

in fact, sometimes the actual regulations enforced being considerably less than those set forth on paper. For example, the Edinburgh local authority has had the power under the Municipal and Police (Amendment) Act since 1891 for the medical officer of health or a veterinary inspector to enter any byre or cowshed wherever situated if the milk produced therein is being sent for sale within the city, to examine any cow kept therein for the supply of milk, and to take samples of milk. Such important powers as regards the country supply of milk to the city have, I regret to say, scarcely been exercised at all by the said local authority. It is clear that for the proper exercise of these powers a sufficient staff of veterinary inspectors is necessary.

General Conclusions.

The high incidence of tubercle bacilli in milk imported to Edinburgh from country districts clearly points to the necessity of measures more stringent than those at present enforced being taken to prevent tubercle-infected milk reaching the public.

The danger from infected milk in Edinburgh cannot be regarded as other than serious. The fact that the supply of milk from country byres, which yield almost two-thirds of the total amount of milk consumed daily in the city, and of which there is practically no veterinary inspection, is increasing annually, strongly emphasizes the necessity for radical changes. It is a question which must be taken up and dealt with by the local authority. The only way to safeguard the public against this danger is, without further delay, to grapple with the existing inadequate supervision of the milk supplied to Edinburgh from rural districts. The existing local powers should be exercised to their full extent and a sufficient staff of veterinary inspectors established. But veterinary inspection cannot do everything. A systematic bacteriological examination combined with experimental testing (by inoculation of animals) of milk samples carried out uninterruptedly year after year is indispensable—such samples to be collected not only from milkshops and milk vans, but at railway stations. Bacteriological methods and veterinary inspection must go hand in hand, the former serving as a guide and also a check upon the latter.

It must be borne in mind, however, that no purely local effort will suffice to eradicate bovine tuberculosis. The provision of legislation for the whole country is very desirable in view of the inadequacy of the powers at present vested in Scottish local authorities to ensure a pure milk supply. Additional and more stringent regulations will have to be drawn up and applied so as to exclude the recognizably tuberculous cow from the milk supply, whether the seat of the disease is in the udder or elsewhere. Means must be provided for tracing diseased milk back to its source and stopping the source of such milk. These requirements can only be secured by the universal compulsory inspection of dairy cows by full-time veterinary inspectors, assisted by experienced bacteriologists provided with adequate laboratories. It is unfortunate that such demands are not fully met in the Milk and Dairies (Scotland) Bill now being considered by Parliament. Efforts should be made to have these incorporated in the bill.

Until the proper legislative measures are obtained it is advisable for the public to boil all milk consumed in their families.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

APPENDICULAR GRAFTING.

In 1911 Lexer¹ made use of the appendix to repair the deficiency occurring in the urethra as the result of excision of a stricture. Streissler² in the same year used the appendix to restore the urethra in a case of hypospadias, and more recently Babcock³ transplanted the right ureter into the appendix in a case of carcinoma of the bladder.

In October, 1913, I saw a boy, aged 11, who had on the previous day been walking along a railing. He had slipped and falling astride the railing, had bruised the perineum. When I saw him any bruising that may have occurred was masked by extravasation of urine. I opened freely into the tissues of both groins, and then performed

suprapubic cystotomy and passed a rubber catheter from behind forwards. Two days afterwards the temperature reached 105° F., and he was in a very critical condition. Extensive sloughing of the tissues in the perineum and groins took place, with loss of the perineal portion of the urethra. The sloughs separated slowly and cicatrization finally obliterated the perineal urethra. All urine was discharged through the suprapubic opening. In November I attempted to reconstitute the urethra over a catheter. The wound broke down, urine was discharged from the perineum for some time, but gradually the wound closed and the urethra was again obliterated, all urine being discharged suprapubically.

In March, 1914, I made another attempt to reconstitute the urethra and again failed. Further attempts of a similar nature I considered to be unwarranted, and I thought it better that all urine should be passed suprapubically until the perineal tissues were healed, and then to attempt grafting the saphenous vein into the deficiency.

On May 29th I again dissected out the proximal and distal portions of the urethra in the perineum and removed as much scar tissue as possible. I then resected a portion of the saphenous vein, but finding its calibre much too small for my purpose, I opened the abdomen and removed the appendix. It seemed quite healthy, but contained a threadworm. It was impossible to remove the serous coat, so I scarified it thoroughly with a scalpel, and then removed about half an inch of its distal end. The graft finally prepared was over an inch in length. I passed a rubber catheter through the penile portion of the urethra and then threaded the appendix on it. The point of the catheter was then passed on into the bladder. It was now quite easy to unite the mucous membranes of urethra and appendix at either end, and, that being accomplished, the wound was closed.

On June 3rd the catheter came out (it had been stitched in with catgut) and another catheter was passed under an anaesthetic and stitched in.

On June 8th the catheter was left out, the perineal wound was healed, and all urine since that date has been passed naturally. The boy is now walking about and micturates freely and normally without discomfort.

In conclusion, I would point out that Axhausen's experiments on transplantation of mucous membranes show definitely the value of autoplasmic as opposed to homoplastic or heteroplastic grafts. The biochemical properties of the individual are so diverse, and anaphylaxis is of such potency in the subsequent fate of grafted mucous membranes, that it would seem imperative to rely only upon autoplasmic.

Southampton.

NOEL BRAHAM, F.R.C.S. Edin.

REFERENCES.

- ¹ Lexer, *Arch. f. Klin. Chir.*, 1911, xcv, p. 827. ² Streissler, *Arch. f. Klin. Chir.*, 1911, xcv, p. 665. ³ Babcock, *Journ. Surg., Gyn., and Obst.*, 1914, xviii, p. 119.

HOURLY GLASS CONTRACTION OF UTERUS AFTER PITUITARY EXTRACT.

I RECEIVED an urgent message on June 28th to see a healthy multipara (aged 35 and at full term), as she had a profuse "show," and her "waters had come away"; I was assured that she had had no pains.

I found the patient had lost a fair amount of blood, which was slowly oozing; the os was dilated to the extent of two fingers, and the presentation was a normal vertex. The membranes had ruptured. There was no placenta praevia.

As the bleeding continued and no pains supervened, I applied a tight binder, and administered 1 c.cm. of pituitary (infundibular) extract hypodermically. Pains came on immediately, the haemorrhage ceased, and two hours afterwards the child was born. An hour and a half after the birth of the child I decided, after several futile attempts to express the placenta, to introduce my hand into the uterus, as I strongly suspected hourly glass contraction. I discovered, well above the cervix uteri, a typical constriction, which embraced the umbilical cord so tightly that I had some difficulty in slowly dilating it digitally and liberating the imprisoned placenta, which was found detached and normally situated in the upper segment of the "hour-glass." The amount of blood lost *post partum* was not abnormal.

