cases, and the results, I believe, justify further trial. It has been made for me by Messrs. Down Brothers. It consists of two parts—one, the bougie proper; and the other a tube or sheath-cone, n.

The bougie is a flexible tube made of wire wound spirally, the turns being in close contact. One end of the tube is closed by a metal tip, which is hollowed out for about ½ in. from the end joining the wire. The wire is of such tension that although the bougie can be bent into a complete circle it readily returns to a straight line. The total length is 10 in., that of the tip being 1 in. The sheath-cone is a metal tube about 2 in. long, enlarged at one end into a cone; the sketch shows the correct proportions. When the bougie is in the urethra the sheath-cone is slipped along it as far as the meatus, which it plugs automatically, preventing air from entering the urethra.

The manometer is a glass tube bent to form two limbs, and containing mercury. When at rest, the column in the long limb registers the ordinary atmospheric pressure; this is a barometer. To the short limb is attached a glass T-piece, the horizontal portion of which is fitted with a glass tap connected by tubing to an exhaust pump. The vertical portion descends to the base of the manometer, where it is bent at a right angle. To it is attached india-rubber tubing, which leads to the glass and bulb c. The bulb is intended to catch urine, anaesthetic, etc., without removing the bougie. The glass tube is joined up to the sheath-cone by a short length of india-rubber tubing, so that the ends are in contact, the bore of the glass tube being large enough to admit the bougie. This is necessary in cases where the length of the bougie projection into the meatus is more than 2 in., and also when it is used in the anterior urethra only. The india-rubber tubing used is ¼ in. thick with an internal diameter of about ½ in.

Method of Employment.

The patient lies on a couch or table. If he has a small meatus, or has not previously had a bougie in the urethra, I syringe into the urethra a local anaesthetic (atropin 2 per cent.), and keep it in for five minutes. A No. 1 Lister's sound is now passed into the bougie as a styllet, the wire tube accommodating itself to the shape of the sound, the end of which fits in the hollow tip. I then lubricate the whole surface liberally with carbolized vaseline. It can now be passed into the urethra in the usual manner, just stopping short of the bladder. After withdrawing the sound, the sheath cone is fitted on to the bougie and pushed up to the meatus. The tap of the manometer being open, a few strokes of the pump will lower the atmospheric pressure in the urethra and suck the cone well into the meatus.

When the required pressure is reached by further use of the pump, the tap is closed. If all the joints are airtight, the mercury will only rise about to 10 mm. in fifteen minutes. The pressure in the urethra is raised by disconnecting the pump and opening the tap slightly to admit more air.

I have obtained the best results with a height of about

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

TRENCH FOOT.

The importance of this condition leads me to record the fact that in all the cases which have come under my observation in a small relief hospital here the men confessed to being the subjects of sweating feet.

Other factors are doubtless involved, but it is easy to conceive that the accumulation of this sweat, under conditions of warfare, would soon swarm with bacteria and become highly irritating to the skin and subcutaneous tissues. It would be interesting to observe whether "trench foot" selects the subjects of hyperhidrosis.

To prevent or mitigate this localized hyperhidrosis I have found the following treatment useful, in addition to the daily foot baths and change of socks:

1. Paint the feet with a solution of formalin.
2. A dusting powder composed of French chalk and zinc oxide, rubbed down with a few drops of formaldehyde and applied to the feet and inside of the socks.
3. A generous diet containing plenty of nitrogen.

Portsmouth.

J. G. Blackman.

NEPHRITIS AND ADRENALIN POISONING.

Seeing the proximity of the adrenal gland to the kidney, and therefore the advisability of sharing the injection of the kidney in nephritis, and bearing in mind that adrenalin can produce arterio sclerosis, arterial degenerations, and vascular hypertension, I would venture to make the tentative suggestion that hypertension and
Cleft palate

President's Address.

Medical Register.

The British Medical Association.

British Medical Association.

Staf fordshire Branch.

Splenectomy for Banti's Disease.

