

for acid-fast bacilli. The pus differed entirely from tuberculous pus, the cells being well formed, and showing little sign of degeneration, being unusually clearly defined, but containing, I thought, more nuclear fragments than usual.

Cultures were attempted on various media. No visible growth appeared on egg or blood agar, or on ordinary agar cultivated anaerobically; but on agar in the presence of air five rather large cream-coloured colonies appeared, and these were found to consist of long slender bacilli. Subsequently the same bacillus was obtained in impure culture from an aerobic egg tube.

The bacilli stained well by Gram's method. When so coloured they were further treated with 5 per cent. acetic acid to see whether they possessed polar bodies. The only effect of this treatment was to bring out an irregular segmentation of stainable material, like that seen in bacilli of the diphtheroid group. Polar bodies were probably present, but they were not definitely revealed.

The resistance of the Gram-stained bacilli to decolorization with 5 per cent. acetic acid, their segmentation like diphtheria bacilli, and the fact that they were but feebly coloured with methylene blue, led me to try their acid-fastness, with the result that when stained with carbol-fuchsin, after the manner used for phthisical sputum, they were found to resist decolorization just like tubercle bacilli.

It has already been mentioned that the colonies grown from the pus were few in number. It is probable, therefore, that the bacilli were not numerous in the pus, and it is for this reason, we may suppose, that they were not detected by microscopic examination.

The small number of colonies which grew on the original tubes, coupled with the failure to render the bacillus visible in the pus itself, and, I must add, a superficial resemblance of the cultivations to those of the fish-tubercle bacillus (which I happened to have growing among my stock cultures), raised at first a suspicion that the new cultures might after all be nothing but the above-named species, got by some extraordinary accident into my plate cultures. The suspicion, however, proved unfounded, for the cultivation was repeated on more than one occasion from different pustules, and each time the same acid-fast bacillus was grown as on the first occasion.

Moreover, grown side by side with the fish-tubercle bacillus certain differences became apparent. For while both organisms grew well at 22° F., the new bacillus grew even better at 37°, at which temperature the fish-tubercle bacillus refused to grow at all; and at the temperature of the cupboard—say, 12° to 16° C.—the fish-tubercle bacillus grew well, but the new bacillus scarcely at all.

The early colonies of the new bacillus were not quite the same as they subsequently appeared after time had allowed for the adaptation of the micro-organism to the conditions of artificial culture. At first on glycerin-potato or glycerin-agar they were large, raised, and nodular. In colour they resembled cream, like tubercle bacilli. Their sides were steep, and their consistence crumbly, for when touched with the platinum needle they broke into fragments which refused to stick to the wire, and on agar slipped about the surface and eluded capture. In subcultures, however, the colonies were soft and no longer tended to break into elusive crumbs, and the colour became whiter. On potato the bacillus formed a continuous, finely-nodular, thick, whitish layer, which was never seen to become wrinkled, as so often happens with cultures of the fish-tubercle bacillus; moreover, it showed no tendency to develop in old cultures the blackish-purple colour sometimes produced on potato by the latter bacillus. But, like this microbe and many others of the acid-fast group, our new bacillus grew freely on potato which had been coloured with methylene-blue, and like them again it built up the blue colour into its colonies.

The bacillus itself, like its colonies, changed somewhat as cultivation proceeded. At first it was a long, slender, slightly curved rod which showed some trace of segmentation of its stainable substance, just as tubercle bacilli and other acid-fast bacilli are apt, in common with the diphtheria group, to do. But subsequently it became shorter and plumper, and usually appeared as a bacillus with a somewhat indefinite outline which stained badly (with carbol-fuchsin) except for a dark-red spot in the middle. This form is not uncommon with many acid-fast bacilli, and has been described by Theobald Smith as occurring in the bovine type of tubercle bacillus after long artificial

cultivation.¹ In both forms the bacillus was strongly acid-fast, resisting, after five minutes' staining in hot carbol-fuchsin, decolorization in 25 per cent. sulphuric acid and 70 per cent. alcohol. This decolorization could be pushed, as with other acid-fast bacilli, without danger of decolorization, but after acid the colour could slowly be washed out with absolute alcohol.

