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READERS in search of a particular subject will find it useful to bear in mind that the references are in several cases distributed under two or more separate but nearly synonymous headings—such, for instance, as Brain and Cerebral; Heart and Cardiac; Liver and Hepatic; Renal and Kidney; Cancer and Carcinoma, Epithelioma, Malignant Disease, New Growth, Sarcoma, etc.; Child and Infant; Bronchocele, Goitre, and Thyroid; Diabetes, Glycosuria and Sugar; Light, Roentgen, Radium, X Rays; Status Lymphaticus and Thymus; Eye, Ophthalmia and Vision; Bicycle and Cycle; Motor and Automobile; Association, Institution, and Society; Paris, France; Berlin, Prussia, Germany; Vienna, Austria, etc. Subjects dealt with under various main headings in the JOURNAL have been set out in alphabetical order under their respective headings-for example, "Correspondence," "Leading Articles," "Reviews," etc. Original Articles are indicated by the letter (O).

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THE

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# SUPPLEMENT

CONTAINING

PROCEEDINGS OF COUNCIL

REPORTS OF STANDING COMMITTEES

MEETINGS OF BRANCHES AND DIVISIONS

PROGRAMME OF ANNUAL MEETING

MEDICAL BILLS IN PARLIAMENT

PROCEEDINGS OF THE GENERAL MEDICAL COUNCIL

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# INDEX TO THE EPITOME FOR VOLUME II, 1916.

READERS in search of a particular subject will find it useful to bear in mind that the references are in several cases distributed under two or more separate but nearly synonymous headings—such, for instance, as Brain and Cerebral; Heart and Cardiac; Liver and Hepatic; Renal and Kidney; Cancer and Carcinoma, Epithelioma, Malignant Disease, New Growth, Sarcoma, etc.; Child and Infant; Bronchocele, Goitre, and Thyroid; Diabetes, Glycosuria and Sugar; Eye, Ophthalmia, and Vision, etc.

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## Memoranda:

### MEDICAL, SURGICAL, OBSTETRICAL.

#### GARLIC IN WHOOPING-COUGH.

At the repeated request of many friends I am writing to mention a simple remedy for whooping-cough which appears to be not known generally to the profession. It consists of peeling the cloves of garlic, as the segments of the bulb are called, cutting them into thin slices, and wearing them under the soles of the feet between two pairs of socks, for if placed next the skin the pressure produced by walking is apt to cause irritation.

The garlic can usually be smelt in the breath within

half an hour after the slices of garlic have begun to be worn, and the whoop and spasm usually disappear within forty-eight hours. The garlic should be worn for a week or ten days or longer, according to the severity of the case.

Garlic may also be administered by eating it as a form of bread sauce, made by chopping up the cloves when peeled, boiling them in milk, and mixing them with breadcrumbs. T. MARK HOVELL.

#### LOCALIZATION OF FOREIGN BODIES.

So far as I am aware, the following method of localizing foreign bodies has not been published, and is so simple and

practical that it deserves wider recognition.

Perhaps no subject has received more thought by radiologists during the present war than the matter of simplifying localization. Any method, to be acceptable, must be accurate, rapid, and capable of wide application. The method here described is most useful in the extremities, but has been used successfully many times also in such parts as the shoulder and hip-joints regions, and occasionally in the trunk. For very accurate measurements recourse is always had to some of the well-known methods such as Mackenzie Davidson's, etc.

Apparatus.

The usual table, with tube underneath, permitting movements laterally and in the long axis of the table.

A fluorescent screen.

A piece of flat wood, 12 in. long by \(\frac{1}{2}\) in. wide and \(\frac{1}{2}\) in. thick, in one end of which is embedded a flat piece of metal the diameter of a shrapnel bullet—that is, \(\frac{1}{2}\) in. roughly.

The Method.

The patient is placed upon the table in the recumbent position. Let it be supposed that the preliminary screen examination has shown a foreign body to be lodged in the thigh somewhere in front of the femur.

Place the flat stick with its metal piece under the thigh and the screen above, and move the stick about until the shadows of the metal and the foreign body are superimposed. Mark the skin on the posterior surface of the thigh at the point where the metal rests. Proceed as before, but with the stick on the anterior surface of the thigh until the two shadows are again superimposed. Mark the skin at this point also, and join these two positions by a line running around the limb. A probe passed directly through the limb from the anterior to the posterior marks would pass through the foreign body. We therefore have one plane.

