

high hills; the northern, in County Antrim, are composed, according to the geological survey map, of basalt, chalk or limestone, with flint and red marl. On the southern side the hills are upper silurian with an outcrop of rhyolite and patches of thick and thin greenish grit, with beds and layers of grey slate and also yellow and brown sandstone. The valley itself lies over new red sandstone, with a few thin bands of white earthy magnesian limestone. Thus we have limestone on the one side, and underneath it magnesian limestone, which is repeatedly associated with goitre.

Bircher considers that the extinct flora and fauna of limestone rocks provide the organic constituents which help to produce goitre. Dr. McCarrison's explanation is that "these rocks are amongst the most porous, and most freely cultivated and inhabited, and that their porosity favours the excitants of the disease to unprotected water supplies. Water derived from such rocks may contain an excess supply of lime, the ingestion of which may throw an additional burden on the function of the thyroid. The presence in the soil of decaying animal and vegetable matter may convert any soil into a suitable habitat for the contagium vivum of the disease."

It is a common idea in my neighbourhood, especially amongst the elder women, that the wearing of light blouses by the young girls and the exposing of their necks in all weathers are the principal causes. There is a possibility that an alternating increased and decreased blood supply might be caused by running in and out of doors in cold weather.

There are three cottages in this district, built several years ago by the district council. They are good cottages, kept clean, and are apparently sanitary. They were built on new ground where there was no probability of any contamination from sewage. The gardens, however, are close to the house, and as these are manured there is a possibility of some deleterious matter coming from them. The well, on the other hand, is fairly deep, and I am informed the spring comes from below. These cottages are supplied by one pump. In two of them eight cases of goitre developed. The original occupiers of the other cottage have left. They were, however, oldish people beyond the susceptible age, so I did not take the trouble of looking them up. The present occupiers are a man and his wife with a young family. So far none are showing any symptoms.

I got the district council to have the water from this well analysed, stating that I suspected it of producing goitre. The report I got from the analyst was: "It is a satisfactory water, quite safe for domestic use; and, although I would classify it as a hard water, I could not say it would be the possible cause of goitre."

I afterwards gave Mr. Kirk, who noticed the goitre in one of these houses, a sample from the same pump. He very kindly got it examined by Professor Symmers, who declared it to be full of micro-organisms very similar to those McCarrison describes in his book. The material excavated from this well was principally sand of a greyish-yellow colour, and the water at times had so much suspended matter that it had a slight tinge of that colour.

This well has not been used for four or five months. The occupants carry from another well a few hundred yards distant, and boil all the water used, and at present in every individual case the size of the neck has greatly diminished.

There were two deaths in the past year amongst goitrous patients. One died from tuberculosis, and I noticed that, although before death this young woman had gone to a mere skeleton, there was no diminution in the size of the goitre. It became more prominent, though I do not think there was much increase in size; it was more noticeable owing to the wasting of the other parts. She had diarrhoea for a long time, continuous sweating, and constant thirst, and, in consequence, drank large quantities of water, which, if it produced the disease, probably kept it up to its original size.

The other death occurred in an exophthalmic case, which seemed an ordinary case for years; but within nine months of her death the protrusion of the eyeballs and the palpitation of the heart first became noticeable. The pulsations were visible over the whole chest, and could easily be seen when covered with the bedclothes. I have seen the bed shake and could hear the sounds of the heart at a distance of nine or ten feet from the patient. Her

mother informed me that frequently at night when all was still she could hear it distinctly in the next room. At present two of her sisters, one 16 and the other 14, have ordinary goitres. In the case of the elder it is fairly prominent.

I know of five mothers suffering from goitre who have grown-up families, and in every case some of the daughters are affected. This at first sight looks as if inheritance played an important part in the disease, but it is quite possible that the source from which both mother and daughters got the disease was the same. Again, it is also possible that the mother herself may be the carrier and may contaminate the food or drink in some unknown manner. I know of one case in which a woman from Cookstown settled in my neighbourhood. She had a large goitre when she came. Since then her daughter has developed one. The original cause could not be guilty in this instance.