CASE I.—Boy, aged 6 years; ailing for three years; very pale and languid, getting thinner; has pain in epigastrium, cough, and occasional haematemesis. The spleen was fairly large, also the liver; they felt like a hard, flat ball under the skin rather yellowish, and of a rubbery tinge of the conjunctiva. On January 19th the blood count was taken: on white, 3,500; on lymph, the count was removed; it was not exceptionally large; the liver was very much enlarged. The day next the colour of the skin had changed; there was a healthy pink tinge in the lips, ears, and cheeks. On February 7th the blood count was: red cells, 2,560,000; white, 6,500; haemoglobin, 35 per cent. The spleen was removed on March 4th; it weighed 2 lb. A blood count, taken on March 13th showed: red cells, 2,220,000; white, 10,000; haemoglobin, 70 per cent. The boy was discharged, very much improved. The improvement in this case was much more marked and better maintained, the blood count on April 26th being: red, 2,800,000; white, 53,000; haemoglobin, 70 per cent. The great difference in the after progress of the two cases was due most likely to the difference in the length of previous illness.

Insurance Act Developments and Problems.

After a brief reference to the various medical interests served by the British Medical Association and to the accounitings levied at it by discontented groups of practitioners, Dr. Macle like took up the subject of the recent developments in National Insurance, and also gave a few examples of what had come under his own observation. Dealing first with the subject of certification, he said that the profession in many cases had either failed to understand Memorandum 211/14 or had not read it; the accou nting societies were also to blame in that their agents, especially those of the collecting societies, had not been instructed in the rules, and the fact that they still insisted on certificates being given on certain days of the week led to trouble, and proved annoying to those practitioners who were conscientiously carrying out the rules. The question of certificates for patients at hospitals was next dealt with, and it was pointed out that any officer, not necessarily a medical officer, could give a certificate to the effect that so-and-so was an in-patient of the institution. But with regard to out-patients, the view was expressed that the profession had com e under the impression that it furnished the necessary certificates, whereas there was no obligation to do so on the hospital staff. Practitioners were warned that certificates should be given with care and control of the day on which the patient was examined, since failure to comply with this rule had given rise to more complaints for investigation by the Medical Service Subcommittee than any other cause. In the old days, for the delivery tariff, he gave a brief description of the work of the West Midland Pricing Bureau at Birmingham, which is responsible for the pricing of the prescriptions payable by eighteen Insurance Committees and employs the services of some twenty persons. The insertion without notice in the 1916 agreements of the clause as to the use of "Rep. mist." and the use of indelible ink for certificates was mentioned; Dr. Macle like said the Bureau looked on with great favour, provided the original script was attached and it did not go outside the calendar month. He concluded by stating a few problems which had come before him as Chairman of the Wolverhampton Insurance Committee, and agregement of opinion by the meeting that knowledge which was obtained as referee should not be used in the capacity of chairman when considering the question of adequate service being given by panel practitioners.

Cooldige tube.

Dr. J. A. Cope described and demonstrated the "Cooldige tube," which, he said, he had had for about ten months, and found that for purposes of treatment it was far superior to the best type of ordinary tube. It was a result of a line of precision. If a result with a Cope tube was once obtained, it was possible to reproduce it by repeating the factors, which were completely under control. The main facts of construction and manipulation were then described. The factors of the working equation were: (1) Distance of deceased area from target; (2) hardness or penetration of tube; (3) current through heating circuit of cathode; (4) coil current through tube; (5) olmic resistance in primary current, (6) filter, (7) time; (8) dosage shown by colouring pastille or other form of measurement. If (1) to (7) were reproduced, (8) would always be the same. A series of observations showing this was handed round. He pointed out that "current resistance in primary" instead of "current in primary," as the latter was no guide, because as less and less olmic resistance was included the hardness of the tube was increased and the result was an increased so much as almost to neutralize the decreased olmic resistance. Thus, in throwing off the resistance from the ninth slit to the thirteenth, decreasing the olmic resistance from 1.6 ohms to zero, the primary current only increased from 6 to 6.5 ampères. So in factor (5) he used the expression "st, n," the olmic resistance of which was known, and could be recorded in all publications, so as to compare with the work of other workers. His recent practice had been the following:—For deep structures: (1) 15 cm., (2) 19 cm. spark-gap, (3) 4.2 ampères in heating current, (4) sixth slit (15 cm. slit), (5) 3 mm. Al, (6) 3 mm. Al, (7) 10 mm.; this gave 14 Cooldige at half distance, covered with filter. For superficial lesions, 0.2 cm. Al was used, and for ringworm no filter, and four minutes gave 14 Cooldige, which was all that was needed for epilation, and no more should be given. Probably less was enough. The use of the Cooldige was very comforting in ringworm cases, as there was no dread of sudden excitation in the tube and too rapid cooling of the paste as had happened in other tubes. By using the same dosage as in ordinary tungsten-target tubes, even though he had increased the filter from 2 to 3 mm. Al, he had had no misfortune to burn them; he thought it safe to give more than 14 Cooldige a week, and probably less frequently than this would be found to be necessary. For radiography he had not found his tube to be of much service, though for the screening of opaque meals it was useful. At first he found it self-regulating, but recently had had to use valve tubes.

