

the opportunity arises, to prevent contamination of clothing.

Of the injection or irrigation methods recommended, Janet's appears to be the best. There are special irrigators made for this treatment with two-way nozzles by means of which the anterior urethra only may be lavaged or through-and-through irrigation carried out; the process is very simple and the results exceedingly satisfactory.

In the early stages, where the anterior urethra is affected, anterior irrigations of potassium permanganate (1 in 6,000 solution) will be found beneficial. It is best to use low pressure and only irrigate about the first three inches of the urethra, using a pint of solution at a time; it is well to do this twice daily. Should there be much pain or swelling of the penis, irrigations may be withheld until it subsides.

As soon as symptoms of posterior urethritis, indicated by urgency and frequency of micturition, are observed, through-and-through irrigation should be commenced, beginning with 1 in 10,000 solution potassium permanganate, very gradually increased from day to day till about 1 in 3,000 can be tolerated; the best temperature for the solution is between 95° and 100° F. At the end of a week or ten days the urine, which had previously been cloudy with pus, begins to clear, and small shreds or flakes may be seen floating in it; at this stage irrigations may be reduced to one a day. Complications such as prostatitis and epididymitis may arise, but they are so modified in extent that they are readily amenable to treatment.

When all acute symptoms have abated, it is well to make a rule of passing a Kollman's anterior dilator once a week, and stretching it very gradually and gently up till it meets with resistance; in any case it should not be stretched beyond 37 as indicated on the dial. This method serves the double purpose of expressing any secretions that may have got lodged in the glands of Littre or the lacunae of Morgagni, and at the same time acts as an excellent precaution against stricture.

Each dilatation should be followed by a through-and-through irrigation with a solution of potassium permanganate (1 in 6,000). At this period the prostate, seminal vesicles, and Cowper's glands should be examined, and, if necessary, massaged.

Through the courtesy of the senior surgeon of All Saints' Hospital I have had the opportunity of studying a great number of acute and chronic cases of gonorrhoea, and, regarding the treatment, the above are the conclusions I have drawn. The vaccines I have found more useful in the chronic complications than in the acute stages of gonorrhoea.

## Memoranda :

### MEDICAL, SURGICAL, OBSTETRICAL.

#### ANTITYPHOID INOCULATION.

##### *A Speedy Method of Inoculating.*

In the preventive inoculation of the troops with typhoid and other vaccines the following method may be of service where time is limited. By such a method I have been enabled to inject carefully graduated doses of vaccines and serums ( $\frac{1}{2}$  c.cm. and 1 c.cm. doses) into mice at the rate of 60 to 80 an hour; even when an occasional animal has complicated matters by a temporary escape.

The vaccine, contained preferably in a 20 c.cm. bottle, is poured into a cold sterile watch-glass or Petrie dish and sucked up into a cold sterile all-glass 20 c.cm. syringe, graduated into  $\frac{1}{2}$  c.cms. This is done more rapidly without attaching a needle. Some twenty to forty sterile needles boiled in water to which a little soda has been added should be available, as also a pair of sterilized dressing forceps for picking out the needles. In the case of 1 c.cm. doses as many as twenty inoculations can be made from one syringe by merely throwing off a needle after each inoculation and affixing another. The men being lined up, an assistant (unqualified), slightly in advance of the operator, prepares the skin with 2 per cent. iodine, and another assistant behind the operator repeats the iodine application so as to seal the puncture with iodine after the inoculation. The chief precaution to

be observed is to keep the needle pointing downwards to prevent the weight of the piston drawing into the syringe the tissue fluid from the last man inoculated. A fairly long needle will also prevent this reflux, as also the gradual removal of the needle towards the end of the inoculation.

If such precautions are observed the procedure is as safe as any other, and with men as the subjects instead of mice, should enable any one to perform at least eighty inoculations an hour. Those accustomed to inoculation on the large scale will no doubt have their own methods, but I put the suggestion forward chiefly to Territorial R.A.M.C. officers who may not previously have been called upon in this way.

