length of the limb, and this force can be used gradually day by day until all overlapping has been reduced.

The simplicity of the application of this apparatus as well as its great efficiency makes it of great service in cases of open or of comminuted fracture of the leg bones, and particularly in those involving the ankle-joint. In the latter case the os calcis takes the transfixion of the lower pin.

It is only necessary for the apparatus to remain in position for about three to four weeks, during which time the patient is up on crutches. It permits the free application of massage and of movements.

Tapped Plates with Converging Screws.—That a simple plate fixed to the outside of a bone by a series of "wood" screws is an absolutely inefficient fixation appliance has been demonstrated both by experiment and by clinical experience. Therefore whenever possible the fractures of long bones which necessitate operative treatment must be transfixed by bolts which hold the plate to the whole thickness of the bone by a broad head or flange. But there are some cases, notably that of the humerus, where it is not desirable to bare the bone on three surfaces in the way demanded by the bolted plate method. For such conditions I have shown that a curved or quadrant plate bearing "metal" screws tapped in its own substance is very efficient. I am showing you now some very simple narrow plates which require the minimum exposure of the bone, but which embody the same principle. They are curved to fit the surface of cylinders $\frac{1}{2}$ in. to 1 in. in diameter, and they have series of holes near their edges which are tapped to take $\frac{1}{8}$ in. screws.

The plate is temporarily clamped on to the bone, and holes are bored with a simple drill which just clears the metal ($\frac{7}{64}$ in.) Then metal screws, with self-tapping points, are put into the plate, the thread of which holds them in position and so obviates the necessity of a special screwdriver. They are driven into the bone, in which they cut their own thread. When the screws are all in position they form two converging series lying in two different radii of the bone cylinder. This not only greatly increases the strength of the fixation, but as the screws are fixed in the plate and enter the bone at a converging angle, they cannot become loose nor drop out of place, as happens so commonly with the simple plates and screws.

Modification of the Bolted Plates.—When I showed this method last spring, several surgeons in speaking to me about it objected to the way in which the heads of the bolts and the nuts formed outstanding projections. We have now overcome this objection; when the bolts are screwed home there is no projecting head at either end. The nuts, instead of being adjusted by a spanner, are round, and are cut like screw heads; they are tightened by a tubular screwdriver, which fits over the projecting end of the bolt. This end is cut off when the nut has been finally adjusted.

A New Circular Saw for Bone Work.—The most important subject in the conservative reconstruction of bones is undoubtedly that of the bone graft. Both for the cutting of a graft and for the shaping of the socket in which this is to lie a powerful motor-driven saw is often necessary. Those in common use are open to the objection that they cannot be used upon a bone which lies at the bottom of a deep wound. This is because the small saw blade is at right angles to the shaft which propels it, and the latter, by its contact with the soft parts, prevents the saw working except upon a projecting bone. The saw which I am showing you works by means of a bevelled cog, parallel with the handle or cable, and it therefore can work at the very bottom of a wound of any depth without interference with the soft parts.

Possibly these small details of technique may be thought by some too trivial to be worthy of attention, but I am convinced that all who have worked much at the conservative surgery of bones will agree that it is upon such little points of technique that the possibilities of accurate cutting, fitting, and fixing the bones depend for success.

The Fowler Position.—After dwelling on the advantage of the Fowler position after operation and the reasons of its utility, Mr. Hey Groves showed a model of an apparatus for securing this position, which will be found figured in *A Textbook for Nurses*, by himself and Dr. Fortescue-Brickdale. There was, he pointed out, many specially constructed beds by which the same sitting position could be secured, but the apparatus shown had the advantage of being capable of being fitted on to the frame of any ordinary bedstead. It consisted, he said, of two parts: one a frame which elevated the trunk, and the other over which the legs were bent, so that the patient could not slip down in the bed. There were no rigid bars across the middle of the back to cause discomfort when the patient was lying flat. The body and leg portions of the apparatus were clamped on to the bed frame 8 inches apart, so that when in use this space accommodated the patient's buttocks. The whole apparatus lay between the bed-frame and the mattress, and could be adjusted in position at a moment's notice when required. He had used this bed-frame for the last seven years both at the General Hospital, the Cossham Hospital, and at a private nursing home, and it had been of such invaluable service that he ventured now to bring it to the notice of the profession in the hope that others might find it useful.