Diaphragmatic Hernia.

Mr. Cholmeley showed the left half of the diaphragm from an infant three hours old who died suddenly. The infant was a very healthy-looking baby and was left quite well by the midwife about two hours after birth. It died quite suddenly an hour later. At the post-mortem examination nearly all the small intestine, the spleen, and nearly the whole of the stomach lay in the left chest, having escaped from the abdomen through a congenital defect in the left half of the diaphragm. The opening was in the back of the diaphragm, oval in shape in its long diameter. According to statistics recently published by Dr. Sano, Shun'ichiro Kunita, the death-rate from tuberculosis for the whole of Japan is 17 per 10,000. It is considerably higher in certain occupations, notably among school teachers. Among factory girls, of whom some 500,000 in the country, there is an average of 9,000 deaths a year, of which 6,300 are caused by tuberculosis. 3,700 of the girls live in overcrowded and ill-ventilated dormitories. The prevalence of tuberculosis in Japan is ascribed to the number of houses in low areas into which the sunlight rarely penetrates and the traditional custom of tightly closing all windows during the night.
The Automobile Association and Motor Union has produced evidence to the Petrol Control Committee on two points. One is that, if approached directly by authority, it would appear that 58 per cent. of mileage is entirely for business or professional work, and 16 per cent. for voluntary work; the remaining 26 per cent. is for shopping, station work, and otherwise in the private interests of the owner; it is added that a recent census of traffic on main roads showed that the number of pleasure cars on the road is negligible. The other point is that if every gallon of petrol were regarded as to the ten million gallons of duty-free petrol delivered last year for industrial purposes. It is suggested that while petrol is a necessity for motor vehicles, it may not be indispensable in certain industries, where a substitute or a heavier grade of spirit could be used. It is suggested that the Petrol Committee should obtain an independent technical opinion on the utilization of substitutes for industrial purposes, and it is pointed out that every gallon of petrol so released for private business would produce £6d. for the Treasury. The hope is also expressed that if the restriction of supply is imperative in the national interest, the Petrol Committee will take steps to protect private users against unreasonable increases in price.

The Medical Secretary of the British Medical Association has received a letter from the Petrol Control Committee, dated June 2nd, stating that the Committee has made arrangements with the principal petrol supply companies whereby the requirements of medical practitioners are likely to be met in priority to the requirements of the majority of other users, and that it is hoped that the full operation of this arrangement will remove the difficulties which have been experienced by medical men.

The following communication has been received by the Local Government Board (Ireland) from the Major-General in Charge of Administration, Irish Command, with regard to the regulations now in force as to the sale of motor spirit in Ireland:

Dublin City.—All restrictions regarding the sale of motor spirit have been removed.

Other Places in Ireland.—There are no restrictions excepting that persons can only obtain petrol through the local police authority; therefore, any difficulties experienced by would-be purchasers should be referred to them. The Inspector-General, Royal Irish Constabulary, as there is no limit to quantities which vendors may remove by authority from Dublin.