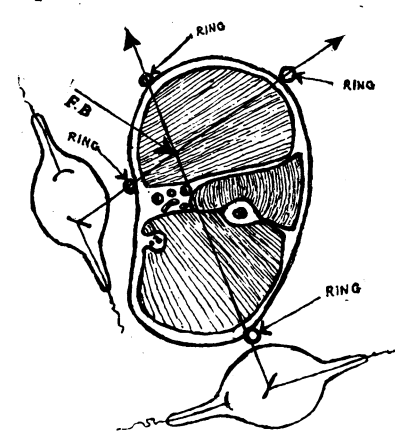
ARNOLD RENSHAW, M.B., B.S.

The University, Manchester.

#### LOCALIZATION OF FOREIGN BODIES.

THE following is a simple, and, as far as I am concerned, original, method of localizing an embedded foreign body by means of the x-ray tube and fluorescent screen.

The part should first be so thoroughly cleansed that little will be needed immediately before the surgical exploration. The couch and under surface of the screen



should be covered with sterilized material. A rubber band of suitable size is then made to encircle the limb at the level of the foreign body. This band carries on it four small metal rings or pieces of bent wire, which can be moved along it, but not too easily. Two observations are then made with the rays, and the rings moved with forceps till they cover the

foreign body above and below in two widely different planes. If they have been carefully placed and the limb properly rotated, the body will be found at the intersection of the two lines joining the opposite rings; and it can be approached from whatever direction best suits the anatomy of the part.

I have not tried the method in many cases, since experience is rather limited here, but think I ought not to keep it to myself any longer; I desire rather to throw it out as a suggestion to others, with a good hope that it may be found practical.

W. REGINALD WILSON, M.A., M.B., B.C. Cantab.,  
Honorary Surgeon, Doncaster Royal Infirmary.

#### GALYL IN SYPHILIS.

THE medical profession should give a thorough trial to the merits of galyl as an antisyphilitic. Since reading the article on it by Dr. Johnston Abraham in the BRITISH MEDICAL JOURNAL (March 14th, p. 582) I have employed it extensively with excellent results. Nearly all my cases have given a negative Wassermann reaction after three injections (35, 40, and 45 cg.), and this, though not a positive proof of cure, is at least satisfactory. I do not think galyl as good a general tonic as neo-salvarsan, but it certainly produces a negative Wassermann reaction in shorter time. It is cheaper, and it is made in Paris.

JOHN HARTIGAN,  
Medical Superintendent, Royal Hamadryad  
Seamen's Hospital, Cardiff.

#### MALARIAL FEVER WITH SEVERE CEREBRAL SYMPTOMS.

A. P., a negro boy aged 11 years, was admitted to the Public Hospital, Buff Bay, Jamaica, West Indies, on June 11th, in a comatose condition. Reflexes were absent, and soon after admission he passed urine and faeces involuntarily. He seemed in a dying condition. The thoracic

and abdominal organs were found to be normal, except that the spleen was slightly enlarged; the temperature was 104° F.

Malarial fever was diagnosed; a hypodermic injection of quinine hydrochloride was given; and an icebag applied to the head. Next day the boy had improved considerably, and he was in a semiconscious state.

On June 13th he was able to answer questions, but was dull and apathetic. He was then having a mixture containing quinine sulphate gr. iv in each dose.

On the morning of June 15th he had frequent epileptiform convulsions, and was in a semicomatose state; the temperature, which had fallen to normal, was again 104°. He was given another hypodermic injection of quinine hydrochloride gr. v, and this was repeated every four hours. A mixture containing sodium bromide and chloral hydrate was also prescribed. The convulsions soon ceased; the hypodermic injections of quinine were continued, and he gradually improved. He proved to be a bright, intelligent boy, and was discharged perfectly well on July 6th.

Unfortunately there was no examination of the blood made for parasites, but 95 per cent. of cases of malaria in the district are of the sub-tertian variety.

I have to thank Dr. George, senior medical officer of the hospital, for permission to publish this case.

Jamaica, W. I.