Now lay the stick upon the table so that both shadows appear on the screen and shift the tube backwards and forwards under the table. The two shadows are now seen to move—but unequally. Gradually bring the stick with its metal piece towards the anterior surface of the thigh, keeping the tube under the table constantly shifting. As the metal approaches the horizontal plane in which the foreign body lies it will be found that the two shadows move less and less unequally, until a point is reached where they move equally and together. The foreign body must therefore lie in this plane, for if this point be exceeded by moving the metal nearer to the anterior surface of the limb, the two shadows again move unequally.

For the most accurate use of this method the procedure

For the most accurate use of this method the procedure just described should be repeated on both the inner and outer aspects of the limb, making marks on each side upon the line joining the first two positions, at the level at which the two shadows are found to move in unison. The foreign body will be found at the point of intersection of the two planes.

One of the chief virtues of this method is speed, which is important when a large amount of work is in hand. Patients are brought to the x-ray room, the foreign bodies localized, and they are then passed immediately to the operating-room adjoining.
G. E. RICHARDS, Lieut. R.A.M.C.

# British Medical Association.

### CLINICAL AND SCIENTIFIC PROCEEDINGS.

#### BOMBAY BRANCH.

At the meeting of the Bombay Branch in March, Dr. C. Fernandes, dermatologist, J.J. Hospital, and lecturer in skin diseases, Grant Medical College, showed the following

Psoriasis.—A male Hindu had papules and plaques, scaly before treatment, and of various sizes and shapes, over the whole body, but most marked on the hands, feet, sides of the chest, pubes, and perineum. The head was covered with branny scales simulating scborrhoea sicca; the upper lip and angles of the mouth were also affected. The rash resembled a papulo squamous syphiloderm, but it was present more on the extensor than the flexor aspect of the limbs and was very itchy, nor was there any evidence of syphilis. A second patient was exhibited where characteristic non-specific psoriasis all over the body had appeared seventeen years previously, recurring every two years. Lichen Planus.—A woman, aged 43, had been subject for

about seven months to a papular rash on the lower extremities, mostly on the front on the right and on the back of the left leg. When new the papules were darkish red, flat-topped, shiny, and angular in outline; some were depressed in the centre, looking like rings, while in others the pigment had diminished and the margins were raised and pearly in appearance. The rash caused much itching when recent. The patient had recently suffered from

Raynaud's Disease.—A married woman, aged 40, mother of five children, suffered five years previously from tingling and numbness of the hands in the cold season which afterwards diminished for a while but never disappeared in the warm season. For three years necrotic areas developed in the cold season near the tips of the fingers.

Xanthoma (Xanthelasma).—In this patient there was a clear history of hepatic and digestive disorders associated

with the yellow patches round the eyes.

Ichthyosis and Xeroderma.—A boy, aged 14, ever since he could remember, had been subject to xeroderma of the hands and characteristic ichthyosis of the extremities, more marked on the extensor aspects, and of the trunk.

# Revielus.

#### ORTHOPAEDIC SURGERY.

In connexion with the contractures, paralyses, and de-formities resulting from the injuries of war, orthopaedic treatment attracts more interest at this time than it did formerly. Consequently, although the new edition of the weil-known handbook of Bradford and Lovett differs very little from its predecessor, which was noticed in our issue of April 20th, 1912, it might be worth while to devote to it a little more attention than a mere reissue would under ordinary circumstances command were it not for the fact that very little of the treatment described in this book is applicable to war orthopaedics, or to the conditions which result from gunshot injuries, especially when such are followed by suppuration. Unfortunately a large number of cases of obstinate contracture due to inflammatory fibrous tissue are already in existence, and will tax the skill and patience of orthopaedic surgeons for a considerable time to come. Orthopaedic surgery in the United States and some other countries includes diseases of the joints, and of the 416 pages of this book not quite one half are devoted to this branch of the subject, and particularly to tuberculous joint disease, in the treatment of which the Boston School has been so successful.

The first three editions of Bradford and Lovett's Treatise were of larger scope than the fourth and fifth, and space was found for some discussion of principles and of disputed points in treatment. In this condensed edition, attributable to war service, shall have the second call on the Fund.

Fund.