(The bed-frames are made for Mr. Hey Groves by Messrs. Hodges, of 104, St. Thomas Street, Bristol, and the price is 27s. 6d. In ordering it is necessary to state the exact outside width of the bedstead and the thickness of the side bars of the bed-frame.)

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

TREATMENT OF TETANUS.

Pure Carbolic Acid.

The reading of Dr. Alfred MacConkey's paper on tetanus[1] recalls to my mind two cases treated by myself and one under the care of Dr. Fotheringham, which was treated by him in a similar manner at my suggestion. They were cases, it is true, which were late in developing, and which, unfortunately, had not been recognized until their condition was desperate, and, while we used antitetanic serum, we felt that the disease was too far advanced for the serum to have much effect. In addition, I injected into the site of infection pure carbolic acid 2 parts, in glycerine 1 part, in an endeavour to bring about a coagulation necrosis at the site and try to prevent the absorption of fresh toxin.

The patients also received intramuscular injections of 1 drachm of pure carbolic with 1 drachm of glycerine every four hours, first in one pectoral region and then in the other, and in the groins or thighs. One patient took 9 drachms of pure carbolic acid in this way before showing any signs of carboluria. As soon as the carboluria disappeared the treatment was resumed.

Of course one is aware of the fact that the carbolic acid would have no effect on the toxin and a doubtful effect on the tetanus bacillus, but it does induce an enormous leucocytosis, as is clearly shown in Fotheringham's case.[2]

All three of these cases recovered, and I mention the fact hoping that some poor fellow, whose symptoms have not been recognized sufficiently early for antitoxin to be of much use, may have an extra chance.

Toronto. F. N. G. Starr.

Intracerebral Injections of Antitoxic Serum.

Tetanus has played such havoc among the wounded that I feel that I ought to draw attention to the very remarkable success which followed intracerebral injections in a case under my care some few years ago.

The patient, an officer in the Royal Horse Artillery, was thrown from a dogcart and fell upon his knees on the road. He sustained a lacerated wound over the tubercle of the tibia and the ligamentum patellae of the left knee. The wound was at once washed out with hyd. perchloride lotion and an antiseptic dressing applied by an officer of the Royal Army Medical Corps.

On the ninth day a little stiffness of the jaw muscles appeared. On the tenth day I saw him for the first time in consultation. There was then definite rigidity of the jaws. Under anaesthesia the wound was freely excised and rubbed with pure carbolic acid, 30 c.cm. of antitoxin administered hypodermically and 20 grains of potassium bromide and chloral hydrate ordered to be given by the rectum every four hours.

[1] British Medical Journal, October 10th, 1914.
[2] *Canadian Medical Association Journal*, October, 1914.

On the following day the injections of antitoxin (30 c.cm.) were repeated morning and evening.

On the next day, the twelfth after the accident and the fourth since first appearance of symptoms, his condition was in every way much worse. There was opisthotonos, firm rigidity of jaws, and a tendency to convulsions. The subcutaneous injections of antitoxin were repeated in large doses, but no tendency to improvement was noted. At 2 p.m. on this day Mr. Swinford Edwards, of London, saw him in consultation with me. On entering the patient's room a very severe general convulsion came on, involving respiratory muscles. He became intensely cyanosed and unconscious. The attack lasted about five minutes. It was obvious that a few more attacks of this kind would be fatal, and the case appeared to be quite hopeless. Mr. Swinford Edwards suggested that as a last resource we should try the effect of intracerebral injection of the serum, and agreed to perform the injection at once. The patient was anaesthetized with chloroform, the head shaved, and the scalp sterilized. A point was selected midway between the right external angular process and the centre of the middle line from bregma to occiput. A small flap half an inch in diameter was turned down and the bone penetrated with a bradawl. Through the aperture the needle of the syringe was inserted for a depth of 2 in. from the skull, so that the point was well in the centrum ovale; 20 c.cm. of serum were injected very slowly, a few drops every half-minute, so that half an hour was taken up by the actual injection. The effect was marvellous; during the rest of the day he had no more convulsions and was much more comfortable.