R. F. RUSSELL, M.B., Ch.B.

#### ANAESTHETICS IN EYE-WORK.

In a notice of a pocket-book of ophthalmology by Dr. Curt Adam your reviewer expresses the opinion that chloroform as an anaesthetic should be entirely banished from ophthalmology.

I venture to criticize this view because it is, I believe, contrary to the experience of most ophthalmic surgeons in this country. The duty of the anaesthetist in any particular case is to administer the anaesthetic so that the surgeon may carry out the operation under as favourable conditions as possible, and at the same time to keep in view the safety of the patient.

Now, what are the main conditions required in anaesthetics for eye operations?

1. Anaesthesia must be deeper than in most general operations, since the corneal reflex must be abolished.

2. The surgeon must have as much as possible of the patient's face clear of the anaesthetist's hands and apparatus.

3. Coughing, vomiting, or straining of any kind must not occur during an operation which involves opening the globe, and are highly undesirable in any eye operation.

These conditions are either satisfied with difficulty or not at all by ether anaesthesia, while they are, as a rule, easily met by the use of chloroform or chloroform and ether mixed. From the point of view of the surgeon, then, chloroform or chloroform and ether provide the most suitable anaesthesia.

Is the use of these agents compatible with the reasonable safety of the patient? By reference to the records of the Royal London Ophthalmic Hospital I find that out of 3,082 administrations of anaesthetics in the last five years, in all but 80 the anaesthetic was either chloroform or chloroform and ether. During that period there has been only one death, though the anaesthetics are there given by the house-surgeons, and not by a regular anaesthetist.

The following table has been kindly drawn up for me by Mr. Bland, the secretary of the hospital:

*Operations Performed in the In-patient Theatre, Royal London  
Ophthalmic Hospital.  
General Anaesthetics.*

	1909.	1910.	1911.	1912.	1913.
Chloroform ... ..	793	526	321	50	—
Gas and ether ... ..	3	39	7	—	—
Chloroform and ether ...	5	11	266	566	467
Gas, chloroform, and ether ...	—	9	4	—	—
Gas ... ..	—	2	—	15	6
Ether... ..	5	—	—	—	—
Deaths under anaesthesia ...	—	—	—	—	1

My own experience at Moorfields included about 450 anaesthetics in sixteen months. A few of these (mainly other than eye cases) were gas, and the rest all chloroform and ether mixture. The method I adopted has no claim to originality, but as a matter of personal experience I found it answered well. I used a Schimmelbusch mask covered with a double layer of lint, and gave chloroform and ether from separate bottles. Starting with chloroform by the drop method, ether was soon added, and anaesthesia was maintained at the requisite depth, using as large a proportion of ether and as small a proportion of chloroform as possible. The series of over 400, though small from the point of view of anaesthetics for general operations, yet represents, I suppose, considerably more eye anaesthetics than the professional anaesthetist would give in a corresponding time. I did not feel any serious anxiety with regard to any of these cases—in fact, no more than it is desirable to feel with every administration until the patient's recovery.

From the Moorfields figures it would appear that anaesthesia by chloroform or chloroform and ether mixture may lay claim to a reasonable degree of safety.

I should like to ask those who are better fitted to judge than myself whether the abandonment of the "corneal reflex" test of anaesthesia would seriously inconvenience the anaesthetist or seriously imperil the patient's safety. This ritual appears often to distract the attention of the less experienced anaesthetist from more important observations, and certainly adds to the discomfort of patients after operation. It is not tolerated in eye-work. The patient has to suffer many things after operations; surely it is unnecessary to add the pain of extensive corneal abrasions.

London, W. MAURICE H. WHITING, M.B., B.C. Cantab.

## Reports

ON

### MEDICAL AND SURGICAL PRACTICE IN HOSPITALS AND ASYLUMS.

#### TUBERCULOSIS SANATORIUM, KILLINGBECK, LEEDS.

##### ACCUMULATION OF TARTAR RESEMBLING ODONTOMA.

(By ALLAN B. HAMILTON, M.B.)

