

Vaginal examination elicited the fact that there was a large, soft, fluctuant mass in the pouch of Douglas. The diagnosis of ruptured ectopic gestation was made, and the patient operated upon at 7 p.m. The abdomen was full of blood and clots; the ruptured gestation sac, which was in the right broad ligament, was removed, the stump ligatured, and the abdomen closed after being cleansed.

The temperature rose on the following day to 102.6° F., at which point it remained practically stationary until the sixth day after operation, when it rose to 103.2° F.; it remained almost constantly at 103° F. or 103.2° F. for six days—that is, to the twelfth day after operation. It fell steadily during the next two days to 101° F. as maximum, at which it remained practically stationary until the eighteenth day after operation, when it rose gradually during the day to a maximum of 103° F. once more in the evening.

This date marked a new era in the disease. Nothing could be found to account for this pyrexia; there was no suppuration in the wound, no pain or tenderness in the abdomen, no complication in the heart or lungs, and nothing abnormal to be felt in the abdomen. There was slight albuminuria. There was, however, one positive fact—namely, that in spite of her general improvement, apart from the raised temperature, the patient showed extreme blanching; she said, however, that she was usually very pale. On January 28th, when the further sudden rise of temperature occurred, the spleen was found to be easily palpable. The blood examined that day was found to contain large quantities of myelocytes, nucleated red cells (both megaloblasts and normoblasts), mast cells, and polymorphonuclear leucocytes in every condition. The temperature fell in the course of two days to 100° F., between which and 99° F. it oscillated for a fortnight more. The spleen continued steadily to enlarge until it reached to a fingerbreadth below the umbilical level and extended considerably into the right hypochondrium.

One additional feature throws some light on the condition of the blood. On the tenth day after operation the stitches were removed, and it was seen that there had been no attempt at healing. The edges of the wound were scraped and it was again united by sutures, but once more failed to heal. After being dressed with lotio rubra and after further scraping, it was again sutured.

It seems certain that for some considerable time the patient had been the subject of this form of leukaemia—she had experienced fits of giddiness and breathlessness on going about, and had recently consulted a medical man for obstinate epistaxis.

It appears, therefore, I suggest, that the spleen was enlarged previously to the occurrence of the abdominal catastrophe, that it shrank with the progress of the haemorrhage, and with the onset of the reaction therefrom it again began to enlarge.

I find Sir William Osler quotes several cases which have come under his notice in which this occurred in the presence of a severe haemorrhage. The woman has now made a complete recovery, the spleen and blood both having become normal.

I am indebted to Dr. Bell, senior surgeon to the Lowestoft Hospital, under whose care the patient was admitted for operation, for permission to publish this case.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

SUBLINGUAL MEDICATION.

SIR.—I heartily endorse what Dr. William Paulson says (p. 541), as to the simplicity, cleanliness, and efficacy of sublingual medication, and have for many years used it daily in my practice. In 1885 I was returning to medical duties in Japan after furlough. The passage was exceedingly rough, I was weak from effects of malaria and dysentery, and so sick that I could take no kind of food, while brandy returned immediately. Happening to notice, however, that when a few drops of brandy rested under the tongue some internal glow was felt, I began to use that well-known remedy in this way with the best effects. I cannot remember having seen any notice of this method in print, but from that time I have used the ordinary subcutaneous tabloids in everyday practice, and have never known any inconvenience arise from placing them under the tongue. The results are very quick and sure, and I but rarely resort to hypodermic injections now. For this purpose the tablets might be made more palatable with advantage, but that is a small matter.

Stoke-on-Trent.

HENRY FAULDS, L.R.F.P. and S.

TREATMENT OF ACUTE GONORRHOEA IN THE MALE.

I HAVE read with interest the articles on this subject lately appearing in the *BRITISH MEDICAL JOURNAL*.

Thirty years ago, working in Canada with surgeons of that country, I adopted their method for acute cases seen early—that is to say, I ordered the usual rest, diet, diluents, etc., but began injections of a 2-grain solution of zinc sulphate on the first or earliest possible day of the disease, with instruction to the patient “to inject always after passing urine, and never to inject unless urine had just been passed.” The patient was given the usual syringe in a bottle, the cork (rubber) of which makes the handle of the syringe, and told to always carry it and always use it immediately after passing urine. With this treatment the discharge usually ceases about the fourth day. The patient should continue the injections as directed for three or four days after its disappearance, and then gradually lessen the number; there should be complete cure in from eight to ten days. Latterly I have used zinc permanganate instead of sulphate, and have given also hexamethylenetetramine (which I prefer to cystopurin) by the mouth. The results have been the same.

