

compressed, and that there is any prospect of recovery. But it must be realized that in such cases the symptoms are certainly more dependent on intramedullary changes produced at the time rather than on compression.

Dr. A. R. Allen¹³ showed experimentally some years ago that the symptoms produced by severe contusion of the cord can be relieved and recovery made possible by incising the dorsal columns at the level of the injury, thus draining away oedematous fluid and intramedullary haemorrhages, and allowing the swollen fibres to expand, but it is necessary that this operation should be performed within a few hours of the infliction of the injury. This is rarely possible in warfare, and the early symptoms are so equivocal that if resorted to more harm than good might be easily done.

A large proportion of cases of spinal injury die soon after the infliction of the wound from shock or associated wounds of the chest or abdomen. Among those that survive the greatest danger is from cystitis and pyelonephritis and the development of extensive bedsores. A large part of the responsibility consequently falls on the nursing. When cystitis is threatened or has developed, we have seen excellent results from suprapubic drainage. Finally the danger of moving the patient must be borne in mind; the risk is obvious if the vertebral column is fractured, and if detached pieces of bone lie within the canal these may be displaced and lacerate the cord during transit. Further, we have evidence that secondary changes are more liable to develop after movement; absolute rest is consequently advisable during the first few weeks if the symptoms hold out any prospect of useful recovery.

REFERENCES.

- ⁷ Brown-Séquard, *Journ. de la Physiol.*, 1863, vol. vi, p. 124. ⁸ Petren, *Skandinav. Archiv. f. Physiol.*, 1902, vol. xiii, p. 9. ⁹ Head and Thompson, *Brain*, 1906, vol. xxix, p. 537. ¹⁰ Egger, *Rev. Neurolog.*, 1902, vol. x, p. 549. ¹¹ Rydel and Seiffer, *Archiv f. Psychiatr.*, 1903, vol. xxxvii, p. 488. ¹² Head and Holmes, *Brain*, 1911, vol. xxxiv, p. 102. ¹³ Allen, *Journ. Amer. Med. Assoc.*, 1911, vol. lvii, p. 878.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

A NEW CATARACT OPERATION.

THE following is a preliminary note on a new cataract operation which is now being performed in Delhi. This operation, which embodies several new features, was conceived and perfected by my assistant, Pundit Hari Shanker. The essential feature of the operation is a preliminary conjunctival flap cut so as not to hamper the movements of the knife in making the incision in the eyeball. The lens is removed entire in its capsule either with or without a preliminary iridectomy.

The advantages of the operation, as shown by the results obtained in some 1,500 cases performed this year, are:

1. The wound in the eyeball is closed at once by the flap so that the risk of subsequent infection is nil.
2. Prolapse of the iris and vitreous are prevented from occurring.
3. The flap is firmly adherent to the globe within a few hours, and in a large majority of cases the dressing can safely be then removed.
4. Cataract cases are now treated in this hospital as out-patients, and they can go home immediately after operation, returning next day to have the dressing removed permanently.
5. No photophobia is present subsequent to the operation, even on the second day, when the patients are provided with glasses, and can see well.
6. The usual corneal astigmatism is very much less than is generally found after other operations.

Delhi.

M. CORRY, M.D., Major I.M.S.

IMPROVED TECHNIQUE FOR INTRAVENOUS INJECTIONS AND REMOVAL OF BLOOD FROM VEINS.

THE chief remaining difficulty of this practice is that of properly entering and canalizing the vein, especially when the veins are small or deep, as often happens when the

superficial veins in front of the elbow form a plexus of small veins instead of the relatively large trunks of the textbooks. The application of a bandage in this case produces a series of veins scarcely as large as the needle, and canalization is difficult or impracticable. But by using a sphygmomanometer instead of the bandage, and then compressing to just short of blood pressure point, say 120 to 150 mm. Hg, the hitherto small veins will stand out turgidly, and can easily be punctured and canalized, for the vein stands up to the needle, and will not yield before it. Even in the case of the largest veins the manoeuvre is more easily accomplished by this method.