I had only once before used pituitary extract, and that was in a case of severe *post-partum* haemorrhage when

the results were excellent. I have always avoided it in normal labours (it is occasionally recommended as a time-saver), as it has seemed to me—theoretically, at any rate—that the risks must be the same as those of ergot given before the completion of the third stage. The case here recorded would appear to show that at least the production of hour-glass contraction is a potentiality shared by both these useful drugs.

Gorleston-on-Sea. ROBERT L. GLASS, M.R.C.S., L.R.C.P.

Reports

ON

MEDICAL AND SURGICAL PRACTICE IN HOSPITALS AND ASYLUMS.

WEST HAM UNION INFIRMARY.

A CASE OF EXTRAORDINARY SHORTNESS OF THE SMALL INTESTINE.

(By J. C. MUIR, M.D., Medical Superintendent.)

A GIRL, aged 15, was admitted on December 27th, 1913, with a history of abdominal pain for three weeks, referred mostly to the right lower abdomen. She was fairly well nourished and the other organs were normal. The abdomen was full, rather resistant, and very slightly tender, but nothing definitely abnormal could be detected. There was some gurgling and the caecum was thought to be distended. She remained under observation for some weeks. The bowels were somewhat stubborn, but with aperients and enemas almost daily actions were obtained which were of normal character.

On February 9th a very definite swelling was found in the lower abdomen, consisting obviously of distended coils of gut, with visible peristalsis and marked gurgling on palpation. There was evidently a partial obstruction of some part of the intestine.

Operation.

On February 12th, under open ether, the abdomen was opened to the right of the middle line, below the umbilicus. The swelling was found to consist of very adherent and tangled coils of ileum in its lowest part, causing considerable obstruction of the lumen near the ileo-caecal valve. The ileum was greatly distended, being fully as large as the large gut, and its peritoneal coat was much thickened, and had a milky appearance. There was, in fact, a chronic peritonitis, not confined to but most marked over the lower ileum. Here and there were small milky tubercles, but the appearances were not those of ordinary tuberculous peritonitis. The tangled portion could be isolated, and was resected. This was considered preferable to any form of short-circuiting, which would have left the tangled and distended coils untouched. In view of subsequent events it does not seem likely that short-circuiting would have met with any greater success. The anastomosis (end-to-end) was made with some difficulty, as there was only an inch or two of ileum left above the ileo-caecal valve, and it could not be brought fully outside the abdomen. The appendix was normal, except that it contained two small stercoliths.

After-History.

The patient was very collapsed afterwards, but rallied well in the next few days. There was evidently some failure of technique on my part, for a fortnight later she had to be anaesthetized, and a large collection of foul pus was evacuated from the abdomen and a tube inserted. The anastomosis, however, must have held, for no faeces ever escaped. From this date onwards the temperature was normal. The abscess healed rapidly and was closed a fortnight before death. From the date of the operation, however, she had intractable diarrhoea, from three to five or six loose stools daily, and, with some temporary rallies, she wasted progressively. The abdomen seemed normal, and no disease was detected in other organs. She died on April 26th, some ten weeks from the date of operation.

It is necessary to lay stress on the length of gut removed. When uncoiled after removal there appeared to be some 4 ft. of it. My colleague, who assisted me, estimated it at less than this. It will be generally agreed that the tendency of the surgeon is not to minimize the length of gut which he removes. In view of what followed the point is of some importance.

Post-mortem Examination.

There was extreme wasting and chronic peritonitis, with extensive adhesions, but no enlarged glands or other evidence of tubercle. There was marked thickening of the peritoneal layer of some parts of the intestine, especially of the large intestine from the splenic flexure down to the rectum. A portion of this was examined microscopically for evidence of tubercle, but the pathologist's report was negative. The anastomosis was sound and admitted two fingers. A point of minor interest is that one layer of the celluloid thread used was still quite unabsorbed; the other was not seen.

The small intestine was removed *in toto* from pylorus to caecum and measured only 17 in. It ran in one S-shaped curve, passing from the caecum a little to the left of the middle line before turning back to form the curve of the duodenum. It was normal in appearance, texture, and calibre, all the abnormally thickened and dilated part having been removed. Except for some old pleural adhesions, the other organs were normal.

REMARKS.

The cause of death was only too obvious—namely, insufficient digestive and absorptive surface in the small intestine. Allowing 4 ft. for the part removed, the total length was well under 6 ft. It is true that the part removed was not actually measured, but 4 ft. was the most liberal estimate amongst those who saw it, at a time when there was no suspicion of the unfortunate state of affairs. Even allowing—which I do not admit—that it may have been a little more, the total length still remains extraordinarily small. A standard textbook of anatomy gives 15½ ft. as the extreme limit of variation downwards.

I must admit freely that the condition was not noticed at the time of operation. I assumed, perhaps unjustifiably, that there was plenty of small intestine above, knowing that I was not more than 2 or 3 ft. (as estimated before uncoiling) from the ileo-caecal valve, and I only pulled down enough to get a healthy part for anastomosis. The presence of chronic peritonitis and adhesions did not, of course, make examination particularly easy. The failure of observation was thus, though disastrous, perhaps pardonable.

Reports of Societies.

ROYAL SOCIETY OF MEDICINE.

ANNUAL MEETING.

THE annual meeting of the society was held on July 7th, under the chairmanship of the president, Sir FRANCIS CHAMPNEYS. The annual report of the council recalled the various activities of the society during the year, to most or all of which our columns have borne witness from time to time. The report stated that the subcommittee of the Finance and General Purposes Committee had given careful consideration to the possibilities of effecting economies in the expenditure of the society. The report of the honorary treasurers showed that the balance of income and expenditure was not altogether satisfactory; the ordinary expenditure had risen from £10,742 to £12,292, and the total was raised by the extraordinary expenditure to £13,255. The income had amounted to £12,451, and fell short of the expenditure by nearly £804. The extraordinary expenditure included that on "at homes," and on the reception of the International Medical Congress, amounting together to about £347. The income, though it had fallen short of the expenditure, had exceeded that of the previous year by £1,664.

The statement of assets and liabilities showed that the

1914) is so loosely worded—as has often, unfortunately, been the case with Orders affecting medical officers—that an immediate explanatory and supplemental order would seem to be necessary.

The words most open to criticism are “when called upon to do so.” Called upon by whom? The Order does not say, and as it stands it would be open to any Government servant in civil employ to call upon any military medical officer or subordinate to render medical assistance, and similarly any military officer could requisition the services of a civil medical officer or subordinate.