Mevagissey, Cornwall.

C. W. MONRO GRIER.

EIGHTY-SECOND ANNUAL MEETING

OF THE

British Medical Association.

Held in Aberdeen on July 29th, 30th, and 31st.

PROCEEDINGS OF SECTIONS.

SECTION OF DISEASES OF CHILDREN.

Dr. JOHN THOMSON, President.

A DISCUSSION

ON THE THYMUS GLAND IN ITS CLINICAL ASPECTS.

OPENING PAPERS.

I.—A. E. GARROD, D.M., M.A., F.R.C.P., F.R.S.,

Physician to St. Bartholomew's Hospital; Consulting Physician to the Hospital for Sick Children, Great Ormond Street.

DURING active adult life the vital processes are in a condition of more or less stable equilibrium, and, unless disease intervene, the regulator mechanisms are so accurately balanced that there is little disturbance of the normal standards from year to year.

In childhood different conditions prevail. This is a period of active growth and development. The regulator mechanisms are not yet balanced; income is in excess of expenditure, and, as puberty is approached, the organism takes upon itself new functions in the interest of the race rather than of the individual.

We are learning how large a part is played in the regulation of the vital processes by internal secretions of glands, such as the thyroid, pituitary, and adrenals; and it is a reasonable hypothesis that the special features of childhood are due, at least in part, to the functional activities of certain glands of which the influence passes into abeyance when childhood is past. It is probable that the pineal is such a gland, but the glandular organ of childhood *par excellence* is the thymus, the clinical aspects of which, as yet so shadowy and ill-defined, form the subject of discussion to-day.

It is now generally conceded that the thymus is a gland of internal secretion, despite the resemblance in its structure to that of the lymphatic organs, and its enlargement in association with these in the victims of status lymphaticus. But the methods which have thrown so much light upon the functions of the thyroid have, in the case of the thymus, yielded far less definite results.

Correspondence.

THE NEW "BRITISH PHARMACOPOEIA."

SIR,—The new issue of the *British Pharmacopoeia* (1914) will, as has been already announced in your columns, be published on December 31st, 1914. Inquiries have reached me from more than one source with regard to the extent to which the Medical Council will permit the use of the contents of the *British Pharmacopoeia* in medical, pharmaceutical, and kindred works which are about to appear, or may hereafter be published. I am accordingly instructed, on behalf of the Council, to say that the Council wholly reserve their copyright in the new work; and that substantial extracts from it must on no account be published without the Council's express sanction. At the same time, no objection will be taken to such reasonable reference to the facts and figures therein set forth as may be properly made for purposes of criticism, review, and summary, or of study and research, but no information of any kind derived from the new issue may be published in book form before December 31st, 1914.

Advance copies of the *British Pharmacopoeia*, 1914, are now accessible at this office, and at 54, George Square, Edinburgh, and 35, Dawson Street, Dublin, for the inspection of the public, from 10 a.m. to 4 p.m. daily (Saturdays 1 p.m.), in order to give to manufacturers, pharmacists, and others interested an opportunity of ascertaining the changes that are about to be made in official requirements, and of making the necessary arrangements to meet them. Every person who takes advantage of this opportunity will be expected to observe the conditions above indicated, and will be required to sign an undertaking to that effect.

I shall be obliged if you will insert this letter in your next issue.—I am, etc.,

General Council of Medical Education
and Registration of the United Kingdom,
299, Oxford Street, London, W.,
September 30th.

A. J. COCKINGTON,
Acting Registrar.

P.S.—The Medical Council Act, 1862, provides that:

The exclusive right of publishing, printing, and selling the said *Pharmacopoeia* shall vest in the said General Council.

The Copyright Act, 1911, may also be quoted in this connexion:

2 (1) Copyright in a work shall be deemed to be infringed by any person who, without the consent of the owner of the copyright, does anything the sole right to do which is by this Act conferred on the owner of the copyright; provided that the following acts shall not constitute an infringement of copyright:

(1) Any fair dealing with any work for the purposes of private study, research, criticism, review, or newspaper summary.