When two or three girls are affected in one house I have noticed that the one who drinks most water has generally the largest goitre, from which it might be concluded that water is the important factor, and that the growth is in proportion to the material supplied. On the other hand, some are showing the enlarged gland who declare they never taste water unless in the form of tea, coffee, or cocoa, in all of which beverages the water has been boiled. If the statement of these girls can be relied on—and why should it not?—it would seem that there must be some other vehicle than water which conveys the infection, or, if it is only from water, that the micro-organism causing the disease must be capable of surviving a few minutes' boiling. If not, the old theory of mineral constituents held in solution or suspension naturally occurs to the mind.

I have kept an eye on the domestic animals of the neighbourhood—horses, cattle, dogs, and cats—but so far I have never seen the slightest trace of goitre in any of them.

About three weeks ago I was attending in her confinement a woman who suffers from goitre. Immediately labour began she had great difficulty in breathing which she compared to a cord constricting her neck. This was so severe that at times I was greatly alarmed, and she herself was so much frightened that she never noticed her pains. After the baby was born the breathing improved, and the next morning all difficulty had passed away.

Treatment, as a rule, is not very satisfactory. It is generally tedious. The patient gets tired or careless or gives up hope. Young women object to painting their necks with iodine or blistering with red iodide of mercury. They may take iodine or potassium iodide internally for a time, but will not persist long enough for the drugs to produce much effect. Thymol I have tried frequently, but have never seen any results from it. Thyroid extract I have certainly found of value, and I frequently combine it with the iodides. I notice that when once the gland begins to decrease in size the diminution generally goes on even after the treatment is stopped.

The cases, if they come early, are, I believe, quite amenable to treatment; at least I have found it so in several cases. Whether the decrease is due to the medicine, the boiling of the water, or getting it from another well I cannot say—possibly a little of all combined.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

ACRIFLAVINE IN TREATMENT OF GONORRHOEA.

DR. WATSON, in a memorandum in your issue of June 28th, offers a few suggestions as to the best method of diagnosing anterior gonorrhoeal urethritis and states that a considerable percentage of error must occur, the disease having spread to the posterior urethra. In my experience the number of days since the appearance of the discharge cannot be relied upon in the differential diagnosis, as in some cases the posterior urethra is infected at a very early date; in a few cases which have received little treatment it escapes. Frequency of micturition may not be present even when the posterior urethra is affected, and when present may be due to other causes. The two urine glass test is open to fallacies. It is better in cases of doubt to

wash out the anterior urethra with cold sterile water until it returns free from all discharge or threads. The urine then is passed in three lots, the first giving the contents of the posterior urethra, and the second an index as to the condition of the urine in the bladder.

The prostate is then gently massaged and the third urine examined; this is an old method, and if carried out carefully, the exact extent of the disease can be arrived at.

I agree with the suggestion of using urethral vesical lavage in all cases in clinics, but when the disease is limited to the anterior urethra and individual attention can be given to the case, I limit irrigation to the anterior urethra.

If in addition to the local treatment large quantities of alkalis are taken internally and the patient advised to rest, at least 50 per cent. will escape posterior infection. I have found that if the treatment is used twice a day the results are as good as when more frequently applied, and the patient is more inclined to continue the treatment.

In many cases of gonorrhoea treated with the old remedies the gonococci disappear before the end of three weeks. In the cases recorded by me to which Dr. Watson refers posterior urethritis was ruled out by the method recorded above and a cystic gland by urethroscopic examination. I am now using acriflavine in the strength of 1 in 1,000 with a 2 per cent. alkali, and the results appear to be favourable, the purulent discharge and cocci disappearing in 50 per cent. of the cases within the first fourteen days.

London, W.

J. ARMSTRONG.

Reviews.

ARMY MEDICAL ADMINISTRATION.

DURING the course of the war a great deal of criticism, constructive and destructive, was directed towards the administrative methods of the Army Medical Service, and our own columns have frequently contained notes and articles pointing out the defects as well as the successes of that service. In his most recent book, *A Vision of the Possible*,¹ Sir JAMES BARRETT, who has been a prolific writer on war topics in the last two years, sets out the conclusions he has reached, after three years' service in Egypt, as to the methods employed, and where, in his opinion, they need revision. A visionary is popularly supposed to be highly impractical and to lose sight of detail owing to his largeness of view, but the author shows that he has a keen eye for detail. He takes pains to make it clear that no criticism of individuals is intended, for individually the medical officer, no less than the combatant, played his part to the maximum of his personal effort, and helped the nation to weather a storm which threatened disaster.