The pathogenic power of the bacillus for the guinea-pig seems to have been low. A drop of the pus from the patient was injected intraperitoneally into one of this species without producing any lesions visible when the animal was killed two months later. The results of injecting the culture itself are not yet known.

Cultivated on glycerin broth it formed a superficial film which remained flat and thin, and never became wrinkled or climbed up the sides of the flask like the tubercle bacilli in like circumstances. The fluid remained clear, but a somewhat dense deposit of growth accumulated at the bottom. Growth on various media was somewhat deliberate, but considerably more rapid than that of tubercle bacilli. It required several days to reach its maximum development.

REFERENCE.

¹Theobald Smith: Note on the Stability of the Cultural Characters of Tubercle Bacilli, etc. Reprinted from the *Transactions of the First Annual Meeting (1903) of the National Association for the Prevention of Tuberculosis, U.S.A.* (See Figs. 2 and 4, opposite page 6.)

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

THE INFLUENZAL EPIDEMIC IN GENERAL PRACTICE.

CAPTAIN BURNFORD's article in the *BRITISH MEDICAL JOURNAL* of July 20th raises a number of points of interest, but his suggestion that the epidemic is of the nature of a glandular fever is not in accordance with experience here. After an experience of perhaps 1,000 cases, I may say that glandular enlargements, whilst they occurred in moderate numbers, were not a predominant feature of the whole range of cases seen. With rubella and mumps there were, indeed, certain points of contact where glandular enlargements were prominent, but in no case did I see a rash, and in no case did the question of differential diagnosis seriously arise.

Swabs from the nasopharynx and tonsils were examined bacteriologically in twelve cases. The results were practically negative. No organism was found common to all cases, though an unidentified micrococcus was detected in several instances. The blood from these patients was also negative. There were distinctive differences in type between cases I saw at first and those seen later. At first cases were comparatively mild, and recovery was as prompt as onset was sudden. One heard of people taken ill at work or in the streets, and after a couple of days or more in bed, if freed of their pains, still extremely weak. The leading signs and symptoms were of the familiar type dealt with in your editorial of July 13th. Afterwards meningeal symptoms became a serious preoccupation, especially in children. Headaches have been intense, nose bleedings, and even ear bleedings, and symptoms referable to pressure within the ear have been common enough to justify a warning to the relatives that they were to be expected.

As a sequel to the severe head symptoms, complaint was frequently made of lumbo-sacral pains. Most of these meningeal cases were dangerously ill, though none died. Severe vomiting has been not uncommon, more especially in adults; recovery has been delayed, and mental symptoms were frequent.

In certain cases pneumonia was suspected, and in some occurred; but, as a rule, I think bronchiolitis is probably a good description of the actual lung condition. In some instances both head symptoms and pneumonic troubles were present, but usually the former ultimately became dominant in these cases.

Prophylaxis may be summed up in the words "free ventilation" and "fortify the power of resistance" in every possible way. The fact that the majority of our cases occurred in panel practice suggests overcrowding as a prime factor in the dissemination of the disease, as, of course, one would anticipate.

As to treatment, quinine probably lowered resistance and was frequently taken by patients on their own initiative, and, therefore, ignorantly. Hexamine was given in all head cases, but with doubtful benefits. Bromides, on the other hand, distinctly controlled the vomiting. Aspirin appeared to relieve the pains, and the salicylates were useful.

I am indebted to Dr. E. Bruce Wilson and Captain A. A. Bisset, R.A.F., for permission to refer to cases occurring in their practice, and for valued assistance.

Sheffield.

G. HOLLIDAY, M.B., C.M. Edin.

COLLOSOL MANGANESE IN FURUNCULOSIS.

I HAVE used the treatment for furunculosis recommended by Sir Malcolm Morris¹ with great success in a man who had been under my care with "boils" for the last five years. He had never been completely free from them. His life was a misery, and he was frequently too ill to work. On May 5th I gave an injection of collosol manganese (0.5 c.cm.), and each week following for the next five weeks I gave injections of 1 c.cm. After the second injection the boils (five in number) rapidly cleared up. He has since been absolutely clear, and feels better in general health.

Luton.

W. E. LEVINSON, M.R.C.S., L.R.C.P.

Reviews.