The old Army Circular of 1881 limited the services to be rendered to “duties prescribed by regulations,” and the requisitioning authority to “proper authority in the interests of Government.” Probably the new Government of India Order implies such duties “prescribed by regulation” and “in the interests of Government,” and means that a “proper authority” should requisition the services of the medical officers, civil or military, of any grade. But if so, why does not the Order say so? It is only too well known how these loosely worded orders are constantly interpreted against the officers affected by them. “When in doubt, give it against the officer” was once the instructions of a Government financial authority to his office.

In the case of an Order like that under notice which may be assumed to impose extra duties, without remuneration, on medical officers of all grades, both military and civil, it should be distinctly laid down by whom the requisition is to be made, that the duties are such as are prescribed by regulation, and that they are in the interests of Government; a mere reference to an old Army Circular issued thirty-three years ago and not to be found in *Army Regulations, India, vol. vi, Medical*, of which we have the edition of 1904 before us, is not satisfactory.

For years past it has been a matter of astonishment that the Government of India should fail to see the too frequently irritating nature of orders and of the wording of orders issued in the Medical Department. We wonder if the successive Directors-General have always been consulted as to the wording of orders. We understand that *Army Regulations, India*, are periodically republished and that each fresh edition contains all the changes and new orders made since the previous issue. In the copy for 1904 we do not find the substance of Army Circular of October 31st, 1881, which is surprising if it was then in force—that is, in 1904, ten years ago. The only reference to the subject is in paragraph 45, which says that medical officers in military and civil employment may be assigned temporary civil and military duties, respectively, as an extra charge, with the concurrence of the local Government and the general officer commanding.

THE INDIAN MEDICAL SERVICE.

I.M.S. (India) writes: I feel I cannot allow the letter signed “V. P. Gonsalves,” published in the *BRITISH MEDICAL JOURNAL* of May 30th, p. 1218, to go unanswered, as it appears to me to be quite misleading in many particulars. When the writer says that “the names of a few competent officers are given, and it is apparently contended that the record of their work is a proof of the high quality of the work of the whole service,” one really wonders whether Mr. Gonsalves is as ignorant of the enormous amount of work that has been and is being done by the members of the Indian Medical Service, or of the number of eminent and highly qualified men who have been and are at present in the service, as this sentence would lead one to suppose. If so, it would be as well if he were to study the past records of the Indian Medical Service and glance at the qualifications and records of the men at present serving before he rushes into print with such statements.

Again, when he talks about the higher grades of the Civil Department being reserved for military doctors, to those who do not know the real condition of affairs it would appear that the Indian Medical Service was purely a military service and that if a doctor was required for some special appointment in the Civil Department one would be sent direct from military employ without any reference to his special qualifications. The real facts of the case are that a considerable percentage of the service is in constant civil employ, and a large proportion of men join with the sole idea of getting a civil appointment. Although every man must do at least two years in military service, yet as soon as there are vacancies after this, he will, if he wishes it, be posted to civil employ, and, except in the case of grave military emergency, remain there for the rest of his service, if his work is satisfactory. In the case of the professors at the various medical colleges these are not even liable for recall to military service. I think to call such men military doctors is, to say the least of it, a terminological inexactitude.

The duties of the ordinary civil surgeon are very numerous and varied, and many people, so far from contending that the years spent in military and civil employ prior to being

appointed to a professorial chair are wasted, and unsuit a man for such appointments, hold that they form a most valuable training and make a man a far better and broader-minded specialist than he would otherwise have been.

That mistakes have been made in the past, and may again be made in the future in the selection of the best and most suitable men for the professorships, no one will deny; nor that such anomalies as Mr. Gonsalves mentions have occurred in the past, but there is such a strong feeling against it that it is most improbable that it will ever occur again. On the other hand, is there any system by which such mistakes can always be avoided? Can it be said of any hospital in the world that the staff is the best and most efficient that could possibly be selected?

What I do affirm and what I am sure that any disinterested person who knows India and the India Medical Service will agree with me in affirming is, that as far as medical and surgical qualifications and the special experience necessary for the professorial posts are concerned, the service can furnish as good, if not better men, than could be obtained from any other sources.

I would further point out that a large majority of the Indian Medical Service have gained valuable experience by holding resident hospital appointments at home before coming into the service, and thereafter when on leave many of them engage in special courses in the subjects in which they specialize.

The candidates for the professorial appointments are, moreover, as a rule selected from those men who have gained further valuable experience by holding one or other of the posts of resident surgeon, or resident physician, to one or other of the more important hospitals out here, which practically entails the charge of the patients and the performance of nearly all the emergency operations, etc., in the absence of the professor, and very often the charge of the out-patient department as well. After holding a post of this kind for two years or more, they will then, as vacancies occur, and if considered suitable, be appointed to act for the professors when these take leave, and usually they will so act on several occasions before being appointed permanently to such a post. It will thus be seen that in nearly all cases there is very ample opportunity of judging how far any man is fitted for any post of this kind before he actually obtains it. Would this be the case to the same extent with any other system?

The only feasible alternative would be to obtain men direct from home to fill these appointments; and with their entire ignorance of the country, its special diseases, the language and inhabitants, they would be at an immense disadvantage, to say nothing of the difficulties that would arise in providing men to act for them when sick or on leave. Moreover, if really highly qualified and experienced men are to be obtained, the salaries would be prohibitive, and even then it is, I think, highly doubtful if the work would be as efficiently performed as at present, owing to the numerous disabilities under which such men would be working.

When one sees the ease with which the numbers of Indian students who go to England nowadays from the Indian medical schools gain diplomas after only a few months' study, it does not seem as if there was much wrong with the teaching they have received out here.

Again, the writer asks, “Why is this system not adopted by other countries or native states?” The reply appears to me to be perfectly simple—namely, that there is no other country or native state in which precisely the same conditions exist as in India. I feel that I have already trespassed too far on your valuable space, so will refrain from going into this matter any further now.

Universities and Colleges.

UNIVERSITY OF LONDON.

MEETING OF THE SENATE.

A MEETING of the Senate was held on June 17th, under the chairmanship of the Vice-Chancellor, Sir Wilmot Herringham, who was re-elected Vice-Chancellor for the year 1914-15.

Site for the University.

A letter was read from the Secretary to the Prime Minister intimating that the Government could not contemplate the diversion of Somerset House from its present purposes. It was resolved:

That the Vice-Chancellor be requested to inform His Majesty's Government that the Senate, having considered various sites which have been suggested for the head quarters of the University, are of opinion that it is undesirable to proceed further with such consideration unless and until His Majesty's Treasury intimate their willingness to provide accommodation more suitable in situation, more convenient in character, and on terms not less advantageous as regards tenure, etc., than those attaching to the present occupation at South Kensington.

Recognition of Teachers.

Mr. William W. C. Topley was recognized as a teacher of pathology at Charing Cross Hospital Medical School.

Appointments.