It must not, in any criticism of its methods, be forgotten that the Army Medical Service, like other military branches, had to expand at an unprecedented rate to an unforeseen extent. This made it necessary to obtain the help of men (of whom the author is careful to say he was one) with no previous knowledge of army administration. Much time and energy had consequently to be devoted to the education of the incoming man. As was inevitable, some of the criticisms heard were levelled at methods which seemed obsolete to civilians who were unaware of the underlying causes from which such methods sprang. An order often appears absurd to those to whom the reason for the order is not revealed, and if his suggestions are to be useful the critic must know something of the history of the Army Medical Service, as well as of the constitution and administration of modern armies.

Sir James Barrett in his preface expresses the opinion that the conditions under which a R.A.M.C. officer works might, owing to the unlimited scope and the freedom from financial worry, be ideal, and that constructive criticism should aim at contributing to the attainment of this end. In the first section he narrates his personal experiences as consulting oculist and aurist in Egypt. The forces there, as elsewhere, contained hundreds, if not

thousands, of men who were rushed into the army suffering from minor ailments of the nose and ear. Conditions of service aggravated these complaints, and often without aggravation afforded a pretext for going sick. An analysis of 1,474 cases shows that in a very considerable proportion the condition must have been of long standing. The problem of the soldier with "running ear" is difficult. The patient is a nuisance to his comrades and a constant perplexity to the regimental medical officer, who finds it almost impossible to give an accurate prognosis. Such cases form an appreciable part of the floating hospital population which travels constantly up and down the lines of sick evacuation, being temporarily improved and returned to duty, only to go sick again on slight pretext. Careful weeding by an expert is necessary, and grading of men for the varied types of duty; for this specialists must be appointed at the beginning of a war, so that man-power may be conserved and in a national emergency every man may "pull his weight" according to his physical ability. As organization developed in Egypt such a classification became standardized; further, much useful treatment was carried out in the forward area and only serious cases were sent to the base. An interesting circular memorandum as to the methods of treatment to be adopted in dealing with chronic otitis is reproduced in the book; the author is enthusiastic about its results, which led in many cases to long-standing disease being overcome and to the retention of men with the troops in the line. The problem of deafness was similarly attacked, and with like happy results. Impaired hearing is not difficult to simulate; when genuine it is a bar to front line work, where sentry duty demands acuity of hearing. Here again an experienced medical officer is needed to classify the cases.

On these examples of what was accomplished Sir James Barrett founds an argument for the early appointment of specialists in other branches—for example, for cardiac conditions, venereal diseases, etc. He claims that the work of the heart specialists resulted in the practical elimination of D.A.H. as a disability, largely because the issues were clearly explained to medical officers, whose enthusiastic co-operation was thus aroused. This is an important statement, with very wide bearings. In dealing with men of intelligence, such as medical officers, the rationale of the procedure must be explained if the best results are to be attained. A curt order, to the underlying reason for which the recipient has no clue, does not promote intelligent co-operation. Where a certain course is ordered in dealing with special diseases, explanatory memoranda, which need not be lengthy, are of the greatest value in securing that the instruction shall be carried out in the spirit as well as the letter.

In Section II a voluminous account is given of the work and procedure of medical boards. Probably no institution has come in for more criticism throughout the war. To board a man efficiently is no easy task; it requires an understanding of the psychology of the case as well as a mere estimate of physical efficiency. What will effectually bar one man from "carrying on" will be made light of by another; therefore the man's willingness has to be estimated as well as his condition. The members of a medical board need to be trained in the work, and should also be able to refer for an opinion to those who have special knowledge of certain disabilities, particularly those of the heart, the nervous system, and the special senses. To employ on boards, as has happened in the past, men who have been found unsuitable for hospital work is to court trouble. In the war areas the boards were faced with an additional difficulty in that the medical history sheet, which in peace is kept up for each man, was abolished, and no record of the man's medical history was available, beyond a few entries in his pay book as to antityphoid inoculation and a possible refraction test. To multiply these entries was impracticable owing to the labour of copying each time a new book was issued, and to apply to the D.A.G. Casualties involved a long delay. It is interesting to note that in Egypt the practice of entering the classification of a man's grade into his pay book was adopted, with the result that much time was saved. In the early stages standards of efficiency were not definite and had to be evolved or altered. This evolution as it occurred in Egypt—and experiences in other theatres of war were similar—is outlined by the author, who acted as president of the Standing Medical Boards; the complete memorandum of instructions for boarding,

¹ *A Vision of the Possible: What the R.A.M.C. might Become.* By Sir James W. Barrett, K.B.E., C.M.G. London: H. K. Lewis and Co. (Pp. 179. 9s.)

they could find many instruments they could spare, and thus help one of our bravest and most faithful allies. I will undertake to personally distribute any gifts, and here render most grateful thanks to kind donors.—I am, etc.,

E. HAVERFIELD,

Commissioner for Serbian Red Cross.