MRS. G., aged 41 years, was admitted to this sanatorium suffering from pulmonary tuberculosis fairly advanced. Her mouth showed well marked marginal gingivitis; the gums were swollen and tender, and the dental margins oozing pus. Some teeth were missing, chiefly molars, and, excepting the incisors and canines, the rest were carious. On the right side of the upper jaw, and surrounding the first and second molars, the ends of which were visible, was a large mass, the size of half a walnut, firm and hard, and resembling bone, except that it was dull and slightly brownish. Pain was not present on admission, but developed soon afterwards. On closer examination slight movement was made out, and a fine steel probe was passed under its anterior edge, the point disappearing apparently into a cavity. On endeavouring to estimate the firmness of attachment more accurately with the fingers, the "tumour" collapsed like an egg-shell, exposing a large cavity within, filled with foul-smelling greenish debris. The shell was about  $\frac{1}{4}$  in. thick, and was detached piecemeal. The two molars which it surrounded were carious and were extracted, along with some other stumps. The gum underneath was very red and swollen, but improved rapidly, as did the general condition of the mouth.

The interest of the case lies in the fact that the mass had been present for nearly ten years and had not given rise to any symptoms or pain. The patient had not been in the habit of cleaning her teeth in any way. In appearance the mass resembled a true bony tumour, and to be of such a size and composed of tartar must, I think, be unusual in medical practice.

DURING the week ending August 29th there were five cases of plague in Hong Kong, and the same number of deaths; in the following week there were three cases and three deaths.

a considerable advance in our knowledge of this difficult subject.—I am, etc.,

Yelverton, July 27th.

H. WARREN CROWE.

SIR,—The paper by Drs. Stockdale and Hodson on the above subject is very interesting. Here we have two medical men—indeed, three, for Dr. Batty Shaw was the final judge on the cases—spending at least three months in proving what has been proved often, but what few medical men when using tuberculin seem to remember—that is, that tuberculin is only of use in tuberculosis. They say that in every case they found the *B. tuberculosis*, but they do not say what other organisms were found. In their cases coming under Classes 2 and 3 I fear they were expecting tuberculin to clear up temperature, physical signs, and general ill health due more to other organisms than the tubercle bacillus. If the article is read in this light, then it proves the great usefulness of tuberculin in tuberculosis.

Might I suggest that they begin over again with cases in Classes 2 and 3 and make what I term a "differential" examination of the sputum, prepare a vaccine of the organisms found other than the tubercle bacillus and administer it. If this be done I believe they will be surprised how little of the temperature and physical signs was due to the *B. tuberculosis*, and I also believe they will appreciate the fundamental importance in vaccine-therapy of a correct bacteriological diagnosis. I have found P.T.O. the most useful of the tuberculin preparations in pulmonary work.

That tuberculin does not seem to exert its full specific powers in pulmonary tuberculosis is due, I believe, not to any fault in the tuberculin but to mistakes in our method of using it, and one of these, I submit, lies in our not fully estimating the power of the other bacteria and trying to get rid of them first.—I am, etc.,

Lisburn, July 25th.

J. L. RENTOUL, M.B.

## Obituary.

HUGO KRONECKER, M.D.,

PROFESSOR OF PHYSIOLOGY, UNIVERSITY OF BERN.

By the death of Professor Kronecker the scientific world has lost one of the foremost of modern physiologists. He was a younger brother of the famous mathematician Leopold Kronecker, and was born at Liegnitz in 1839. He was therefore 75 at the time of his death.

Kronecker received his preliminary education at the gymnasium of his native town, and afterwards studied medicine at Berlin, Heidelberg, and Pisa. In 1863 he took his doctor's degree at Berlin. He had already shown a marked inclination toward scientific research, and he had worked at physiological problems under Helmholtz and Wundt at Heidelberg. In 1865 he became private assistant to Traube at Berlin, and at the same time worked in the laboratory of physiological chemistry under W. Kühne. In 1868 Kronecker went to Leipzig, where, in 1871, he became assistant to Ludwig, who recognized his fine character and his great ability. At that time the Leipzig Laboratory was an international centre of experimental physiology. Kronecker went there well prepared for the work he had to do by his previous studies under Helmholtz, Wundt, Bunsen, and Kirchhoff, and was thus able to take a leading part in the researches pursued in the laboratory. He could converse in English, French, and Italian as well as he spoke his mother tongue, and this was an attraction to foreign students. In 1872 he qualified as privatdocent, and in 1875 he was appointed professor extraordinary in the University of Leipzig. In 1878 he was appointed head of a department in the physiological Laboratory of Berlin, where he was closely associated in his work with du Bois-Reymond.