Professor Arthur W. Crossley, Ph.D., D.Sc., F.R.S., was appointed to the University Chair of Chemistry tenable at King's College.

It was reported that the Principal had appointed Professor F. Womack (St. Bartholomew's Hospital) as examiner in physics at the first examination for medical degrees to be held in July, 1914, in place of Mr. A. O. Rankine.

Anthropological Research.

The thanks of the Senate were accorded to Dr. Robert Mond for a donation of £250 for the purpose of enabling Dr. B. Malinowski to carry out investigations on tribes in New Guinea, and the title of "Research Student of the University of London" was conferred on Dr. Malinowski in this connexion.

Board of Studies in Pharmacology.

A board of studies in pharmacology was constituted for the remainder of 1914 as follows:

(a) *Teachers of the University:* Dr. A. J. Clark (Guy's Hospital Medical School), Professor A. R. Cushny (University College), Professor W. E. Dixon (King's College), Dr. W. J. Fenton (Charing Cross Hospital Medical School and Hospital for Consumption), Dr. O. F. F. Grunbaum (London Hospital Medical College), Dr. P. Hamill (St. Bartholomew's Hospital Medical School), Dr. R. H. Miller (St. Mary's Hospital Medical School), Dr. F. Ransom (London School of Medicine for Women), Dr. R. A. Young (Middlesex Hospital Medical School and Hospital for Consumption). (b) *Other Persons:* Dr. H. H. Dale; (the person, if any, who, not being a teacher of the University, is for the time being a staff examiner of the University in Pharmacology). (c) *Whether Teachers of the University or other Persons:* The chairmen of the Boards of Intermediate Medical Studies, Advanced Medical Studies, Studies in Physiology, Studies in Human Anatomy and Morphology.

It was resolved that the board be deemed to be within the purview of the Faculty of Medicine.

Grant to the University of London Club.

It was resolved that a grant of £100 be made for the year 1914-15 to the University of London Club on condition that the club shall be put, free of charge, at the disposal of the university for official purposes upon the request of the Vice-Chancellor or Principal.

Donation from Committee of International Congress of Medicine.

The thanks of the Senate for a donation of £100 were accorded to the Committee of the seventeenth International Congress of Medicine which met in the university buildings in 1913.

Appointment of Representative.

Dr. R. H. Cole was reappointed Governor of the Slough Grammar School.

Regulations for M.B., B.S. Examinations.

The Senate has resolved that in and after the session 1915-16 the regulations for the M.B., B.S. examination for internal and external students be amended as follows:

By the substitution for the words "Eye, Ear, and Throat," of the words "Eye, Ear, Throat, and Skin" in Section (11) of the syllabus in surgery.

Chairman of Committees.

Sir Alfred Pearce Gould, K.C.V.O., M.S., F.R.C.S., has been appointed Chairman of the Graham Legacy Committee, and Dr. F. Taylor Chairman of the Committee of Medical Members of the Senate.

Paul Philip Reitlinger Prize.

The Paul Philip Reitlinger prize (£30 in 1914 and £40 in 1915) will be awarded annually on December 3rd, provided there is a candidate (who must be an undergraduate or graduate of not more than five years' standing) of sufficient merit. In 1914 and biennially thereafter the prize will be awarded for the best essay embodying the result of some research work on the medical subject carried out by the candidate. In 1915 and biennially thereafter the prize will be awarded for the essay on a literary, historical, or philosophical subject. Essays must reach the Principal of the university not later than October 1st in the year of award.

UNIVERSITY OF MANCHESTER.

Degree Day.

THE Degree day ceremony, on Saturday, July 4th, attracted a large audience, the Whitworth Hall being literally packed. In his opening statement, the Vice-Chancellor (Professor Weiss) made special reference to the resignation of his predecessor, Sir Alfred Hopkinson, who had witnessed during his term of office a steady growth and development of the university. Reference was also made to the loss which the university had sustained by the death of Mr. E. J. Broadfield. There had been a considerable increase in the number of the students, and the Vice-Chancellor regarded it as particularly gratifying to find that the entry of students to the medical school was greater than it had been for many years past. This increase in the number of students imposed a difficult task on the university—to find the necessary accommodation for lectures and laboratory work the Council had sanctioned the erection of a new building for the Arts Department, which it was estimated would cost about £30,000; to meet this the university would have to depend on the generosity of its friends and the citizens of Manchester. In addition to a large number of degrees in all the faculties, the following honorary degrees were conferred:

LL.D., Mrs. Lees of Oldham; Doctor of Letters, Professor Feuilleat of Rennes, and Professor Gonner of Liverpool; Doctor of Science, Professor Bragg of Leeds and Mr. J. E. Stead; Master of Arts, Mr. W. F. Cotterill of Salford; Master of Technical Science, Mr. Charles Day of Manchester.

Examination Results.

The following candidates have been approved at the examinations indicated:

FIRST M.B., CH.B. (*Part III. Organic Chemistry and Bio-Chemistry*).—N. Abdoh, T. H. Almond, May Ashburner, Sybil Bailey, H. Bradshaw, Mary G. Cardwell, H. J. Chronnell, T. Colley, S. E. Critchley, Elizabeth C. Davies, H. Dickie, E. B. A. Edleston, P. Fildes, G. H. W. Gough, F. L. Heap, F. S. Horrocks, Fahim Isaac, A. W. Kirkham, J. H. Lees, J. Mills, T. O'Brien, Kathleen O'Donnell, E. Pigott, H. J. Porter, A. R. Redfern, L. Samuels, A. G. Saunders, L. J. Schwartz, V. T. Smith, J. T. Walker, Marie Wardman, Ethel D. Willis.

THIRD M.B.—G. S. Bate, H. W. Bennett, H. Chadwick, W. Christopher, R. Colley, Eva L. Glasier, Alice M. A. Holt, R. L. Newell, F. C. Ormerod, J. A. Pantou, Nesta H. Perry, Dorothy Potts, C. R. Sandiford, W. Stansfield. (*Pharmacology and Therapeutics*).—J. H. Albinson. (*Hygiene*).—J. D. Byrd.

FINAL (*Forensic Medicine and Toxicology*).—J. C. Bramwell, *A. T. Gibb, E. Grainger, W. Halliwell, *J. G. McKinlay, H. M. von Mengershausen, J. F. C. O'Meara, F. G. Prestwich, J. Rigby, C. G. Todd, F. Vause, L. Walton, R. Willan. (*Obstetrics*).—W. S. Booth, G. B. Horrocks, K. Maximus. (*Medicine*).—W. S. Booth, G. B. Horrocks, K. Maximus. (*Surgery*).—G. B. Horrocks.