The improvement lasted during the whole of the following day, but as he then began to go back a little—slight convulsions reappearing—I repeated the dose, injecting the serum through the same puncture with the same precautions.

He complained of severe headache for the next two days, but a steady improvement was maintained until complete convalescence. He was subsequently able to resume his military duties

Daily subcutaneous injections of antitoxin were continued for a few days after the intracerebral injection and of bromide and chloral by the rectum, but I am quite certain that he owed his recovery to the intracerebral injections, and I am sure Mr. Swinford Edwards would endorse this.

At the same time I think it probable that the large amount of serum given subcutaneously helped the intracerebral injection to produce the extraordinary effect. I think this method should certainly be tried whenever possible, and should be accompanied by intravenous injections of serum.

Ipswich. HERBERT H. BROWN, M.D., F.R.C.S.

BISMUTH SUBGALLATE GAUZE IN THE TREATMENT OF WOUNDS.

MAY I bring to the notice of the profession, many of whom are now engaged in the treatment of our wounded men, the great value of bismuth subgallate gauze in the treatment of suppurating and infected wounds? In an article published in the *Lancet*, June 28th, 1913, I wrote:

> It serves all the purposes for which iodoform gauze used to be advocated. It is definitely inimical to sapraemic infection, and quickly abolishes the fetor of foully septic wounds. I use it for packing suppurating cavities and sinuses, and dressing granulating sores, and certainly find that it checks and shortens suppuration.

Further experience of it has only served to confirm my previous opinion, and I can confidently assert that any surgeon who tries it will not be disappointed. Its bright primrose colour serves to distinguish it at once, an advantage that gauze prepared with the colourless salts of bismuth does not possess. It is further non-volatile and (unlike iodoform gauze, for instance), is therefore sterilizable.

Messrs. Burroughs, Wellcome and Co. have placed it on the market at my suggestion. But it is easily and quickly prepared by immersing and kneading ordinary gauze, previously just moistened with water, in an emulsion of the salt in a mixture of 1 part of glycerine with 2 parts of spirit. By using moistened gauze an even diffusion of the emulsion is rapidly attained. Lengths of one yard or four yards are most convenient for use. The only data required are (1) the weight of the dry gauze, dividing which by 10 gives the amount of the salt required for 10 per cent. gauze, and (2) for economy in materials, the exact quantity of glycerine and spirit which the gauze will take up. This is arrived at by an experimental test with water, the length of gauze being first saturated and then squeezed dry, the amount of fluid being collected and measured. After drying and sterilization it is ready for use.

I may also add that as it appears to me to be ideal in meeting the requirements of a reliable and permanent first field dressing, I have asked Messrs. Burroughs, Wellcome and Co. to prepare such a packet, and anyone who may be interested in it should communicate with them.

Calcutta. E. A. R. NEWMAN, Lieutenant-Colonel I.M.S.

DERMATITIS VENENATA.

THE apparent infectiousness of the dermatitis venenata due to rungus described by Dr. Hornsey (BRITISH MEDICAL JOURNAL, April 4th, 1914, p. 759), can be explained by the transmission of a minute quantity of the original poison, and I should like to narrate the following experience in support of that view.

In October, 1912, I saw a man with a dry erythema followed by coarse desquamation of the opposing surfaces of the right forefinger and thumb and the corresponding interdigital space. Two days previously he had been weeding in his garden and described the prevalent weed; when shown an illustration of knot grass (*Polygonum aviculare*) he recognized it. Knowing the acridity of the plant, I told him it was the cause, and prescribed ung. glyc. plumbi subacet. ʒij and suggested that he might prove the correctness of my opinion by next year testing his susceptibility, which might possibly be increased. His susceptibility to the poison was proved before the return of the plant. Five months later he returned with a small cut on the forearm, surrounded by a zone of erythema the size of a five shilling piece. When asked what he had applied to the wound, he said he had used the ointment which he had been given for the "eczema" on his hand, and when told that some of the poison must have been carried from the surface of the ointment he suggested that a rash on his chest and back had been caused in the same way. He had undressed after using the ointment without washing his hands, and it was customary with him to give his chest and back a scratching after taking off his vest. Both the chest and back showed broad lines of erythema where the fingers had been drawn across.

