had received a routine injection of antitetanus serum after being wounded, though this was overlooked at the time.

The most striking points about the cases are the rapidity with which the phenomena followed the injection of serum and the occurrence of severe pain in the chest as one of the first symptoms. Overfilling of the right side of the heart, such as might be caused by the too rapid injection of fluid into a vein, will produce precordial dis-comfort rather than pain. In Cases 11 and 111 the injection was not unduly rapid, and in Case 1, from a mechanical point of view, the amount of fluid which entered the vein was negligible.

GRAVE DIABETES MELLITUS WITH PULMONARY TUBERCULOSIS FOLLOWING MUMPS.

BY

F. B. GILHESPY, M.R.C.S., L.R.C.P.LOND., TEMPORARY SURGEON, ROYAL NAVY,

AND

H. S. HOLDEN, M.Sc., TEMPORARY BACTERIOLOGIST, ROYAL NAVY.

As few cases of this sequence of events appear to be on record, the publication of these notes is perhaps justified.

record, the publication of these notes is perhaps justified. The patient was a boy in the Royal Navy, aged 164, under-going training in a harbour ship. In May, 1916, he had an attack of mumps without any testicular or abdominal sym-ptoms. On the third or fourth day of the disease the other boys in the ward started to tease him on account of his thirst (and remonstrated with him for drinking their lemonade). This drew his attention to the quantity of fluid he was drinking, but, independently of this, he noticed that he was passing urine three or four times during the night, which he had never done before. When first seen in Plymouth Hospital he had well marked symptoms of diabetes mellitus, with physical signs pointing to implication of both lungs with tuberculosis. On a dietary consisting of four ounces of bread and including green vegetables, but no other carbohydrate, ninety ounces of urine were being passed daily, with a total glucose output of seven ounces. The ferric chloride test for diacetic acid was markedly positive. On an initial starvation diet, with subsequent addition of carbohydrates to his fare, the patient's diabetic symptoms disappeared, except for the occasional appearance of slight quantities of sugar in the urine; calcium oxalate crystals could always be found. The disappearance of the glycosuria may be correlated with the presence of rapidly advancing tuber-culosis of both lungs and with persistent evening rise of temperature to 101.5° to 102° F. The patient died five months after the attack of mumps. after the attack of mumps.

NOTES BY H. S. HOLDEN, M.SC.

Post mortem Examination. The left lung showed old extensive adhesions. The right was The left lung showed old extensive adhesions. The right was similar and, in addition, firmly adherent to the disphragm. Both were very collapsed and showed massive lobar caseation, with breaking down at the apices. The mesenteric glands exhibited extensive tuberculosis, parts of the mesentery resem-bling bunches of grapes. There were a few tuberculous ulcers in the stomach, one about the size of a pea on the anterior surface of the pyloric end. The intestines showed a certain amount of tuberculous ulceration in all portions, this being most marked towards the lower end of the ileum. The liver showed slight fatty chance.

most marked towards the lower end of the ileum. The liver showed slight fatty change. Heart, kidneys, spleen, and brain were normal. The pancreas was normal in appearance and weight (80 grams), but slightly soft in consistency. No anatomical peculiarity was found in the relations of its ducts. *Microscopic Examination of the Pancreas*.—Sections were pre-pared from the head, body, and the tail of the gland, but those from the first two of these revealed little abnormality apart from a relatively slight round-celled infiltration in the more from a relatively slight round-celled infiltration in the more superficial portions. The sections from the tail, however, were of considerable interest, as, in addition to the infiltration, some of the islands of Langerhaus showed evident hyaline degenera-tion, first described by Opie.¹ The affected islands were relatively scanty, although some of the remainder appeared to show slight signs of a similar condition.

REMARKS.