FINAL (*All Subjects*).—†Lily Allan, B. Browning, F. Chadwick, J. W. Craw, H. C. Duffy, C. W. Fort, *D. T. Harris, J. R. Jagger, *O. M. de Jong, E. A. Linell, Kate K. May, A. S. Paterson, *J. R. B. Russell, J. R. Slack, E. H. Walker.

* Passed with distinction in one or more subjects.

† Second-class honours.

UNIVERSITY OF SHEFFIELD.

THE following candidates have been approved at the examinations indicated:

FIRST M.B., CH.B.—J. N. Gale, J. V. Mainprize, R. H. B. Mathews, J. Ryan, Alice White, Ethel White.

SECOND M.B., CH.B.—Mary Andrews, F. G. E. Hill, Florence E. Millard.

FINAL.—*W. B. Allen, G. F. Stones, J. R. Turner, D. C. Turnbull, C. H. Wilson.

D.P.H.—J. R. McGregor, E. T. K. Walker, P. D. Warburton.

* Second-class honours.

UNIVERSITY OF EDINBURGH.

Honorary Degrees.

AMONGST those who received the honorary degree of LL.D. at the graduation ceremonial on July 3rd were Byrom Bramwell, M.D., Consulting Physician to the Royal Infirmary, and Frederick Walker Mott, M.D., Pathologist to the London County Asylums.

The Dean of the Faculty of Laws (Professor James MacKintosh), in presenting Dr. Byrom Bramwell, Consulting Physician to the Royal Infirmary, said: "Fortune has not acted blindly in putting in the van of the honorary graduates in law the distinguished physician whose commanding presence so well fits him for the part, and whose brilliant reputation, built up in our midst, has added fresh lustre to the Edinburgh Medical School. After Dr. Bramwell quitted our class-rooms, laden with student honours, he garnered a wide knowledge of medicine in five years of busy general practice, followed by five years of fruitful hospital work at Newcastle and on the teaching staff of the Durham College of Medicine. Returning to Edinburgh in 1880, he conducted extra-mural classes with gratifying success, while the remarkable gifts he displayed in the clinical wards of the Royal Infirmary soon made his name known all over the medical world as a great clinician and carried him into the front rank as a consulting physician. Perhaps his most salient characteristics were a rare acumen in diagnosis and a sympathetic attitude to every advance in medical thought and practice, which made him a pioneer in introducing many of the newer methods of treatment. His contributions to medical literature, as diverse in subject as they are striking in volume, are highly prized as scholarly records of keen observation and extensive experience. Successive editions of his valuable textbooks and fresh series of his clinical reports have served to revive for many a practitioner the impressions and inspiration first caught from the author's lips in the crowded wards. Many generations of former students will be gratified to learn that the Senatus has shown its appreciation of Dr. Bramwell's high deserts and the distinguished services he has rendered by admitting him a doctor in the sister Faculty of Law."

In presenting Dr. Mott, Pathologist to the London County Asylums, he said: "It is my privilege to present next an acknowledged leader and guide of medical opinion in the great and growing department of psychiatry, one who is held in equal honour on both sides of the Border. A graduate of London with the highest distinction, Dr. Mott served a long apprenticeship to general medicine as physician to Charing

Cross Hospital, and was elected a Fellow of the Royal Society in 1897 in recognition of his valuable researches on the comparative anatomy and physiology of the brain and spinal cord. For the past seventeen years he has held the post of pathologist to the London County Asylums, and has devoted his energies to a department which he has made peculiarly his own—the pathology of the brain and mental disease. To take but a few examples of his original investigations in this field, he has demonstrated that syphilis is the essential cause of general paralysis of the insane and locomotor ataxy; he was the first to describe the changes in the brain produced by sleeping sickness; and he has elaborated from statistics and pedigrees an instructive study of the influence of heredity in relation to epilepsy, feeble-mindedness, and insanity. The results of these and many other researches in neuro-pathology, Dr. Mott has presented with fullness and clearness in standard textbooks and special journals, while he has delighted many a professional gathering by luminous addresses like the Morison lectures delivered in this city. Nor must I omit to mention his strenuous exertions in connexion with the establishment of the Maudsley Hospital for the study and treatment of incipient insanity. Many honours have rewarded Dr. Mott's outstanding services in forwarding the scientific study of mental disease and in alleviating the unhappy lot of its victims, and the university would fain add its tribute of admiration and esteem by enrolling him among its honorary graduates.

Degrees.

The following candidates have been approved at the examination indicated:

FIRST M.B. (Physics).—R. F. Balmain, W. E. Coutts, E. D. D. Dickson, W. J. Dunn, H. A. E. Kirby, V. L. P. Hayes, L. A. Lawrence, J. B. Liggins, F. P. MacGillivray, Mary P. Mair, W. J. Manson, I. Platky, H. S. Plowman, B. Pyman, J. Reid, D. G. Robertson, W. G. Robson, E. O. Ruddock, T. A. Sellar, J. K. Sen, G. A. Sinclair, H. G. Smith, M. R. Zada, W. L. Zeeman. (*Chemistry*).—B. Cheifitz, Anna G. Christie, W. J. Dunlop, D. N. Dutt, M. H. A. Fletcher, D. T. P. Gay, B. T. Halliwell, V. L. P. Hayes, H. P. D. Helm, S. S. Horwitz, W. G. Hughes, L. A. Lawrence, Anne L. MacDonald, J. E. B. Miller, J. K. Mitchell, J. K. Murray, J. J. van Niekerk, J. Robinson, E. O. Ruddock, J. Sharp, Eliza J. Stuart, J. Tulloch.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

ELECTIONS TO THE COUNCIL.

No fewer than 1,048 Fellows sent in their voting papers for the election of members of Council on July 2nd; 11 voting papers arrived too late, and out of the 1,037 votes that were counted, 3 were pronounced invalid. Only six Fellows voted personally. This was the largest poll ever recorded at the Council elections.

The result was as follows:

Candidates.	Votes.	Plumpers.
WILLIAM THORBURN (Fellow 1886, Manchester) ...	534	53
CHARLES ALFRED BALLANCE, M.V.O. (Fellow 1882) ...	434	5
WILLIAM MCADAM ECCLES (Fellow 1892)	351	23
JAMES STANLEY NEWTON BOYD (Fellow 1881) ...	337	14
CHARLES RYALL (Fellow 1896) ...	304	13

Mr. Ballance, who had retired from the Council in rotation, was re-elected, and Messrs. Thorburn, Eccles, Stanley Boyd, and Ryall were elected Members of Council.

