

INTESTINAL OBSTRUCTION DUE TO A COIL OF WORMS.

By D. HADDEN VICKERY, SURGEON, R.N. (RESERVE),
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HAVING read with much interest Mr. Edward Deanesly's interesting paper on intestinal obstruction, in the JOURNAL of November 29th, I should like to record a case which occurred in my practice some twelve months ago.

I was called one morning to see a young married woman who had been taken ill the previous day. The local nurse told me that the patient was taken ill suddenly with severe abdominal pain and vomiting. I was at once struck by the distressed aspect she presented, an aspect commonly seen in abdominal cases. The pulse was quiet and the temperature normal. On exposing the abdomen I found she was in the sixth month of pregnancy and abnormally distended. I made a vaginal examination, but found no sign that labour had set in. I then examined the abdomen carefully, and was satisfied that there was abnormal distension. The vomit was bile-stained, and later became very unpleasant, bordering on faecal. I decided to give an enema, partly for diagnostic purposes. It was very carefully given, the patient lying with the head low; some three and a half pints were injected slowly, but with no result.

When I called again in the evening I found no change. I gave another enema containing turpentine, but there was again no result—not even flatus being passed. The vomiting was still continuous. I gave orders to allow the patient tepid water; this acted as a natural lavage, for next morning the vomiting was not so frequent. The nurse now showed me a large round worm which had been vomited just previous to my coming. It occurred to me that possibly I had to do with some obstruction caused by worms. So I gave *santonin* gr. 5 in castor oil. Much to my surprise this was well retained. Later, during a severe bout of vomiting, a large mass was ejected from the stomach, which on examination proved to be a coil of some twelve large worms. The vomiting ceased, and the patient's aspect altered very markedly. In the course of a few hours she complained of severe pains, which were reflected to the back. This led me to make another vaginal examination, and this time I found the os partly dilated and labour progressing. In due time she was delivered of a six months fetus, dead (breech presentation). The bowels soon after moved naturally, and she made a good recovery.

In this case the abdominal signs were masked by the pregnant uterus, which made diagnosis difficult, but taking the usual signs and symptoms in order we can see to what extent they helped. The pain was due no doubt to the colic of peristalsis, intermittent and general over the abdomen. Distension was difficult to determine, but the patient complained of it, and it was certainly noticeable in the upper abdomen. Muscular rigidity was not noticed, owing to the pregnant uterus. The pulse-rate, normal at first, later rose to 100. The temperature was normal. Vomiting was very persistent, any food taken being rejected at once. Constipation was absolute.

The diagnosis seemed to lie between constipation and intestinal obstruction. The three signs—pain, vomiting, and absolute constipation—seemed to point to the latter. Distension, a valuable sign, was in this case of little aid.

The interesting points in this case were: The difficulty of making an accurate diagnosis, the unusual cause, and the unusual termination.

The *Ascaris lumbricoides* is credited with extraordinary migrations. Gould and Pyle, in their *Anomalies and Curiosities of Medicine*, quote instances of round worms piercing the intestine, being found in the bladder and urine, as escaping through the umbilicus, as present in the biliary passages and in the middle ear. Morland mentions exit through the mouth. Holt, in his *Diseases of Childhood*, says, "When very numerous they coil up and form large masses, which may cause intestinal obstruction," but such cases must be very rare.

Another point of interest is the action of *santonin*. It is said, as well as acting on the worms, to cause convulsive movements in the intestine. As there was in this case some severe peristalsis, we can see how the drug helped. Whitla, in his *Materia Medica*, says Chéron lauded the drug in dysmenorrhoea; whether it acted as an emmenagogue one would not care to say, but labour set in in this case. I cannot quite agree that intestinal obstruction is of necessity always a case for the surgeon. In my particular case an operation would have been badly borne, owing to the pregnancy. Recently I had the pleasure of hearing Mr. Crisp English speak at the Devon and Exeter Hospital on abdominal pain, and I was greatly struck by his appreciation of the physician in abdominal diagnosis and treatment. Though not in the smallest degree minimizing the importance of the surgeon or physician in consultative

work, I feel sure many will agree with me when I say the ideal consultant at first would be an experienced general practitioner, and that it should be left to him to determine whether the case was for one specialist or another. The surgeon's advice often is to operate early. The physician says, "Wait and see." What is required is a mean between the two. In conclusion, I may say I have seen two cases of intestinal obstruction in connexion with pregnancy, but the case here described must be rare, hence my apology for entering into so many details.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

NYSTAGMUS.

DR. WILSON's statement in the JOURNAL of November 22nd, that the movements of the eyes in his two cases of miner's nystagmus were concomitant, induced me to verify his observations.

Last week I examined 26 cases of miner's nystagmus in various stages, and found that nystagmus was present, or easily produced, in 13. In all of these 13 the movements were concomitant. I found Dr. Wilson's suggestion for the use of prisms most useful.

It is interesting to note further that one man was unaware of the movements of his eyes; he had no other signs or symptoms of the affection, but was doing full work at the coal face. At some future date he will probably be told by a junior house-surgeon that he has miner's nystagmus, and will claim compensation, obtaining a list of typical symptoms from his friends.

Leicester.

CUTHBERT C. BINNS, M.B.

THE INDUCTION OF ARTIFICIAL PNEUMOTHORAX.

THE OPERATION FOR INDUCING ARTIFICIAL PNEUMOTHORAX.

WE read with great interest Dr. H. de C. Woodcock's paper on this subject in your issue of October 25th, on pages 1055 and 1056, and beg to offer the following comments on his paper:

1. The list of great Continental authorities on artificial pneumothorax is hardly adequate; it should include, amongst others, Kornmann, von Müralt, and Egbert Morland, all of whom advocate the puncture method, and have devised their own modifications of apparatus for that purpose.

2. It is important to emphasize the value of taking an x-ray negative and examining the chest on the fluorescent screen before proceeding to the actual filling.

3. As regards the preparation of the skin, we consider it sufficient to paint it with iodine, and we omit shaving, scrubbing with an antiseptic, and washing with saline, and so far we have had no evidence of sepsis to induce us to adopt a more complicated and, we think, unnecessary procedure.

4. The site of operation is all-important; it is essential, in order to avoid multiple punctures or failure to convert the potential pleural space into an actual one, that the needle should be entered at a spot where the clinical indications and x-ray findings suggest freedom from pleural adhesions. Hence it is best to puncture over supposedly healthy lung if possible. The actual site varies in each patient.