Abdominal symptoms have been but rarely described in mumps. In the course of an epidemic of thirty-three cases of mumps described by Edgecombe,² five of the subjects were affected by symptoms pointing very definitely to an implication of the pancreas in the disorder. Other writers have noticed the same train of symptoms occurring in the course of epidemics, and Morley Fletcher,³ summing up their evidence, states that severe abdominal pain starts within a week of the onset of mumps—usually the fourth

or fifth day-and is accompanied by vomiting and diarrhoea. The pain is usually epigastric, and tenderness above the umbilicus, with the presence of swelling or a diffuse resistance, can often be made out. The temperature hardly ever rises above 102° F., and the pulse-rate is not generally increased, and is *frequently* slowed. The immediate prognosis is good, and the patient is usually free from abdominal symptoms within the week. The same writer goes on to say, "some cases of diabetes may date their origin from inflammatory changes brought about in the pancreas by an attack." In favour of this cautious new opinion he quotes Barbieri's case of transient glycosuria in a boy of 6 years of age, in which the glycosuria followed mumps, but sugar disappeared from the urine in twenty-five days. Harris' reported the onset of diabetes with acetonuria in a man aged 42 years, the symptoms being noticed one month after mumps.

When it is remembered that the islands of Langerhans are. found in relatively small numbers in the head and body of the gland as compared with the tail, it seems probable that the disturbance of the islands in the tail, described above, is enough to prove this to be a case of diabetes of pancreatic origin. In several recorded fatal cases of diabetes in which hyaline degeneration was present the number of islands affected was small and no other lesion which could have accounted for the symptoms was found. Very little evidence of previous inflammatory mischief was found in the gland in this case, which fits in with the clinical history, where no abdominal symptoms were noted. I can find no evidence in the literature of similar coincident changes occurring in the pancreas during an attack of mumps, as the clinical histories and *post-mortem* findings always pointed to an acute or subacute inflammation of the organ having taken place.

Owing to the severe nervous strain imposed by war it might naturally have been expected that diabetes, which has been experimentally shown to be associated with hyperactivity of the chromaffin system, would have become more frequent. From a careful analysis of the numbers of cases of diabetes treated at the Royal Naval Hospital, Plymouth, from 1911 to June, 1916, this expectation is justified. Out of 9,127 cases admitted to this hospital justified. Out of 9,127 cases admitted to this hospital during 1911, 1912, and 1913 there were 5 cases of diabetes, or 0.05 per cent.; whereas out of 7,968 cases admitted during 1914, 1915, and up to June, 1916, there were 22 cases of diabetes, or 0.27 per cent. Assuming that the navy increased from 150,000 men in peace time to 350,000 in June, 1916, and has thus increased slightly more than twofold, the number of cases of diabetes admitted to Plymouth has increased fivefold.

I have to thank Fleet Surgeon R. St. G. Bond, Royal Navy, for his permission to publish this case, which occurred in one of his wards.

REFERENCES. 1 Opie, Disease of the Pancreas, second edition, p. 312. ² Edgecombe. Practitioner, 1908, 1xxx, p. 194. ⁸ H. Morley Fletcher, in Garrod, Batten, and Thursheld's Diseases of Children, p. 1056. ⁴ H. F. Harris, Boston Medical and Surgical Journal, 1899, ex1, pp; 465-469.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

THE TREATMENT OF DYSENTERY, WOUNDS. ETC., BY A COMBINATION OF INTERNAL ANTISEPTICS.

MAY I to bring to notice a mode of treatment the result of twenty-five years' experience in the Persian Gulf and India, where dysentery is endemic during certain seasons of the year? The patient is given a rectal injection of powdered ipecacuanha gr. xxx with m xx to xxx of tincture of opium every morning, and is placed on a mixture of carbolic acid and quinine. The nauseating and depressing effects of ipecacuanha given by the mouth are thus avoided, and the combination of carbolic acid and quinine, with its intensive bactericidal action, circulating through the site of ulceration, soon produces a development of new capillaries (as shown by the appearance of streaks of bright blood in the ejecta, together with the throwing off of the old sloughs. This beginning of improvement appears about the tenth day of treatment, and proceeds to the entire healing of the lesion. It is as

effective in chronic as in recent cases of the disease, and I have found it successful in a case of two years' standing. Of late years, however, I have discarded the injections, and have obtained as good results from the internal administration of carbolic acid with quinine alone.