In 1884 Kronecker was called to the chair of physiology in the University of Bern, where he remained during the rest of his active life. He was sorry to leave Germany, for he was an ardent patriot who served in the wars of 1866 and 1870. At Bern he established an institute fully equipped in accordance with modern requirements, both for teaching and for research. By his special desire the institute was called "Hallerianum" in memory of the

famous physiologist Albrecht von Haller, whose statue stands within the precincts of the university. He was one of the initiators of the International Congress of Physiology, which held its first meeting at Basel in September, 1889, under the presidency of Holmgren. Kronecker also took a leading part in founding the Marcy Institute in Paris for the designing and control of physiological instruments and methods. He was its president in 1895. Kronecker also co-operated with Mosso in establishing the international research station on Monte Rosa, where he made a special study of mountain sickness. His last publication was a memoir on the cause of that disease, presented to the Royal Academy of Medicine of Brussels on April 25th, 1914.

Under Kronecker's direction the Hallerianum became like the Leipzig Laboratory—an international centre of physiological research. Foreign workers were always sure of a hearty welcome there.

His work, a considerable part of which he published through his pupils, covered nearly the whole domain of physiology. He devoted special attention to the respiration, the heart, the fundamental laws of reflex stimulation, animal heat, the assimilation of albuminous bodies, and other subjects which it is impossible to enumerate.

WE regret to announce the death of Dr. MARK JOSEPH WAKEFIELD of Moseley. Dr. Wakefield, who was in his 56th year, had been ill for a considerable time. He was a member of a well known Durham family and studied medicine at the Newcastle-on-Tyne College of Medicine, and took the degree of M.B. at Durham University in 1884. He was admitted M.R.C.S. Eng. in 1885. He practised for a time at Newcastle-on-Tyne, and some fifteen or sixteen years ago settled in Birmingham. During the illness of the medical officer of Winson Green Prison the Home Secretary appointed him deputy surgeon temporarily; later this appointment was made permanent, and Dr. Wakefield held it for ten or eleven years. Some four years ago his health broke down and he gave up practice. Dr. Wakefield was very popular with his patients, and his fine character endeared him to a large circle of friends.

THE death of Dr. CHARLES JACKSON has caused great regret in the town of King's Lynn, Norfolk, where he had practised for over a quarter of a century. He was born in Westmorland in 1850, and was educated at the Quakers' School, Kendal, and at Glasgow. He took the diplomas of L.R.C.P. Edin. and L.R.F.P.S. Glasg. in 1882. During his residence in King's Lynn he was physician to the West Norfolk and Lynn Hospital, and for twenty-two years was medical officer and public vaccinator for the north district of the Lynn Union. Dr. Jackson took a deep and active interest in all agencies for the social and religious welfare of the district. His hobby was gardening, and he was vice-president of the Lynn Horticultural Society. He died on August 18th, after an illness of several months' duration. The funeral, which took place four days later, was attended by a large number of members of the medical profession and other friends.

## Universities and Colleges.

### ACADEMIC POSITION OF STUDENTS ON MILITARY SERVICE.

THE Vice-Chancellor of the University of Manchester intimates that special arrangements are being made for the benefit of all students of the university who may be on active service during the war. All reasonable allowance will be made in respect of attendance, and scholarships awarded by the university will be continued to these students on their return. It is understood that many local education authorities have adopted a similar policy as regards their scholarships held at the university. There is every intention of opening the session on October 8th as advertised.