THE ACTION OF CHLOROFORM.

SIR,—In the obituary notice of Dr. Gaskell, in the *BRITISH MEDICAL JOURNAL* of September 26th, it is stated that "Gaskell, at the request of the Hyderabad Commission, undertook the investigation of the action of chloroform." This statement is somewhat misleading. Gaskell undertook to complete the work of the Hyderabad Commission on Chloroform at my request. The Commission had proved that the uncomplicated action of chloroform is to cause lowering of the blood pressure, with first unconsciousness, then anaesthesia, then stoppage of the respiration, and finally stoppage of the heart; and that any variation in this sequence of events is due entirely to the method of administration. The object of the Commission was therefore attained, since we had ascertained that the fall of blood pressure under chloroform is in itself harmless, and therefore could not be produced by weakening of the heart. To look after the breathing properly is, as Syme had always contended, all that is necessary clinically to ensure safety in anaesthesia. It was left to Gaskell to determine a purely physiological point—What is the exact cause of the fall of the blood pressure when chloroform is effectively given? In order to settle this question cross-circulation experiments were made by him and Dr. Shore with the intention of limiting the action of the anaesthetic to the heart alone. Before these experiments were made Gaskell wrote and informed me he had discovered that—

ligature of the two vertebrals and the two carotids does not entirely cut off all circulation from the brain region. After the ligature of these four vessels we have found, somewhat to our surprise, that a collateral circulation is set up, apparently through the vessels of the spinal cord, which is sufficient to keep alive the functions of the medulla oblongata. If chloroform be given to such an animal its respiration ceases remarkably quickly, before indeed the blood pressure has fallen to any great extent. Here when there can be only a small amount of blood containing chloroform reaching the respiratory centre, that centre is in such a condition as to be paralysed very quickly when the chloroform reaches it.

It is obvious from this statement that the cross-circulation experiments were foredoomed to failure, and that the essential condition—namely, to limit the action of the drug to the heart—could not be accomplished. They were finally demolished by Gaskell himself in the test cross-circulation experiment which he performed for my benefit on July 7th, 1894. In this experiment chloroform was administered to the "fed"—the animal whose heart was supposed to be isolated from its brain. The blood pressure fell in the usual way, and the normal sequence of events occurred. Dr. Gaskell was careful to explain to me that this was exactly what had happened in all his cross-circulation experiments, and he hoped I was now convinced that chloroform produces the fall of blood pressure by acting on the heart. I was convinced the anaesthetic had had access to the animal's brain, and begged him to make a *post-mortem* examination. Accordingly the aorta was injected, and he wrote next day to say that it was found that the ligature of the left subclavian artery was not properly secured, "so that the injection was able to pass both into the vertebral—that is, into the brain—and into the arm on that side. I have very little doubt that some blood must have passed along that vertebral," and chloroform also.

In the face of these facts it is manifestly unfair of the writer of the obituary notice to say, of Gaskell's cross-circulation experiments: "In this way, by limiting the action of the drug to the heart, it was conclusively proved that chloroform produces a fall of blood pressure by acting on the heart." On Gaskell's own showing, the action of chloroform was never limited to the heart in any of his cross-circulation experiments; consequently they proved nothing.

The matter has been finally disposed of by Mr. Lockhart Mummery's experiments with chloroform. In them the animals were beheaded under an anaesthetic and pithed. The heart was kept beating by artificial respiration and was practically the only organ left for the chloroform to act upon, so that it may be truly said that in Mr. Mummery's marvellous experiments the action of chloroform was limited to the heart alone. It was found impossible to stop the heart with chloroform given in the ordinary dose. When the air was completely saturated with heated chloroform the heart stopped, but it could always be revived, showing that it was not poisoned with chloroform, but was stopped either mechanically or by deprivation of oxygen. Mr. Lockhart Mummery's experiments completed the work of the Hyderabad Commission; they completed the proof that the fall of the blood pressure under chloroform is vasomotor and therefore in the first instance protective, and is not due to the action of the drug on the heart.—I am, etc.,

Hove, Sept. 28th.

E. LAWRIE.

Universities and Colleges.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.