Serbian Red Cross Society in Great Britain,
9, Ennismore Gardens, S.W.7.

Universities and Colleges.

UNIVERSITY OF LONDON.

KING'S COLLEGE HOSPITAL MEDICAL SCHOOL.

The following elections to scholarships have been made:

Burney Yeo Scholarships: J. W. Hirst, C. F. T. East. Senior Scholarship and Todd Prize: E. A. L. Crichtlow. Jelf Medal: H. Kamal. Tanner Prize: Miss D. E. F. Jolly.

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

The following appointments have been made:—Lecturer in Anatomy, and Head of the Anatomy Department: Mary L. Keene, M.B., B.S. Demonstrators of Anatomy: John W. Ebdon, M.B., B.S., Lawrence Abel, M.B., B.S., Mary Hounsfield, M.B., B.S., Mary Joll, M.D., B.S. Lecturer in Forensic Medicine and Toxicology: Bernard H. Spilsbury, M.B., Ch.B. Demonstrator in Pharmacology: Eleanor Scarborough, M.B., B.S. Demonstrators of Physiology: M. Ross-Johnson, D. Woodman, B.Sc.

The following scholarships have been awarded for session 1919-20:

Isabel Thorne Scholarship: K. H. Bowman-Manifold. Agnes Guthrie Dental Bursary: Kathleen C. Smyth. Gilchrist War Workers Scholarship: G. M. L. Summerhayes. Sarah Holborn Scholarship: Annie Sydenham. Dr. Margaret Todd Scholarship: Greta Hartley. Bostock Scholarship: Lucy Parker. St. Dunstan's Medical Exhibition: M. Pedersen. Mrs. George M. Smith Scholarship: Agnes H. S. Gray. Mabel Sharman Crawford Scholarship: Lucy Parker.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.

An ordinary comitia of the Royal College of Physicians of London was held on July 31st, the President, Sir Norman Moore, Bt., being in the chair.

On the report of the Censors Board, it was resolved that Arthur Edward Gladstone be declared to be no longer a Licentiate of the College.

Dr. Frederic Percival Mackie was admitted to the Fellowship of the College.

The following gentlemen, having passed the required examination, were admitted Members:

Thomas Beaton, M.D.Lond., L.R.C.P., Cecil Clinton Birchard, M.B.Toronto, Reginald St. George S. Bond, M.B.Edin., Maurice Davidson, M.D.Oxon., L.R.C.P., Alan Worsley Holmes a Court, M.B.Sydney, Arthur Edwin Horn, M.D.Lond., L.R.C.P., Sydney Fancourt McDonald, M.D.Melb., Douglas Murray McWhae, M.D.Melb., Thomas Archibald Malloch, M.D.McGill, Ludlow Murett Moody, M.B.Lond., L.R.C.P., Julian Lionel Preston, M.B.Lond., L.R.C.P., Archibald Cathcart Roxburgh, M.B.Camb., L.R.C.P., Joseph Wilkie Scott, M.D.Glasg., Frank Shuffelbotham, M.D.Camb., Eric Clarence Spear, M.D.Lond., Robert Maxwell Trotter, M.D.Aberd., William Balcombe Winton, M.D.Camb.

Licences to practise Physic were granted to 78 candidates, and diplomas in Public Health were granted in conjunction with the Royal College of Surgeons to 12 candidates:

Lionel Danvers Bailey, Malcolm Parker, Cyril Douglas Day, Herman Falk (Major I.M.S.), Walter Henry Grace, Mervyn John Holmes, Tam Legge, Richard Douglas Passey, M.C., Eva Louise Cairns Roberts, William Leslie Webb, Harold Edward Whittingham, John Pryce Williams.

