactly the size of an ordinary whisky bottle, and of the same shape, minus the neck.

The case shows that faecal retention of a serious nature may exist without showing the usual well-known symptoms. In this instance two very able general practitioners seem to have been misled by the patient refusing to empty the bladder; and it was only by the observance of the routine precaution of ensuring that the action of the bowels is regular that we were able promptly to diagnose the trouble.

The case also may be regarded as an example of the extreme difficulty that exists in the medical treatment of the insane; the patient can give no assistance, and the history of the case is usually not only meagre but often absolutely misleading.

DR. J. M. MULLICK AND DR. B. N. GHOSH, writing on behalf of the Editorial Committee of the *Indian Medical Record*, Calcutta, informs us that a special tuberculosis number of that periodical will be issued in December, and that they are prepared to deal with notes on prevention and treatment based on personal experience if received by the middle of November. The editors have been moved to take this course by the prevalence of tuberculosis in India, the serious mortality it produces, and the rapid progress which the disease is said to be making.

This question, the judge thought, should be answered in the affirmative. A panel patient could not get the free services of another doctor without getting a transfer, and to do this must take time, which was not available when cases requiring immediate attention were in question. In the present action there were some discrepancies in the evidence as to the hours at which messages were delivered and other matters, but when the third message was received the defendant ought to have realized that the case might turn out to be really urgent, and that he had no business to say "I will come some time." The probable explanation of his refusal to do so was not inhumanity or anything of that kind, but merely that he felt that he ought to have been sent for earlier, and was vexed at the way in which he was being pestered. His answer arose from the temper of a busy man on a busy day, and in the circumstances the plaintiff's family was justified in calling in another doctor and entitled to charge the latter's bill against the defendant.

His Honour then entered judgement for the plaintiff with costs on scale B, but on application from the defendant's counsel granted leave to appeal.

The Services.

ROYAL NAVAL MEDICAL SERVICE.

EXAMINATION FOR APPOINTMENTS AS ACTING SURGEONS.
At the examination for the Naval Medical Service held on September 29th and October 1st and 2nd, thirteen candidates were successful, and obtained the following marks:

Name	Marks.	Medical School.
Mr. J. S. Elliot, M.B.	1,703	Edinburgh University.
Mr. A. J. Tonkinson, M.B.	1,686	London Hospital.
Mr. A. R. Sharrod, M.B.	1,643	London Hospital.
Mr. T. J. KilBride, M.B.	1,578	Cecilia Street Medical School, Dublin.
Mr. A. E. Panter, B.A.	1,515	Cambridge University and King's College Hospital, London.
Mr. G. S. Harvey, M.B.	1,483	University College, Cork.
Mr. J. P. Blockley, M.B.	1,470	Edinburgh University.
Mr. W. H. Murray	1,455	University College, Cork.
Mr. J. R. Haldane, M.B.	1,455	Glasgow University.
Mr. G. H. Hayes, M.B.	1,435	University College, Cork.
Mr. W. S. Birch	1,418	King's College Hospital.
Mr. H. C. A. T. Cannon	1,380	Royal College of Surgeons, Ireland.
Mr. H. J. Hopps, M.B.	1,338	Edinburgh University.

The maximum number of marks obtainable is 2,4

Universities and Colleges.

UNIVERSITY OF CAMBRIDGE.

THE following candidates have been approved at the examination indicated:

SECOND M.B., *Part II (New Regulations)*.—A. C. Ainsley, A. B. Appleton, K. Atkin, G. A. Back, B. F. Bailey, O. A. Beaumont, P. H. Berry, W. K. Biggar, C. E. Bond, A. B. Bratton, H. C. H. Bull, B. Burnside, F. V. Cant, F. L. Cassidy, G. F. Clifton, L. P. Costobadie, H. E. Cresswell, J. S. Elloff, E. T. D. Fletcher, T. S. Gathergood, A. A. Gemmill, G. L. Grant, C. Habgood, H. W. Hales, W. F. T. Hanitain, R. C. Hewitt, E. P. Hicks, W. Hillbrook, C. E. Kindersley, W. N. Leak, A. A. Lees, B. K. Liang, H. D. McCall, J. B. McFarland, H. D. McIlroy, A. S. L. Malcolm, K. Playfair, H. R. Pollock, R. T. Raine, W. F. R. Schloss, J. A. B. Snell, C. R. A. Thacker, A. W. Ulloth, W. T. Warwick, T. T. B. Watson, G. W. Woodhouse, R. H. Yolland, F. H. Young.