5. We consider that a local anaesthetic is unnecessary, as any shock that occurs probably originates from the nerves in the parietal or possibly also in the visceral pleura, and Dr. Woodcock apparently does not attempt to anaesthetize these. If it should be necessary to make multiple punctures on account of pleural adhesions preventing the needle from entering the pleural cavity, the additional time spent in securing local anaesthesia adds considerably to the length of the procedure for a very hypothetical benefit.

6. We recommend the needles originated by Professor Saugman, which are only 5 cm. long, and can be guarded to within any desired distance from their point by a movable stop. We usually fix the stop at a distance of 2½ cm. from the point, and increase that distance if

necessary. The needle has a short point, and we enter it with a sudden stab, which is practically painless, and a stilette ensures the patency of the needle as occasion demands.

7. The regular oscillations of the manometer synchronous with the patient's breathing show that the needle-point has entered the pleural space. If the needle is not in the pleural space the manometer does not then show regular oscillations, and the needle should be withdrawn gradually or entered more deeply until the manometer works satisfactorily. In some cases, owing to local obliteration of the pleural space by adhesions, it may be necessary to make a fresh puncture. The manometer is an infallible guide to the position of the needle, and we consider Dr. Woodcock's hypodermic syringe test to be superfluous.

8. At the first filling it is best to aim at an end-pressure of zero, and this end-pressure should be quite irrespective of the quantity of gas introduced. At the first filling we usually start with oxygen, and after about 200 c.cm. have been injected without any unfavourable effects we continue with nitrogen at once—a procedure made easy by using Kornmann's combined oxygen and nitrogen apparatus. At subsequent refillings nitrogen only is employed.

9. The end-pressure at the refillings should not exceed *plus 4* or *plus 6* in the average case. This figure has been shown to give the best results by several advocates of this method of treatment; but it, again, does not bear any constant relation to the total quantity of gas introduced.

10. As an immediate result we notice, in addition to the patient becoming slightly blue and perspiring somewhat, that the pulse and respiration-rate are quickened to a varying extent, and that there may be for a time some shortness of breath or palpitation, which may be due to the extra work thrown on the heart and the other lung, or possibly to a nervous factor, or to both. If unfavourable symptoms develop, such as severe dyspnoea with cyanosis, the best treatment would appear to be radical—that is to say, to remove the cause by removing some of the gas; but this we have not as yet had occasion to do. The use of strychnine does not appeal to us in this connexion.

11. The patient should be kept in bed for at least three days after the first filling, and preferably for a very considerably extended time.

Dr. Woodcock says that he finds a difficulty in deciding whether artificial pneumothorax or thoracoplasty should be the operation of election. Such a dilemma should be of very rare occurrence. Thoracoplasty is surely to be considered *le dernier ressort*, an operation only to be employed in otherwise hopeless cases—cases with extensive or universal adhesions and cases with large cavities—in the former because an artificial pneumothorax can by no means be produced; in the latter because, owing to the rapid diffusion of gas through the walls of the cavity, the pressure necessary for the success of the operation cannot be maintained.

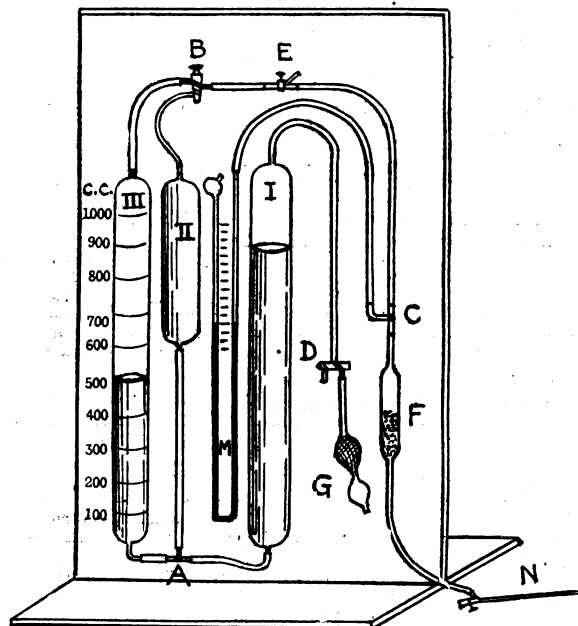
Thoracoplasty does not induce the same degree of pulmonary rest in the diseased lung as an artificial pneumothorax, and is therefore far less potent to limit autoinoculation and reduce temperature—two of the main objects of the operation. There is, too, an undesirable degree of finality about the operation of thoracoplasty. Once it is performed there is no going back—a serious matter should the opposite lung become extensively involved. If circumstances demand, by discontinuing the after-fillings in a pneumothorax case we may allow the compressed lung to expand again.

We cannot agree with Dr. Woodcock's statement that the operation of thoracoplasty, in the hands of an expert, can be done with lightning rapidity under local anaesthesia. The local infiltration of the tissues takes a long time when several ribs are to be resected—a period fraught with no small amount of anguish to a debilitated patient. The actual resection is horribly painful. Dr. Woodcock discusses the precautions to be observed in order to eliminate shock in making the puncture for an artificial pneumothorax. Has he calculated the shock effects in thoracoplasty?

The suffering to the patient in the operation for artificial pneumothorax is practically *nil*, and the element of shock extremely small. Can any man hesitate to say which is the operation of election if the choice lies in his hands?

The Apparatus.

A few words in conclusion with regard to apparatus. There is no doubt as to the great convenience of being able to introduce oxygen and nitrogen in rapid succession at the first filling. The only apparatus which renders such a step possible, and even easy, is the latest apparatus of Kornmann, illustrated in the drawing:



I, II, and III, three glass cylinders, such that the capacity of I is equal to the sum of the capacities of II and III.

II is the smallest, and holds when full 300 c.cm. of oxygen gas. III is larger, and holds 1,000 c.cm. of nitrogen.

The cylinders contain solution of perchloride of mercury. When II and III are filled with their respective gases the solution is displaced into the large cylinder I. At the operation the gases are displaced by driving the solution from I into II or III respectively with the aid of small rubber bellows, G.

By suitable manipulations of the taps A, B, and D the oxygen first and then the nitrogen can be driven through the delivery tube and needle. At C is a three-way tap which connects up at will the delivery tube either with the manometer or with the gas cylinders. The gas, before reaching the needle, passes through a cotton-wool filter, F.