Appointments to various offices were made on the nomination of the President and Council. The Censors elected were Sir Wilmot P. Herringham, K.C.M.G., C.B., Sir Humphry D. Rolleston, K.C.B., Dr. Raymond H. P. Crawford, and Sir John Rose Bradford, K.C.M.G., C.B.

The gift by Lady Allchin of a portrait of the late Sir William Allchin, by Sir Luke Fildes, R.A., was accepted, and the thanks of the College accorded to Lady Allchin.

The Baly medal was awarded to Dr. Leonard Hill, F.R.S. The award is made every alternate year to the person deemed to have most distinguished himself in the science of physiology during the two years immediately preceding the award, which is not restricted to British subjects.

The President announced that the Streatfeild scholarship had been awarded to Dr. F. G. Cawston of Durban, Natal.

Reports from the Conjoint Examining Board of England were received and the recommendations adopted, namely, that the Central Secondary School, Sheffield, the Grammar School, Banstead, King's School, Rochester, and the Grammar School, Normanton, be recognized for instruction in chemistry and physics; that the St. Paul's Schools for Girls, West Kensington, and the Municipal College, Grimsby, be recognized for instruction in chemistry, physics, and biology.

It was resolved to recognize the course of instruction in pharmacology and practical pharmacology in the medical department of the University of Cape Town.

The Committee reported that it agreed with the recommendation of the Council of the Royal College of Surgeons to the effect that it was not desirable to institute a special examina-

tion in ophthalmology conducted by ophthalmologists. The Committee was of opinion that the present regulation required a sufficient period of special instruction in ophthalmology to enable teachers of ophthalmology in the medical schools and hospitals to hold class examinations, and to introduce such conditions for attendance on the course as they considered desirable before certificates of attendance were granted by them. The Committee therefore recommended that no alteration should be made in the present regulation relating to instruction and examination in ophthalmology.

The Committee also recommended and it was decided that the modification in the examination in practical pharmacy agreed to in 1915 should now be put into force. The medical schools will be notified that an examination in materia medica and pharmacology will be substituted for that in practical pharmacy. Revised regulations with the new synopsis already authorized by the Royal Colleges will be issued.

CONJOINT BOARD IN ENGLAND.

The diplomas of M.R.C.S., L.R.C.P. have been conferred upon the following seventy-eight candidates who have passed the final examination in medicine, surgery, and midwifery:

W. S. Adams, R. G. Addenbrooke, R. J. Allison, J. C. Andrews, M. Aronsohn, G. A. E. Barnes, C. Bluet, T. G. D. Bonar, *Hilda C. Bowser, *Sarah A. F. Boyd-Mackay, †W. E. Bracey, G. A. A. Bradnack, *Ella M. Britten, *Anna B. Bromman, H. M. Brown, Nai Chuea, B. Y. H. Christmas, S. M. Cohen, P. C. Collins, A. J. Cox, *Ursula B. Cox, E. A. L. Crichtlow, I. J. Cruchley, H. E. Cumming, G. L. Cutts, J. C. Davies, H. Dryerre, O. Dunscombe, T. G. Evans, T. Fernandez, *Kathleen Field, F. L. Fonseca, H. M. Gerson, F. J. Good, H. H. Goodman, *Dorothy M. Greig, O. S. Hillman, Aga Mohamed Kazim, H. W. Kerfoot, V. R. Khanolkar, H. J. Levy, D. Livingston, E. S. Longton, Aziz Abd El Sayed Mansour, M. Marcus, A. Marsh, A. Y. Massoudou, *Kathleen H. Matthews, C. Moffatt, V. G. Mohile, F. Moor, F. Morcos, J. E. B. Morton, V. A. Newton, J. G. Nolan, A. G. Ord, E. R. Ormerod, A. A. Osman, *Sigrid L. S. Pearson, G. A. Pennant, G. S. B. Philip, T. H. A. Pinniger, H. Reid, B. R. Reynolds, C. H. St. John, *Olive B. Sharp, G. J. Sophianopoulos, F. G. Spear, *Mary S. Stocks, J. G. Strachan, *Sonia Strachun, S. R. Tattersall, B. M. G. Thomas, D. V. Townsend, A. B. K. Watkins, F. F. Wheeler, A. H. Whyte, *Gladys M. T. Williams.