UTERINE FIBROIDS.

DR. CUTHBERT LOCKYER has long been known for his active interest in gynaecological pathology, and he has collected his special knowledge and observations regarding myoma and adenomyoma into a volume entitled *Fibroids and Allied Tumours*.²

Author, artists, and publishers are to be congratulated on a very fine production. The whole appearance and printing of the book are worthy of the best traditions of the great house of Macmillan. The numerous illustrations, both coloured and plain, are superb; merely to turn over the pages and look at them is as good as a demonstration on the subject.

The text is obviously from the pen of one who has made a prolonged study of his subject from all aspects, and has handled the tumours both in the theatre and in the laboratory. It is to the latter aspect of the subject that the reader will turn first, because the number of good books on gynaecological pathology is about as small as the number on the operative aspect of the subject is large. The pathology of fibroid tumours is discussed from A to Z, and every point is illustrated by drawings or paintings, mostly from the author's own specimens. All the little that is known as to the etiology of fibroids is discussed, and the histogenesis and histology described in the light of Mallory's work. An account of the anatomy of the subject is followed by a chapter on the changes in neighbouring organs produced by the presence of the tumours. This is succeeded by a very able and full discussion of the secondary changes or degenerations to which fibroids are so liable. The ordinary hyaline and cystic and the rarer fatty changes are very fully explained and illustrated. In connexion with the last named a clear account is given of the very unusual lipomyoma or lipomatosis of a myoma. Red degeneration necessarily claims considerable space for discussion of the numerous unsolved problems it presents. Finally, in this section the author gives a clear lead on the subject of malignant changes occurring in myomata, which may be commended to any sceptics still holding out in the London schools.

In the section on the treatment of myoma the writer gives a useful summary of the generally accepted values which are now to be placed upon x rays, radium, and mesothorium. The different methods of employing the rays are described, as well as the dangers and contraindications. Wise insistence is laid upon the necessity that the decision as to whether or not a particular fibroid is suitable for treatment by radiotherapy should remain entirely in the

hands of the gynaecologist. But the gynaecologist who essays to express an opinion to the radiologist had better first fortify himself by the perusal of this chapter. Lastly, in this part of the volume comes an interesting summary of the history of operative treatment, and a discussion of the different operations which have been practised.

The second part of the volume is concerned solely with that interesting tumour, the adenomyoma, a subject on which Dr. Lockyer has made himself an acknowledged authority. Considerable space is given to a historical account of the different views held as to the etiology and histogenesis of this tumour. The reader is guided very clearly from the view of von Recklinghausen that adenomyomata were essentially of Wolffian origin, to that of Cullen, who first described the glandular elements as originating in all cases from the endometrium, and on to the further modification of the latter view put forward by von Franqué—namely, that pre-existing inflammation explains the origin of most of these growths. Iwanoff's views as to the origin of some such tumours from the peritoneum by a process of what Meyer calls "heterotopy," are explained. The author regards this as the explanation of the existence of epithelial spaces and cysts in most extrauterine swellings found, for example, in the recto-vaginal septum. This general discussion is followed by a full description of adenomyomata as they have been found to affect the different parts of the genital tract. The author believes that the tumour may become malignant, but that this rarely happens.

The third and last part of the book is devoted to a fully illustrated description of the operations for myoma, including chapters on the after-treatment and possible complications. Several appendices on special points of interest conclude the volume.

We have only one complaint, and that is, that the references to literature and authorities quoted are not numerous enough. Authors who have by their own exertions made themselves familiar with a subject need not hesitate to make the path easier for those who follow by mapping it as fully as possible.

British gynaecology has every reason to be satisfied with this book, and the author's own school in particular may be proud of it. It is a mine of information which will reward the attention of all gynaecologists, particularly those engaged in teaching. It may be commended to all interested in the subject as a masterly and exhaustive exposition, clearly and interestingly written, and profusely, beautifully, and instructively illustrated.

THE ELECTRICIAN AS PHYSIOLOGIST.