### UNIVERSITY OF SHEFFIELD.

THE Council has decided to invite Dr. J. B. Leathes, F.R.S., at present Professor of Pathological Chemistry in the University of Toronto, to accept the Chair of Physiology rendered vacant by the acceptance by Professor J. S. Macdonald of the Chair of Physiology in the University of Liverpool.

## UNIVERSITY OF DUBLIN.

THE following degrees were conferred at a meeting of the Senate on August 29th:

M.D.—G. Crane.  
M.B., B.Ch., B.A.O.—R. R. G. Atkins, H. G. Browne, J. S. Dockrill, G. H. Elliott, F. S. Gillespie, H. B. Goulding, G. S. McConkey, P. W. McKeag, A. Newton-Brady, R. I. Sullivan, G. E. Tyndall, Dorothy E. Webb.

## NATIONAL UNIVERSITY OF IRELAND.

THE following candidates have been approved at the examination indicated:

FINAL M.B., B.Ch., B.A.O.—J. Kennedy, T. F. Kennedy, V. O'Hea Cussen, J. A. Pierce, J. B. Minch, M. McKeer, P. J. Corcoran, B. T. Callen, W. Dixon, J. P. Huban, F. de C. Keogh, A. McGrath, J. V. McNally, J. Magner, O. J. Murphy, P. G. Murphy-O'Connor, T. F. Ryan, M. V. Sexton.  
\* First-class honours. † Second-class honours.

## SOCIETY OF APOTHECARIES OF LONDON.

THE following candidates have been approved at the subjects indicated:

SURGERY (Both Parts).—H. Dudley, R. J. Hearn, A. R. Jennings, W. M. Lansdale, R. H. Leigh, L. E. Pimm, R. V. Powell, C. J. B. Way.  
MEDICINE.—D. Aucutt, J. C. P. Bailey, P. H. Burton, C. H. Fischell, R. J. Hearn, W. M. Lansdale, R. H. Leigh, R. V. Powell, C. J. B. Way.  
FORENSIC MEDICINE.—H. H. Fairfax, C. H. Fischell, W. M. Lansdale, R. H. Leigh, R. V. Powell, C. J. B. Way.  
MIDWIFERY.—C. H. Fischell, W. M. Lansdale, R. H. Leigh, G. D. Newton, R. V. Powell, C. J. B. Way.  
\* Section I. † Section II.

The diploma of the Society has been granted to Messrs. D. Aucutt, H. Dudley, R. J. Hearn, A. R. Jennings, W. M. Lansdale, R. H. Leigh, G. D. Newton, L. E. Pimm, R. V. Powell, and C. J. B. Way.

## Public Health

## REPORT OF MEDICAL OFFICER OF HEALTH.

*Doncaster Rural District.*—The estimated population of the Doncaster Rural District at the middle of 1913 was 41,974. During the ten years 1901-11 the population increased from 23,000 to nearly 38,000. The birth-rate in 1913 was 34.9 per 1,000, and the death-rate was 13.7. The infant mortality-rate was equal to 152 per 1,000 births. In a district which is so rapidly increasing it can only be expected that the question of housing would have to engage the attention of the sanitary authority. In the new colliery districts overcrowding is very general, for the demand for labour is very great; 700 working-class dwellings were erected during 1913, but Dr. Dunne states that it is extremely difficult, if not impossible, to state the number of extra houses needed, because of the great influx of the mining population. Parishes which are rural in character, and which may be situated some distance from a colliery, have miners living in them, so that where the accommodation may be sufficient for the ordinary wants of the population living and employed in that parish the present accommodation is insufficient when there are additions from without. There were 67 cases of typhoid fever notified during the year. The medical officer of health appears to have exercised a great deal of care in dealing with the cases, and is to be congratulated upon his success in removing every patient. It appears that the Rural District Council refunds to medical practitioners the cost of telegrams to the medical officers of health notifying infectious disease, and the practitioners freely avail themselves of this method of notifying cases. The practice must have been of considerable assistance to the medical officer of health.

## Medical News.

THE late Dr. Henry O'Neill, of Belfast, left estate valued at £1,076.