The tap E is a three-way tap with one limb at right angles to the plane of the picture, and is used for filling the apparatus with gas. The supply of gas is stored in small metal compressed-gas cylinders. The whole apparatus is mounted on a board about 1 ft. broad and 2 ft. high. It is easily portable and quite easy to manipulate. The manufacturers are A. G. Hausmann, Hecht Apotheke, St. Gallen, Switzerland.

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THE TECHNIQUE OF ARTIFICIAL PNEUMOTHORAX.

In the JOURNAL of October 25th there are communications regarding the treatment of unilateral phthisis by means of induction of an artificial pneumothorax (or collapse therapy, to write it shorter), and it occurs to me that a note on the technique might not be out of place here.

It was my good fortune to begin to practise this method after having seen and profited by the experience of its pioneers. The exhaustive researches of Brauer and Lucius Spengler have made it possible for their followers to dispense with the open method by showing the all-important nature of the manometer reading, and a large proportion of those who began with this method now use exclusively the Saugman needle. This is already a great simplification; but Brauns of Hanover has gone one step further and has introduced the use of a small platinum needle a little larger than an ordinary hypodermic, with which the puncture is reduced to its least formidable dimensions. The tube fits over the brass collar of the needle. Brauns published his method in the *Zeitschrift für Tuberkulose*, 1910, xv, 425, and was kind enough to demonstrate it to me in detail a year ago. He pointed out the great advantage of using a needle which can be sterilized in the flame immediately before use and is consequently dry without the trouble involved in dry-

sterilizing the larger steel needles. He assured me that the smaller the needle the less likely it is to punch out a circle of skin, as Forlanini already had discovered; and that it is therefore the exception for it to become blocked. He also emphasized the fact that a small needle without stylette is much less likely to irritate the pleura and to give rise to exudation. All this I have verified in practice during the last twelve months. The puncture with the Brauns needle is nearly painless even without a local anaesthetic, and with a preliminary injection of novocain is absolutely painless, while the sensation of passing the pleura is retained as a useful guide to locality. The symptoms of so-called "pleural shock" are reduced to a minimum, and perhaps entirely avoided. None of the eighty-three punctures which I have made with this needle has been followed by an effusion. I ventured to mention this to Professor Saugman at the time of the London Congress, but he assured me that I should still see exudations, as they not uncommonly set in more than six months from the commencement of treatment. I am still waiting to see one. I have also found it quite rare for the needle to become blocked, and even if it does so it can be withdrawn, a wire passed through, and the needle flamed in the briefest possible time. A single needle suffices for any number of punctures which it may be necessary to make. I would commend to all those who are working at collapse therapy the use of the Brauns needle, which can be obtained from the surgical instrument maker, C. Nicolai, in Hanover.

Two of the writers mention special designs of apparatus of a simple nature which experience has shown to be practical. In one of these the nitrogen is obtained from the air; in the other, although it is an apparatus designed to introduce nitrogen into the pleura, there is no indication of any source of nitrogen. May I point out how extremely convenient in practice is the use of small steel so-called Gnom cylinders containing oxygen or nitrogen, weighing only 26 oz. apiece? These are so light that they can conveniently form a component part of the apparatus and hold enough gas for thirty or more punctures. Oxygen can be used to start with—an additional safeguard to the patient, as there is no record of fatal oxygen embolism; a change made to nitrogen; several successive inflations carried out—all with the mere turn of two or three taps. The apparatus which I use is supplied by the instrument maker, Hausmann, of St. Gallen; the gas bottles and manometer fasten on to the front of a vertical board, while the cylinders are screwed on to the back. The whole is made to pack into a box 25 by 15 by 7½ in., which can safely be carried from place to place with no risk of fluid spilling, and is ready to use when taken from the box. The apparatus is perhaps a little more costly than those mentioned, but it is so convenient and simple to work that I have several times used it single-handed without any risk to the patient. It is, after all, the convenience and safety of the patient which should chiefly determine the form of the apparatus.

Arosa.

EGBERT MORLAND.

ACUTE PHTHISIS TREATED BY PNEUMOTHORAX.

EXCEPT in advertisements of patent medicines, one does not often come across a case of a patient almost moribund from acute phthisis being restored in a few months to full working capacity. Such a case it has, however, been my lot to witness this year, the restorative agent being compression of the diseased lung by artificial pneumothorax. The patient, a young man of 22, was treated in the sanatorium for early phthisis four years ago; he learnt gardening, and kept well while he led an open air life. Eventually better pay lured him back to a lawyer's office, and he quickly went wrong again.

When readmitted just after Christmas, 1912, he was acutely ill, and his progress downhill was alarmingly rapid. The lesion was one-sided, and we at once thought of artificial pneumothorax; but while the question was being debated he got so much worse that we decided it was useless to try anything, and merely hoped to get him home alive. On the day settled for his return home he was too far gone to risk sending him even a short journey by motor. He was exhausted by constant diarrhoea, with a temperature ranging from 96° to 104°; he had a feeble, intermittent pulse, and the emaciation such that only the most anxious care and a water bed kept bedsores

at bay. We decided the chance to get him home had passed and he must die here. A week later, as he was still alive, the idea of pneumothorax again came up—it could but do good; he was too apathetic to care himself, but consented to anything. The pleural space was discovered without difficulty and 300 c.cm. of nitrogen introduced. After the operation there was a short period in which we thought shock would prove fatal, but with a hypodermic of strychnine he rallied. After the first day no difficulties were encountered in administering the nitrogen. Complete compression was obtained in about three weeks, and by that time the temperature was falling, and a definite improvement had set in. Diarrhoea stopped, cough lessened, and the sharp outline of the bones became a cause of a little less anxiety to the nurses. At Easter, at his earnest request, he was taken in a bath chair to the short sanatorium service, but was unequal to it and fainted. This, however, was his last "symptom"; from that day he has steadily recovered, and on September 1st took a post as clerk at full working hours, which he still holds. The refills of nitrogen have been kept up regularly. Fluid has been effused, but without apparent disadvantage of any sort.

This case is the only brilliant success out of nine cases treated, but three others have been distinctly improved. In two others a very partial pneumothorax was unavailing to stop the downward progress, and in three cases no compression could be got by reason of pleural adhesions. No accident has occurred in the series, which has involved over 100 operations.

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Reports

ON

MEDICAL AND SURGICAL PRACTICE IN HOSPITALS AND ASYLUMS.