CONJOINT BOARD IN ENGLAND.

THE following candidates have been approved at the examination indicated:

SECOND COLLEGE (*Anatomy and Physiology*).—W. F. Barrett, J. Behesnian, R. V. Bevan, A. Bishara, A. II. F. Bizarro, E. S. Bowes, I. R. Brodgen, H. Chand, R. G. Dani, F. P. G. de Smidt, E. M. Dickson, G. B. Dowling, N. Fahmy, R. Fazan, S. M. Ghosh, E. A. Gibb, F. Y. Hassaballa, W. O. Hoist, J. R. John, L. P. Johns, D. N. Kalyanvala, T. L. Kan, D. P. Karaka, T. W. Le Mesurier, N. H. S. Maelzer, F. K. Marriott, V. R. Mirajkar, E. C. de M. Morgan, F. M. Mosely, B. P. Mozoondar, S. Muttilah, C. P. Nagamuttu, W. G. S. Neely, B. D. H. Philip, R. L. Portway, C. Y. Roberts, A. R. Roushdy, P. G. Russell, B. Sahai, J. E. Scanlan, R. J. Scarr, J. M. Smith, G. T. Symons, J. A. Tippet, M. B. M. Tweed, D. J. Valentine, H. C. C. Veitch, H. S. Wacher, L. P. Waghorn, A. Wilson, I. Zaki.

MIDDLESEX HOSPITAL.

THE competition for entrance scholarships at the medical school resulted in the award of the University Scholarship to Mr. J. J. O. Eeven, of Cambridge, and of the First, Second, and Third Ordinary Entrance Scholarships to Messrs. S. C. Shaw, O. L. C. Sibley, and G. F. W. Howorth respectively. On the nomination of the head master of Epsom College the Free-Lucas Scholarship was awarded to Mr. L. W. Hefferman.

ST. THOMAS'S HOSPITAL.
THE University Entrance Scholarship has been awarded to Mr. H. Monk Gould, of Charterhouse and Clare College, Cambridge.

LONDON HOSPITAL.
THE competitions for entrance scholarships at the Medical School have resulted in the following awards: The *Price Scholarship* in science (value £100) to Mr. C. S. Clarke; the *Price University Scholarship* in anatomy and physiology for candidates from Oxford or Cambridge (value £52 10s.) to Mr. J. G. Jacob, of Christ's College, Cambridge; the *Open Scholarship* in science (value £50) to Mr. G. Adler.

Obituary.

W. CARNEGIE BROWN, M.D.,

LONDON.

DR. W. CARNEGIE BROWN, whose death at the age of 54 took place on September 30th, 1913, received his early education at the Old Grammar School, Aberdeen. From there he proceeded to King's College in the same city, where he studied medicine, winning the gold medal for physiology. He also studied for a time at St. Thomas's Hospital. In the year 1880 he graduated M.B., C.M. Aberdeen, and proceeded to the M.D. in 1884; he took the diploma of M.R.C.P. London in 1906. After qualification he held various posts, and as medical officer of the White Star and P. and O. lines he visited many parts of the world, and was doubtless attracted to life abroad. He saw active service and did medical work with troops in Turkey and Egypt. In 1885 he started practice in Penang, where he continued to work until 1904. He was well known in the Straits Settlements, and held for a considerable period a seat in the Legislative Council. Like other medical men of his standing, he had not the opportunity now afforded of training in tropical medicine before going abroad, but he was a keen observer, and during his practice in the tropics he had made a careful study of the diseases with which he had to deal in the course of his work.