The orphans of officers who have held commissions during the war period, but whose deaths are not directly attributable to war service, shall to low the foregoing in precedence.

Orphans of officers who are non-subscribers to the Fund shall have no claim on its benefits.

Grants may be continued up to the age of 21 for boys and 18 for girls; should, however, a girl orphan marry, the Committee may, at their discretion, make a grant towards the expenses of her marriage outfit, although she is over the prescribed age.

Should a female unmarried orphan be over the age of 50 or should she be medically unfit to contribute towards her own maintenance, if below that age, the Committee may make her a grant, as a special case, provided, of course, that she is in needful circumstances.

agrant, as a special case, provided, or course, that she is in needful circumstances.

All grants shall be made in the form of donations, not as pensions, and the fact of a grant being made one year shall not in any way give an applicant any claim for a future year; all claims shall be decided annually on their individual merits.

claims shall be decided annually on their individual merits.

As the Officers' Benevolent Branch will have to be maintained entirely by subscriptions and donations, it is hoped that every officer of the Auxiliary R.A.M.C. will at once become a subscriber, and that those able to do so will give a donation to assist in starting the Fund.

The minimum subscription shall be one guinea per annum. This shall entitle the subscriber to a vote at the annual meetings. The Committee hope that this minimum will be exceeded by many. In order to facilitate the collection of subscriptions.

by many. In order to facilitate the collection of subscriptions, it is requested that officers will kindly sign the bankers' order form which will be sent to them, as this will ensure the prompt payment on January 1st yearly.

Relief Fund.

The object is to assist the widows and orphans of the rank and file of the auxiliary branches of the R.A.M.C.—namely, the Special Reserve, the Territorials, and the men who have enlisted for the period of the war and do not transfer to the Regular Forces on the termination of their engagements.

Relief will only be given after full inquiry and verification of the facts of each case, then only to relieve urgent cases of distress, arising from ill health, unemployment, or death. Relief will only be given in small money grants; no one will be allowed to become a pensioner on the Fund.

The relief branch will be worked as far as possible on the lines of the General Relief Fund of the R.A.M.C.

As the maintenance of this Fund will have to depend chiefly, if not entirely, on donations and grants, and as on demobilization all grants from regimental institutes will naturally cease, the Committee consider that in order to secure a fixed income for this branch, an endeavour should at once be made to raise a sum of at least £20,000 with a view of the Fund receiving a revenue from investments for future use, for without some such source of income the Committee fail to see how the Fund could last; it would meet an early death from exhaustion.

The Committee will be very grateful if the Director-General, A.M.S., will kindly assist them in making these Funds a success by causing the existence of them to be made known to all auxiliary officers, and by facilitating correspondence with them, also by giving official authority to officers commanding units, both at home and abroad, to make grants from their regimental institutes to the Relief Branch.

EXCHANGES.

#### EXCHANGES.

M.O., R.F.A. (Territorial Division), Egypt, desires exchange with M.O., France or England.—Address, No. 2495, BRITISH MEDICAL JOURNAL Office, 429, Strand, W.C.

Medical Officer, Field Ambulance B.E.F., desires exchange to medical unit or Yeomanry regiment at home.—Address No. 2499, BRITISH MEDICAL JOURNAL Office, 429, Strand, W.C.

# Anibersities and Colleges.

UNIVERSITY OF CAMBRIDGE.
THE following candidates have been approved at the examinations indicated:

First M.B.—Part I, Chemistry: E. G. Holmes, H. A. A. Pargeter, C. L. Pasricha, R. Y. Paton, A. E. Roche. Part II, Physics: E. G. Holmes, J. Lund, H. A. A. Pargeter, C. L. Pasricha, A. E. Roche, A. E. Slater. Part III, Elementary Biology: E. G. Holmes, A. Jephcott, J. Lund, H. A. A. Pargeter, C. L. Pasricha, A. E. Roche, A. E. Scond M.B.—Part I, Human Anatomy and Physiology: C. B. Clarke, F. R. G. Hief, C. A. Horder, T. A. Jones, T. Mensa, Annan, W. S. Neave, W. H. Palmer, J. L. Potts, C. E. Taylor, D. Wallice, C. H. Whittle.