BIRTHDAY HONOURS.

The list of honours published in the London Gazette in connexion with the King's birthday include the following civil members of the medical profession in addition to naval and military members whose names are published at another page:

Dr. Addison, M.P., Parliamentary Secretary to the Ministry of Munitions, has been created a privy councillor.

The King has conferred upon Mr. Francis Mark Farmer, dental surgeon to the London Hospital; Dr. M. Armand Ruffer, C.M.G., president of the International Quaranlize Board, Egypt; and Professor Nestor Tward, secretary of the Pharmaceutical Committee of the General Medical Council;

Frederick Montizambert, I.S.O., Director-General of Public Health, Canada, receives the distinction of C.M.G.

Dr. Noel Bardwell, medical superintendent, King Edward VII Sanatorium, Midhurst, and Dr. Frederick S. Hewets, Surgeon Apothecary to His Majesty the King, have been appointed members of the fourth class of the Royal Victorian Order.

The Kaisar-i-Hind gold medal is bestowed upon Mr. H. M. Newton, F.R.C.S., Church of Scotland Mission, Jalalpur Jatán; Dr. M. G. Robertson, chairman of the Municipal Committee of Police; and the Rev. Peter Cullen, M.D., Brigade Surgeon, I.M.S. (retired).

At Whitinsville a new naval ambulance train, lately completed at the L. and N.W. Railway works to the specification of the Admiralty, will be on view at Addison Road Railway Station, near Olympia. Cots can be shipped forward in such a manner that the wounded will be transferred undisturbed from the ship to the hospital. A charge of one shilling will be made for admission, and the proceeds will be handed over to the Dreadnought Hospital for Seamen, Greenwich.
it was no longer possible for him to continue to let lodgings at his house, and he also claimed the value of the furniture in the room which Mr. Miller had occupied. He made Miss Miller, Mr. Miller’s executrix, and Dr. Harbord all defendants to his action, which was based on breach of warranty, fraudulent misrepresentation, and conspiracy.

In addition to the above Miss Miller stated that she had seen lepers in India, and accused suspicion that her father was suffering from leprosy although she had no definite knowledge of the point, and a body of evidence was called on either side as to the nature of the disease in question. For the plaintiff, on the one hand, Dr. George Pender, who was formerly the English editor of Leipziger Medicinelle Zeitung, stated that the disease was communicated from one person to another, but in what way that was done he did not know. Dr. H. G. Burton, late bacteriologist at Robben Island to the Government of the Union of South Africa, said that he had studied the disease in many countries, and had examined about 2,000 cases, and that his belief leprosy was contagious, though not highly so. For the defendants, Dr. Harbord said that the danger of infection or contagion from leprosy was practically nil, and that there was no risk whatever if the patient’s effects were properly fumigated. Dr. Abrahams, consulting dermatologist to the West London Hospital, stated that the overwhelming body of opinion was that leprosy was only slightly contagious, and that some other condition must be present to make it so. Sir Malcolm Morris, a member of the International Leprosy Commission, said that he had never known a case of leprosy transmitted from another.

The judge, after summing up the evidence, left eight questions for the jury to answer. The questions, with the jury’s answers, were as follows:

1. Was Mr. Miller, when he took the rooms, liable to infect persons or the furniture with leprosy, and did Mr. Miller know this?—Yes.

2. Was leprosy infectious or contagious so as to be, in the ordinary course of events, communicated from the leper to another?—Yes.

3. Did Miss Miller and Dr. Harbord fraudulently misrepresent that Mr. Miller was a fit and proper person to occupy the plaintiff’s rooms?—Yes.

4. Did Miss Miller and Dr. Harbord conceal from the plaintiff that Mr. Miller was a leper which made him unfit to occupy the lodgings?—Yes.

5. Did Dr. Harbord, acting as agent for Miss Miller and Mr. Miller, state to Mr. Humphreys that Mr. Miller was not suffering from any infectious or contagious disease?—Yes.