* Under the Medical Act, 1876.

† Under Regulations dated October 1st, 1884.

The Services.

TERRITORIAL FORCE DINNERS.

LIEUT.-COLONEL D. N. HAMILTON, R.A.M.C.(T.F.R.), honorary secretary of the Territorial Force Medical Officers' Association, informs us that the committee of that association is making arrangements for a dinner in October next for Territorial Force medical officers. Communications should be addressed to Colonel Hamilton at 37, Russell Square, London, W.C.1. We announced some time ago that Lieut.-Colonel A. R. Hinchley, D.S.O., R.A.M.C.(T.F.), was forming a committee to arrange for a dinner for Territorial Force medical officers.

LIEUT.-COLONEL J. F. DONNAN, C.B., late R.A.M.C., has been awarded the degree of Doctor of Laws, LL.D., *honoris causa*, by the National University of Ireland, in recognition of his services in the field during the 1914-18 campaign and previous wars.

Obituary.

DANIEL LOVETT HUBBARD, M.B., B.S.,
Bordighera.

DANIEL LOVETT HUBBARD was born in 1861, began his medical education at King's College Hospital in 1880. A hard worker and keen sportsman (he was in the Hospital Rugby football team) he gained the good will of all who knew him. He was one of the house-surgeons to the hospital in 1886. Afterwards he went to the Durham University College of Medicine, and took the degrees M.B. and B.S. in 1887. He started in practice under the late Dr. William Bell of New Brighton, but after his marriage in 1901, with Margaret, the eldest daughter of the late Mr. E. C. Fernihough of Rock Ferry, he went to Lynton, North Devon. A few years later his wife's health compelled him to live out of England, and he settled in Bordighera, where for over twenty years his name has been a household word, and he gained to an unusual degree the complete confidence and deep affection of all his patients.

With the coming of the Italian Expeditionary Force Hubbard threw himself heart and soul into the British Red Cross work, and earned the admiration and regard of all with whom he came in contact. But his health completely broke down under the strain, and his heart became seriously affected. He was brought over to England early

in May, but became gradually weaker, and died quite suddenly on July 23rd. His body was laid to rest at the Hampstead Cemetery on July 26th. The funeral was attended by his immediate relatives and many friends, among whom were Sir David Ferrier, F.R.S., Dr. C. O. Hawthorne, Dr. Bogle, and Mr. Berry, Consul at Bordighera. Whatever Hubbard's hand found to do, he did it with his might. A wise physician and large-hearted friend, he made his profession respected wherever he went. R.I.P.

WYNDHAM RANDALL, L.R.C.P. EDIN., M.R.C.S.,
Bridgend, Glamorgan.

WE regret to announce the death in his 73rd year of Dr. Wyndham Randall, Bridgend, which occurred on July 17th. He was a member of a well known and much esteemed family in South Glamorgan, and was born at Bridgend. He was educated at Cheltenham and St. Bartholomew's Hospital, London. Dr. Randall was the doyen of the profession in the district; he spent nearly the whole of his professional life in his native town, and by his many sterling qualities won the confidence of his colleagues. To within a few years of his death he was medical officer to the Bridgend and Cowbridge Board of Guardians and medical officer of health to the Bridgend Urban District Council and also to the Penybont Rural District Council. The loss of a son—a captain in the R.A.M.C.—in the war was a blow from which he never recovered. It was indeed an irony of fate that Captain Randall should have been killed upon the threshold of a professional career which promised to be of much distinction. Captain Randall had a brilliant scholastic and medical record before he graduated with honours in his finals at the London University. Dr. Randall was deeply interested in all matters appertaining to his profession, a thoughtful and regular reader of current medical literature.

Though he held strong and decided views on many controversial questions, both political and otherwise, views not always accepted by his friends, yet, however much they differed from him, none doubted his sincerity and all loved his companionship. Dr. Randall's written reports to his councils were well prepared, concise and to the point, and gave proof that he was well abreast of modern teaching in all matters appertaining to public health. All that was mortal of Wyndham Randall was laid to rest in St. Bride's Major Churchyard on July 22nd, amid every manifestation of respect and affection. His wife survives him, and for her much sympathy is felt.