In 1904 he returned to England and started a consulting practice in London. Very shortly after this steps were taken to form the Society of Tropical Medicine and Hygiene, and Dr. Carnegie Brown was chosen to serve with Dr. Sandwith as one of the honorary secretaries of the new society. He threw himself into this work with great energy, and his good judgement and business capacity proved of great service to the society, which he continued to serve as secretary until the summer of 1912, when from failing health he was obliged to resign the post. He had won the respect and friendship of his colleagues of the society, and at his funeral on October 2nd there were present Sir Ronald Ross, past-president of the society; Dr. Sandwith, vice-president; Dr. Beddoes, and Dr. Harford, one of the present honorary secretaries. Dr. Sandwith also represented the London School of Tropical Medicine. A wreath was also sent by Sir Patrick Manson, the first president of the society. Dr. Carnegie Brown was the author of two important monographs on tropical subjects, one entitled *Sprue and its Treatment*, issued in 1908, and another, *Amoebic Dysentery, its Complications and Treatment*, issued in 1910. He leaves a widow, three sons, and three daughters.

EDWARD JAMES NIX, M.D.BRUX., L.R.C.P.ED.,

LONDON.

IN the passing of Dr. Nix the profession has lost not only an able member, but a representative of the highest ideal of a general practitioner. Although his loss will be most keenly felt by his friends and patients in the west end of London, Dr. Nix's practice covered an extensive area, for such was the confidence he inspired that when patients removed to a distance his services continued to be sought.

A brilliant student at Charing Cross (where he obtained medals for surgery and midwifery as well as prizes in pathology and *materia medica*) Dr. Nix was to the last enthusiastically devoted to his profession, keeping himself *au courant* with modern developments in spite of hard work and scant leisure. Dr. Nix's mind was active and ever on the alert; the comprehensive character of his professional knowledge was for the most part due to a

close study of his cases, never resting until he had threshed them out, and to his constant attendance at the societies. At the Medical Society in particular he was a familiar figure, where he also held office as councillor and vice-president.

Those who had the privilege of a close and lengthened friendship with Dr. Nix, as was the case with the writer of this notice, will have noted among his characteristics a high ideal of professional integrity and courtesy, a peculiar pleasure in being of service to his colleagues, a paramount concern for the interests of his patients, untiring energy, and an ever-present spirit of genial hospitality.

Dr. Nix was physician to the All Saints Children's Hospital, Margaret Street, and to the St. Elizabeth Home for Incurables. He was formerly vice-president of the Medical Defence Union, and president of the Brussels Medical Graduates' Association.

It is sad that Dr. Nix's last illness, though short, was accompanied by acute suffering, but to die in harness is just what he would have wished.

Dr. Nix has left a widow, six daughters, and one son, on whom devolves the responsibility of carrying on the practice.

C. W. C.

DEPUTY SURGEON-GENERAL NATHANIEL NORRIS, formerly of the Army Medical Department, died at Chester on September 29th, aged 82. After taking the M.R.C.S. and L.S.A. in 1854, he entered the Army Medical Department as Assistant Surgeon on April 2nd, 1855. He became Surgeon in 1867 and Surgeon-Major in 1873, retiring from the rank of Brigade Surgeon, with an honorary step, on June 24th, 1885. His war services comprised the Yowaki expedition of 1877-8, on the North-West Frontier of India, when he received the frontier medal with a clasp; the Afghan war of 1878-80, when he gained another medal; and the Soudan war of 1884-5, when he served on the Nile as Field Medical Inspector on the lines of communication, receiving a third medal with a clasp, and the Khedive's bronze star.

His old friends will be very sorry to hear of the death of Deputy Inspector-General JOHN LYON, M.D., R.N., which occurred on September 25th at Southport. He was born at Galston, Ayrshire, in 1847. He graduated M.B., C.M.Glasg. in 1867, and M.D. in the same university in 1876. He entered the Royal Navy in 1871 and served with the naval brigade at Magdala. He was on the flagship at the siege of Alexandria, and received the Egyptian medal and the Khedive's bronze star. He was promoted to Staff Surgeon in 1883 and Fleet Surgeon in 1891. After thirty years' meritorious service, chiefly on foreign stations, he retired with the rank of Deputy Inspector-General in 1901. After that he acted for some time in Manchester as naval medical officer for recruiting. In the later years of his life he resided at Bowdon, near Manchester, and was a member of the Altringham Division of the British Medical Association. He was a man of very genial, kindly disposition, and will be always remembered by his old friends as Jock Lyon. He leaves a widow to mourn his loss.