When one thinks of the small quantity of poison that could be carried from the two days' old, frequently washed localized erythema to the ointment and of the further dilution which would occur in the reinoculation from the ointment to the skin, the apparent contagiousness of a dermatitis due to such a powerful poison as described by Dr. Hornsey can be understood.

Alsager, Cheshire. G. W. LLOYD, M.B., B.S.Lond.

British Medical Association.

CLINICAL AND SCIENTIFIC PROCEEDINGS.

DORSET AND WEST HANTS BRANCH.

THE autumn meeting of the Branch was held at the Mont Dore Hotel, Bournemouth, on October 21st, the President, Mr. H. H. DU BOULAY, being in the chair.

Uterine Haemorrhage.—Dr. ELEANOR C. BOND, in opening a discussion on this subject, referred to it first in its physiological aspect and briefly reviewed some of the theories of the production and control of menstruation. Pathological conditions which brought about excessive and irregular uterine haemorrhage were considered under the heads of functional irregularities, fibrositis, and simple and malignant tumours. The PRESIDENT emphasized the importance of early diagnosis in malignant disease of the uterus, and commented on the tendency to put off the evil day of operation too long. Dr. MAHOMED raised the question as to whether the menstrual flow could be correctly called haemorrhage seeing that several important constituents of the blood, such as fibrin and fibrinogen, were absent from it. Having

kept his finger on the pulse of Vesuvius. Lavis kept a diary with photographic records of the action of Vesuvius, and prepared a geological map illustrating the past history of the volcano with petrological studies of its ejected materials. These studies, says a writer in *Nature*, led to one of his most important memoirs, undertaken in conjunction with Professor J. W. Gregory, in which the non-organic nature of the one-time famous *Eozoön canadense* was finally demonstrated. Lavis also did much useful work on vulcanology and seismology of the whole South Italian region. He was for some years *agrégé* Professor of Vulcanology in the University of Naples, and was offered the post of director of the Vesuvian Observatory. Only a few months ago he was awarded the triennial Perkin Prize of £100 in the gift of the Royal College of Physicians of Edinburgh, as recorded in the British Medical Journal of June 6th, 1914. The subject proposed for the thesis was "On the effects of volcanic action in the production of epidemic diseases in the animal and in the vegetable creation and in the production of hurricanes and abnormal atmospherical vicissitudes." His graduation thesis at Lyons dealt with the part played by edible molluscs in the diffusion of gastro-intestinal disorders. He was also the author of a *Monograph of the Ischian Earthquakes* and of a *Great Geological Map of Vesuvius*. He was a man of remarkable intellectual versatility and untiring industry; he was the author of more than 160 papers on volcanoes, earthquakes, mineral waters, and medical subjects. He was for many years a regular attendant at the meetings of the British Association for the Advancement of Science, and had made expeditions to Iceland and a number of other places for the purpose of scientific exploration.

Personally, Lavis was a man of great charm of manner and of an obliging disposition. His conversation was made particularly interesting, not only by the largeness and variety of his knowledge and experience, but by the lucidity of his thought and the clearness of his expression. He married a French lady, and leaves a family.

SIR JOHN READE, K.C.B.,

ARMY MEDICAL STAFF (RETD.).