AN extraordinary Comitia was held on September 24th, the President, Sir Thomas Barlow, Bart., K.C.V.O., being in the chair.

The War.

A report, dated August 14th, was received from the Committee of Management. The report referred to the decision to hold an additional Final Examination commencing on September 8th, and to the special conditions which applied to the candidates entering for the examination. The Committee of Management also recommended the Royal Colleges to adopt the following temporary regulations, namely:

1. That time spent as assistant on active service in one of His Majesty's ships or in a naval or military hospital, or any hospital utilized by the naval and military authorities not exceeding six months be allowed to count for the equivalent period of medical and surgical hospital practice and for three months each

of the required period of medical clinical clerkship and surgical dressership, provided that a satisfactory certificate is produced from the Principal Medical Officer under whom the assistant serves.

2. That medical clinical clerkships and surgical dresserships served before second examination in anatomy and physiology has been passed, be recognized.

The report was adopted.

Licences Granted.

Licences to practise physic were granted to 122 candidates who had passed the required examinations.

Harveian Commemoration.

The College resolved not to hold the usual dinner this year on the evening of the Harveian Commemoration (Monday, October 19th), but that the Oration should be delivered as announced.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

An ordinary meeting of the Council was held on September 24th.

British Expeditionary Force.

The Secretary reported that Sir Anthony A. Bowlby and Mr. G. H. Makins had left England to join the staff of the Principal Medical Officer of the British Expeditionary Force in France as consulting surgeons.

The late Sir Henry Howse.

The following resolution was adopted by the Council:

That the Council hereby express their deep regret at the death of Sir Henry Greenway Howse, and their sincere sympathy with Lady Howse and the members of the family in the loss which they have sustained. The Council remember with gratitude the many services rendered by Sir Henry Howse to the College as its President, the active part he took in the business of the Council, and his long service as an examiner. They also record their appreciation of the prominent part taken by him in the advance of modern surgery, and his simple-minded devotion to the interests of the profession in which he held so distinguished a position.

Issue of Diplomas.

Diplomas of Membership were granted to 122 candidates found qualified at the recent examinations.

The War.

On the recommendation of the Committee of Management the Council adopted the resolutions with regard to the curriculum printed above in the proceedings of the Royal College of Physicians.

University of Liverpool.

Sir Frederic Eve was appointed to represent the College on the Council of the University of Liverpool.

CONJOINT BOARD IN ENGLAND.

The Royal College of Physicians and the Royal College of Surgeons, at their meetings on September 24th, conferred diplomas of L.R.C.P. and M.R.C.S. upon the following candidates:

H. L. Addison, C. L. Balkwill, L. W. Barlow, S. Batchelor, T. B. Batchelor, J. D. Batt, L. W. Batten, K. B. Bellwood, G. A. Berkeley-Cole, K. Biggs, W. M. Binning, Z. M. Bishara, W. H. Blakenmore, Marjorie A. Blandy, W. H. Boyd, J. J. Brown, O. D. Brownfield, F. B. Bull, B. Burnside, L. J. Cameron, G. D'R. Carr, E. Catford, P. R. Chevreau, G. F. Clifton, J. S. Cocks, W. T. Collier, W. J. Cook, L. P. Costobadie, R. I. Dacre, J. H. Daney, T. W. David, P. V. Davies, M. de Costa, E. R. Dermer, M. Dia, S. O. Dolan, A. J. D'Souza, H. Dunkerley, J. A. Durante, M. K. El Kholy, R. F. Fagan, F. E. Feilden, H. D. Field, R. O. Fisher, J. E. Foley, E. D. Fountain, H. R. Friedlander, C. de W. Gibb, G. F. P. Gibbons, E. H. H. Granger, G. L. Grant, A. R. Green, S. L. Green, E. R. G. Greville, E. F. Guy, Norah Hamill, E. E. Herga, A. E. Huxtable, J. M. Ingle, R. W. P. Jackson, C. E. Jenkins, Rosalie Jobson, S. W. M. Jones, S. H. Keys, G. P. Kidd, N. S. Koch, G. C. Kusumbeker, P. C. Lapage, R. A. Leembruggen, A. B. Le Mesurier, K. W. Lewis, J. A. Liley, A. H. Little, I. H. Lloyd-Williams, E. R. Lovell, H. D. McCall, F. O. MacGibbon, R. MacGill, Helen M. Mackay, A. S. L. Malcolm, Edith M. Martland, C. J. D. May, H. L. Messenger, V. R. Mirajkar, L. W. Mortimer, A. R. Muir, W. D. Newcomb, G. M. Oakden, G. W. Parry, H. B. Parsloe, Margaret R. Paterson, J. E. Pearce, G. H. G. Penny, M. G. Pettigrew, L. R. Pickett, Emma C. Pillman, J. Pinder, J. A. Pridham, G. D. Read, F. T. Rees, H. C. C. Rennie, A. St. Johnston, E. A. L. Sansom, W. G. Shakespeare, J. P. Shaw, R. H. Simpson, B. H. Singh, H. Smith, C. S. Staddon, E. C. W. Starling, F. Sykes, L. H. Terry, G. R. S. Thomas, P. Thornton, N. Tribe, G. S. Trower, B. M. Tuke, J. L. Waller, E. Watson-Williams, G. C. Wells-Cole, L. H. W. Williams, M. U. Wilson.