IN the ninth annual report of the Department of Public Health for the year ending June 30th, 1912, it is stated that Tasmania heads the countries of the whole world in possessing the greatest relative natural increase of population, or excess of births over deaths. The high natural increase of population in Tasmania has been maintained for the years 1906-1910, the excess of births over deaths per 1,000 of mean population having been 18.37; the death-rate for 1911 was only 10.109. The infantile mortality-rate for 1911 per 1,000 births registered was 74, a reduction of 28 on the rate of the previous year. The death-rate from tuberculosis was 0.87 per 1,000 in 1910 and 0.84 in 1911. There was a gratifying reduction of the incidence of typhoid fever, from 544 in 1910 to 237 in 1911 and 152 in 1912. The excellent system of medical inspection of schools introduced by Dr. Elkington has been the means of directing attention to the inadequacy of accommodation, insufficiency of lighting, and various sanitary defects, which have been, and are, gradually being remedied.

Medical News.

THE President and Council of the Royal Microscopical Society have issued invitations to a conversazione at King's College, Strand, on Wednesday next at 8 p.m.

DR. MOTT's address before the Midland Medical Society, Birmingham, on degeneration of the neuron in the light of recent research, will be delivered on Thursday evening, November 13th.

THE annual dinner of past and present students of the National Dental Hospital will take place at the Trocadero Restaurant on Friday, November 21st. Professor Arthur S. Underwood will be in the chair.

THE annual dinner of the Continental Anglo-American Medical Society will be held in Paris on Saturday, October 18th, at 7.30 at the Majestic, when the chair will be taken by Professor Saundby of Birmingham.

WE are asked to state that copies of the catalogue of the museum of the International Congress of Medicine, London, 1913, can be obtained by application to the Honorary Secretary of the Museum Committee (Dr. H. W. Armit, Ravenhurst, Talbot Road, Wembley), for the payment of the postage, namely, 4d. a copy.

A MEETING of the Manchester Royal Infirmary Old Residents' Club will be held at the Midland Hotel, Manchester, on Saturday, October 18th, at 6.30 p.m. The meeting will be followed, at 7 p.m., by a dinner, at which Dr. George H. Pinder will preside. Any old resident who has failed to receive a notice is requested to apply to the secretaries, Royal Infirmary, Manchester.

AN address dealing with the history of laryngoscopy from the year 1860 to 1912 will be delivered by Dr. T. J. Walker, of Peterborough, Vice-President of the Laryngological Society of London, at the Central London Throat and Ear Hospital, on Friday, October 17th, at 3 p.m., on the occasion of the opening of the winter session at this institution. The annual dinner of its staff and present students will be held the same evening, Dr. Dan McKenzie in the chair.

AT the National Dental Hospital on October 3rd, Mr. Francis R. Smyth presiding, a very handsome presentation was made to Dr. Maughan, who has been anaesthetist to the hospital for five and twenty years, of a gold watch, a solid silver rose-bowl, and a substantial cheque, in recognition of his services to the hospital, Students' Society, and *Gazette*. The gift was from the Students' Society, and subscribed by the staff and past and present students. The meeting was largely attended, and the proceedings most enthusiastic throughout.

THE annual service of the Guild of St. Luke will be held in St. Paul's Cathedral on Tuesday, October 21st, at 7.30 p.m., when the preacher will be the Rev. Canon Arnott, F.R.C.S., rector of Beckenham. The offerings, after the expenses of the service have been defrayed, will be for the missionary funds of the Guild. Tickets of admission can be obtained by sending a stamped addressed envelope to the Provost, Mr. George Cowell, F.R.C.S., 24, Harrington Gardens, S.W.