The prescription for an average case is as follows:

Ŗ,	Acid. carbol. liq						m xl
'	Quininae sulph.		`	•••	•••		gr. xxxij
	Acid. sulph. dil.	•••	•••	•••	•••	• •••	3ij.
	Glycerini	•••		•••	•••		<u>3</u> J
	Aq	•••	•••	•••	•••	ad	žviij

Half an ounce thrice a day in water, or every four hours, for a time, if the case be severe. The mixture is as clear as water if made up as follows: Pour the glycerin into the bottle, then half fill the bottle with water; add the carbolic acid, and shake well together. Dissolve separately the quinine with the dilute sulphuric acid in about two ounces of water, and add this to the previous solution in the bottle, shake again, and fill up the bottle. The glycerin is not absolutely necessary, but is useful.

The amount of carbolic acid may be increased usefully and safely to 4 minims and the quinine to 4 grains in each dose in severe or chronic cases. I have not seen any ill effects nor any carboluria, though I have put myself on the mixture for long periods as a test. Apart from its germicidal action, the tonic property of the quinine is invaluable.

The combination was used and highly spoken of in the great plague of Hong Kong in 1894. In three subsequent severe epidemics in India, in which I used the maximum doses mentioned above, plus soakage of the glands in carbolic oil (1 in 30), it was possible to give to the Plague Commission figures of a convalescence of 75 per cent. The curative action of this combination was found to be the same in typhoid as in dysentery. Long ago my atten-tion was called to the efficacy of this combination for malarial fever by the late Dr. T. Holmested, I.M.S., and I was led to investigate through many years the results of increasing the strength of the dosage in the various germ diseases of the East. He used it in doses of one minim of carbolic acid with one grain of quinine. The efficacy of the combination can be easily demonstrated by treating two similar cases side by side, the one with quinine alone, and the other with the combination. There would appear to be some interaction between the two drugs resulting in an intensive effect.

Equally satisfactory results have been obtained in cases of septicaemia, erysipelas, puerperal fever, and carbuncles. Lastly, the way in which wounds heal when the patient is on an internal course of this combination is very remarkable. With wounds so severe and numerous as in the present war, when the great desideratum is a sufficiently powerful bactericidal antiseptic, which, while thoroughly powerful backetonia and septic, which, while thoroughly permeating the deepest wound, will in no wise damage the ordinary vital processes of repair, I would earnestly plead with the profession for a trial of this internal medication by a combination of quinine and carbolic acid, simultaneously with the usual protective antiseptic dressings externally.

L. W. SEYMOUR, M.R.C.S., L.R.C.P. Stroud.

PITUITARY EXTRACT IN CONCEALED ACCIDENTAL HAEMORRHAGE.

JELLETT has stated that concealed accidental haemorrhage is the most serious accident that can happen to a pregnant woman, with the single exception of acute puerperal sepsis. The following case seems worthy of note because of its severity and of the fact that the patient undoubtedly owed her life to the administration of pituitary extract. The preparation used was pituitrin, manufactured by Parke, Davis and Co., and put up in amponles of 1 c.cm. each.

The patient was a fairly healthy multipara, aged 40, nearly eight months advanced in pregnancy. Three days before I was summoned she received a severe kick on the abdomen from a child she was nursing; during the three succeeding days she complained of abdominal pain and gradually increasing faintness, but there was no external haemorrhage. I found her lying in bed, semiconscious, in a state of extreme collapse, her face blanched, pulse scarcely perceptible, respira-tion sighing. There were no labour pains. The cervix was softened and the os admitted a finger tip. There was a slight sanious discharge. The abdomen was merely tense and tender, but from the history and condition I diagnosed concealed acci-dental haemorrhage. I sent for pituitrin, and gave a large salins enema and a hypodermic of strychnine. Two ampoules

of pituitrin were then injected intramuscularly. In less than ten minutes there was marked improvement of the pulse, and in twenty minutes labour pains began. Every thirty minutes from the first injection I gave another ampoule, and the pains

from the first injection 1 gave another ampoule, and the pains became gradually stronger and lasted longer. The membranes were ruptured when the os was fully dilated, and three hours after the first injection a living child was born. The placenta was readily expressed and with it large masses of blood clot. The uterus contracted firmly and there was no *post-partum* haemorrhage. The mother made a slow but un-eventful recovery. The child did not thrive and only survived a fortnight. a fortnight.