The remaining nine candidates were not elected:

Candidates.	Votes.	Plumpers.
John Bowring Lawford (Fellow 1885) ...	256	5
Thomas Horrocks Openshaw, C.M.G. (Fellow 1886) ...	245	30
Walter George Spencer (Fellow 1887) ...	238	2
Raymond Johnson (Fellow 1888) ...	218	7
Frédéric Francois Burghard (Fellow 1889) ...	204	4
Francis James Steward (Fellow 1898) ...	177	25
Herbert Stringfellow Pendlebury (Fellow 1897) ...	106	9
Thomas Herbert Kellock (Fellow 1891) ...	99	0
Percival Macleod Yarsley (Fellow 1893) ...	90	2

Mr. Willmott H. Evans and Mr. J. E. T. Frazer acted as scrutineers.

The result of the poll was announced just before 7 p.m. by the President, Sir Rickman J. Godlee, Bart., who presided at the election.

CONJOINT BOARD IN IRELAND.

The following candidates have been approved at the examination indicated:

FINAL COLLEGES.—R. M. Alcorn, R. A. Austin, R. J. Brookes, F. Byrne, W. P. Cooney, T. N. Enright, A. B. Foott, S. H. Good, C. W. Joynt, J. Lanigan, A. Merrin, W. J. J. Mulcahy, C. Murray, J. J. O'Connell, H. V. O'Donoghue, L. S. O'Grady, G. M. C. Powell, N. A. K. Sparrow, M. Shipsey, F. M. D. Taylor, J. J. Walsh.

Public Health

AND

POOR LAW MEDICAL SERVICES.

POOR LAW MEDICAL OFFICERS' ASSOCIATION OF ENGLAND AND WALES.

THE annual meeting of this association took place on Thursday, July 2nd, at Burnley.

The Mayor (Alderman J. S. Kay), in welcoming the members in the Council Chamber of the Town Hall, spoke of the unfortunate dispute which had been going on in Burnley for some eighteen months between the Poor Law medical officers and the Poor Law authorities. He held no brief for either party, but trusted that the dispute might come to an end speedily. If as Mayor he could be of any assistance at any time in bringing about a settlement, he would be pleased to render that assistance. Surgeon-General Evatt, the President, in returning thanks for the reception, said that he also regretted there should be friction at Burnley, and the Council of the association agreed with the Mayor most thoroughly. It was surprising that a town that had done so much by providing an institution so admirable as the Poor Law Hospital he had had the pleasure of inspecting should allow friction over a matter which must be capable of being settled. If it was possible for the Mayor to help, the association would be glad to have his assistance. The Mayor said he hoped the meeting might be a happy augury for a settlement.

Dr. Bird, Honorary Secretary of the Burnley Division of the British Medical Association, who also welcomed the meeting, said that the Division was doing everything in its power to settle the dispute.

The Mayor then withdrew, and the minutes of the last annual meeting were read, confirmed and signed by the chairman. The annual report of the Council and its report on the Poor Law Institutions Order (see JOURNAL, June 6th, p. 1271) were unanimously received and adopted, and a copy of the latter was directed to be sent to the Local Government Board. The balance sheet for the year was, after some discussion, unanimously approved. Surgeon-General Evatt, president, and Dr. Major Greenwood, honorary secretary, were re-elected to those offices by acclamation. Dr. Napper was re-elected treasurer, and Dr. Withers Green auditor. Dr. Balding was also re-elected chairman of council. The following were elected members of council for 1914-15: Dr. Holder (Hull), Dr. Gidley-Moore (Fyfield), Dr. Lloyd Brown (Tunbridge Wells), Dr. Withers Green (London), Dr. George Jackson (Plymouth), Dr. Drury (Halifax), Dr. C. Biddle (Merthyr Tydfil), Dr. Thackray Parsons (London), Dr. W. Brown (Bristol), and Dr. Agnew (Burnley).

Recent Legislation affecting the Duties of Poor Law Medical Officers.

Mr. C. E. Bygrave, Clerk to the Blackburn Guardians, said that the Poor Law Medical Service had been considerably affected by recent legislation and Departmental Orders. Upon the passing of the Insurance Act it was anticipated that the duties of district medical officers would be considerably lessened as a direct result of the Act. But relieving officers in the Blackburn Union stated that they found on the whole no appreciable difference in the issue of medical orders, as distinct from ordinary orders for relief, and they gave the following reasons—that the migratory population, usually the unemployed and unemployable, were uninsured, that was, not in benefit, and that the members of the resident population who were out of benefit were apt to seek the assistance of the district medical officers upon the occurrence of the slightest need, as apparently his or her insured brother or sister was in the habit of doing. Where insured persons had no medical card, it was easier to obtain the services of the district medical officers than those of the ordinary doctor. The total number of persons in the Blackburn Union who were being attended by district medical officers on December 12th, 1913, was 117, and the number attended on December 12th, 1911, was 93. The diminution in the number of persons in receipt of out-relief between 1910 and 1911 was mainly due to the removal of old age pensioners from the outdoor relief list. The cases of midwifery were undoubtedly fewer, but in some, though the mother was in receipt of maternity benefit, it had been found necessary to effect removal to the workhouse infirmary. In the workhouse infirmary the maternity cases were also fewer in number. The need for institutional medical treatment did not seem

to be diminished as a result of the Insurance Act. The Local Government Board had expressed the opinion that medical officers should assist insured persons in the workhouse who applied for certificates enabling them to recover from their approved societies the amount of the benefits which accrued during their treatment in the workhouse infirmaries. Mr. Bygrave, however, expressed the opinion that all that the workhouse medical officer could be called upon to supply was the certificate which required the medical officer to certify in writing the sickness of the inmate or the cause of his attendance on him. He was unable to agree with the statement that the duties of the medical officers had largely increased in consequence of the new Institutions Order. The question of remuneration of workhouse medical officers for attending and giving evidence at inquests held on workhouse premises appeared to him to require putting on a more satisfactory basis. The Old Age Pensions Act had caused a large diminution in the number of old persons in the receipt of out-relief, but the recipients of the pensions were still entitled to the services of the district medical officers. There seemed to be a consensus of opinion of the need for a standard curriculum and examination for Poor Law nurses, and schemes were in course of preparation with this object. This would obviously mean an increase rather than a decrease in the duties of workhouse medical officers. The proposals to appoint whole-time district medical officers were not likely to mature; he had had some experience in a sparsely populated rural union, but large in point of area, and he could not bring himself to believe that the proposals would be seriously considered as being suitable for such a union, and even if the position of medical officers and health and district medical officers were combined, the salary offered for the joint posts would not be likely to attract competent men; there was a difficulty in obtaining men for whole-time appointments except for the more important posts.

In the discussion which ensued, the Secretary said that old age pensioners had largely increased the work of the Poor Law medical officers. The old people remained outside the workhouse, and had to be attended by the doctor outside. Dr. Parsons (Fulham), speaking of the effect of the Insurance Act on institutional treatment, said the Act had distinctly reduced the number of maternity cases at Fulham, but had caused very little diminution in other cases.