6. Were these statements untrue to the knowledge of Mr. Miller, Miss Miller, and Dr. Harbord?—Yes.

7. Did Miss Miller and Dr. Harbord conspire to conceal the state of Mr. Miller from the plaintiff, and make false statements to him for that purpose?—Yes.

Facts established.

Upon these findings of fact Mr. McColl, E.C., who appeared for Dr. Harbord upon the instructions of the London and Counties Medical Protection Society, submitted that judgment should be entered for his client. He pointed out that the charges against him consisted of conspiracy and fraudulent misrepresentation and that with regard to the former charge it could be no actionable conspiracy unless it was a conspiracy to infringe a legal right of the plaintiff, and that there was no legal duty upon Dr. Harbord to disclose to the plaintiff the nature of the disease from which Mr. Miller was suffering or legal right vested in Mr. Humphreys to have such disclosure made. With regard to the charge of fraud, counsel submitted that it must be shown that Dr. Harbord had made a statement without belief or knowledge as to whether it was true or false, and that there was no evidence that Dr. Harbord did not entertain the scientific belief which he had expressed—namely, that in this country leprosy was neither infectious or contagious. Mr. Gordon Hewitt, E.C., for the other defendants, adopted the same argument.

Mr. Justice Darling, in giving judgment, said that there was no authority in law to support the proposition that there was a term implied in every contract to take furnished lodgings that the lodger was fit to occupy them, nor was there authority for saying that doctors who took patients to houses must make a full disclosure of the patient’s state; such a rule would be difficult to enforce and difficult to define within reasonable limits. He held that there was no evidence to support the jury’s finding that Miss Miller knew that her father was suffering from leprosy, and that as regards Dr. Harbord’s statement that Mr. Miller was not suffering from an infectious disease, the evidence was that he believed the risk to be “practically nil.” In effect Dr. Harbord’s opinion was that leprosy was not infectious in England. It could not therefore be said that Dr. Harbord’s statement was fraudulent.

Upon these grounds judgment was entered for the defendants.

Dr. Rivers-Willson, of Oxford, died at his residence in that city on May 29th, aged 63. He began life as a dispenser to the Radcliffe Infirmary, where he was able to study medicine, and, after working at the London Hospital, he took the diploma of L.S.A. in 1889. He set up in practice in Oxford and held for many years the appointment of district surgeon to the Oxford Medical Dispensary and Lying-in Charity. In 1912 he took an active part in opposing the original Government terms of the Insurance Act. Dr. Rivers-Willson prepared several educational works for the use of students, the best known being Materia Medica and Pharmacy; Chemicals and Physics and Chemistry were also useful compilations. All three were avowedly published for the benefit of candidates for the qualifications of the Conjoint Boards and the other diploma-giving corporations in the United Kingdom.

Dr. Rivers-Willson was a F.B.A., a member of the British Medical Association, and a Fellow of the Royal Society of Medicine. He was an active member of the Oxford City Insurance Committee, and his health failed mainly in consequence of his exertions two years ago; yet he recovered and was able to discharge his medical duties almost to the date of his death. He leaves a widow and one son.

The funeral took place at Wolvercote cemetery on May 25th.

Dr. Alfred Grace, an elder brother of Dr. William Gilbert Grace, who died on October 23rd last year, has survived him just seven months, dying last week at Clipping, Southend, aged 63. He began life as a dispenser to the Radcliffe Infirmary, where he was born on May 17th, 1840, being over eight years older than Dr. William Grace. He received his medical education at Bristol, and took the diplomas of M.R.C.S. in 1853 and L.S.A. in 1854. He was a member of the British Medical Association and Surgeon Lieutenant-Colonel, Royal Gloucestershire Hussars Yeomanry Cavalry. Dr. Alfred Grace was the last of five brothers, three of whom—W. G. E. M., and Frederick Grace—were famous cricketers. Alfred did not attain so much renown, though he played the game fairly. He was better known as a hunting man, being a superb rider.