In all, 8 c.cm. of pituitrin were given; it had no galactagogue effect in this case, doubtless owing to the excessive loss of blood. Had delivery been effected by accouchement force or by supravaginal amputation of the uterus by Porro's method, I feel sure that, considering her desperate condition, her chance of recovery would have been very poor.

Birkenhead, WM. ARTHUR KIDD, M.B., Ch.B., L.S.A.

A CASE OF SARCOMA TREATED WITH COLLOIDAL COPPER.

ALTHOUGH this is a recent case, the result up to date has encouraged me to publish it.

In September, 1913, a lady, aged 72, discovered a small, pedunculated, freely bleeding growth on the posterior vaginal wall, about two inches from the margin of the skin. This was wall, about two inches from the margin of the skin. This was removed, a good sized raw surface being left to granulate. The pathological report said, "Mixed spindle and round celled sarcoma.

sarcoma." In the summer of 1914 there was a suspicion of enlargement in the perineum in the mid-line at the junction of the vaginal mucous membrane with the skin. For some four to six weeks there was doubt, then in a week there was rapid enlargement, and a globular subcutaneous lump the size of a large walnut was obvious. This was removed, and the pathological report was as before. Everything went well until the early summer of summer of swelling in the righting in a 1915, when there was a suspicion of swelling in the right inguinal region. After several weeks of doubt a rapid enlargement showed clearly that a number of the inguinal glands were affected. These were removed with as much of the surrounding tissues as was possible. The pathological report was the same as before.

In February, 1916, after a longish period of doubt, it was clear that the most external inguinal gland was affected, and it was removed; the pathological report was once more as before. In July, 1916, a swelling appeared in the right ischio-rectal fossa; after the same period of doubt as in the other recurrences this was removed with all the surrounding tissues, and proved to consist of two lymphotic glands. As the nexted one appeared were the same as in the two former sets of glands no specimen was sent for examination.

In February, 1916, a slight irregularity was noticed at the margin of the liver in the anterior axillary line. It felt like a small dent, such as might occur from the pressure of corsets, and this it was considered to be. In July, 1916, examination under an anaesthetic showed that it had not altered since February, and the same view was taken as to its nature. The patient went on satisfactorily until the middle of November, when suspicions arose that the liver was enlarging, and the former dent now seemed to be a prominence. After a few weeks the doubtful prominence in the liver had become a large knobby lump. Within a week the margin of the liver was below a horizontal line ioning the two patients in a single same blow a

lump. Within a week the margin of the liver was below a horizontal line joining the two anterior iliac spines and acute pressure pain began in the region of the seventh to the tenth ribs behind. As the patient had only a moderately full abdomen it was easy to see the outline of the liver and knob when she lay back. She was given injections of cuprase every six days, a whole ampoule in the gluteal muscles. She also took liquor violae glucosidi (Gadd) during the course of injections. After two injections the pressure pain abated, and after four was gone. She was given eight injections, the last in mid-February, by which time it was clear that the liver was much smaller. Since then it has diminished in size steadily up to date, and the liver has caused no anxiety, although it acts badly at times, and she was a definitely enlarged inguinal gland, the innermost of the inguinal chain, which, after the usual period of suspicion, showed itself fairly suddenly and unmistakably. This subsided after four injections of collosal copper (Oppenheimer) into the adjacent adductor muscles. adjacent adductor muscles.

It appears to me that, apart from the manifest improvement following a course of colloidal copper, there are several points of interest in this case which warrant the rather full account given of it.