Dr. Holder (Hull) complained that a medical officer was sent into a district without a hope of getting promotion for what he did. No one went to see whether they did their duty or not, except the relieving officer, and he did not report. There was never any recognition of their service.

(To be continued.)

Medical News.

It is announced that the Parliamentary Committee on Proprietary Medicines will meet shortly to consider a draft report prepared by the chairman, Sir Henry Norman.

THE *Light Car* (1d.) for this week (July 8th) is a special doctors' issue, and contains a series of illustrated articles on various types of light cars considered to be specially suitable for medical men.

ON the occasion of his leaving Sheffield to take up a position under the Board of Education, Dr. Ralph Williams, medical officer to the Sheffield Education Authority, was presented by the medical staff of the schools with a silver cigar-box, a set of Kipling's works, and a suitcase, as a token of their esteem.

THE steamship *Orvieto* of the Orient Line, which left the Thames on July 3rd, carried a large number of members of the British Association, who are journeying to Australia for the annual congress there. Among them were Sir Edward and Lady Schäfer, Sir Oliver and Lady Lodge, Professor Symington, Mr. C. J. Bond of Leicester, Dr. F. A. Dixey of Oxford, Professor E. A. Minchin, and Dr. H. W. Marett Tims.

THE War Office Committee appointed to inquire into the relations of the British Red Cross Society and the St. John Ambulance Association has begun its inquiry. The Chairman is Sir Walter Lawrence, G.C.I.E. The Red Cross Association is represented by Mr. Ridsdale, Chairman of the Executive Committee, and Sir Anthony Bowlby, C.M.G.; the St. John Association by Sir James Andrew Clark, C.B., and Lord Herbert Scott; and the St. Andrews Association (Scotland) by Sir George Beatson, K.C.B.

The other members are: General Sir Edmond Elles, Chairman of the Territorial Forces Association; Colonel Streatfield, Chairman Kent Territorial Force Association; and Mr. R. H. Brade, C.B., and Surgeon-General Macpherson, C.M.G., nominated by the War Office.

WHILE holding an inquiry recently at the City Coroner's Court, Dr. F. J. Waldo drew the attention of the jury to the formalin chamber in which the body had been preserved. It was, he believed, the only one in the United Kingdom, although the system was in use in Belgium and at various places along the Mediterranean coast. He found that the features of bodies, especially those taken from the river, became more recognizable after they had been exposed to the formaldehyde fumes (1 in 40) for a few days in the chamber. He added that the London County Council had power under the Public Health (London) Act, 1891, to build and equip with preserving apparatus two mortuaries for use by London coroners, but had taken no steps in this direction.

THE occasion of a garden party, given by Dr. G. H. Davy in the grounds of the Newland Orphan Homes to members of the East York and North Lincoln Branch of the British Medical Association, was taken to present Dr. John Divine with a silver salver and a cheque for £45. The salver bore the following inscription: "This tray, together with a cheque for £45, was presented to Dr. John Divine by his medical colleagues in recognition of the services he rendered as honorary secretary of the Hull Local Medical and Panel Committees, 1913-14." Dr. Milburn, prior to the presentation, referred to the hard and strenuous work Dr. Divine had done in connexion with the work of these committees. Out of eighty-four doctors on the panel list in Hull upwards of eighty had subscribed to the testimonial. Dr. Davy, in making the presentation, expressed his high appreciation of the services rendered by Dr. Divine, who duly acknowledged the gift.

SIR ARCHIBALD GEIKIE, as chairman of a local committee which has raised £2,000 for the maintenance of the educational museum established by the late Sir Jonathan Hutchinson at Haslemere, is appealing to the general public for an additional sum of £5,000 or £8,000. Subscriptions may be sent to Miss Rose Jackson, Downcourt, Haslemere. The site, building, and contents have been presented to the public by the trustees under Sir Jonathan Hutchinson's will. In collecting and displaying the specimens he worked upon a definite plan, arranging them in series to show in chronological succession the stages in the history of plant and animal life upon the globe. By an original and ingenious arrangement he was able to indicate the broad sequence of events in the history of man from the Stone Age to the present day. The museum is visited every year by some ten thousand persons of all classes, and schools are brought from considerable distances to study its contents and to hear the curator's explanations.

THE Board of Education, acting under the Mental Deficiency Act, 1913, has issued regulations governing the notification of mentally deficient children. The Local Education Authority will, as a rule, be moved by the certifying officer, who will be the school medical officer of the authority or such other duly qualified medical practitioner as the authority may nominate for the purpose. If a Local Education Authority is in doubt as to whether a child is or is not capable of receiving benefit or instruction in a special school or class under the Elementary Education (Defective and Epileptic Children) Act, 1899, it may refer the question to the Board of Education, otherwise it will notify the case to the local authority under the Mental Deficiency Act. The Local Education Authority must further notify to the local authority under the Mental Deficiency Act any mentally defective child who, on or before attaining the age of 16, is about to be withdrawn or discharged from a special school or class. Further, the Local Education Authority may call for a special report from any teacher of the school the child has been attending. With regard to any blind or deaf children the Local Education Authority may propose to notify, it is required to furnish the Board of Education with a copy of the report of the certifying officer, and if the child is already attending a special school, with a report by the head teacher on the child's progress.

MAJOR LEONARD DARWIN, who delivered the presidential address at the annual meeting of the Eugenics Education Society, on July 2nd, chose as his subject the segregation of the criminal. He said that while improvement in environment would no doubt cause a diminution in crime, there would be a remnant of habitual criminals whose strong natural tendencies, being subject to the laws

of natural inheritance, would infallibly tend to reappear in their descendants. To lessen their fertility, therefore, seemed within the scope of eugenic reform. The aim of the social-reformer was, wherever it was possible, to remove the bad environment; but the eugenicist should at the same time strive to strengthen the innate characters of the individuals composing the coming generations. That result might be obtained by selective breeding. Courage had been claimed as a marked characteristic of the criminal; but those who studied the habitual criminal would find few qualities in him to admire. The object should be to pick out those who were endowed to a very exceptional extent with natural qualities which facilitated the adoption of a life of crime; and having selected a class of the criminal community whose progeny the nation of the future could well do without, the next question was how to prevent that progeny from coming into existence. The only method now possible within the region of practical politics in England was the detention or segregation of those criminals during the period of their fertility. The eugenicist condemned the existing system whereby the habitual criminal was subjected to numerous short imprisonments, because it not only did not tend to lessen the number of his progeny, but was likely to increase his racial productivity by giving it from time to time renewed vigour. Social reformers, who recognized the immense importance of environment, ought to be the first to condemn the practice of letting loose thousands of unreformed criminals into our slums, where their influence might be likened to that of animals carrying the germs of disease. Much would have to be done before the machinery established under the Mental Deficiency Act would produce the best results; no trustworthy estimate could be formed of the number of criminals who would be dealt with under its provisions. Sooner or later inquiry must be made as to whether some steps ought not to be taken with regard to the remainder of the habitual criminal population. A desirable reform which eugenicists should endeavour to promote would be the amendment of the Prevention of Crimes Act so that it might be made more readily applicable to the man of many minor offences.