ST. BARTHOLOMEW'S MEDICAL SCHOOL.

The entrance scholarships in arts, value £100, has been divided equally between Mr. J. T. Long, the Coopers' Company's School, and Mr. D. Spurway, Bridgnorth Grammar School; and the Jeaffreson exhibition, value £50, has been awarded to Mr. A. B. Bernard, Dulwich College.

AN APPEAL TO EXAMINING BODIES.

The Higher Diplomas.

VOLUNTEER writes: In reply to "Another Volunteer," I should like to say that the reason for my first letter was the present

shortage of medical officers, especially for the new Territorial units now being formed, coupled with the knowledge of at least one case in which an otherwise eligible man was holding back in order to go up for a higher examination. While admitting that the "reasons may be many and various" for staying at home, and acknowledging the magnificent response made by the younger members of the medical profession at the beginning of the war, the fact remains that most of the men now coming forward appear to be married men, many of whom are giving up their practices to do so. As most of the men who go up for such examinations as the F.R.C.S., M.R.C.P., and M.D. are young, unmarried, and at present not engaged in practice, I appealed to the examining bodies not to encourage them to stay at home. I do not include examinations for the M.B., which practically count as qualifying examination. Men are wanted, and wanted at once, as medical officers.

Public Health

AND

POOR LAW MEDICAL SERVICES.

POOR LAW MEDICAL OFFICERS' ASSOCIATION OF ENGLAND AND WALES.

A COUNCIL meeting was held on September 10th, at 34, Copthall Avenue, Surgeon-General Evatt being in the chair. The Honorary Secretary reported that the attempt of the Isle of Wight guardians to vary the Poor Law Orders by authorizing individual guardians to issue medical orders in cases of urgency had not succeeded, and the matter seemed to be in abeyance. The Council's report on the Poor Law Institutions Order, 1913, had been widely circulated, and had met with general approval.

Whole-time Appointments.—A letter was read from Dr. Clatworthy, Honorary Secretary of the Camberwell Division of the British Medical Association, stating that that Division strongly disapproved of the changes made by the Bermondsey guardians in the administration of outdoor medical relief. It thought that the guardians' latest schemes "are against the interest of the pauper patients of Bermondsey, and throughout Great Britain, and detrimental to the interests of medical practitioners." The Honorary Secretary reported that the Bethnal Green guardians had approached the Local Government Board for permission to follow the example of the Bermondsey guardians, and appoint whole-time infirmary medical officers in the place of the present district medical officers. The Council expressed its strong disapproval of the scheme, and decided that the association should oppose the action of the Bethnal Green guardians.

Burnley.—From Burnley it was reported that the local profession had decided to come to a temporary agreement with the guardians, and to support their arrangements for medical outdoor relief in the union during the war.

Temporary Appointment Negatived.—A letter was read from Dr. Todd of Wonston thanking the association for assistance given him in his dispute with the Winchester guardians, who had attempted to make his appointment a temporary one, when it should have been permanent, as he resided within his district. From a report in a local newspaper it appeared that at a recent meeting of the board the following letter was read from the Local Government Board:

I am directed to acknowledge the receipt of your letter of the 18th ultimo, relative to the proposal of the guardians to re-appoint Dr. Todd for a further period of three years. The Board have given consideration to this proposal, and are of opinion that the guardians should now proceed to make a permanent appointment, as contemplated by the regulations.