CHURCH MISSIONARY SOCIETY HOSPITAL, TORO, UGANDA.

AN UNUSUAL CASE OF TROPICAL LIVER ABSCESS.

(By ASHTON BOND, M.D., D.T.M.)

THE patient, a native of Toro, was a well-developed man, about 30 years of age, and seemed in good general health. He gave a history of irregular fever and a general feeling of tiredness and being out of sorts for a few weeks previously, and also complained of some pain in right side and in the epigastrium.

On admission his temperature was 101.4°, the pulse was 80. The tongue was furred and dry, and the eyes looked heavy and dull, but there was no jaundice. He said he had not had any rigors, and that he did not perspire. The heart and lungs were normal, the spleen slightly enlarged. There was slight enlargement of the liver to the right; in the epigastrium was a definite swelling which was tense but not painful, and only slightly tender. The swelling was well defined, and filled up the greater part of the epigastrium. Fluctuation was doubtful, but an exploring needle being inserted into the swelling, unmistakable liver pus was obtained. The patient was told his condition required an operation, and to this he agreed.

Chloroform was administered, and an incision about 3 in. long made over the most prominent part of the tumour. On cutting through the abdominal wall and opening into the abscess it was found that there were well-formed adhesions, shutting off the abdominal cavity from the abscess. There was a large quantity of pus; about 10 oz. were removed, and the cavity was then explored with the finger. It was about the size of a large orange, and extended upwards and to the left. After syringing out the cavity a drainage tube was sewn in and part of the wound sutured. Antiseptic dressings were applied.

There was a considerable discharge of pus for a few days, after which the drainage tube was removed and a small one put in. The wound rapidly healed, and three weeks after the operation the patient was able to get about. He was discharged a week later, quite well and having no pain or tenderness in the epigastrium.

with them for fourteen years, and would like to be there again. He alleged, however, that he knew that one assistant had left and had committed suicide, though he did not know the name of this person or where or when the event had taken place. On this the judge intervened with a remark to the effect that it was disgraceful to make allegations which could not be supported.

Eventually the court non-suited the plaintiff with costs, and gave judgement against him also on the counter-claim, adding that there was not a shadow or tittle of evidence of any sort to show that the defendants had ever ill-treated their assistants in any way.

CLAIM IN RESPECT OF AN AUTOPSY.

In the Court of Sessions at Glasgow, on November 20th, Lord Anderson gave judgement in a case which had occupied the time of the court for about two days, and had previously in one form and another been the subject of other legal action. It was a claim for damages in respect of alleged injury done to the widow and children of a deceased miner, owing to the defendant, Dr. Robert C. Robertson, of Kilmarnock, having performed a *post-mortem* examination without their permission. The case was reported in the *Glasgow Herald*.

Lord Anderson commenced the delivery of his judgement by pointing out that, though the case might be important from the point of view of the plaintiffs, it was much more important from that of the defendant, since he was under the stigma of a charge of illegal action. He held that the defendant in performing the *post-mortem* examination had not acted illegally, and dismissed the claim of the plaintiffs with costs against them.

The general facts of the case were as follows: The deceased, after some days' illness, was admitted to hospital in a condition which pointed to intestinal perforation, and with the consent of the plaintiffs, the defendant performed an exploratory operation forthwith. Two days later the patient died, and the plaintiffs then asked the defendant for a certificate as to the cause of death, they having meantime informed the employers of the deceased that he was ill, and lodged a claim for compensation on the ground that his illness was due to an accident. On being asked for a certificate the defendant said he would have to examine the body, and subsequently conducted a necropsy, discovering thereat conditions which, in his opinion and in those of two colleagues present, were inconsistent with a view that the deceased's illness was the result of an accident. This fact he communicated to the plaintiffs and also to the employers of the deceased.

The plaintiffs eventually obtained compensation under an order of the sheriff's court.

In the course of his comments on the case Lord Anderson said that no point of law was really involved, since it was well recognized that a solatium for hurt feelings could be obtained by the nearest relatives if a *post-mortem* examination were conducted without due authority. But in the present case he could not believe that the plaintiffs' feelings were really hurt, since when they found that the defendant had formed a view hostile to their claims they caused the body to be re-examined by three other medical men, and must have known that such re-examination involved reopening of the body and acts equivalent to dissection. He also did not believe that before the exploratory operation was performed the defendant had been made aware that the patient's condition was attributed to the occurrence of an accident while at work, and on comparing the defendant's statements as to what passed when he was asked for a certificate with the plaintiffs' statements, he believed the former were the more accurate, and that he had received what he was entitled to regard as authority to conduct the necropsy. He also held that the defendant had acted properly in removing the intestines and causing them to be burnt forthwith, since they were gangrenous, and he did not believe that he had failed to replace the heart. Whether if he had been proved not to have done so this fact would have entitled the plaintiffs to redress was a delicate question, in regard to which he was not required to express an opinion. It was not necessary that permission to perform a *post-mortem* examination should be given in writing, though for their own protection medical men would be wise, perhaps, to secure this.

Dr. Robertson's defence was conducted by the Medical and Dental Defence Union of Scotland.

THE London office of the *Sydney Morning Herald*, 40, King Street, Cheapside, E.C., has issued the annual time-tables of the Australian and New Zealand mails for 1914, covering the whole of the services between Europe and Australasia, and containing full information of postal and cable rates, in a handy form for the pocket. Copies may be obtained gratis.

Concrete and Constructional Engineering, in its December number, announces a competition for labourers' cottages. The issue further contains articles by Harold Holt on "Concrete in Cotton Mills"; illustrated descriptions of a reinforced concrete dome in Melbourne, and a washery for the Silkstone Collieries, Limited. The second report of the Institution of Civil Engineers regarding reinforced concrete is fully dealt with. Other interesting matter is contained under the heading, "Recent Views" and "New Works."

Universities and Colleges.

UNIVERSITY OF CAMBRIDGE.

THE following degrees have been conferred:

M.D.—J. W. Linnell.
M.B., B.C.—H. W. Barnes, V. F. Soathill, W. A. Stokes.
M.B.—G. M. Parker.

UNIVERSITY OF LONDON.

MEETING OF THE SENATE.

A MEETING of the Senate was held on November 19th.

Proposed Reconstitution of the University.

A letter from the President of the Board of Education regarding the proposed reconstitution of the University was referred to the Academic Council, the Council for External Students, the Board to Promote the Extension of University Teaching, and to the Site and Accommodation Committees respectively for consideration and report.