Surgeon-Major-General Sir John By Cole Reade, K.C.B., Army Medical Staff (retired), died at 25, Coleherne Road, Earl's Court, on November 5th, aged 82. He was the son of George Hume Reade, staff surgeon, and colonel of the 3rd Regiment, Canadian Militia, and was born at Perth, Upper Canada, on July 7th, 1832. He was educated at Edinburgh University, took the L.R.C.S.Ed. in 1854, and entered the army as assistant surgeon on March 24th, 1854. He became surgeon in 1866, surgeon-major in 1873, surgeon-major-general in 1888, and retired on April 1st, 1893. His last five years' service were spent as professional assistant to the Director-General, A.M.S., at the War Office. He had a long list of war service and of honours. He served in the Crimea in 1854-55, and was present at the battle of Alma, the sortie of October 26th, the battle of Inkerman, the assaults on the Redan on June 18th and September 8th, and the siege of Sebastopol, where he was wounded. He received the medal with three clasps and the Turkish medal. In the Indian Mutiny in 1857-58 he took part in the actions of Cawnpore, the siege and capture of Lucknow, the attack on Fort Rooya, the action of Aligany, the battle of Nawabganj, the passage of the Gumti river, the occupation of Sultanpur, the affairs of Bonki and Sitka Ghat, and the Oudh campaign, receiving the Mutiny medal with the clasp for Lucknow. Lastly, he served in the second Afghan war of 1878-80, was present at the relief of Kandahar, was mentioned in dispatches, and received the medal. He was made C.B. on May 29th, 1886, K.C.B. in 1903, and was granted a distinguished service reward in 1892. He was appointed honorary surgeon to the late Queen in 1895, and retained that honour under King Edward and King George. He received also the Diamond Jubilee medal in 1897, and the Coronation medals in 1902 and 1911. He was a Knight of Grace of the Order of St. John of Jerusalem.

Temporary-Surgeon Albert Evelyn Fairfax Kynaston, R.N., of H.M.S. *Devonshire*, died on October 13th of enteric fever at Dunskaith Hospital. He was the second son of the late Mr. Albert Edward Kynaston, of Falkingham, Lincolnshire. He had only recently qualified and joined the navy for the war, in fact his appointment to the navy in the *London Gazette* was published in the *Times* of October 28th, two weeks after his death.

Universities and Colleges.

UNIVERSITY OF CAMBRIDGE.

The following degrees have been conferred:

M.D.—A. Abrahams, A. Feiling.
M.B.—C. G. H. Campbell, R. A. Ramsay.
B.C.—C. G. H. Campbell, G. L. Keyner, F. G. Lescher.

The Raymond Horton-Smith Prize has been awarded to P. H. Bahr. Subject: Research in Sprue.

UNIVERSITY OF LONDON.

MEETING OF THE SENATE.

A meeting of the Senate was held on October 21st.

Acting Vice-Chancellor.

Sir Alfred Pearce Gould was appointed to act for the Vice-Chancellor during Sir Wilmot Herringham's absence as Consulting Physician to H.M. Forces at the seat of war.

Medical Students and the War.

It was resolved:

That the regulations in medicine for internal and for external students be amended as follows:

By the addition of the following footnotes to the Red Book (1914-15), Sections (3) and (10) on p. 191, with a cross reference to the last paragraph on p. 190; and to the Blue Book, September, 1914, Sections (3) and 10) on p. 230, with a cross reference to the paragraph headed "Certificates" on p. 229:

Footnote 1.—During the continuance of the war students who have not passed the second examination for medical degrees in anatomy and physiology, but who have completed one year's study after passing the first examination for medical degrees, will be allowed to count not more than six months' service as clinical clerk or not more than six months' service as surgical dresser in a recognized hospital as if they had so passed the examination in question.

Footnote 2.—Clinical service during the continuance of the war, for any period of not more than twelve months in a medical unit of the Regular or Territorial Forces, or in a hospital or detachment of the Red Cross Society or in any hospital recognized by the military or naval authorities for war purposes, will be accepted by the University as equivalent to the medical and surgical practice in a recognized hospital for an equal period; and, further, any portion or the whole of the time so spent will be accepted as equivalent to time spent either as a clinical clerk or as a dresser, at the choice of the candidate.

Clinical service during the continuance of the war, as set forth above, will be similarly accepted for a period not exceeding six months from students who have not passed the second examination for medical degrees in anatomy and physiology, but who have completed one year of study after passing the first examination for medical degrees, as if they had so passed the examination in question.