THE West London Medico-Chirurgical Society commenced the work of its thirty-second annual session at a meeting on October 3rd, when the Keetley Memorial medal was presented to the retiring president, Dr. T. P. Shitter. Subsequently the new president, Dr. F. S. Palmer, delivered an address on the subject of malingering, the psychology of which he described as a complex and interesting study. Pecuniary gain, he pointed out, was not always the underlying motive; other influences, such as idleness, resentment, or a desire for sympathy or notoriety, often played a part. The essential feature of true malingering was deliberate deceit in the direction of simulating or exaggerating the symptoms of some disease, or of misstating the date or origin of their onset, with the object of gaining some desired end.

THE winter session of the London School of Tropical Medicine was opened on October 1st with sixty-two students. The new buildings which have been provided out of the fund raised by Mr. Austen Chamberlain were opened for the first time. The new laboratory has accommodation for sixty students, and the old laboratories have been subdivided among various special departments. One of the laboratories thus provided will afford accommodation for the new course in tropical sanitation and hygiene, which will commence on October 20th. Dr. B. A. Wedd, of Guy's Hospital, has been appointed bacteriologist and demonstrator. The new residential quarters have also been occupied for the first time, the number of rooms being more than doubled, and all the accommodation provided has been already taken up. Dr. F. M. Sandwith

will preside at the annual dinner at Prince's Restaurant, Piccadilly, W., on Friday, October 24th. Old students are requested to make application for dinner tickets to the secretary at the school.

A VISIT to the "Ideal Home" Exhibition at Olympia on the day of the press view made it apparent that matters were still at the stage which might be described as ideal rather than real. Carpenters were busy everywhere, but officials were confident that all would be in readiness for the public opening. This is a point on which exhibition officials are always confident and on which their expectations are seldom realized. It was, however, apparent that there would be much of interest to see at a later stage. In an annexe a number of rooms were being arranged in accordance with the designs of well-known ladies, and Queen Alexandra has designed a children's day and night nursery. The fees for admission to this part of the exhibition will be devoted to the funds of the Middlesex Hospital. Further attempts to solve the problem of cheap and suitable cottage accommodation for the rural labourer find illustration in structures specially erected on the ground floor. The electric house suggests a solution of the domestic servant problem. In all parts of the exhibition are schemes of room decoration, fanciful and practical, futurist and impressionist, artistic and (to some eyes) inartistic, but all full of interest. A representation of a Russian village will doubtless attract attention; it contains many beautiful exhibits of peasant workmanship.

AMONG the leaflets issued recently by the Board of Agriculture is one onropy milk. It is pointed out that ropiness in milk from individual cows, or "garget" milk, is commonly due to inflammation of the udder, and is probably to be attributed to the presence of fibrin and white corpuscles forming masses of slimy material in the milk. Though ropiness in other milk is not caused by the addition of garget milk, such milk contains organisms which may lead to infection, spreading from one cow to another. Prompt attention should therefore be given to all cows yielding garget milk, and it should not be used for food. Ropiness developing in the milk of a herd, after keeping for some time, is usually due to organisms derived from water, but sometimes from dust. These organisms are of two types—those which require a large amount of oxygen and produce either an alkaline reaction in the milk or very little acid; and, secondly, those which produce much acid, and precipitate casein; these organisms grow much better without air than the other type. The chief preventive measures recommended are that pails should not be rinsed with cold water after being scalded, and should always be kept covered to exclude dust. As a dilute solution of washing soda favours the growth of the organisms it is better to use sodium hypochlorite. As the organisms may be contained in the straw or mouldy hay, the udder should not be wiped with straw, and the milkers should not touch straw after washing their hands. Wooden vessels may retain the organism, and, if used, should therefore be kept scrupulously clean.