Reader in Pathology.

The title of Reader in Pathology in the University of London was conferred upon Dr. William Hunter, of Charing Cross Hospital Medical School.

Regulations for B.Sc. Honours Degree.

It was reported that the regulations for the B.Sc. honours examination for internal students in physiology and in human anatomy and morphology had been amended as follows:

1. By the substitution of the following for the fourth paragraph on p. 174:

Students who have passed in anatomy and physiology at the second examination for medical degrees, Part II, as internal students may enter for the degree of B.Sc. (Honours) in physiology or in human anatomy and morphology, provided that after attending the courses in anatomy and physiology for the second examination for medical degrees, Part II, they have attended a further course of study extending over not less than one year approved for the honours examination in a school of the university or under a recognized teacher (see regulations for internal students in the faculty of science), and provided that they comply with the regulations in other respects, but in no case may a student present himself for a degree examination unless he has completed a three years' course of study as an internal student.

2. By the substitution of the following for the footnote on p. 237:

Students who have passed in anatomy and physiology at the second examination for medical degrees, Part II, as internal students may enter for the degree of B.Sc. (Honours) in physiology (see p. 250) or in human anatomy and morphology (see p. 251), provided that after attending the courses in anatomy and physiology for the second examination for medical degrees, Part II, they have attended a further course of study extending over one year approved for the honours examination in a school of the university or under a recognized teacher, and provided that they comply with the regulations in other respects, but in no case may a student present himself for a degree examination unless he has completed a three years' course of study as an internal student.

3. By the substitution of the following for the last paragraph on p. 238. (The paragraph is identical with that under (2) above):

4. By the substitution of the following for the first paragraph under the heading physiology on p. 250:

The degree is open to the classes of candidates enumerated under (a) and (b) below:

(a) Students who have (i) passed in anatomy and physiology at the second examination for medical degrees, Part II, as internal students, and (ii) subsequently to a tending prescribed courses in physiology and anatomy for the second examination for medical degrees, Part II, pursued in approved course of study . . . B.Sc. honours examination.

5. By the substitution of the following for the first paragraph under the heading human anatomy and morphology on p. 251:

The degree is open to the classes of students enumerated under (a) and (b) below:

(a) Students who have (i) passed in anatomy and physiology at the second examination for medical degrees, Part II, as internal students, and (ii) subsequently to attending prescribed courses in human anatomy and morphology for the second examination for medical degrees, Part II, pursued a further approved course of study extending over not less than one year. Such students must have attended at some time previous to the degree examination in addition to the courses presented for the second examination for medical degrees.

6. By the substitution of the following for the footnote on p. 251:

Students who have passed in anatomy and physiology at the second examination for medical degrees, Part II, as internal students may enter the degree of B.Sc. (Honours) in human anatomy and morphology provided that, after attending the courses in anatomy and physiology for the second examination for medical degrees, Part II, they have attended a further course of study extending over not less than one year approved for the honours examination in a school of the university or under a recognized teacher, and provided that they comply with the regulations in other respects, but in no case may a student present himself for the degree examination unless he has completed a three years' course of study as an internal student, and passed either (1) in anatomy and physiology at the second examination for medical degrees, Part II, or (2) the intermediate examination in science subject to the conditions given under B. below.

Lecturers in Physiology.

Dr. Hugh MacLean was added to the panel of lecturers in physiology.

B.Sc. Honours Degree in Physiology.

The resolution of the Senate of July 16th, 1913, was rescinded, and the following inter-collegiate courses were recognized as advanced lectures which a candidate for the B.Sc. Honours

Examination in Physiology may name for part of his examination. (Red Book, 1913-14, p. 250; Blue Book, September, 1913, p. 308.)

University College.—Physico-Chemical Methods in Physiology, by Professor W. M. Bayliss.

King's College.—The Chemistry of Urine, by Professor W. D. Halliburton and Dr. O. Rosenheim. Third term.

Belford College.—Advanced Histology, by Dr. J. S. Edkins and Miss May Tweedy. Third term.

St. Bartholomew's Hospital.—Central Nervous System, by Dr. J. S. Edkins and Dr. Hinda Howell. Second term.

Guy's Hospital.—Respiratory Exchange, by Dr. M. S. Pembrey. First Term. October-December, 1913: Methods of Investigating Acidosis, by Dr. E. L. Kennaway and Mr. E. P. Poulton; Investigation of Movements of Alimentary Canal by the X Rays, by Dr. A. F. Hertz.

Chadwick Trustees and Teaching in Hygiene and Municipal Engineering.

The Senate adopted a resolution of thanks to the Chadwick Trustees for their offer to the university of a grant of £250 a year for the next three years for the purposes of the Chadwick Professorship of Hygiene and of the teaching of municipal engineering in University College, and to continue the award of the Chadwick medal upon terms to be arranged between the trustees and the university.

Regulations for M.D. and M.S. Degrees.

The regulations for the M.D. and M.S. examinations for internal and external students relating to recognized institutions and appointments to be held by candidates before admission to the examinations for these degrees were amended. Copies of the new regulations may be obtained on application.

Physiological Laboratory Committee.

Sir David Ferrier has been elected chairman of Physiological Laboratory Committee for the year 1913-14.

Advanced Lectures in Physiology.

The following lectures will be given during the second term of the session 1913-14:

King's College.—Four lectures on carbohydrate fermentation by Mr. Arthur Harden, D.Sc., F.R.S., on Mondays, at 4.30 p.m., commencing January 26th.

Guy's Hospital.—Eight lectures on physiological effects of anaesthetics and narcotics.

The lectures, which will be illustrated by experiments, are free, and are addressed to advanced students of the university and to others interested in the subjects dealt with.

The course of lectures by Dr. C. Lovatt Evans on oxidation in the tissues, announced to be given at University College during the second term, has been transferred to the third term.

Lectures by Superintendent of the Brown Animal Sanatory Institution.

A course of five lectures given in accordance with the will of the late Mr. Thomas Brown were commenced by Mr. F. W. Twort, Superintendent of the Brown Animal Sanatory Institution, on December 8th. The lectures, which are being given in the theatre of the Royal College of Surgeons of England, are free without tickets. They deal with the cultivation of animal and vegetable micro-organisms, and the last two lectures will be given on December 15th and 17th, at 5 p.m. on each day.