T. MACCARTHY, M.R.C.S., L.R.C.P. Sherborne.

A BILL providing that marriage licences shall not be issued in the State of New York unless the contracting parties are able to furnish sworn statements that they are free from insidious diseases was signed by the Governor of the State on May 16th, and immediately became effective.

Oxford, July 22nd.

better than anything of which I know for preventing the growth of the tartar organisms.

Upon what evidence, I wonder, does Mr. Hall base his conclusion that a large proportion of the many cases of gingivitis and pyorrhoea are "due entirely to the prevalent use of mordant mouth-washes and pastes." Surely these diseases existed long before man thought of anything so hygienic as a mouth-wash !-- I am, etc.

., Helen Goodrich.

The Services.

AUXILIARY ROYAL ARMY MEDICAL CORPS FUND. THE following donations for the Officers' Benevolent Branch have been received during the quarter ending June 30th : Sum of £42 4s.—Officers' Training Centre, Birr. Sums of £10 10s.—Dr. Stephen J. Henry. Sums of £5 5s.—Major T. H. Ray, Captains E. D. Pineo, H.

Richmond.

Sum of £5.-Captain K. Maeewen.

EXCHANGE.

MEDICAL OFFICER in Charge Base Dépôt requires exchange with medical officer of F.A., M.A.C., or R.E.-Address No. 2450, BRITISH MEDICAL JOURNAL Office, 429, Strand, W.C.

Anibersities and Colleges.

<text><text><text><text>

worthier cause could any knight of the most glorious days of chivalry have inscribed on his banner than that of the para-lysed child and the crippled soldier? Professor Phillips, then addressing the Vice-Chancellor, said:

DOMINE VICE-CANCELLARIE: Virum illustrissimum, equitem spectal-issimum qui artem chirurgicam quasi patrimonio acceptam ingenio et labore suo ad summum perduxit secretam corporis humani com-pagem perspexit truncatos militum artus magica quadam sollertia recoxit, praesento tibi ut ad gradum Doctoris in Scientia admittatur ROBERTUM JONES.

NOBERTUM JONES. Sir Robert Jones's name is a household word throughout North Wales, and Professor Phillips's just tribute was thoroughly appreciated; seldom, if ever, has the bestowal of a degree by the University of Wales been more heartily welcomed. Since the inception of the University the degree of D.Sc. has been conferred only upon Sir John Williams, Bt., G.C.V.O., Dr. Frederick Roberts (Emeritus Professor of Medicine, University College, London), Sir William H. Preece, K.C.B., and Professor Galloway, F.G.S.

UNIVERSITY OF LONDON.

THE following candidates have been approved at the examinations indicated :

M.D.-Branch I (Medicine): Mirza Mohammed Khan, Helen M. M. Mackay, D. J. Munro, Margaret R. Paterson. Branch IV (Midlovifery and Diseases of Women): Charlotte L. Houlton, Hilda M Scarborough.
 M.S.-Branch I (Surgery): C. Banting.

LONDON HOSPITAL MEDICAL COLLEGE.

LONDON HOSPITAL MEDICAL COLLEGE. The following awards have been made : Price and Entrance Scholarships in Science, (1) £100, R. A. Madgwick, (2) £50, D. Hunter; Buxton Entrance Scholarship in Arts, £31 10s. C. E. Fenton; Prize in Clinical Surgery, £20, G. Adler and H. Gluckman (aeq., prize divided); Prize in Clinical Obstetrics and Gynaecology, £20, F. W. A. Watt; Duckworth Nelson Prize in Practical Medicine and Surgery, £10, D. J. Valentine; Sutton Prize in Pathology, £20, I. H. Zortman; Wynne Baxter Prize in Forensic Medicine, £5 5s., G. R. Woodhead; Anderson Prizes in Elementary Clinical Medicine, value £2 each, A. E. Clark-Kennedy and M. Marcus; Honorary Certificates, D. Wallice, J. M. Winnett, and I. J. Cruchley; Prizes in Elementary Clinical Surgery, value £5 each, J. C. Collins, J. Brodetsky, I. J. Cruchley, and A. Eidinow (aeq., prize divided, and M. W. B. Bulman; Prize in Minor Surgery, £5, F. H. W. Tozer; Honorary Certificates, D. Hunter and D. R. Thompson; Prize in Practical Anatomy, value £25, M. Marcus; Prize in Practical Anatomy, value £6, E. L. Sergeant; Honorary Certificates in Inorganic Chemistry, M. Remy and F. C. Hunt.