Third M.B.—Part I, Surgery and Midwifery: E. H. R. Altounyan, K. B. Bellwood, W. H. Blackburn, C. V. Braimbridge, W. H. W. Cheyne, E. H. Dendy, H. W. Featherstone, L. S. Gethergood, E. A. Green, W. F. T. Haultsin, F. E. Higgins, A. Orr-Ewing, J. Rickman, L. W. Shelley, B. H. Swift, W. T. Warwick, H. A. Whyte-Venables, H. G. E. Williams, R. S. Woods.

M.C.—Dr. H. B. Roderick.

VICTORIA UNIVERSITY OF MANCHESTER. THE following candidates have been approved at the examination indicated:

M.D.—J. A. Fairer (with commendation), Francisco da Cunha, D. I. Dakeyne, L. Moss, W. Stirling jun.

UNIVERSITY OF EDINBURGH. THE following candidates have been approved at the exami-

nations indicated:

ations indicated;

FINAL M.B., C.M.—G. Holliday.

FINAL M.B., CH.B.—C. B. C. Anderson, J. Bennet, R. D. Cameron,
J. E. Chow, A. Huan Chu, D. Colombos, D. G. Duff, J. J. B.
Edmond, A. M'L. Ferrie, A. K. Gibson, W. N. Greer, F. J.
Hauptfleisch, C.S. van Heerden, N. K. Henderson, Wilhelmina W.
Hendry, Sidda Nath Kaul, Marjorie I. S. M'Gregor, I. MacKenzie,
J. A. Mackenzie, Isobel M MacLullich, J. O. Marais, J. D. V.
Meiring, R. W. H. Miller, E. A. Mills, C. Milne, J. Milne, H. S.
Moore, J. L. Owen, A. M'M. Paterson, C. P. Penberthy, A.
Prentice, J. C. Preston, W. Richards, B. J. Ryrie, Eng Siang
Seah, E. O. A. Singer, J. M. Smellie, E. D. Soderström, M.
Stewart, Robert B. Stewart, D. G. Stoute, Mukundrai Dolotrai
Thakore, Daya Ram Thapar, W. G. Thomson, J. I. de Villiers,
W. Waddell, R. R. S. Weatherson, R. M. Wishart, C. W. Ng Yow.

#### UNIVERSITY OF GLASGOW.

GRADUATION CEREMONY.
THE graduation ceremony took place in the Bute Hall on June 27th, when the Vice-Chancellor (Sir Donald MacAlister) presided.

The only honorary degree conferred was that of LL.D., bestowed upon Professor John Ferguson in recognition of his work as occupant of the Regius Chair of Chemistry.

The degree of D.Sc. Public Health was conferred upon Dr. William Barr for a thesis on I. K. therapy in pulmonary

tuberculosis.

SOCIETY OF APOTHECARIES OF LONDON. THE following candidates have been approved in the subjects indicated:

SURGERY.—\*†H. N. Eccles, \*†H. Lamb, \*†A. L. Maladre, Tweed.

MEDICINE.—\*†H. Archer, \*†R. H. Chadwick, \*†A. L. Malabre, \*†L. A. B. Moore, †E. G. D. Murray, \*†A. L. Watts.

FORENSIC MEDICINE.—H. Archer, C. P. Barber, A. L. Malabre, M. M. Shaffi, A. G. E. Wilcock.

MIDWIFERY.—L. A. B. Moore, E. G. D. Murray, M. M. Shaffi, L. J. Vincent.

\* Section I. † Section II

The Diploma of the Society was granted to Messrs. H. Archer, H. N. Eccles, E. G. D. Murray, and M. B. M. Tweed.

# Gbituary.

DR. WILLIAM WOOLMINGTON WEBBER, member of the West Somerset Branch of the Association, died at his residence in Crewkerne on June 4th, aged 59. He lived for almost his entire life in that town except when he studied medicine at St. Thomas's Hospital, and took the diplomas of M.R.C.S.Eng. in 1880 and L.R.C.P.Edin. in 1882. Dr. Webber was M.O.H. Crewkerne and held other local appointments.

DR. WILLIAM ALEXANDER of Bournemouth died very suddenly of angina pectoris on May 26th, about an hour after finishing a hard day's work. He was born fiftyafter finishing a nard days work. He was sold all three years ago at Fyvie in Aberdeenshire, took the degrees of M.B. and C.M. (Aberdeen) in 1887, and practised for some years in Tarland in his native county. Owing to ill health he afterwards went to South Africa and practice was the returned to tised at Johannesburg for two years. He returned to England at the beginning of the Boer war and settled in Bournemouth, where he remained in practice for sixteen years. He had held the office of chairman of the Bournemouth Division of the British Medical Association, and was a representative of the Division on the Dorset and West Hants Branch Council. The funeral took place in All Saints Churchyard, Branksome Park, on May 30th.