UNIVERSITY CALENDARS.

THE academic calendars which have reached us recently include those of the National University of Ireland,¹ of the University of Bristol,² of the University of New Zealand,³ and of King's⁴ and University College,⁵ London. All such volumes inevitably present a great family resemblance, but it is by no means inevitable that they should be mines rather than ready sources of information. They are not intended solely for use within the precincts of the body to which they relate, and it should be far easier than it is to find in them the information that they supply on various special points, and having found a section bearing upon it to make certain that no other paragraph really material thereto is contained in the volume. It is difficult from these volumes to obtain a general conspectus of the work of the university, and as a rule nothing is provided in the way of an outline sketch of the history of the institution to which the volume relates. To the latter rule in the present case the calendars relating to University College and King's College are both, however, happy exceptions, and, like the calendar of the University of Bristol, they provide indexes as well as tables of contents; but these are not as full as would be convenient.

QUEEN'S UNIVERSITY, BELFAST.

Magrath Clinical Scholarship.—This scholarship of about £112 per annum was founded under the will of the late Mrs. Fanny Magrath, widow of Dr. J. Magrath, an old student of Queen's College, Belfast. Mrs. Magrath died in May, 1912. The consideration of the report of the Standing Committee and of the proposed regulations of the scholarship was resumed at the last meeting of the Senate in the beginning of December, and the

regulations were adopted. It will be awarded annually for proficiency in clinical reports of cases; it is tenable for one year and open to students in the fourth year of their attendance at hospital. The regulations will shortly be published, and it is hoped that a sufficient sum will have accumulated to meet expense and allow competition in 1914.

Obituary.

PERCY KINGSLEY STEELE, M.B., CH.B.VICT.UNIV.,
F.R.C.S.ENG.,

HONORARY SURGEON, ROYAL HALIFAX INFIRMARY.

In the brief space of seven years' practice in Halifax, Percy Kingsley Steele had a career of importance and distinction. After a short illness, he died on December 1st, at the early age of 32 years. During his student days Dr. Steele gave promise of a brilliant career. At the Victoria University (Leeds), as the Leeds School was then known, he obtained high distinction in the class examinations. While still a student at Leeds he passed the primary examination for the Fellowship of the Royal College of Surgeons of England. He graduated M.B., Ch.B.Vict. Univ. with honours when 22 years old. At the Leeds General Infirmary he was house-surgeon for twelve months, house-physician for twelve months, and resident assistant surgeon for more than a year. For another year he attended post-graduate courses, and part of this time was spent at the London Hospital. He took the diplomas of M.R.C.S., L.R.C.P.Eng., in 1906, and six months later became F.R.C.S.Eng., when 26 years old. Seven years ago he joined his father, Dr. S. H. Steele, who had been in practice in Halifax since 1885.

His brilliant student career and exceptional experience entitled Dr. Percy K. Steele to early recognition, and he was soon appointed honorary surgeon to the Royal Halifax Infirmary, a post he held up to the time of his death. He quickly demonstrated that the honour had been well and judiciously bestowed; he became a valued member of the staff and a skilful surgeon, assiduously devoted to his duties and held in the highest esteem alike by the board of management and the patients who came under his care. For several years Dr. Steele was honorary secretary to the Halifax and District Medical Society, and showed a capacity for business which marked him out for the secretaryship of the Local Medical Committee for Halifax; to this post he was unanimously elected, but only with reluctance, which characterized his modesty of disposition and his shrinking from publicity, was he persuaded to undertake the duty. Having done so, he threw himself into the work with avidity, and quickly acquired a grasp of the Insurance Act and the regulations affecting medical men such as few possessed. His early training at the New School, Halifax, and his natural aptitude were displayed in his well ordered, methodical and succinct communications with the Local Insurance Committee, the State Sickness Committee of the British Medical Association, and the Insurance Commissioners. Dr. Steele's talents were by no means confined to the sphere of professional knowledge and attainments. A knowledge of mathematics is not to be dispensed with in preparing a scheme for the allocation of persons who had not selected a doctor and the division of the remaining funds, and this Dr. Steele displayed in the carefully evolved scheme submitted by him to his committee; and a report on the work of the year, on which he was engaged at the time of his death, is so complete and lucid that it will rank as a model. Dr. Steele took no active interest in politics or ordinary public affairs. He was, however, keenly interested in the work of the Royal Army Medical Corps, and was Lieutenant of the Halifax Company. Notwithstanding the inclemency of the weather on the day of his funeral, there was a very large and thoroughly representative attendance of medical men in Halifax and district. There were nearly a hundred floral tributes, and abundant indication of the esteem in which he was held by the profession and his numerous friends. Dr. Steele's death at the age of 32 closes a distinguished career before it had reached full fruition. A sense of the deep loss to the profession prevails throughout the district, and there are misgivings lest Dr. Steele's unceasing devotion to the manifold duties of the secretaryship during this year of stress may have contributed

¹ National University of Ireland. London: Longmans, Green and Co. 1913.

² University of Bristol. Bristol: The University. 1913.

³ University of New Zealand. Wellington: Whitcombe and Tombs, Ltd. 1913.

⁴ King's College, London. London: R. Clay and Sons, Ltd. 1913.

⁵ University College, London. London: Taylor and Francis. 1913.

materially to a state of health which prevented his recovery from his illness.

Dr. PRIESTLEY LEECH (Halifax) writes: I knew Percy Steele as a boy, student, and later on as a colleague. In all these aspects the quality that struck me most was his intense devotion to work and what he believed was his duty. Like most men with any character, he improved on acquaintance. He had worked hard at school, at the university (where he had gained many distinctions and prizes), and later on in Halifax in his private practice, at the hospital, the R.A.M.C.(T.), and during the last two years on the Local Medical and Insurance Committees. As Secretary to the Local Medical Committee, his fondness for work found full scope, and its successful conduct is due to a great extent to his acquaintance with the details of the Insurance Act, and to his tact in dealing with the communications between the two committees.

At the hospital he was devoted to his duties, and was a very neat and successful operator; in the general work of the hospital one was most struck with the common-sense way he judged things, and his too early death is a great loss to the staff and the hospital.