QUEEN CHARLOTTE'S HOSPITAL, Marylebone Road, has undertaken to receive for their confinements any women amongst the Belgian refugees.

THE twenty-first annual dinner of the South-West London Medical Society has been postponed indefinitely on account of the war.

OWING to the absence on naval and military duty of a large number of St. Thomas's men, it has been decided to postpone the old students' dinner previously arranged for October 1st. At St. George's Hospital practically all the prize men of the year have taken appointments of one kind and another with the army or navy, so the prize distribution, address by the Master of Christ's College, Cambridge, and the students' dinner have all been postponed. The dinner of past and present students of King's College Hospital, arranged for October 2nd, will not take place this year.

## 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.

## ANSWERS.

## "CUSTOMARY ARRANGEMENTS" WITH SUBSTITUTE.

A CORRESPONDENT asks: What are the "customary arrangements between neighbours" where a practitioner has made an arrangement with a medical neighbour to see to his practice in his absence?

It can hardly be said that there are any "customary arrangements." One party is compelled to trust the other, and if the latter proves dishonourable, the former is liable to suffer from his misplaced trust. It is always preferable where possible, to employ a locumtenent, who is bound by ordinary business obligations, which may be enforced in the law courts. None the less, where a practitioner, who had agreed to act for a medical neighbour in his absence, has acted in the manner alleged, his conduct might be brought before the local Division of the British Medical Association.

## LETTERS, NOTES, ETC.

## THE RESISTING POWERS OF THE SCREW-WORM.

MISS EVELYN A. CONSTABLE, M.B., B.S. Durh., writes: Hosain, aged 8 or 9 years, had been attending the C.M.S. Women's Hospital, Isfahan, Persia, for five months under the care of Dr. Catherine Ironside (by whose kind permission I quote the case), suffering from favus. In spite of treatment the greater part of the skin, as well as the hair follicles, were destroyed, leaving fairly healthy granulations amongst small islands of sloughs. On May 2nd the nurse who dressed the case noticed nothing unusual. On May 3rd the head was swarming with screw-worms (*Chrysomya macellaria*).

We thought we would see which antiseptic would slay them first. The antiseptics used were carbolic acid (1 in 20), tincture of iodine, hydrogen peroxide, mercury perchloride (1 in 100), absolute alcohol, and formaldehyde (1 in 40). Tincture of iodine alone killed the worms, the three tested being all dead in twenty-five minutes. Six of those which survived in other fluids for twenty-five minutes were put into a mixture of absolute alcohol, corrosive sublimate (1 in 100), and formaldehyde (1 in 40) in a covered test tube. At the end of one and a half hours all were still alive, and two had escaped. At the end of twenty-four hours all at last had died.

These worms evidently have a very tough epidermis, which tincture of iodine alone seems capable of penetrating. The boy's head was treated with tincture of iodine, and no more screw-worms have been found.

## "ENCYCLOPEDIA MEDICA."

MESSRS. W. GREEN AND SON, LTD. (Edinburgh) write: We are at a loss to understand Dr. Jellett's letter, and do not know what else we could have said.

In the announcement of the new edition of the *Encyclopaedia Medica* we enclosed, as Dr. Jellett quotes from the prospectus, "a list of contributors to the first edition with the addition of the names of those who have so far agreed to contribute to the second." Why Dr. Jellett should take any exception to this or should, as he says, find it hard to believe that his name was included in this list we cannot conjecture. Does he for one moment mean to dispute the fact that he was a contributor to the first edition?

The statement is perfectly clear. The list contains: (1) The names of hundreds of specialists who kindly contributed to the first edition and who have either been or are going to be asked to revise the subjects on which they wrote; and (2) in addition to these, the names of new contributors who have kindly agreed to write articles for the second edition. We are anxious to make the work as perfect as possible, and accordingly many new subjects must be dealt with.

If Dr. Jellett will kindly re-read the paragraph, we have no doubt but that he will do us the justice of a public expression that he has been mistaken.

## SCALE OF CHARGES FOR ADVERTISEMENTS IN THE BRITISH MEDICAL JOURNAL.

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