(10) That the following addition be made to the regulations for the M.D. (Branch 1) and M.S. (Branch 1) for internal and external students respectively (Red Book, 1914-15, pp. 201, footnote *, and 209, footnote §; Blue Book, September, 1914, pp. 238, footnote 1, and 246, footnote 2):

A temporary commission held during the continuance of the war either in the Royal Army Medical Corps or the Royal Navy Medical Service will be considered as equivalent to an approved appointment for the purpose of this regulation.

(11) That in the case of foreign students of allied nationality the principal be authorized to deal with the question of the fees payable by such students for examination under Statute 116.

Regulations for the M.D. and M.S. Examinations.

Amendments were made in the regulations for the M.D. and M.S. examinations to come into force in 1917. Copies of the amended regulations may be obtained on application to the University.

Chelsea Physic Garden.

Dr. E. G. Graham Little was reappointed a member of the Committee of the Chelsea Physic Garden.

Faculty of Medicine.

Sir Alfred Pearce Gould has been appointed Dean of the Faculty of Medicine for 1914-6.

Physiological Laboratory Committee.

Sir David Ferrier, F.R.S., has been elected chairman for 1914-5.

Lectures.

A course of five lectures on the biology of the acid-fast bacilli was given at the Royal College of Surgeons of England by Mr. F. W. Twort, Superintendent of the Brown Sanatory Institution, on November 9th, 10th, 11th, 12th, and 13th.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

THE annual general meeting of the Fellows and Members will take place at the College on Thursday next at 3 p.m. Mr. Sidney C. Lawrence, Honorary Secretary, 22, Latymer Road, Lower Edmonton, N., informs us that the following resolution will be moved by Sir Victor Horsley and seconded by Mr. George Jones:

That this thirtieth annual meeting of Fellows and Members again affirms the desirability of admitting Members to direct representation on the Council of the College, which as now constituted only represents those Members who also hold the Fellowship; and that it does so in order that the constitution of the Council of the Royal College of Surgeons of England shall be in keeping with modern ideas of true representation.

[A note on the Annual Report of the College to be presented to the meeting is published in the SUPPLEMENT, p. 236.]

Medical News.

SIR HENRY GREENWAY HOWSE, late President of the Royal College of Surgeons, left estate of the gross value of £30,367, of which £21,183 is net personalty.

AT a meeting of the Section of Dermatology of the Royal Society of Medicine on October 15th, the President, Dr. J. J. Pringle, announced that it would meet as usual during the forthcoming session. A number of interesting cases were then demonstrated.

THE Local Government Board has revised its memorandum of September 25th on the care of Belgian refugees. Local committees can obtain copies on application to the county or county borough council or the urban district council as the case may be.

THE meeting of the Pathological Section of the Royal Society of Medicine which was to have been held on November 17th has been postponed until Tuesday, December 1st, when Professor S. G. Shattock and Dr. Dudgeon will read a paper in the course of which they will discuss the subject of cytocides.

AT a general meeting of the Medico-Psychological Association of Great Britain and Ireland to be held at the rooms of the Medical Society of London under the presidency of Dr. D. G. Thomson on Tuesday, November 24th, at 3.30 p.m., the chief business will be to consider the holding of meetings, etc., during the war.

ACCORDING to the New York *Medical Record*, Dr. Louis Livingston Seaman, whose name is well known as the author of a book on the Russo-Japanese war, has resigned his commission as First Lieutenant, Medical Reserve Corps, U.S.A., in order to be free to tell what he saw of the horrors of war as carried on by the Germans in Belgium, President Wilson having forbidden officers of the army and navy to comment on the situation.

MEMBERS of the medical profession who are not Fellows are invited to attend and take part in the discussion on enteric fever in war and the means for its prevention, which will be opened by Sir William Osler before the Society of Tropical Medicine and Hygiene on Friday next, at 8.30 p.m., at the house of the Medical Society of London. A précis of Sir William Osler's paper can be obtained on application to the secretaries at the above address.

IN the list of mayors elected on November 9th are the following members of the medical profession: Dr. S. R. Alexander, Faversham (re-elected); Dr. J. P. Atkinson, M.D., Saffron Walden (re-elected); Dr. R. Jones Evans, Pwllheli (re-elected); Dr. W. G. Gordon-Munn Norwich (Lord Mayor); and Alderman Dr. Hale Puckle, Bishop's Castle (re-elected). Drs. Alexander and Atkinson have now been re-elected to the office of mayor four times in succession, while Drs. Hale Puckle and R. Jones Evans are re-elected for a second period.