The death took place, on May 29th, of Dr. Léon Blang, the well-known consultant, at Aix-les-Bains (Savoie). Dr. Blang was 75 years of age, and was well known in medical circles in Lodon, where he usually spent the winter. He was the author of numerous communications bearing on “arthritism,” and his persuasive eloquence did much to popularize the Aix treatment. He was the regular medical attendant of the late Mr. Pierrepoint Morgan, who presented this town with a splendid hospital, known as the Léon Blang Hospital, to perpetuate the memory of his friend and medical adviser. A Savoyard of the old school and a past mayor of Aix, he died universally respected and regretted. He was Officier de la Légion d’Honneur.
Medical News.

The name of George Cowie Grant, M.B., M.Ch., Dunbarton, appears in the list of new justices of the peace for Banffshire.

We regret to see the announcement of the death on May 27th of Dr. C. E. Fitzgerald, the well-known ophthalmic surgeon of Dublin.

Dr. ROBERT ROBERTSON, J.P., Honorary Physician and Chairman of the Visiting Committee of the Royal National Hospital for Consumption, Ventnor, has been unanimously elected vice-president of the Institution.

One of the most touching features of the funeral procession of General Galliani on June 1st was a group of representatives of "Aide et Protection," the National Society of Mutual Aid for Multilated Soldiers, in whose welfare the deceased general had shown a very active interest. The society, which already has a large membership of wounded men, was established by Ministerial decree, and is under the patronage of the President of the Republic.

The national munition factories number seventy-five, and cantines have been established in all except a few small establishments the workers in which live close by. It has been found possible to provide a dinner Ansest, vegetables, and a sweet for 8d. or 9d. The number of controlled works is about 3,500, and the provision of cantines for them is making good progress; firms which erect suitable buildings may set off their cost against excess profits. As was mentioned some time ago, the Health Committee has issued a memorandum containing plans for temporary buildings for cantines.

We learn from the Journal of the American Medical Association that the National Association for the Study and Prevention of Tuberculosis has received $20,000 from the Metropolitan Life Insurance Company to carry out a community experiment for three years with the object of determining whether tuberculosis can be controlled or other infectious disease if right methods are adopted and adequate resources are available. It is proposed to choose a town or city of about 5,000 inhabitants, probably in New York or Massachusetts, and to apply there all the knowledge as to the treatment of tuberculosis available.

The annual meeting of the Asylum Workers' Association was held on May 19th at 11, Chancos Street, W., the chair being occupied by the president, Sir John Jardine, Bt., K.C.I.E., M.P., who moved the adoption of the report, which was presented by the secretary, Dr. Farquharson Powell. He drew attention to the war services of asylums workers, a very large percentage of male officers and attendants having joined the colours, while numerous women had gone into military nursing in the dozen or more asylums which had been converted into war hospitals. All, indeed, whether employed in the capacity of medical officers or nurses, or in any capacity that was required, had faced the strain of the war, for asylum staffs had been seriously depleted, while the wards had become overcrowded in consequence of transfers of patients from asylums vacated for War Office purposes. The Executive Committee had continued their efforts to safeguard the interests of those serving as regards superannuation, etc., and it was hoped that they would be rendered secure by the recently passed Local Government Emergency Act. Private legislation was for the time suspended, but desirable amendments to the Superannuation Act of 1903 would be proceeded with as soon as opportunity permitted. The adoption of the report was seconded by Lieutenant-Colonel D. G. Thomson, R.A.M.C., president of the Medico-Psychological Association, and supported by Mr. Alfred Goodrich, late chairman of the London County Council Asylums Committee. Sir James Crichton-Browne, speaking, in an interesting speech (in which he criticized adversely asylum treatment in Germany), the re-election as president of Sir John Jardine; this was seconded by Dr. G. E. Shute, and carried by acclamation. The election of the vice-presidents, Executive Committee, and officers was proposed by Dr. R. Armstrong-Jones, and seconded by Dr. W. Seward, formerly of Colney Hatch Asylum, and, after other speeches by Dr. Fletcher Beach and the Rev. John Peel, the proceedings terminated, the balance sheet made up to December 31st, 1915, showed £152 10s. to the credit of the association, the depletion of funds owing to diminished subscriptions being more than offset by the war and other causes having been compensated by many generous contributions.