After the canalization, in the usual way, the cutting or removal of the bandage often causes movement of the arm and endangers the possibility of second puncture. But with the sphygmomanometer all that is necessary is to release the escape cock without disturbing the compression bag. The latter should in the first place be carried right up into the axilla, and in primary and secondary cases at least should have a sheet of Billroth's cambric interposed between it and the skin to avoid infection. The one I have used has been the Herbert French pattern, but any having a similar pressure bag would be equally serviceable.

J. ALFRED CODD, M.D. Lond.,

Honorary Physician, General Hospital, Wolverhampton.

Reports of Societies.

FIBROSITIS.

At a meeting of the West London Medico-Chirurgical Society on December 3rd the president, Dr. LEONARD DOBSON, in the chair, a discussion was held on fibrositis. Dr. GRAINGER STEWART, in opening it from the medical aspect, said that quite apart from acute traumatism, a large number of soldiers had been invalided with subacute and chronic rheumatism, both articular and muscular. Most of those cases occurred in middle-aged men or in those who had previously been the victims of chronic rheumatism, and there was nothing special to discuss in regard to them. As regards the wounded, it appeared to him that the occurrence of fibrositis was more frequent and the degree more severe than in cases of injury received in civil life. He had been struck by the rapidity with which adhesions formed, not only around and in the joints, but also in the tendon sheaths and muscular structures. He thought that several factors were present which might account for this: (1) Infection from wounds; (2) the effects of chill, strain, or exposure; (3) the protective strain on the muscles guarding the injured part; (4) the complete cessation of functional activity in the wounded limb as the result of its being bound up in splints, and the impossibility of carrying out passive movements and massage of those parts of the limb not directly involved by the injury. Early passive movement and massage would do much to prevent the formation of adhesions, would speed the recovery of the slightly wounded, and would prevent many of the more severely wounded, who would not be fit for further service in the army, from becoming economically a burden to the State in after-years, by keeping the joints supple and the muscles in good condition until the patient had recovered from the primary injury, whether it involved injury to the bone or to the nerves. Personally he regarded immobility as the chief cause of those fibrous adhesions, and, that being so, it was of prime importance to insist on the daily movement of the joints of the affected limb as far as that was compatible with the surgical necessities of the case. Mr. H. S. SOUTTAR, in dealing with the surgical aspects of the question, said that his main contention was that many of the after-effects of injuries and diseases incidental to war, which might be classed under the heading of fibrositis, were preventable, and that, applying the lessons of recent researches in the treatment of fractures, it was of the first importance to avoid anything in the way of too prolonged or too complete immobility of the affected parts. The President, Drs. BROUGHTON, RICKARD LLOYD, F. G. LLOYD, JOBBSON SCOTT, and CLIPPINGDALE took part in the discussion which followed, and Dr. GRAINGER STEWART and Mr. H. S. SOUTTAR replied.

6. Provision of Drugs by District and Workhouse Medical Officers.

The claim is that the Poor Law doctors should be put on exactly the same footing as the panel practitioner. Numerous political speeches might be quoted in support of this reform.

7. Periodic Increase in the Salaries of Poor Law Medical Officers.

It is suggested that every Poor Law medical officer, unless it can be shown that his work has diminished considerably, should be entitled to a definite increase of salary every five years up to a fixed maximum. Such increment to be dependent on good behaviour and efficiency. The effect would be to improve the service to the benefit of the public.

Throughout the memorandum there runs evidence of a want of control by the Local Government Board of a large spending authority; until this is obtained; and by that most effective measure, "grants in aid," we see little hope of getting more than a piecemeal rectification of the more glaring anomalies of the work of such local authorities.

Universities and Colleges.

UNIVERSITY OF LONDON.

At a meeting of the Senate on November 17th it was decided that students who have performed clinical service for not less than six months during the continuance of the war be admitted to the M.B., B.S. Examination at an interval of not less than two and a half years from the date of their passing the second examination for medical degrees in anatomy and physiology, provided that they be not admitted to the M.B., B.S. Examination within five and a half years from the date of their matriculation. It was decided also not to transmit gold medals to students to whom they are awarded during the continuance of the war and for one year thereafter, but that such students should be entitled to receive the equivalent in money if they so desired, and to receive the medal awarded on repayment of that sum at such period after the termination of the war as the Senate shall determine.