It has already been announced in the JOURNAL, that the International Congress of Neurology, Psychiatry, and Psychology will be held at Bern in September (7th to 12th). The official programme has now been issued. The congress will be presided over by the President of the Swiss Republic. Dr. P. Dubois, of Bern, is President of the Organizing Committee; the Vice-Presidents are Dr. P. L. Ladame of Geneva, Professor C. von Monakow of Zurich, and Dr. R. Bing, Privatdocent of Neurology at Basel. The members of the International Committee for Great Britain are Drs. Barham, C. Hubert Bond, Byrom Bramwell, William Brown, W. R. Dawson, Sir Bryan Donkin, Sir David Ferrier, Dr. E. Goodall, Dr. Bernard Hart, Sir Victor Horsley, Mr. W. McDougall, Drs. John Macpherson, F. W. Mott, David Orr, George M. Robertson, Risien Russell, Mr. Alex. F. Shand, Professor C. S. Sherrington, Dr. R. Percy Smith, Sir George Savage, Dr. C. Spearman, Professor James Sully, Dr. W. H. B. Stoddart, Dr. John Turner, and Dr. S. A. Kinneir Wilson. In the Section of Neurology papers on regeneration in the nervous system will be read by Professors Alzheimer, of Breslau, and Ramon y Cajal of Madrid: on reflex paths in the medulla and cord by Professor Sherrington, Professor Pierre Marie and Dr. Foix of Paris; on tabes and general paralysis in relation to the *Spirochaeta pallida*, by Professor Ehrlich; and on Ehrlich's salvarsan in the treatment of syphilitic nervous and mental diseases by Professor Crocq of Brussels. In the Section of Psychiatry papers will be read on the pathogenesis and treatment of phobias by Professor Bechterew of St. Petersburg; on senile mental diseases, by Professor Redlich of Vienna, and Dr. Anglade of Bordeaux; and on the rôle of the defensive ferments in pathology, by Professor Aberhalden, of Halle, Professor Binswanger of Jena, and Dr. Lampe of Munich. In the Section of Psychology papers on psychological heredity will be read by Dr. Mott and Dr. Ladame; and on the biological bases of psychology, by Professor Petzoldt of Charlottenburg. Among other communications promised are papers on the surgical treatment of epilepsy by Professor T. Kocher; on epilepsy and cerebral tumour by Dr. Aldren Turner (Section of Neurology); and the treatment of temporary forms of intellectual disorder by Dr. Nathan Raw (Section of Psychiatry). Particulars as to hotel accommodation, excursions and so forth, can be obtained from the Secretary of the Congress, Dr. Schnyder, 31, rue Monbijou, Bern, to whom all communications relative to the Congress should be addressed.

Letters, Notes, and Answers.

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.

J. E. H. P. asks for advice in the treatment of the following case: G. M., roadman, aged 54, has a patch of discoloration on the skin on the front of the right leg. It is dark blue or violet in colour, shading off to brown at the edges, and there is some peeling of the epidermis. It measures 5½ by 4 in. This dates from an operation for right inguinal hernia three years last March. He got thrombosis of the right femoral vein, otherwise is quite healthy and has no varicose veins. He goes about his work, and I have dressed the patch every fortnight with Unna's paste, which relieves it, but it neither gets better nor worse.

SEA-BATHING AND SKIN IRRITATION.

F. J. W. would be grateful for advice in the treatment of a patient who, as a boy, revelled in sea-bathing. Of late years (he has turned fifty) he has taken to it again, as opportunity offers. He finds, however, that after about two days' consecutive bathing he has to give it up, owing to intolerable itching of the legs below the knee, worse at night. They present a bright erythematous appearance, with a slight branny desquamation later. What ointment or oily preparation, it must not be expensive, will best meet the case and enable him to continue to enjoy sea-bathing?

POISONOUS PIGMENTS IN CRAYONS.

DR. W. B. DRUMMOND (Edinburgh) writes: Are the pigments used for colouring crayons for school use of a poisonous nature, and is there any risk of their affecting the health of children using them? Free-arm drawing with coloured chalks is becoming a very common "lesson" for young children in elementary schools. Naturally a good deal of chalk dust must float about and be inhaled. Naturally, also, children will sometimes clean their fingers by the primitive method which Kipps adopted to stanch his wound. It seems to me, therefore, that the nature of the colours in coloured chalks must be of some importance from the hygienic point of view. An educational firm, to which I wrote, replied, "Our chalks are prepared with pigments, and not aniline dyes." The nature of the pigments is not stated, but as some of the best and most common pigments are compounds of arsenic, mercury, and lead, the question arises whether chalks for use by children should not be coloured with aniline dyes if white chalk will not serve the purpose. Some time ago you published some cases of lead poisoning in children, apparently due to paint being conveyed to the mouth in the manner suggested above.

LETTERS, NOTES, ETC.

IN announcing last week the issue in English by C. Reichert, of Vienna, of an abridged catalogue of microscopes and accessory apparatus, the address of the London agents, H. F. Angus and Co., 83, Wigmore Street, W., was incorrectly given.

FRESH AIR AND PNEUMONIA.

DR. ARTHUR J. MATHISON (London, N.) writes: Dr. Bain, in the JOURNAL of June 13th, writing of the treatment of pneumonia by quinine and calomel, puts it on an equality with that recommended by me and used with complete success recently by Dr. Manasseh in Syria. Looking back to Dr. Arnold's letter, which appeared in July, 1913, I find he claimed that he had treated pneumonia for eighteen years, with a mortality of under 5 per cent., on the purgative and quinine plan chiefly. On the other hand, with the potassium iodide and creosote treatment, Dr. Manasseh in Syria and I in London have no mortality, if we except a case in which I was called the day before the death of the patient, an old lady who had been ill for about five days. Others have sent glowing reports. I put it to Dr. Bain that 4 or 5 per cent. of all the cases of pneumonia in one year only in the United Kingdom constitutes a tremendous and appalling difference. I was under the impression that the profession was practically united on the subject of fresh air in this disease. But fresh air alone, I fancy, would not come out well in statistics.

SCALE OF CHARGES FOR ADVERTISEMENTS IN THE BRITISH MEDICAL JOURNAL.

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Seven lines and under	0 5 0
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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 restantes* letters addressed either in initials or numbers.