Insurance Act.—Dr. Major Greenwood was unanimously nominated again to represent the interests of Poor Law medical officers on the Insurance Act Committee of the British Medical Association.

The War.—A discussion followed on the effect of the war on the work of Poor Law medical officers. It was recognized that their work had already been increased, and that it would continue to increase. It was unanimously agreed that it was the duty of all Poor Law medical officers to do their utmost to assist members of the service who had volunteered, or been called upon for the military or naval service of the country. They might act as deputies in their absence, so that their offices might be reserved for them on their return. Some boards of guardians had taken charge of German prisoners. Exception was taken to attendance being given to these as part of the medical officer's duty. As the Treasury was going to pay the net expenses of these prisoners, an extra payment to the medical officer, if called upon, should be

in 1861. He became F.R.C.S.Eng. in 1869, and graduated M.D.Durh. in 1880. He was for many years a member of the surgical staff of the Bristol Royal Infirmary, and at the time of his retirement was senior surgeon as well as consulting surgeon to the Bristol Hospital for Sick Children. He was at one time lecturer on physiology in the Bristol Medical School. Dr. Steele retired from practice six years ago. The funeral, which took place on September 24th, was attended by a large number of friends, including many members of his own profession.

SURGEON-GENERAL SIR ANNESLEY CHARLES CASTRIOT DE RENZY, K.C.B., Bengal Medical Service (retired), died at Ealing on September 24th. He was born on April 7th, 1828, the son of Dr. Thomas de Renzy, of Carnew, county Wicklow. He was educated at Trinity College, Dublin, where he graduated B.A. He took the M.R.C.S. in 1851, and entered the I.M.S. as assistant surgeon on July 29th in that year. He became surgeon on March 12th, 1864, and in 1868 was appointed sanitary commissioner of the Punjab, being the first to fill that post. On July 29th, 1871, he became surgeon-major; on November 12th, 1877, was promoted to deputy surgeon-general, and retired on December 9th, 1882. He served in Burma in 1852-54 with the Bengal Artillery, was present at the actions of Martaban, Prome, and Rangoon, and received the medal with clasp. At the outbreak of the Indian Mutiny of 1857-58 he was at Nasirabad in Rajputana, whence he escaped alone to Beawar, and served afterwards in the siege of Lucknow (medal with clasp). He served also on the north-east frontier of India, in the Naga campaign of 1879-80, when he was mentioned in dispatches, received the medal, and was given the C.B. (1881). On January 14th, 1882, a good service pension was conferred upon him; and on June 27th, 1902, nearly twenty years after his retirement, he was made a K.C.B. He was the author of various reports on sanitary subjects. After his retirement he filled for many years the office of chairman of the Jokai Tea Company, which presented him with his portrait in oils. His funeral, which at his own request was strictly private, took place at Golder's Green on September 26th.

CAPTAIN HENRY SHERWOOD RANKEN, who on September 25th died at Baisno in France of wounds received on September 21st, was the son of the Reverend Henry Ranken, minister of the parish of Irvine, Ayrshire, and was born in 1883. He was educated at the University of Glasgow, and graduated M.B., Ch.B. in 1905; he was afterwards house-physician and house-surgeon to the Western Infirmary, Glasgow, and assistant medical officer to the Brook Fever Hospital, London. He entered the Royal Army Medical Corps in 1909, was employed with the Egyptian Army, and was a member of the Sudan Sleeping Sickness Commission. In conjunction with Mr. H. G. Plimmer and Captain W. B. Fry he contributed reports on the experimental treatment of trypanosomiasis to the *Proceedings* of the Royal Society (1910-11). Captain Ranken became a member of the Royal College of Physicians of London in 1910, and his death deprives the corps of a very promising officer.

Medical News.

The session of the Hunterian Society will be opened on October 14th, when Sir Dyce Duckworth will give the first Hunterian Society's lecture on "the patient and the disease," at 9 p.m.

MAJOR W. H. G. H. BEST, R.A.M.C. (Special Reserve), Principal Medical Officer, Southern Provinces, Nigeria, has been appointed an official member of the Legislative Council of the Colony of Nigeria.