KING'S COLLEGE HOSPITAL MEDICAL SCHOOL. The following awards have been made :-Burney Yeo Scholar-ships: E. H. Culver, M. S. Thomson. Senior Scholarship: L. B. Goldschmidt. Tanner Prize divided between D. C. Clark and C. K. Scales. Todd Prize and Medal: A. Blackstock. Class Prizes: (Medicine), L. M. Moody; (Obstetric Medicine), A. Blackstock; (Pathology), D. C. Clark, L. M. Moody; (Hygiene), L. M. Moody; (Psychological Medicine), A. N. M. Davidson.

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

D.P.H.-F. J. Devlin, Captain R. A. Jones, Lieutenant N. Morris, Major R. S. Rodger.

UNIVERSITY OF GLASGOW

THE following degrees were conferred on July 21st:

M.B., CH.B.—*J. S. Martin, *J. Marshall, †R. Aitken, W. Adams, Janetta M. Alexander, J. Ashforth, A. B. Austin, D. C. Buchanan, J. S. Craig, W. Deunster, M. Devers, K. H. Dyke, J. P. Fleming, T. Fleming, T. Forrest, W. W. Forsyth, R. J. L. Fraser, Jean M. Frew, G. K. Fulton, P. F. A. Grant, Grace L. Hunter, E. P. Irving, J. Joels, W. F. Kivlichan, Mary B. Knight, A. B. M'A, Lang, G. Lean, N. Mackillop, D. J. Mackinnon, Robina S. Mackinnon, Jessie B. Maclachlan, Lilias Maclay, W. M'William, D. S. Mitchell, J. Moffatt, G. Peerson, H. Robertson, J. J. Bobertson, J. L. Rowlands, F. W. Sandeman, J. H. Shearer, D. Taylor.
* With honours.

* With honours. + With commendation.

ROYAL COLLEGE OF SURGEONS OF EDINBURGH. THE following gentlemen have been admitted Fellows: T. Ewing, W. L. Hodge, J. MacLean, W. W. Shorten, H. P. W. White, F. J. Woo.

SOCIETY OF APOTHECARIES OF LONDON

THE following candidates passed in the subjects indicated:

Surgery.-++H. N. Dale-Richards, *+L. E. A. B. Farr, +B. Ramirez

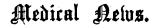
*tW. Stansfield.
 *tW. Stansfield.
 Medicine.-*C. W. Bower, *D. C. Clark, †H. N. Dale-Richards, *E. W. Diggett. *tS. G. Mahomed, *E. J. G. Sargent, *G. R. Sharp, *tP. V. Wynn-Werninck.
 Forensic Medicine.-C. W. Bower, E. A. Leak, A. Magill, S. G. Mahomed, G. W. Pratt.
 Midwifery.-A. E. Collie, G. W. Pratt.

* Section I. + Section II,

The diploma of the society has been granted to Messrs. H. N. Dale-Richards, L. E. A. B. Farr, G. W. Pratt, B. Ramirez, and W. Stansfield.