The following intercollegiate courses were recognized as advanced lectures which a candidate at the B.Sc. Honours Examination in Physiology may name for part of his examination: At University College, Professor Bayliss, physiological applications of physical chemistry; at King's College, Professor Halliburton and Dr. Rosenheim, physiological chemistry of the animal fluids; at Guy's Hospital, Dr. Pembrey, respiratory exchange; Dr. Hertz, investigation of movements of the alimentary canal by x rays; at Bedford College, Dr. Edkins, advanced practical histology.

Mr. H. L. Eason, M.D., M.S., ophthalmic surgeon to the British expeditionary forces in the Mediterranean, and Sir Wilmot Herringham, C.B., M.D., consulting physician to the British expeditionary forces in France, have resigned their membership of the Senate as representatives of the Faculty of Medicine. Sir David Ferrier, M.D., F.R.S., was elected Chairman of the Physiological Laboratory Committee.

The Paul Philip Reitlinger Prize, founded by Mr. Albert Reitlinger in memory of his son, a student of St. George's Hospital Medical School, was offered this year for the best essay on "The Economic Condition of the People of England in 1815 in comparison with the Present Day," has been awarded to Herbert Roland Hodges, of the London School of Economics. The prize next year will be awarded for the best essay embodying the result of some research on a medical subject carried out by the candidate.

UNIVERSITY OF BRISTOL.

At the recent meeting of Council the degree of M.Sc. was awarded to Major F. Percival Mackie, R.A.M.C., M.D.

ORMSBY of Chicago (*Journ. Amer. Med. Assoc.*, November 6th, 1915) reports a group of twelve cases of self-inflicted dermatitis noted during recent years in the experience of himself and two other practitioners. He considers it probable that the majority of the cases described as "pemphigus gangrenosus," "zoster gangrenosus atypicus" (Kaposi), and "dermatitis symmetrica dysmenorrhoea" are in reality examples of factitious dermatitis. While the disorder is believed to be comparatively rare, he thinks it probable that it would appear more common if recognized more generally. Dr. Norman Walker, in the clinical lecture on dermatitis artefacta published in the *JOURNAL* of June 18th, 1910, p. 1481, gave some coloured illustrations of the appearances observed in certain cases, and published a rather entertaining correspondence which shows the truth of Dr. Ormsby's statement that the family physician is often loth to admit, even to himself, the possibility that his particular patient should deliberately produce the lesions.

Obituary.

KENNETH WILLIAM MILLICAN, B.A.CANTAB.,
M.R.C.S.ENG., L.R.C.P.EDIN.

WE much regret to announce the death on November 28th, at the age of 62, of Mr. Kenneth William Millican, until recently the assistant editor of the *Lancet*.

He was born at Leicester, where his father was an architect of high position, a leading member of the Conservative party, and a colonel in the Volunteers. He was educated at the Atherstone Grammar School and Emmanuel College, Cambridge, and graduated with honours in the classical tripos. He entered St. Mary's Hospital with a natural science scholarship; he took the diploma of M.R.C.S.Eng. in 1879, and that of L.R.C.P.EDIN. in the following year. After acting for a time as surgeon in the service of the Ocean Steamship Company, he settled in practice in Kineton, Warwickshire. Afterwards he moved to London, and became surgeon and laryngologist to the Infirmary for Consumption in Margaret Street, and also to the West End Hospital for Paralysis. While in London he wrote two volumes of verses—*Smoke Clouds* (jointly with the late Dr. A. B. Clarke) and *Passion Spray*. He produced, in collaboration with C. H. Stephenson, a domestic drama entitled *Fettered Freedom*, and became well known as an amateur actor. In 1883 he wrote a small book on *The Evolution of Morbid Germs*, in which he anticipated opinions now held by many. He was a captain in the 9th Battalion of the King's Royal Rifle Corps, and took great interest in the Volunteer movement and in military administration.

He left London in 1892, and after again acting as a ship surgeon for a short time, became successively medical officer to mining works in Mexico and in California; in 1897 he was appointed associate editor of the *New York Medical Journal*, a post which he held for six years, leaving it to become the editor of the *St. Louis Medical Journal*. Two years later he joined the staff of the *Journal of the American Medical Association*, and in 1911 that of the *Lancet*. His health broke down last summer, and after some weeks of increasing disability he died of heart failure.