Dr. WILLIAM ANDERTON, a well-known practitioner in South-West Lancashire, and a recognized authority on bee-keeping, died at his residence in Ormskirk on June 12th in his 69th year. Apprenticed to Dr. Lax of that town, he studied afterwards in the hospitals of Liverpool and Edinburgh, and received the diplomas of L.R.C.S., L.R.C.P. and L.M.Edin. in 1872, and took the higher diplomas of F.R.C.S.Edin. and M.R.C.P.Edin. in 1881. He was M.O.H. for Ormskirk for over forty years, and was medical officer and public vaccinator for the Ormskirk Union for the same space of time. He retired from the latter appointment in 1913, but resumed duty last year when his successor joined the colours. Dr. Anderton held many other local appointments, and was a member of the British Medical Association. He was chairman of the Lancashire Beekeepers' Association, and had been appointed to act as judge this month at a show at Manchester. The funeral took place at Ormskirk Parish Church on June 14th.

DR. HENRI FAVRE, physician and friend of George Sand and Alexandre Dumas the younger, died recently at the age of 88.

DR. G. A. V. ROMMELAERE, professor in the Medical Faculty of Brussels, who attended the present Queen of the Belgians in a dangerous illness some years ago, died recently at the age of 79.

# Medical Aelus.

DR. CHARLES A. WIGAN of Portishead has been appointed a justice of the peace for Somerset.

SURGEON-MAJOR H. B. HINTON, formerly of the Bengal Army, who has resided in Adelaide, South Australia, for many years, died on May 14th, in his 104th year.

IT is announced that Sir Pardey Lukis, K.C.S.I., Director-General I.M.S., has been appointed Commissioner for the St. John Ambulance Brigade Overseas within the empire

MAJOR R. TAIT MACKENZIE, R.A.M.C., professor of physical education, University of Pennsylvania, will open a discussion on the necessity for a national scheme of physical education, at a meeting of the Royal Sanitary Institute, at the Municipal School of Technology, Manchester, at 7 p.m., on Friday, July 7th.

IT was stated in the BRITISH MEDICAL JOURNAL of June 24th that the late Field-Marshal von Moltke was a supporter of Christian Science. Mr. D. Sinclair, Christian Science Committee on Publication, writes to the Glasgow Herald to contradict this. He suggests that the mistake probably arose from the fact that the Field-Marshal's nephew, Count Helmuth von Moltke, is a Christian Scientist Scientist.

THE Council of the Cremation Society of England, in its report for 1915, states that the number of cremations at Woking was 153, as compared with 124 in the previous year. The figures for Golder's Green were 730 and 671 respectively, the two crematoriums showing an increase of slightly over 11 per cent. The total number of cremations for Great Britain was 1,410 and 1,279 respectively, an increased percentage of 12.4. The total number carried out in Great Britain since the opening of the Woking Crematorium in 1885 is 14,995. A new crematorium was opened in the South Metropolitan Cemetery Company's cemetery at Norwood.

JOHN GALSWORTHY, in a letter which has been widely printed in the press, has made an eloquent appeal for Belgian children. He pointed out that the children in the large part of Belgium occupied by the Germans do not get sufficient food, or at any rate, live on the edge of starvation. The National Relief Committee believes that unless tion. The National Relief Committee believes that unless aid comes in much faster than at present the children will actually be starved. The position must appeal with special force to this country, which so far has been saved from the horrors of invasion largely owing to the courage and self-sacrifice of Belgium. The Committee suggests that on July 10th all British boys and girls shall hold sports, give concerts or entertainments of some sort, the proceeds of which shall go to the children of Belgium. The medical profession has already responded generously to the special needs of the Belgian doctors and pharmacists, and the appeal for the children will not fall on deaf ears. and the appeal for the children will not fall on deaf ears.

and the appeal for the children will not fall on deaf ears.