LIEUTENANT-COLONEL KARABA RAMCHODDAS KIRTIKAR, Bombay Medical Service (retired), died at Bombay on May 9th, aged 68. He was educated at the Grant Medical College, Bombay, and at University College, London, and took the diplomas of M.R.C.S. and L.R.C.P.Lond. in 1876. Entering the I.M.S. as surgeon on March 31st, 1877, he became surgeon-major on March 31st, 1889, surgeon-lieutenant-colonel on March 31st, 1897, and was placed on the selected list in 1902, retiring with an extra compensa-tion pension on May 24th, 1904. The first five years of his service were spent on military duty, and during this time he served with the 19th Bombay Infantry in the second Afghan war in 1878-80, serving in the Girishk column, taking part in the battle of Maiwand and in the siege of Kandahar, and receiving the medal. In 1886 he was appointed to officiate as professor of anatomy in the Grant Medical College, Bombay, and as second surgeon to the Jamsetji Jijibhai Hospital. Subsequently he acted as professor of materia medica and of botany, successively, and as health officer of Bombay. In 1898 he became civil surgeon of Ratnagiri, where Thibaw, ex-king of Burma, and his family were in his medical charge. He was a botanist of repute, the author of works on The Poisonous Plants of the Bombay Presidency, and, with Major B. D. Basu, of Indian Medicinal Plants. A third work on The Cryptogamia of India was left unfinished.

DR. F. F. ULRICK, of Copenhagen, who took a leading part in the movement for the better housing of the working -classes in Denmark, died recently at the age of 93.



MAJOR SIR EDWARD WORTHINGTON, C.M.G., M.V.O., has been appointed Physician to H.R.H. the Duke of Connaught.

On the recommendation of the fifth Latin-American Congress of Medicine, the University of Lima, Peru, has established a chair of tropical pathology. Dr. Julian Arce has been appointed professor.

THE price of the Queen has been raised to 1s. The last issue contains a photograph of the presentation of French decorations to members of the Scottish Women's Hospital unit and the first instalment of Mrs. Humphry Ward's new novel.

THE house of the Royal Society of Medicine (1, Wimpole Street, W.) will be closed for cleaning and library stock-taking during the month of August, but officers of any British medical service and of the American medical service will be admitted to the library between 11 a.m. and 6.30 p.m. every day except Sunday.

THE following officers represent the medical department on the staff of General Pershing, commanding the U.S. forces on this side of the Atlantic: Colonel Alfred E. Bradley, chief surgeon; Colonel M. W. Ireland, senior assistant surgeon; Major George Peed, second assistant surgeon; and Captain Henry Beeuwkes, junior assistant surgeon.

DR. JOHN S. MUIR, J.P., of Selkirk, celebrated, on July 12th, the conclusion of fifty years' professional work in that district. In 1886 Dr. Muir was president of the Border Counties Branch of the British Medical Association. For many years he was medical officer in the Border Rifles, and retired in 1905 with the rank of Lieut.-Colonel, and honorary Colonel.

ON July 9th Dr. Henri Roger was elected Dean of the Paris Faculty of Medicine in succession to the late Professor Landouzy. Dr. Roger is professor of experimental pathology and is the author of a work on infectious diseases and of a treatise on general pathology now in course of publication. He has also won distinction in the field of literature, and a play of his entitled *L'Epreuve*, produced at the Théâtre Antoine, had a considerable succes

AT the annual general meeting of the Medico-Legal Society of London, when the President, Sir Samuel Evans. , was in the chair, a recommendation of the council G.C.B. that aliens of enemy nationality should cease to be either honorary or ordinary members of the society, was unani-mously approved. It was announced that the ordinary work of the society would be resumed in October, when, after the delivery of the President's address, Dr. F. J. Smith will open a discussion on medico-legal points in-volved in the Criminal Law Amendment Bill. The volved in the Criminal Law Amendment Bill. The honorary secretary is Dr. Crookshank, 15, Harley Street, W.1.

Tetters, 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.2, on receipt of proof. THE telegraphic addresses of the BRITISH MEDICAL ASSOCIATION and JOURNAL are: (1) EDITOR of the BRITISH MEDICAL JOURNAL, Atticology, Westrand London; telephone, 2631, Gerrard. (2) FINANCIAL SECRETARY AND BUSINESS MANAGER (Adver-tisements, 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. of the Dublin.
- Dublin. The address of the Central Medical War Committee for England and Wales is 429, Strand. London. W.C.2; that of the Reference Committee of the Royal Colleges in London is the Examination Hall, 8 Queen Square, Bloomsbury, W.C.1; and that of the Scottish Medical Service Emergency Committee is Royal College of Physicians, Edinburgh.