THE Local Government Board in England has issued a circular to sanitary authorities pointing out the importance of having in immediate readiness adequate arrangements for dealing with any cases of small-pox which may appear. Under present conditions the introduction of the disease is not unlikely, and the prevention of the spread of the disease, if it should appear, will depend almost entirely on the efficiency of the arrangements made previously for dealing with and following up early cases. The circular is accompanied by memorandums on the steps to be taken on the notification of a case of small-pox, and in places where small-pox is prevalent. Copies of the circular letter and memorandums have also been sent to medical officers of health, county councils, and boards of guardians.

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.

A BELGIAN doctor at present staying in the country will be glad to receive hospitality in London where he desires to study. He is accompanied by his wife, their two children, aged 6½ and 4 years, and a nurse. Communications should be addressed to Dr. Alfred Cox, 429, Strand, London, W.C.

R. S. asks whether the mushroom known locally in the north of England as "blue-stalks," and said to be much appreciated as an article of diet in some town districts, is wholesome, and whether it requires any special preparation, whether it must be freshly gathered and whether it requires to be cooked in any particular manner. The stalk bulb has a violet-blue staining.

HEREDITARY HYPERIDROSIS.

A. C. asks for advice or references on the following case: A married man, whose disease (hyperidrosis?) is as indicated below, wishes to know: (1) If, were he to have a child, it would probably be afflicted, as he has been, since infancy; (2) is there any treatment which, if applied early and thoroughly to a similarly affected child, would make its life much more comfortable than his has been? The patient's father suffered from it, and likewise the following relations of the father—namely, two of his four sisters, his mother and his maternal grandfather. A remote connexion of the family also had it in a slighter degree, and in this case, too, it was hereditary. The case is, briefly, that the patient has never been able to move about for more than ten minutes without the feet becoming hot and inflamed, so that further walking is painful and difficult and causes subsequent tenderness. But tenderness is often present even without previous walking, this being remarkably the case during the first hour or so after rising in the morning. The sweating has been greatly diminished by *x* rays, and the keratosis on the pressure areas of the soles of the feet has been reduced from time to time by various treatments.

ANSWERS.

SIR JAMES BARR (Liverpool) writes as follows in reply to questions in the JOURNAL of November 7th:

Thyroid extract, 5 or 10 grains daily, and decalcifying agents such as phosphoric acid are fairly effective in the treatment of enlarged prostate. I tried *x* rays in a case without any beneficial effect.

Regarding the case of perihepatitis "M.B." should see whether there is any marked deficiency of hydrochloric acid in the stomach, and whether the *Bacillus coli* has become an inhabitant of that organ. This not infrequently happens, and if it be the case with his patient, the treatment is fairly obvious.

Q.—*Mentally Defective Children*, by Alfred Binet and Th. Simon, M.D., being an authorized translation by Dr. Drummond, of Edinburgh (Crown 8vo. cloth, price 2s. 6d. net. London: Edward Arnold), contains in an appendix the Binet-Simon tests in their latest form given in full, with the diagrams and illustrations necessary for certain of the tests. Another convenient explanatory pamphlet is published by Henry H. Goddard, Ph.D., Psychologist to the Training School, Vineland, N.J., U.S.A. It contains sixteen pages, price 15 cents (8d.), and can be obtained from the above address. A larger work by the same author has recently appeared. Binet published his tests in *L'Année Psychologique* (1905). The most generally useful work on the subject is *Mental Deficiency (Amentia)*, by A. F. Tredgold, 2nd edition (London, 1914, Baillière, Tindall, and Cox, price 12s. 6d.).

LETTERS, NOTES, ETC.

A CORRECTION.

THE opener of a discussion at the Ophthalmological Congress at Oxford last July on compensation for eye injuries, a short account of which was given in last week's JOURNAL (p. 803), was Dr. William Robinson of Sunderland, not Dr. Robertson, as printed.