It is difficult to understand precisely what is the intention of Mr. BAINES'S *Studies in Electro-Physiology*.³ If, as the title suggests, it is an account of the author's own work, it would have been much improved by the omission of the quotations from elementary, and sometimes antiquated, textbooks of physiology and the extremely superficial resemblances between histological structures and electrical apparatus. Moreover, no attempt is made to meet the most serious objections that have been brought against Mr. Baines's experimental methods. The activity of the sweat glands, always associated with changes of electrical potential, is dismissed in a few lines which do not meet the case at all. Physiologists will not accept the conclusions of the book until the same phenomena have been demonstrated by the use of non-polarizable electrodes. If metallic electrodes are used—and Mr. Baines will have no others—it is imperatively necessary that their equipotentiality and freedom from polarization should be tested in every experiment by previous immersion in a salt solution. The question is not one between the physiologist and the physicist (see p. 68), but a pure matter of physical chemistry. The objections taken to the use of non-polarizable electrodes arise from the fundamental misconception at the base of the whole of the theoretical treatment. No one denies that living organisms possess an electrostatic capacity, nor that they conduct currents, and, when forming part of a circuit, that induced currents might be produced in them. These properties are also possessed by dead organisms, if moist. But physiologists

¹ BRITISH MEDICAL JOURNAL, April 20th, p. 446.

² *Fibroids and Allied Tumours (Myoma and Adenomyoma): Their Pathology, Clinical Features, and Surgical Treatment.* By Cuthbert Lockyer, M.D., B.S., F.R.C.P., F.R.C.S. With an introductory notice by Alban Doran, F.R.C.S. London: Macmillan and Co. 1918. (Roy. 8vo, pp. xix + 603; 316 figures, 37 coloured plates. 63s. net.)

³ *Studies in Electro-Physiology (Animal and Vegetable).* By Arthur E. Baines, Consulting Electrician. London: G. Routledge and Sons, Ltd. 1918. (Demy 8vo, pp. xxix + 291; 146 figures, including 31 drawings in colour. 12s. 6d. net.)

Universities and Colleges.

UNIVERSITY OF LONDON. LONDON (ROYAL FREE HOSPITAL) SCHOOL OF MEDICINE FOR WOMEN.

THE following awards of scholarships tenable at the Medical School have been made recently:

St. Dunstan's Medical Exhibitions: Miss M. E. Reynolds, £60; Miss M. E. Howard, £40 (for five years each). Isabel Thorne Scholarship (£30); Miss E. A. Perrott. Sir Owen Roberts Memorial Scholarship (£75 a year for four years); Miss L. G. Iliff. Mabel Sharrman Crawford Scholarship (£20 a year for four years); Miss D. N. L. Leverkus. Agnes Gutrie Dental Bursary (£50); Miss Petronelle Jago. Ellen Walker Bursary (£25 a year for two years); Miss G. M. Watkinson. Fanny Butler Scholarship (£14 10s. a year for four years); Miss A. D. Symons.

UNIVERSITY OF DUBLIN.

Trinity College.

THE Senate of the University of Dublin has passed a grace for the degree of LL.D. *honoris causa* for Lieut.-General Charles Henry Burtchaeil, C.M.G., C.B., Director-General Medical Services, B.E.F., France. It is hoped that the degree may be conferred at an early date.

The Board of Trinity College has invited Lieut.-Colonel Gordon Holmes, M.D., C.M.G., R.A.M.C., to deliver the Montgomery Lectures in Ophthalmology for the year 1918-19.

Obituary.