S 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.

OUERIES.

- H. has a patient with right-sided hemiplegia following cerebral haemorrhage three years ago. The leg is sufficiently recovered to allow slow walking, but much sleep is lost through tonic contraction of the extensor longus hallucis, with "cocking" of the big toe. Our correspondent seeks advice for the relief of the ice and the correspondent seeks advice for the relief of this condition.
- of this condition.
 D. F. T., who holds the D.P.H., asks for names of books for a course of further reading. The following may be suggested: Newsholme's School Hygiene: The Laws of Health in Relation to School Life, rewritten by J. Kerr, M.A., M.D. (London: G. Allen and Unwin, Limited. 4s. 6d.) Crowley's Hygiene of School Life, by C. W. Hutt, M.A., M.D. Cantab., D.P.H.Oxf. Second edition. (London: Methuen and Co. 1916. 3s. 6d.) Occupations from the Social, Hygienic, and Medical Points of View, by Sir Thomas Oliver, M.A., M.D. D.Sc., F.R.C.P. (Cambridge: University Press. 1916. 6s.) Milk and its Hygienic Relations, by Janet E. Lane-Claypon, M.D., D.Sc. Lond. Medical Research Committee Series. (London: Longmans, Green and Co. 7s. 6d.) Rivers as Sources of Water Supply, by A. C. Houston, M.B., D.Sc., F.R.S.Edin. (London: John Bale, Sons, and Danielsson. 1917. 5s.)

ANSWERS.

EXILED.—Judicious remarks on the training of memory in children may be found in the chapter headed "Mental Reproduction: Memory" (chapter ix, pp. 159-210, 1886 edition), in Professor James Sully's Teacher's Handbook of Psychology,

LETTERS, NOTES, ETC.

Quo VADIS (VEL CUI BONO)? DR. ALBERT TEBB (London) writes to point out a blunder which may occur in the translation of the heading to a recent corre-spondence in the JOURNAL. Although cui bono could, without actual grammatical offence, be rendered by "what is the good?" or "to what good end or purpose?" the true meaning of the phrase is different. It was, in fact, the obiter dictum of some Roman jurist, and as such passed into legal phraseology. It meant, and still means, "who got the plunder or the advantage?"—that is, "who benefited?" or "for whose benefit?" In obscure criminal cases, where there is diffi-culty in putting a finger upon one among several persons implicated, the line of search should be to find out who bene-fited by the crime. To use the phrase in any other sense is a mistake. mistake.

CLINICAL ORGANIZATION OF THE MEDICAL PROFESSION.

- CLINICAL ORGANIZATION OF THE MEDICAL PROFESSION. DR. JAMES HAMILTON (Chelsea) writes: As the years pass senior practitioners lose knowledge of hospital staffs, especially of the rising juniors, and consequently are fre-quently in a difficulty when asked to name a consultant. Some plan on the lines suggested by Dr. Hawthorne at the annual meeting of the Metropolitan Counties Branch would serve as an introduction and be mutually advantageous.

SCALE OF CHARGES FOR ADVERTISEMENTS IN THE BRITISH MEDICAL JOURNAL.

							£ s.	d.
Seven lines			•••	•••	•••		05	0
Each addit		ine	•••	•••	•••	•••	0 0	8
A whole co	lumn	•••	•••		•••	••• -	3 10	9
A page	 An av	erage	 line con	taine si	x words.	1	0 0	0

All remittances by Post Office Orders must be made payable to the British Medical Association at the General Post Office, London. the British Medical Association at the General Post Office, London. No responsibility will be accepted for any such remittance not so safeguarded. Advertisements should be delivered, addressed to the Manager, 429, Strand, London, not later than the first post on Wednesday morning preceding publication, and, if not paid for at the time, should be accompanied by a reference. NOTE.—It is against the rules of the Post Office to receive posts restants letters addressed either in initials or numbers.