He was twice married, and leaves by his first wife a grown-up son and daughter who are settled in the United States, and by his second wife, who survives him, one daughter 12 years of age.

NICHOLAS PERCY MARSH, M.B.LOND.,

PHYSICIAN TO THE LIVERPOOL INFIRMARY FOR CHILDREN.

It was with great regret that the medical profession of Liverpool and district learnt that Dr. N. Percy Marsh passed away on November 28th, in his 56th year, after an illness of a few days' duration. His death came as a shock to many of his friends, who were not aware that he was indisposed. The immediate cause of death was cerebral haemorrhage. He was the elder son of the late Dr. N. K. Marsh, a well-known Liverpool medical man and city councillor. Dr. Percy Marsh was one of the leading specialists for diseases of children in Liverpool, and during the last ten years had acquired an extensive consulting practice in this branch of medicine. He was one of the physicians to the Liverpool Infirmary for Children, with which he had been connected since 1886. From the very beginning of his professional career he devoted himself to the speciality. He received his medical education at St. Bartholomew's Hospital, took the diploma of M.R.C.S. in 1882, and graduated M.B.Lond. in the following year. He held successively the posts of clinical assistant to the East London Hospital for Children, and resident medical officer to the General Hospital for Children at Pendlebury, before settling in private practice in his native city. In the last few years Dr. Marsh published various observations on children's diseases, more particularly meningitis in its protean manifestations. "Meningitis and lumbar puncture," "Treatment of cerebro-spinal meningitis with Flexner and Jobling's antiserum," "Encephalitis," "Epidemic poliomyelitis," are papers which set forth not only correct clinical observation but reveal critical acumen of a high order.

Dr. Percy Marsh was chairman of the Liverpool Division,

and during the incubation period of the Insurance Act had ample opportunities of showing his ability in conducting the numberless meetings held during those months of medical unrest.

At the last meeting of the Medical Institution Dr. Hope, in proposing a vote of condolence with the relatives of the late Dr. Marsh, who had been a member since 1886, alluded to the loss not only that the institution had sustained but the medical profession in and around Liverpool. He said that many members were personally indebted to Dr. Marsh for the professional help he had so willingly rendered to their families, and that he should be cut off at the zenith of his career was all the more poignant. Dr. Hope touched on the character and amiability of Dr. Marsh, whom he had known intimately for many years. Dr. Peter Davidson, a colleague of the late Dr. Marsh, added a few words, expressing in feeling terms how much he would miss his colleague, with whom he had been associated for so many years.

The funeral took place on November 29th at Childwall Church in the presence of a large number of his professional brethren and friends. On all sides his untimely death is deplored, and many a medical man will miss Dr. N. Percy Marsh for his courteousness, kindness of heart, and professional skill.

He leaves a widow, with whom much sympathy is felt, a son—Captain E. Bertram Marsh, R.A.M.C.—and two married daughters to mourn his loss and to cherish his memory.

FRANCIS T. HEUSTON, M.D., M.Ch., F.R.C.S.I.,
CONSULTING SURGEON, ADELAIDE HOSPITAL, DUBLIN.

WE announced last week the death on November 27th of Mr. Francis T. Heuston of Dublin. He was born in 1857, the son of Mr. Robert Heuston of Ballykisteon, Tipperary, and was educated at Queen's College, Galway, and at the Royal College of Surgeons of Ireland. He was at one time professor of anatomy in the Carmichael College and the Royal College of Surgeons, Ireland, and, in addition to his appointment at the Adelaide Hospital, was consulting surgeon to the Rotunda and Coombe Lying-in Hospitals, and to the Cripples' Home, Bray, and surgeon to the London and North-Western Railway. He was honorary secretary of the Adelaide Hospital, and governor of the Rotunda Hospital. He was a Fellow of the Royal Academy of Medicine in Ireland, and at one time chairman of its section of anatomy and physiology. He contributed several papers to medical periodicals, including one describing a method of excision of the rectum, published in this JOURNAL in 1895. Dr. Heuston was appointed surgeon to the Adelaide Hospital in 1886, and, as the board noted in a resolution passed shortly after his death, threw himself heartily into its work, and made the interests of the hospital his first object. The board expressed to Mrs. Heuston and to her son and daughter its sincerest sympathy in their bereavement, which came so soon after the loss of a son and brother killed in the war. In this expression of sympathy all those who knew Dr. Heuston will desire to share.