MR. W. MORLEY WILLIS, who died in June last, aged 49, was a native of Bristol, and was educated at the Taunton Grammar School. After a few years in business he decided, on reaching the age of 21, to study for the medical profession. He studied at University College, Bristol, and St. Bartholomew's Hospital, and took the diplomas of M.R.C.S. and L.R.C.P. in 1895 and the F.R.C.S. in 1906. After acting as house-surgeon to the Sunderland Royal Infirmary, he commenced practice in Nottingham in 1897. Shortly afterwards he became honorary surgeon to the Children's Hospital, and in 1901 was appointed assistant surgeon to the Nottingham General Hospital. Soon afterwards he abandoned general practice, and confined himself entirely to surgery. In addition to the work entailed by his public appointments, Mr. Willis undertook heavy duties in connexion with the various military hospitals in the Nottingham area. While in apparently good health he was struck down by an illness which proved fatal. He leaves a widow and two daughters. Mr. H. Bell Tawse, senior surgeon to the Nottingham Children's Hospital, assistant surgeon to the Nottingham General Hospital, writes: For many years I was associated with the late Morley Willis at the Children's Hospital and at the General Hospital. We all recognized him as a brilliant surgeon, a skilful diagnostician, and a most agreeable, kindly, and courteous colleague, always ready to give help and advice in difficult cases, and eager to assist the younger men in any way he could. He will be greatly missed by his colleagues and by his patients, who loved him for his cheery optimism and charming manner. He has gone at a time when his surgical talents and experience were invaluable to the army as well as to the civil population. He was reaping the reward of many years of strenuous hospital work, and had built up a large surgical practice when he was struck down at the early age of 49 by illness which proved fatal. British surgery has sustained a grievous loss, and his intimate friends mourn the death of a most affectionate, straightforward, and honourable man.

It is with regret that we have to record the death of Dr. FINGLAND, which took place somewhat suddenly on August 1st. Four years ago he had a serious attack of influenza followed by pneumonia. Nevertheless, he braced himself to continue in practice, and up to a week before death he was doing his work. He was the son of a well-known pharmaceutical chemist in Wavertree. He received his medical education at the Liverpool School, and took the diplomas of L.R.C.P. and S.Edin. in 1891. He devoted special attention to anaesthetics, and became honorary anaesthetist to the Royal Infirmary, which post he held for upwards of twenty years. Four years ago he retired with the honour of consulting anaesthetist to this institution. In 1912, at the Annual Meeting of the British Medical Association, Dr. Fingland was vice-president of the Section of Anaesthetics. He published

in the *Edinburgh Medical Journal* in 1893 a practical paper on the treatment of a patient before and after an anaesthetic. As an anaesthetist his services were in much demand, and many of his professional brethren are personally indebted to him for his careful conduct of anaesthesia. He was a member of the North of England Obstetrical Society, and at the time of his death held the post of treasurer. He had long been a member of the Liverpool Medical Institution, and was its librarian. Dr. Fingland in private life was most methodical, and was fond of old prints and books. As a colleague he was staunch and in his friendship true. A memorial service was held at St. Andrew's Church of Scotland on August 5th, and many friends and patients were present as a testimony of their respect. He leaves behind a widow and daughter and many professional brethren to mourn his loss and cherish his memory.

DR. GEORGE BLACKER MORGAN, of Sunderland, who died on July 25th, aged 84, received his medical education in Dublin and took the diploma of L.R.C.S.I. in 1856 and that of L.S.A. in the following year. He was appointed house-surgeon to the Sunderland Infirmary in 1857, and had since continued his connexion with that institution, latterly as senior surgeon and chairman of the medical board. He had held the office of chairman of the Sunderland Division and was twice president of the North of England Branch. He had also been president of the Northumberland and Durham Medical Society and of the Sunderland and North Durham Medical Society. He leaves a family of three sons and four daughters.

Medical News.

THE Household Fuel and Lighting Order, 1918, contains a provision authorizing the local Fuel Overseers to make additional allowances for both fuel and light in the case of rooms used for a business or profession in a dwelling house or other building in connexion therewith.

THE London County Council has decided not to provide serum for the general use of medical practitioners in the treatment of cerebro-spinal fever and the examination of suspected cases and contacts, but to provide it for use exclusively in cases seen in consultation with its own medical staff.

DR. J. JOHNSTON, Medical Officer of Townleys Hospitals, Bolton, has received the long service silver medal of the Order of St. John in recognition of his twenty-seven years' service to the St. John Ambulance Association and Brigade.

THE report on the working of the tuberculosis department started at the Great Northern Central Hospital, by arrangement with the Islington Borough Council, shows that during the year ended April 30th last 841 cases from the northern half of the borough were treated, and that there were 3,472 attendances. In addition, 1,510 visits were made to patients' homes, and a considerable number of contacts examined.

At the meeting of the Council of the Metropolitan Hospital Sunday Fund on August 9th it was announced that the total sum received was £85,652, an amount exceeding the previous best year by £15,000. The sum included a gift of £5,000 from the American Red Cross Society. The awards for the year amounted to £85,000.