The first graduation ceremony of the University of Western Australia, the youngest university in the world, took place at Perth on July 29th. The university was born into the world of learning in 1913.

The Research Defence Society has issued a popular leaflet, explaining the great value of antityphoid vaccination. It has also arranged for the treatment to be given, to anybody desiring it, at the society's office (21, Ladbroke Square, London, W. Telephone, 975 Park). Supplies of the leaflet can be had on application to the honorary secretary.

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.

LETTERS, NOTES, ETC.

LOUVAIN AND CAMBRIDGE.

DR. CLIPPINGDALE (London, W.) writes: I have been much interested in the recent articles on the University of Louvain. It seems fitting that the University of Cambridge should offer hospitality to the professors of the University of Louvain, seeing that it was at Louvain that Caius published at least three of his works. Another Catholic physician who fled to Louvain during the Reformation in England was Dr. John Clement, one of the medical men sent by Henry VIII to attend Cardinal Wolsey, when the Cardinal lay sick (and in disgrace) at Esher (see Cavendish's *Life of Wolsey*).

THE OSRAM LAMP.

SOME prejudice appears to have been excited against the Osram lamp on the supposed ground that it is a German product. It is true that the metal filament electric lamp, of which the Osram is one of the most conspicuous representatives, is an Austro-German invention; but if we are to dismiss the concrete result of every idea that has emanated from a Teutonic brain, we shall quickly find ourselves in an absurd position. As it happens, however, the Osram lamp is now practically from first to last produced by British hands and under British direction, and for their enterprise in acquiring the patents for the United Kingdom, and establishing what was, it is said, the first metal filament industry in this country, the makers of the lamp deserve the thanks of reflecting patriots rather than otherwise. In order to prove that the Osram lamp is a home product, the General Electric Company (Limited) threw open to representatives of the Press last week their large Osram factory at Brook Green, Hammersmith, where nearly sixteen hundred hands are employed, and lamps are turned out to the number of seven millions annually. Every delicate and intricate detail was demonstrated, and it was stated that 96 per cent. of the processes incidental to Osram lamp production, including the manufacture of the glass, are carried out in this country, and that provision for the remaining 4 per cent., hitherto carried out in Holland, is being established here. It was interesting to see the lamp actually growing under the hand, from the production of the tungsten metal in the laboratory to the last test of the finished product. The shaping of the glass, the fixing of the supports and the exhaust stems; the adjustment of the hooked carriers, made, we believe, of molybdenum, which hold in place the all but invisible filament, and the winding and sealing of the filament itself—an alloy of osmium and tungsten—called for the nicest manipulation; but of all the processes none was more fascinating to watch than the making of the tungsten wire. The particles of tungsten metal were first compressed by mechanical means into a bar, which was softened by a battery of blowpipes until the metal was capable of being drawn through a hole, one-thousandth of an inch in diameter, drilled in a diamond. In lamp production the machinery seems even more wonderful than the product.

DILATING THE PUPIL.

DR. LILIAS M. BLACKETT (C.M.S. Zenana Hospital, Multan Cantonments, Punjab) writes: In the *BRITISH MEDICAL JOURNAL* for April 4th, 1914, p. 800, I noticed the record by Dr. Prasad of Delhi, of a case of atropine poisoning in ophthalmic practice, which is remarked upon as unusual. Possibly the following case is of interest as adding another to the number: A healthy English boy, aged 4 years, was to be treated for internal strabismus. I instilled two drops of a 1 per cent. solution of homatropine and cocaine alkaloids in ol. ricini, into one eye only, and left the child till the pupil should be ready for examination. Almost immediately the mother sent a nurse hurrying to fetch me, and I found the child flushed and distressed, "feeling bad." The pulse had quickened and the temperature had risen slightly—to 99.4°. The flush was very marked on the face and forehead, and sweating was present; it was less marked on the abdomen. The symptoms lasted for about ten minutes and then subsided.

SCALE OF CHARGES FOR ADVERTISEMENTS IN THE BRITISH MEDICAL JOURNAL.

	£	s.	d.
Seven lines and under	...	0	5 0
Each additional line	...	0	0 8
A whole column	...	3	10 0
A page	...	10	0 0

An average line contains six words.

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

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

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