COLONEL FRANCIS JAMES DRURY, Bengal Medical Service, died suddenly of heart failure at Ranchi on November 30th, 1915, aged 55. He was born on May 17th, 1860, and educated at the Adelaide Hospital, Dublin, and at Trinity College, where he took the B.A. in 1881, the M.B. and M.Ch. in 1883. He entered the Indian Medical Service as surgeon on April 1st, 1885, became surgeon-major on April 1st, 1897, and lieutenant-colonel on April 1st, 1905; he was promoted to colonel from April 1st, 1912. His first five years' service were spent in military employ, during which he served in the Burma war from 1886 to 1888, taking part in the operations of the Fourth Brigade, and on the western frontier with the Pook column, receiving the medal with two clasps. He then went into civil employ in Bengal, and after holding the post of civil surgeon in various districts, Balasore, the 24 Parganas, and Chittagong, he succeeded the late Major Evans, when he died of plague on March 13th, 1899, as Professor of Pathology in the Calcutta Medical College. Subsequently he became principal of the college, professor of medicine, and first physician of the Medical College Hospital. When the new province of Bihar and Orissa was constituted, from April 1st, 1912, he was appointed Inspector-General

of Civil Hospitals therein, with the rank of colonel. But though he took up the post at once he was not formally confirmed in it, and gazetted full colonel (from the original date, April 1st, 1912), till some two years afterwards.

DR. C. W. SESSIONS BARRETT died on November 4th, aged 58, at his residence, Appleton House, Hinckley, Leicestershire. He was the eldest son of Dr. Charles Albert Barrett, of Wallingford, Berks, and received his professional education at the University of Aberdeen, where he graduated M.B., C.M. in 1886. After holding appointments in the Huntingdon County Hospital and the Doncaster General Infirmary, he settled in Hinckley, where he became medical officer to the Cottage Hospital, to the Hinckley Workhouse, and to the Children's Home, Burbage, Leicestershire. He was interested in the question of the control of phthisis, and was an active member of the National Association for the Prevention of Consumption. He was a member, and for a time chairman, of the Leicester and Rutlandshire Branch of the British Medical Association, and contributed some interesting notes to this JOURNAL. One of these was a report of a case of complete inversion of the uterus (JOURNAL, vol. i, 1887, p. 508). He took an active part in the controversy about the antiseptic after-treatment of vaccination published in the first volume of the JOURNAL for 1890. Dr. Sessions Barrett left a widow, two daughters, and a son—a Lieutenant in the 2,6th South Staffordshire Regiment. The funeral took place at Hinckley parish church on November 9th, and was very largely attended, as Dr. Sessions Barrett was deeply respected, so that his death occasioned profound feelings of regret throughout the district.

Medical News.

AT a meeting of the Royal Society of Medicine on Monday, December 20th, at 5 p.m., Sir Ronald Ross, K.C.B., F.R.S., who has recently returned from the Mediterranean, will give an address on the treatment of dysentery, which will be followed by a discussion.

DR. J. A. TURNER, Executive Health Officer, Bombay, who has held that appointment for fifteen years, has been reappointed for a further term of five years, and given permission to hold the appointment of Professor of Public Health to the School of Tropical Medicine which the Government is establishing in Bombay.

THREE months' courses of lectures and demonstrations for the diploma in public health will be given at the North-Western Hospital, Hampstead, by Dr. J. MacCombie, beginning on January 4th, and at Grove Hospital, Tooting, by Dr. J. E. Beggs, beginning on January 6th. Inquiries should be addressed to the Clerk to the Metropolitan Asylums Board, Embankment, E.C.

IT is announced that **Dr. F. M. Sandwith** has been appointed to be a consulting physician with the Mediterranean Force, and will be stationed in Egypt. He was formerly professor of medicine in the Cairo Medical School, and has been for a good many years an active member of the staff of the London School of Tropical Medicine, as well as Gresham Professor of Medicine.