IN THE JOURNAL of July 12th, p. 91, in commenting on the report of the medical officer of health for Johannesburg for the year ending June, 1912, we expressed the opinion that there could be no very active cause of death on the Rand—at any rate, in so far as concerns the white population. This opinion was founded partly upon the fact that the death-rate corrected for age and sex distribution amounted to only 13.3, and that the rates for typhoid fever and tuberculosis were low. The *South African Mining Review*, published in Johannesburg, has taken exception to this opinion on the ground that the cost of living is so high on the Rand that few people past their working years would live there in retirement, and that in fact most persons who are in a position to draw a pension at once leave. Our contemporary also states that the compensation paid in respect of miner's phthisis is not such as to induce sufferers to remain on the Rand. It also states that Sprinkell Sanatorium lies outside the municipal area, and assumes that the deaths occurring there are not entered in the municipality's statistics. In commenting on the report of the medical officer of health we attempted to make allowances for considerations of this kind, and we are quite prepared to believe that these factors may be somewhat larger than we had supposed; at the same time the general figures leave no doubt that, as our contemporary admits, a vast improvement must have been brought about in the hygienic conditions of the town by the work of the medical officer of health and of the town engineer, who has been most persistent in his endeavour to prevent the dust nuisance by road tarring. We altogether agree with our contemporary that the good results already achieved should only serve to stimulate further efforts in both directions.

Letters, Notes, and Answers.

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

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

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.

TELEGRAPHIC ADDRESS.—The telegraphic address of the EDITOR of the BRITISH MEDICAL JOURNAL is *Artiology, Westrand, London*. The telegraphic address of the BRITISH MEDICAL JOURNAL is *Articulate, Westrand, London*.

TELEPHONE (National):—

2631, Gerrard, EDITOR, BRITISH MEDICAL JOURNAL.
2650, Gerrard, BRITISH MEDICAL ASSOCIATION.
2654, Gerrard, MEDICAL SECRETARY.

☞ Querics, 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.

CARFAX asks if there is any institution in England or Wales where a patient whose income is £100 per annum could be treated for angina vaso-motoria.

INCOME TAX.

W. A. J. has a small practice from which he receives £30 after deducting his professional expenses. He is preferring a claim for repayment in respect of income tax deducted from dividends, and is informed that his profits have been assessed at £180, and that he is therefore not entitled to any repayment.

* * * If "W. A. J." received formal notice of the assessment and did not lodge an objection within the time limited his right of appeal has failed. On the other hand, if he can show or if it is admitted that the notice of assessment was not served upon him, he should be able to obtain an adjustment on the ground that he had no proper opportunity of expressing his objection to the assessment.

ANSWERS.

H. M. will find that *The Examination of Waters and Water Supplies*, by Dr. J. C. Thresh (London: J. and A. Churchill, 1913, price 18s. net), contains much information likely to be useful in explaining to members of a local authority the nature of the dangers arising from contamination of the water supply.

LETTERS, NOTES, ETC.

INTERNATIONAL MEDICAL CONGRESS.
THE Honorary General Secretary of the International Congress of Medicine, London, 1913, informs us that during the Congress a box of medals was lost, and that on this account some members of Congress or ladies may have failed to obtain them. If such persons will write to the General Secretary, 40, Wimpole Street, the medals will be sent to them.

EARTH EATING AND ANKYLOSTOMIASIS.
DR. J. W. LINDSAY (Belén, Paraguay, South America) writes: I was interested to read the letter of your correspondent on "earth eating" in the JOURNAL of April 5th, and have looked up your remarks on the same subject in the issue of February 1st.

As reference has been made to the prevalence of this custom in various parts of tropical South America, I may be excused if I extend these references and give my experience as to what is probably in very many cases the cause of this phenomenon.

Your correspondents have referred to it variously as a "pernicious habit," "perverted appetite," "geophagy as a disease." I am surprised that no mention has been made of what is probably the true explanation of the practice, at least in very many cases and in many parts. I do not refer at all to the eating of "sulphur earth," or calcareous or other medicinal earths, but to the eating of pure dirt or mud, black or red earth, or whatever kind of earth may be under the patient's feet when he wants to indulge his craving.

During an experience of over twelve years in the centre of South America, in which my observations have extended over the Republic of Paraguay, the adjoining Brazilian province of Matto Grosso, the northern provinces of Argentina, and certain parts of Bolivia, I have found earth eating to be a symptom of a very widely-spread disease. It is true that when the natives come to consult me about it they refer to it as a "vicio," a vice or perverted appetite or pica. Their "vicio" is that they eat earth; they cannot say why they eat it. They only say they must eat earth, the craving is so