One appreciated his character more during his last illness, when it fell to my lot to attend him in association with his father. He was very, very patient and never grumbled, and although a day or two before he died he suffered intense agony he never growled at having to suffer as he did. His illness began with pneumonia, which subsided by lysis on the seventh day, when he appeared to be quite well, but the same evening he began with symptoms of pneumococcal meningitis, which subsided three days later, only to recur with increased violence the day after. This attack subsided in two or three days, and for nine or ten days he was quite well and talked about his future work. On my advice he resigned his secretarial work, but disappointment was again in store for everybody; for five days before his death pain in his back and along the sciatic nerves came on, and became intense until two days before his death, when head symptoms recurred, and he became comatose some twenty hours before he died. His early death, which cut short a most promising surgical career, has been a great blow to his many friends in this part of Yorkshire.

HUBERT LISTON WILLCOX, M.R.C.S., L.R.C.P.,

WARMINSTER

THE death of Dr. H. L. Willcox, of Warminster, Wiltshire, on December 3rd, due to accidental wound infection during an operation for septic peritonitis, has caused deep regret throughout the district, and of this striking evidence was afforded by the public sympathy shown on the occasion of the funeral on December 6th. Hubert Liston Willcox, who was the third son of Dr. R. Lewis Willcox, of Warminster, was born in December, 1876, and received his early education at Warminster Grammar School and Cheltenham College. He was a medical student at King's College, London, and was afterwards house-surgeon to King's College Hospital. Whilst at school he was a member of the cadet corps, and afterwards took a great interest in the Volunteer movement, and was for five or six years a lieutenant in the 1st Wilts Rifle Volunteer Corps. When the Territorial Force was established he displayed great interest in the movement. He took the diplomas of M.R.C.S., L.R.C.P. in 1901, and in the following year he joined his father in practice at Warminster, where he earned the respect and esteem of all the inhabitants, both rich and poor. He was surgeon to the Warminster Cottage Hospital, and was actively engaged in practice until February last, when he suffered from a severe illness. From this he recovered, and returned to work at Warminster in July, but on November 5th, when operating with his father on a case of septic peritonitis, his finger was scratched by a needle. Intense local infection ensued, and within forty-eight hours he was very seriously ill; light pleuritic infusion occurred, and, after two aspirations, Dr. Swain of Clifton, who saw him in consultation with Dr. Symes of Clifton and Dr. Hogan of Warminster, performed a larger operation on November 16th; the fever and other signs of systemic infection did not pass away, and after a consultation with Mr. Burghard, surgeon to King's College Hos-

pital, a further operation was performed on November 25th. It appeared, however, that the pulmonary glands had already become infected, and the severity of the attack proved too great for his strength. At an inquest which was held on December 4th, the Coroner said that he was voicing the feelings of everybody present when he expressed their very deep sympathy with the widow of Dr. Hubert Willcox, and with his father and mother and brothers. Doctors had often, he said, to face risks of this sort, and if a man who lost his life in defending his country was entitled to honour, surely the doctor who lost his life fighting human pain, sickness, and disease was similarly entitled. The foreman of the jury, in returning a verdict to the effect that death was due to blood poisoning, said that the jury unanimously expressed their sympathy with the bereaved family.

MR. THOMAS WILSON, of Edgeworthstown, co. Longford died on November 23rd, aged 74. He studied medicine in the Meath Hospital, Dublin, and in the Royal College of Surgeons in Ireland, and took the diploma of M.R.C.S. Eng. in 1866, and the L.R.C.P.I. and L.M. in 1868. For a short time after qualification he held the appointment of medical officer to the infirmary, Brentford, Middlesex, but soon returned to his native country, and practised for forty years in Edgeworthstown. He became J.P. for co. Longford and medical officer to the Royal Irish Constabulary and the Midland and Great Western Railway of Ireland. His son, Mr. Henry Wilson, holds the appointment of assistant prosecutor, under Mr. William Pearson, to the Museum of the Royal College of Surgeons, Lincoln's Inn Fields.

Medical News.

THE fifteenth South African Medical Congress will be opened at Kimberley on July 6th, 1914, and will close on July 11th.

MR. AUSTEN CHAMBERLAIN has recently received £200 from the Government of Trinidad and £150 from the Government of Sierra Leone as contributions to the fund for the extension and development of the London School of Tropical Medicine.

THE title of Professor has been conferred on Dr. Rachel Hirsch, assistant in the second medical clinic of the Berlin Charité. She is well known by her investigations on internal secretions and diseases arising from their suppression or disturbance.

THE King has been pleased to promote to be a Knight of Grace of the Order of the Hospital of St. John of Jerusalem in England Colonel William Henry Bull, F.R.C.S., K.H.S., of Stony Stratford, Assistant Director of Medical Services, South Midland Division.

THE committee hopes that many old students will attend the second annual dance of the Birmingham School of Medicine to be held at the Edgbaston Assembly Rooms on December 18th. Guests will be received by the Dean and Mrs. Thompson at 8 p.m. Tickets can be obtained from Mr. Cyril A. Raison, the University Club, Birmingham.

THE lecture by Professor Richard Caton on the health temples of ancient Greece and the work carried on in them, to be given in connexion with the Section of the History of Medicine of the Royal Society of Medicine at the house of the society, 1, Wimpole Street, W., on Wednesday, December 17th, at 5 p.m., will be open to all interested in the subject.

THE Savill Prize and Medal of the West End Hospital for Diseases of the Nervous System, Paralysis, and Epilepsy, London, has been awarded to Dr. Thomas Knowles Boney; the subject set was myasthenia gravis. The prize and medal were founded in memory of the late Dr. Thomas Savill, physician to the hospital. Candidates are required to attend at least twenty-five demonstrations in the out-patient department, to pass an examination, and to submit a thesis on a given subject. The next examination will probably be held in July.

THE Metropolitan Asylums Board has arranged for the benefit of candidates for the diploma in public health a three months' course of lectures and demonstrations in hospital administration at the North-Western Hospital.

Hampstead, by Dr. J. McCombie, on Mondays and Thursdays at 5 p.m., beginning on Monday, January 5th; at the Grove Hospital, Tooting, by Dr. J. E. Beggs, on Mondays and Thursdays at 5 p.m., beginning on Thursday, January 8th. The fee for the course is 3 guineas. Further particulars can be obtained on application to the Clerk of the Metropolitan Asylums Board, Embankment, London, E.C.

A MEETING of assistant medical officers of public asylums in London and the South-East of England was held on December 5th, at which the following resolution was unanimously passed: "Whereas there is widespread discontent on account of the disabilities under which assistant medical officers labour: Resolved, that this meeting elect representatives to meet representatives from other parts of the country to set up an association of assistant medical officers." Similar resolutions were passed at Birmingham, Manchester, and Bristol. Communications expressing sympathy with the object of the meetings have been received from all but fourteen asylums in England and Wales.