IN connexion with the scheme for the employment of officers and men invalided from the army and navy it has been suggested that in cases of shell shock, gas poisoning, and general breakdown, such men as contemplate life in the Far Eastern colonies and dependencies would be well advised first of all to submit themselves to some medical expert from the tropics. By doing so, expense and disappointment would be avoided.

MR. WILLIAM MILLER CROWFOOT, M.B.Lond., F.R.C.S., who died at Beccles last April, at the age of 80, bequeathed his collection of exotic butterflies and moths to the Natural History Museum, University College, Nottingham; a collection of shells from the Paris basin, his crag shells, and other fossils, to the Norwich Museum; and a collection of shells from the Italian Pliocene basin, and a collection of marine, land, and fresh-water shells to Ipswich Museum.

THE London County Council has agreed to ask the governing bodies of one or two hospitals to admit as in-patients school children suffering from serious ear trouble.

The Education Committee reported that more than 12,000 children with discharging ears are in attendance at school. Some 7,000 children have easily appreciable deafness, and, in addition, 800 children attend deaf schools or "hard of hearing" classes. About 800 children of school age die in London annually from diseases closely associated with ear disease.

THE twenty-seventh French Congress of Surgery will be held in Paris in October (7th to 10th). The following are the questions officially proposed for discussion: Extraction of intrathoracic projectiles; treatment of remote results of nerve lesions caused by war projectiles; removal of splinters and repair of losses of bone substance. There will be no introductory reports on these subjects. The general secretary of the Congress is Dr. J. L. Faure, 10, rue de Seine, Paris, from whom any further information can be obtained.

THE Ministry of Munitions has made an order prohibiting the sale, except under licence, of radio-active substances, luminous bodies and ores. The order applies to all radio-active substances (including actinium, radium, uranium, thorium and their disintegration products and compounds), luminous bodies in the preparation of which any radio-active substance is used, and ores from which any radio-active substance is obtainable, except uranium nitrate and except radio-active substances at the date of the order forming an integral part of any instrument, including instruments of precision or for timekeeping.

A NEW edition of *The Nomenclature of Diseases* has been issued (H.M. Stationery Office; 2s. net). All the editions have been prepared by joint committees appointed by the Royal College of Physicians of London. The first was completed in 1869, the second was published in 1884, the third in 1896, and the fourth in 1906. The secretary and editor of the committee of the new edition was Dr. Leonard Guthrie. It had numerous subcommittees dealing with diseases of various systems. Among the changes introduced in the new edition is the substitution of the term "diseases caused by infection" for "infective diseases," and three new groups have been formed for diseases of the blood, and of the ductless or endocrine glands, and for disorders of nutrition or metabolism. The lists of tumours, parasites, and malformations have been rewritten and numerous additions made. A difficulty has been encountered in the nomenclature of diseases of the nervous system, which include a large and heterogeneous group at present only to be classified as "names of symptoms, groups of symptoms, diseases named with reference to their symptoms, and diseases of which the pathogenesis is not accurately known."

A REVISED version of the regulations under which grants are payable by the Board of Education to day nurseries in England and Wales has been issued (Cd. 9129. Price, 1d.). The revision provides for the payment of a grant at a rate not exceeding 50 per cent. of the net expenditure after deducting any payments made for the care of children, and other similar receipts. The increased grants payable during the current financial year will be based on the expenditure incurred during the twelve months ending on March 31st, 1918. In fixing the rate of grant the Board will have particular regard to the provision for the medical inspection and supervision of the infants and young children, the number and qualifications of the staff, the provisions for promoting physical welfare and the prevention of infectious diseases, the suitability of the premises and equipment, and the methods adopted for confining the benefits to infants and young children who, by reason of the necessary absence of the mother at work or other similar cause, cannot be adequately cared for at home.

THE Royal Society has arranged a conference of representatives of the allied nations to meet on October 9th in London to discuss the future conduct of scientific work hitherto carried on by international organizations. It is expected that representatives from the academies of Paris, Rome, Tokyo, and Washington, and nominees of the Governments of Belgium, Portugal, and Serbia, will attend. The conference will chiefly be concerned with those departments of science in which international co-operation is most essential, such as mensuration and electric standards, geodesy and seismology, and the photographic chart of the heavens. Among other matters which will have attention are international meetings of mathematicians, geologists, and botanists, and the work of the International Association of Academies, which aims at co-ordinating the activities of international undertakings and organizing work for which special bodies do not exist or are not required. The main object of the conference will be to agree on a common policy with regard to matters which depend on Government support.