CAPTAIN ROBERT CECIL DICKSON, R.A.M.C. (S.R.), died in India, from the effects of an accident, on June 16th. He was the elder and last surviving son of Dr. G. C. Dickson of Carnoustie, and was educated at Edinburgh University, where he graduated M.B. and Ch.B. in 1911. He joined the Special Reserve of the R.A.M.C. as a lieutenant on August 5th, 1914, on the first day of the war, and was promoted to captain on April 1st, 1915.

Medical News.

THE Potassium Compounds Order and the Glass Control Orders have been suspended.

DR. WILLIAM EWART BULLOCK of Hendon has by deed poll changed his name to William Ewart Gye.

SIR JAMES MACKENZIE DAVIDSON left £23,783 net personality.

A FRENCH national congress of natality and population will be held at Nancy in September (25th to 28th) under the presidency of M. Auguste Isaac.

THE Old Students' Dinner of the London Hospital will be held on Thursday, October 2nd, at Princes' Restaurant. Sir Bertrand Dawson, G.C.V.O., C.B., will preside. This will be the first reunion of old students since the outbreak of the war. Application for tickets should be made to one of the honorary secretaries, Mr. Hunter Tod, 11, Upper Wimpole Street, W.1, or Dr. Charles H. Miller, 32, Devonshire Place, W.1.

A WAR Section of the Royal Society of Medicine has been formed for dealing with questions affecting medicine and surgery in the Navy, the Army, and the Air Force.

The first meeting will be held on November 10th, when the president, Sir Robert Hill, K.C.M.G., C.B., Medical Director-General R.N., will deliver an address. Among the officers of the Section are representatives of the navy, the army, and the air force, India, the naval and military auxiliary services, and of Canada, Australia, New Zealand, South Africa, and the Colonial Office. Further information can be obtained on application to the Secretary of the Royal Society of Medicine, 1, Wimpole Street, W.1.

DR. JAMES TAYLOR has been gazetted deputy lieutenant for Banffshire. Dr. Taylor was elected provost of Keith in November, 1913, and still holds that office. He has been honorary sheriff substitute for Banffshire since last January. He holds a commission as Major R.A.M.C. (T.), and received the Territorial Decoration in September, 1915.

THE twenty-eighth congress of the French Surgical Association will open in Paris on October 6th under the presidency of Dr. Ch. Walther, surgeon to the Pitié. The questions proposed for discussion are: Closed traumatic lesions of the wrist; treatment of cancer of the tongue by cutting operation; paranephric tumours. Further information may be obtained from the general secretary, Dr. J. L. Faure, 10, rue de la Seine, Paris (6°).

THE Board of Education has issued to local authorities draft regulations for the training of health visitors. Two types of courses are to be recognized—the one, a full course of two years' duration, intended for ordinary students, and a shorter course of one year's duration for trained nurses and other persons already possessing substantial knowledge or experience. It is stated that if a health visitor is to undertake duties connected with midwifery she should be required to obtain the certificate of the Central Midwives Board. The courses are to be given at recognized institutions and the student must pass the examination at the completion of the course. As a rule, courses will be recognized only if they are conducted by, or in close association with, a university institution. The general policy desired by the Ministry of Health is that practically only those women should be appointed to salaried posts as health visitors who possess a good general education, followed by a course of special training, as above outlined.

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.

QUERIES AND ANSWERS.

RECURRENT HERPES.

L. H. would be glad to hear of the probable cause and suggestions for a treatment of a case of herpes in a healthy young woman of 30, occurring on the right cheek on an average every four or five weeks during the past ten or twelve years.

LETTERS, NOTES, ETC.

MERCANTILE MARINE MEDAL.

THE Board of Trade makes the following announcement (August 4th, 1919):

With reference to the award by His Majesty the King of the British War Medal and the Mercantile Marine War Medal to members of the Mercantile Marine, and to crews of Pilotage and Lighthouse Authorities' vessels, the President of the Board of Trade desires to make the following further announcement:

(a) All applications should be made on the forms which are provided at Board of Trade Mercantile Marine Offices, at the Offices of Associations and Unions of officers and men of the Mercantile Marine, and at the Offices of Pilotage and Lighthouse Authorities. If, however, an applicant is unable to attend at any such office, a written request may be sent to the Marine Department, Board of Trade, London, for an application form. Applications may be made on and after August 5th.

(b) Officers, men and women, who have served during part of the war in the Royal Navy, R.N.R., or under special Naval