LETTERS, NOTES, AND ANSWERS.

[June 10, 1915]

The telegraphic addresses of the British Medical Association and Journal of the B. J. EDITION of the British Medical Journal, 111, 111, 111, are: Artificials, Westminster, London; telephone, 2651, Gerrard, Mail and Telegrams, 111, 111, 111; Financial Secretary and Assistant Editor, British Medical Journal, 111, 111, 111, are: Artificials, Westminster, London; telephone, 2653, Gerrard. The address of the British Medical Association is 11, South Frederick Street, Dublin.

QUERIES.

LOTHIAN desires to hear of a book giving hints as to exercises, games, and occupations suitable for use in neurasthenic cases.

ATTENDANCE ON SOLDIERS BY CIVIL MEDICAL PRACTITIONERS.

X. Y. Z. writes: During April I attended a private in a regiment. At the end of the month I sent in my account to the officer commanding. I have not received the money due nor any acknowledgement of the letter. May I ask what experience other members have had in similar case?

LETTERS, NOTES, ETC.

COLD FEET AND FLUFFY HEADS.

Dr. E. Lloyd-Owen (Cromarty) writes: I find that through omission on my part of three words in my letter (May 13th, p. 738) under the above heading, the Editors have been puzzled. The sentence should have read: "In there not during sleep a certain amount of anaemia of the brain (in spite of the horizontal position) sometimes 34."—W. V. R.

MEDICINE AND THE NATIONAL VOLUNTEERS.

Dr. H. J. Hildreth (Pinner, Middlesex) writes: Now that the Compulsion Act has passed and it has become probable that most doctors under 41 may have to go into the forces I would like to know whether there is a corps that we doctors who are over 41 cannot join; but get instruction in anti-tuberculosis work. If a certain number of men in each Division could be persuaded to join, instruction classes might be arranged in a central district and thereby make the camp work imparted. I think before long the Government will be making more use of the volunteers and it would be as well if we men over 41 knew something of the duties of field work, of which I must plead ignorance.

THE VALUE OF TUBERCulin TREATMENT.

MEDUCUS writes: In an article on "Results of Sanatorium Treatment" in your issue of May 27th, p. 765, I see that tuberculin administration has been discontinued at the Midhurst Sanatorium. Is this the case generally?

My own experience may be interesting. Five years ago tuberculous bacilli were found in my sputum (my age was 59). I went to once to one of the high altitude places in the Rhine Valley, where I remained for three months by an expert authority on the administration of tuberculin. At the end of that time my larynx was badly affected, and my voice had gone for ever; but except for the larynx the rest of me was quite marked. I returned to England and continued tuberculin for another four months with every precaution. Laryngeal symptoms continued and got steadily worse. I consulted an otorhinolaryngologist of an eminent 'throat specialist, who was through my trouble himself, I gave up tuberculin, kept absolute silence, and went to Madeira, never expecting to return. In six weeks my laryngeal symptoms were gone; at the end of four months I returned a different being. I have had no recurrence, thank God, up to date of laryngeal trouble; my voice, though not a Caruso one, has become audible once more, and my weight is normal.

Was the disappearance of laryngeal trouble due to the discontinuance of the tuberculin or to the silence treatment, aided by the climate of Madeira? (after stopping the tuberculin I had three injections of antituberculosis vaccine). My personal opinion is that if I had continued tuberculin I would not now be penning these lines.

SCALE OF CHARGES FOR ADVERTISEMENTS IN THE BRITISH MEDICAL JOURNAL.

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An average line contains six words.

All remittances to the Post Office must be made payable to the British Medical Association at the General Post Office, London, E.C. 2, and not to the Secretary. In case of doubt, it is advisable to make out a remittance order for any such remittance not so safeguarded.

Advertisements should be delivered, addressed to the Manager, 499, Strand, London, not later than the first post on Wednesday preceding publication, and if not paid for at the time, should be accompanied by a reference.

NOTES.—It is against the rules of the Post Office to receive post on replies letters addressed either in initials or numbers.