Letters, Notes, and Answers.

In order to avoid delay, it is particularly requested that ALL letters on the editorial business of the JOURNAL be addressed to the Editor at the Office of the JOURNAL.

The postal address of the BRITISH MEDICAL ASSOCIATION and BRITISH MEDICAL JOURNAL is 429, Strand, London, W.C.2. The telegraphic addresses are:

1. EDITOR of the BRITISH MEDICAL JOURNAL, *Attitology, Westrand, London*; telephone, 2631, Gerrard.

2. FINANCIAL SECRETARY AND BUSINESS MANAGER (Advertisements, etc.), *Articulate, Westrand, London*; telephone, 2630, Gerrard.

3. MEDICAL SECRETARY, *Mediscra, Westrand, London*; telephone, 2634, Gerrard. The address of the Irish Office of the British Medical Association is 16, South Frederick Street, 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.

QUERIES AND ANSWERS.

AUTO-WHEELS.

DR. T. RUELL ATKINSON (Chadwell Heath) writes, in reply to "Aloin," to call attention to a note by himself in which he spoke well of the auto-wheel (BRITISH MEDICAL JOURNAL, December 9th, 1916, p. 828). Wet weather, he adds, makes no difference provided one does not clean one's own machine; it picks up dirt. Against a strong wind a little foot pedalling helps, but requires really no effort. It takes moderate gradients easily enough, but help with the feet is needed on very steep hills.

DECLINE OF THE BIRTH-RATE.

CUSTOS wishes to know whether, apart from the subject of eugenics, there exists a society which interests itself in means for arresting the decline in the birth-rate, especially in the middle and upper classes, which could give him information capable of being worked into a lecture or pamphlet for the young officer class.

* * Our correspondent might write to the Secretary, National Council of Public Morals, 20, Bedford Square, W.C.1. This body has, we believe, collected much information of the kind desired. "Custos" must, however, use his own judgement as to the scientific value of the literature in question.

LETTERS, NOTES, ETC.

LONDON'S MEDICAL SHERIFF.

DR. CLIPPINGDALE (London, W.) writes: The election of Dr. W. R. Smith, professor of toxicology in King's College, to the shrievalty of London exemplifies the rarity with which medical men have been elected to the highest civic posts within the City of London. Such elections in former times were always made by the twelve upper livery companies, which did not include the two semi-medical bodies—namely, the Apothecaries and the Barber Surgeons. The late Sir Thomas Crosby was the first and at present remains the only medical man to hold the office of Lord Mayor. Sheriff Smith in the honour he has accepted seems to have had only two medical predecessors—Thomas Horesbode (surgeon to King Henry V), who was sheriff in 1436, and Sir John Ayliffe (surgeon to King Henry VIII), who was sheriff in 1548.

THE BELL FUND.

DR. S. A. KINNIER WILSON asks us to acknowledge the following donations to the Dr. J. H. Bell Fund: Sir Hugh Rigby £10 10s., Lieut.-Colonel E. Farquhar Buzzard £5 5s., Dr. David Dinwoodie £1 1s., Captain Ralph R. Watts, R.A.M.C., £1 1s. Subscriptions should be sent to Dr. Wilson at 14, Harley Street, London, W. 1.

SEPTICAEMIA DUE TO MIXED INFECTION.

A Correction.

THE bacillus found in the blood of the case recorded by Dr. B. Henry Shaw (BRITISH MEDICAL JOURNAL, August 10th, p. 133), of a man suffering from septicaemia, was the *Bacillus septus*, or *B. coryzae segmentosus*, not, as printed, the *B. septicus*.

SCALE OF CHARGES FOR ADVERTISEMENTS IN THE BRITISH MEDICAL JOURNAL.

	£	s.	d.
Seven lines and under
Each additional line
Whole single column
Whole page

An average line contains six words.

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

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

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