AMONG recent additions to the museum of relics of Robert Burns in his house at Mauchline is a large portrait in oils of Dr. John Mackenzie, by James Douglas (1885), from 'the original by Tannock of Kilmarnock. Dr. Mackenzie professionally attended Burns's father during his last illness at Lochlea in 1783, and Jean Armour at her confinement in 1788. He was also the poet's "very warm and worthy friend," and figures under the name of "Common Sense," in The Holy Fair. There are three other relics connected with Dr. Mackenzie in the museum. One is a facsimile of a bond of annuity (1801) from the One is a facsimile of a bond of annuity (1801) from the Earl of Eglinton, undertaking to pay the doctor during his lifetime a free life-rent annuity of £130 sterling, on condition that he removed from Mauchline to Irvine and gave his professional advice and assistance to the Earl and his family. The others are an affidavit signed by Mackenzie in 1834, and the ticket conferring on him (1801) the privileges of a burgess of Irvine. These relics have been given to the museum by Mr. Thomas Yule, W.S., Edinburgh. Mackenzie introduced Burns to Dugald Stewart the philosopher, and brought the poet's works under the notice of Dr. Blair, whose sermons were once so popular. In 1827 Mackenzie retired to Edinburgh, where he died in 1837.

# Ketters, Aotes, and Answers.

THE telegraphic addresses of the BRITISH MEDICAL ASSOCIATION and JOURNAL are: (1) EDITOR of the BRITISH MEDICAL JOURNAL, Attiology, 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.

R. K. has a patient, aged 60, said to have had gout, asthmatic, and having 2 to 3 per cent. of sugar in the urine, in whom the distal half of a big toenail is normal, but the basal half saffron yellow. He asks whether this can be a form of xanthoma dispetience. diabeticum.

FROM TRENCH TO TROPICS.
We have received from a lieutenant R.A.M.C. a double-barrelled communication, the two parts of which are only indirectly connected. In one part he says that he has found the work of a battalion medical officer in France quite a rest cure after panel practice, and that, in spite of shells and work in the trenches, a man might do well to exchange the worries of general practice for the occasional moments of anxiety, necessarily limited to a few seconds, before a shell bursts at a reasonable distance. In the other part, after stating that he is 37 years old and accustomed to town life in Canada, he asks to be told of some town in a tropical or subtropical region, preferably British, where a practice could be speedily built up by one who has been impoverished by the war. He seems to have a hankering for the South Sea Islands, but in most of them the European society he requires would, we believe, be very limited. FROM TRENCH TO TROPICS believe, be very limited.

#### LETTERS, NOTES, ETC.

A TERRITORIAL MEDICAL OFFICER writes to ask whether it would not be possible to destroy both lice and their eggs by means of a "negative pressure." Treatment in a Thresh disinfector takes a long time, and is not suitable for leather-faced

THE SOLDIER'S HEART. DR. H. LYON SMITH does not desire the epithet "belated critic" applied to him by Sir James Barr to be accepted. It is a fact that Sir James Barr's address was published in the JOURNAL of April 15th, and that we received a communication from Dr. Lyon Smith on May 2nd, the length of which we were compelled to ask him to reduce.

ALUMINIUM SPLINTING.

MR. E. J. WORMULL, patentee Wormull's system of aluminium splinting (London, S.E.), writes: I have read with interest Captein C. Max Page's article in the BRITISH MEDICAL JOURNAL of June 17th, and in justice to myself I trust you will find room for this short note. In 1905 I brought to the notice of the authorities the original skeleton system of splinting, which consists of a rigid backbone and a number of aluminium plates of various sizes, perforated and impressed with slots to slide over rigid bar or backbone, so that a splint precisely similar to those shown in Lieutenant-Colonel Robert Jones's article in the BRITISH MEDICAL JOURNAL, 1915, vol. i, p. 101, could be constructed without the inconvenience of having perforated rods, split rivets, and specially drilled plates; the split rivets require a considerable amount of mechanical dexterity to use properly. After a protracted practical trial the splinting was refused, and a further series of experiments were made, before the system devised by Sir Frederick Treves was adopted. I would also point out that the perforated rods were extensively experimented with and abandoned by the authorities (although they are described fully in my patent specification in 9685 of 1906), as it was found that difficulty was experienced, in the hands of unskilled men, in obtaining proper and reliable angles. Other metals were experimented with, but preference was given to aluminium, owing to its lightness, ductibility, and the fact that it is unaffected by moisture. unaffected by moisture.

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

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