A MEMORIAL tablet to the late Lieutenant **W. T. McCurry**, R.A.M.C., has been unveiled and dedicated in St. Mary Magdalene Parish Church, Belfast, by the Bishop of the diocese. Dr. McCurry was killed on March 15th at Ypres while attending to the wounded in one of the first-aid stations near the firing line. His name had been mentioned in dispatches for gallantry in the field.

AT a quarterly meeting of the Central Committee of the Medical Benevolent Fund Society of Ireland on December 1st, when Sir Joseph Redmond, F.R.C.P., was in the chair, Dr. J. Agar Matson was thanked for a donation of 10 guineas and elected a life member of the society. Four urgent applications for assistance were considered, and grants amounting to £58 were made; bills amounting to £56 4s. 2d. were passed for payment.

THE New York *Medical Record* of October 30th states that among the nine German naval officers on the *Prinz Eitel Friedrich* and the *Kronprinz Wilhelm*, interned at Norfolk, who broke their parole, there were two medical men, Drs. Koch and Kronecker. Our contemporary, in

expressing regret for this, said it had hoped that the medical profession at least would have come out of this war without dishonour.

THE death is announced of Dr. James H. Pollock, lecturer on physical and metallurgical chemistry in the Royal College of Science, Ireland. He had given much attention to the investigation of x rays, and had contracted dermatitis in the course of his investigations. On the outbreak of war he organized the Royal College of Science Voluntary Aid Detachment, which, under his command, performed valuable services on the occasions when wounded soldiers have been landed in Dublin.

THE Royal Commission on Sewage Disposal was appointed in 1898. Between 1901 and 1915 it published ten reports in thirty-three volumes, containing some 7686 pages, with maps, pictures, diagrams, and plans. Mr. Kershaw has done a useful piece of work in compiling a *Guide* to this labyrinth of reports, evidence, and appendices. He has furnished a synopsis of the contents of the volumes and indexes of the names, places, and subjects dealt with. It is published by P. S. King and Son (1915), price 5s. net.

MAJOR W. C. CROLY, R.A.M.C., son of the late Mr. H. G. Croly, the well-known Dublin surgeon, has been awarded the Royal Humane Society's silver medal. During the Nazirieh fighting in the Persian Gulf, when the temperature was 113° in the shade, the heat very trying, and many casualties were occurring from heat-stroke, a British soldier jumped overboard from a launch on the Shat-el-Arab. Major Croly jumped in, and though the water was infested with sharks, attempted to save him, but in vain; being hampered by his clothing Major Croly was nearly drowned himself.

At the fifty-third annual meeting of the Royal Surgical Aid Society, held at the Mansion House, London, under the presidency of the Lord Mayor, a summary of the work of the society was given by Mr. G. A. Touche, M.P., who said that for the year ending with September 25,741 patients had been relieved, and the number of appliances supplied 39,290. Upwards of 4,000 trusses had been supplied, nearly 4,000 special boots, and 2,000 abdominal belts. A vast number of these appliances had been given absolutely free of charge. The society had also directly helped recruiting by providing artificial teeth for many men who otherwise could not have been accepted for the army. After commendatory speeches by Sir Horace Marshall, Sir William Grey-Wilson, the Rev. G. C. Wilton, and others, a resolution confirming the appointment of Sir Rickman J. Godlee as honorary consulting surgeon in succession to Sir Frederick Treves, and expressing the thanks of the society to its surgical staff, was moved by Sir Dyce Duckworth, seconded by Sir Thomas Crosby, and carried. The vote of thanks to the surgeons was acknowledged by Mr. Muirhead Little.

ON December 2nd a bronze tablet to the memory of Dr. F. M. Bingham was unveiled in front of the Royal Lancaster Infirmary, Lancaster. As noted in the JOURNAL of June 12th, Dr. Bingham, who was captain in the 5th (Territorial) Battalion of the King's Own Royal Lancaster Regiment, was killed in Flanders on May 22nd. His men were engaged during the night making new trenches, and just before daybreak one was buried by a bursting shell. Captain Bingham helped in extricating the man, but in the morning light was shot by a sniper through the lungs. The tablet contains a medallion portrait, and bears the following inscription: "Frank Miller Bingham, M.R.C.S., L.R.C.P., captain the 5th Battalion the King's Own Royal Lancaster Regiment, killed in action in Flanders, May 22nd, 1915. In recognition of his life amongst them, and of his gallant death, this tablet was erected by the medical profession of Lancaster and district. He gave his life for his country." Dr. Bingham had been in practice at Lancaster in partnership with Drs. Parker and Dean for fifteen years, and the duty of unveiling the memorial was committed to Dr. G. R. Parker, the senior practitioner of the district. It was, he said, designed to do honour to the memory of a gallant soldier of the King and an honoured member of the medical profession, who lived in Preston for many years, and endeared himself by his bright and cheery manner, his handsome presence, his professional skill, and his blameless life. By his death he has not only added lustre to his profession, but to the town and neighbourhood where he spent so many happy hours. The president of the hospital, in accepting the memorial, said that the appreciation expressed in it by the medical profession was endorsed by the whole of the town and district.