THE problem of the way in which intervals are bridged over between outbreaks of yellow fever, is mentioned in the last issue of the *Bulletin* of the Yellow Fever Bureau (vol. iii, No. 1). All available evidence, it is stated, points to the occurrence of atypical, probably mild, cases in natives, especially in native children, though exact knowledge of the character and frequency of such cases is still lacking. The problem is very important, but probably is not so simple as the explanation given above, at least for places like the West Indian Islands. As the *Bulletin* truly observes, if this mystery could be satisfactorily solved, a very great step forward would be made in our knowledge of yellow fever.

AT the opening of the winter session Sir C. Pardey Lukis, Director-General of the Indian Medical Service, gave an address at the London School of Medicine for Women on the medical needs of India. The address, which was published in our columns on October 4th, outlined a scheme for an Indian service of medical women. We are informed that the Association of Registered Medical Women passed the following resolution on December 2nd: "That the Association of Registered Medical Women, while recognizing that the proposed scheme for a women's medical service in India in many respects offers improved conditions for the work of women under the 'Dufferin Fund,' desires strongly to protest against the scale of remuneration offered, which is entirely inadequate for the work which the medical women are asked to undertake; and also the subjection of medical women to a lay committee for the constitution of which no guarantee is offered, yet which has the power of punishment for acts of which the committee may disapprove. The association feels that these defects will be fatal to the success of the scheme, since no first-rate medical women will consent to work under such conditions."

IN accordance with time-honoured custom, the Worshipful Society of Apothecaries entertained the new Lord Mayor, Sir Vansittart Bowater, and the Sheriffs of the City of London at a dinner given in the hall of the Society on November 28th. The other guests included Dr. Norman Moore as representative of the Royal College of Physicians, Mr. Makins as representative of the Royal College of Surgeons, and the President of the Pharmaceutical Society. The Master of the Society, Dr. Martindale Ward, referring to Sir Thomas Boor Crosby, who was present, said that there were sitting at table the oldest man and only medical man of recent times ever elected to the great office of Lord Mayor of the City of London, and also, in the person of the new Lord Mayor, one of the youngest of the long line of occupants of the great civic chair. The toast to the Royal Colleges was proposed by the Senior Warden of the Society, Mr. Meredith Townsend, who gave an account of the connexion of the three bodies in early and recent times. The toast to the visitors, proposed by the Junior Warden, Dr. George Amsden of Islip, was acknowledged by the President of the Pharmaceutical Society. Just before the dinner a court of the Society was held for the purpose of electing Sir William H. Power, F.R.S., late Principal Medical Officer of the Local Government Board, an honorary freeman of the Society in recognition of his services to the State in regard to public health. The gold medal of the society was presented on the same occasion to Mr. J. E. Harting, in acknowledgement of services rendered by him in assisting the late Master, Dr. Bramwell Taylor, in the preparation of a catalogue of the Society's library.

Letters, Notes, and Answers.

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

MANUSCRIPTS FORWARDED TO THE OFFICE OF THIS JOURNAL CANNOT UNDER ANY CIRCUMSTANCES BE RETURNED.

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.

CORRESPONDENTS not answered are requested to look at the Notices to Correspondents of the following week.

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

TELEPHONE (National):—

2631, Gerrard, EDITOR, BRITISH MEDICAL JOURNAL.

2630, Gerrard, BRITISH MEDICAL ASSOCIATION.

2634, Gerrard, MEDICAL SECRETARY.

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.

"ST. KITTS" seeks suggestions as the etiology and treatment of cases which may be described as follows: The patients complain of a sensation of chilliness occurring sometimes daily, sometimes at intervals, and at no particular hour. This is not followed by pyrexia, and the patients present no evidence of either malaria or filariasis. The blood of one patient known to have had malaria previously was examined and found to be normal. One patient in whom the chilliness is confined to half of the body suffers from congestion of the liver, and most of the others suffer more or less frequently from neuralgic disorders and dyspepsia.

INCOME TAX.

C. has been in practice as an ophthalmic surgeon for two months only. Previously he was acting as an assistant, and for one year as a house-surgeon. He has received an income-tax form, and asks how the return should be made. If the practice has been taken over as a going concern, our correspondent is bound by his predecessor's average profits, subject to his right to appeal at the end of the year if his first year's profits should fall short of the sum assessed by reason of some specific cause (Rule 4, Cases 1 and 2, Sch. D). If, on the other hand, the practice is an entirely new venture, page 2 of the form of return should be completed with an estimate of the profits anticipated during the first year of the new practice, and page 3 of the form should be completed if applicable. As the present income falls under a different category from the previous receipts, which were in respect of an "employment," the three years' average clause does not appear to apply. Any receipts from voluntary sources may be ignored, whether expended in starting the practice or otherwise.

LETTERS, NOTES, ETC.

TREATMENT OF TERTIARY SYPHILIS.

DR. R. HITCHINGS (Headington, Oxford) writes: *Re query in BRITISH MEDICAL JOURNAL, November 29th, in reply to a "Country Practitioner":*—In bad syphilitic ulcers of the leg or elsewhere I have had really remarkable results by dressing with a solution of Parke, Davis and Co.'s "Mercuriol"; this in cases which showed very little healing tendency under the ordinary constitutional treatment.

*** Mercuriol is a combination of mercury with nucleic acid analogous to nargol and cuprol.

REX. V. HAMILTON.

DR. W. H. GIMBLETT (85, Sutherland Avenue, Maida Vale, W.) has received the following subscriptions in addition to £62 13s. already acknowledged: Mrs. Grant (Barnes), £1 1s.; Mr. Randall (Barnes), £2 2s.

SCALE OF CHARGES FOR ADVERTISEMENTS IN THE BRITISH MEDICAL JOURNAL.

	£	s.	d.
Seven lines and under	0 5 0
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A whole column	3 10 0
A page	10 0 0

An average line contains six words.

All remittances by Post Office Orders must be made payable to the British Medical Association at the General Post Office, London. No responsibility will be accepted for any such remittance not so safeguarded.

Advertisements should be delivered, addressed to the Manager, 429, Strand, London, not later than the first post on Wednesday morning preceding publication, and, if not paid for at the time, should be accompanied by a reference.

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