Letters, Notes, and Answers.

AUTHORS desiring reprints of their articles published in the BRITISH MEDICAL JOURNAL are requested to communicate with the Office, 429, Strand, W.C., on receipt of proof.

THE telegraphic addresses of the BRITISH MEDICAL ASSOCIATION and JOURNAL are: (1) EDITOR of the BRITISH MEDICAL JOURNAL, *Atiology, Westrand, London*; telephone, 2631, Gerrard. (2) FINANCIAL SECRETARY AND BUSINESS MANAGER (Advertisements, etc.), *Articulate, Westrand, London*; telephone, 2630, Gerrard. (3) MEDICAL SECRETARY, *Medisecra, Westrand, London*; telephone, 2634, Gerrard. The address of the Irish office of the British Medical Association is 16, South Frederick Street, Dublin.

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.

DR. MEREDITH YOUNG, County Medical Officer (43, Foregate, Chester) is anxious to find a home within a moderate distance of Chester for a man aged 58, suffering from paralysis of both legs, who could only afford a small contribution towards the cost of his maintenance.

ANSWERS.

MR. H. G. JOHNSTON, F.R.C.S.E. (Adelphi P.O., Jamaica, West Indies), writes to recommend for the treatment of chilblains passive hyperaemia, induced by elastic bandages (the 2 in. crêpe Velpeau do very well) on the wrists or higher up on the forearms (the site of application of the bandage should be varied from day to day). A little practice soon shows the amount of tension to put on the bandages to give the best results, the itching and pain is often relieved in a few minutes after applying the bandages, and a couple of hours' wear morning and evening may suffice.

THE DESTRUCTION OF RATS.

S. V. suggests that rats may be destroyed by placing a mixture of equal proportions of flour and plaster-of-paris in a bowl, with a bowl of water near by. The theory is that the rats use the bowls alternately, with disastrous results to themselves.

LETTERS, NOTES, ETC.

SCUTELLARIA IN EPILEPSY.

DR. WILLIAM BRAMWELL (Liverpool) writes: In view of the correspondence on bromides in epilepsy it would, perhaps, be worth while to introduce to the notice of the profession the simple herb scullcap, or *Scutellaria lateriflora*, in the treatment of this disease. In many cases a simple infusion or extract in correspondingly suitable doses will lessen the severity of the fits and reduce their number equally with bromides and without any of the disadvantages of the latter. Its efficacy appears to be partly due to its stimulating the kidneys to increased activity not only in increasing the flow of water but also the output of urea and uric acid as shown by the increased specific gravity of the urine, the retention of such toxins as a cause of many cases of epilepsy being too frequently overlooked. The medicinal qualities of this simple remedy are even more marked in chorea than in epilepsy, and it is to be hoped that a similar investigation and a similar therapeutic distinction awaits scullcap as happened in the case of comfrey, the invaluable qualities of which were limited to the use of the herbalist and consequently despised by the profession until Dr. C. J. Macalister, wisely setting aside prejudice, determined to investigate it, and having discovered its cell proliferating properties proved it beyond question one of the most valuable of remedies.

TREATMENT OF FROST-BITE.

DR. J. M. JOHNSTON of Toronto sends a note on the treatment of true frost-bite, in which he recommends the application of very hot water. He once tried it on his own ears, with the result that it at once produced a feeling of comfort, the ears did not swell or peel, and were not tender, as he feels sure would have been the case had he followed the custom of rubbing with snow.

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 *postae rectante* letters addressed either in initials or numbers.