in self-evident, and the salt probably reacted in situ with the peroxide. My own experience of oral administration is confined to a single case, in which it produced severe colic and diarrhoea when given in drachm doses twice daily.

Case VII.—Mercurial Stomatitis and Erup tion

In this case the condition followed the intravenous injection of 1/18 grain of mercury perchloride for severe septicemia. The patient was certainly saved by the heroic measures adopted to combat the infection, but the authors, as I understand, had no experience of the intravenous method, so that, instead of further investigating the case, I ordered the thiosulphate in a mixture. The stomatitis began to show itself in my patient on the first day, and again on the second day, and began to desquamate slightly on the fourth day, but the patient developed severe colic and the treatment was abandoned.

The dose (1 drachm three times a day) was probably too large, although the amount mentioned in McBride's sixth case—namely, 15 grams—is actually four times greater (the B.P. allowance of dose is up to 1 drachm). This experience has somewhat biased me against administration by the mouth, and in future cases I intend to rely on the more rapid and evidently less toxic intravenous route.

Local Antidotal Properties of Thiosulphate.

Case VIII.

On March 5th a male patient, aged 23, received 0.6 gram of novarsenobibility intravenously in a vein which only supplied a few centimetres of subcutaneous vein. The injection was given by an assistant who was operating for the first time. In spite of careful control the needle slipped through the wall of the vein, and the last part of the barrel contents (about 2 c.cm.) formed a distinct tumescence subcutaneously. The patient complained of severe burning pain and faintness. I suspected the needle was still in situ, and 8 c.cm. of distilled water, containing 0.75 gram of sodium thiosulphate, were injected so as to mix with and dilute the novarsenobibility solution. When I saw the patient again, on March 12th, there was no trace of local infiltration to be seen, and apparently no pain on deep pressure over the site of the injection, which was still marked by the presence of a bruise, where blood had escaped from the perforated vein. This is the first time in my clinic that an extraneous leak of novarsenobibility has escaped the sequel of painful subcutaneous infiltration.

Whilst fully conscious of the shortcomings of this communication, based as it is on only seven cases in early stages of metallic or arsenical intoxication, I feel justified in claiming that my results confirm those of the American authors, and support their view that sodium thiosulphate given intravenously is a potent antidote for mercurial and bismuth stomatitis, and of real value in counteracting the serious effects of acute arsenical toxemia. It may be found, moreover, to be an indispensable adjunct in the treatment of all cases of acute metallic poisoning.

References


Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

"SLIPPING RIB.

I have lately had under my care a patient suffering from the condition described by Mr. Davies-Colley in the British Medical Journal of March 8th, 1922, under the above name. As he remarked, it is more than likely that if the condition was described in the textbooks more cases would be recognized and relieved of their disability. Still, it apparently is not a common complaint.

My patient was a lady aged 26. There was no history of injury. Eight years ago she began to feel pain in her back when playing golf, and the pain has got steadily worse. It was always much increased by any exercise such as golf, tennis, or riding, and during the last year it took the lower abdomen, but persisted in the region of the pelvis and sometimes even preventing sleep. The pain was always in the dorsal region and the left costal margin. Her husband had noticed that she held herself crooked and walked "like a crab." She had been treated for a supposed movable kidney by a belt, without any relief, and was contemplating going to England to have the kidney operated on.

Examination on several occasions failed to discover a palpable kidney; but on the left costal margin at about the level of the tenth costal cartilage was a movable tender object about the size of a hazel nut, which on palpation slipped away with a sensation resembling crepitus, to reappear on almost any change of the patient's position. The diagnosis of "slipping rib" was made.

At operation the cartilage was found to be in place at the moment, but it was easily displaced, and when it was freely movable, and when the two incisions in the distal end was excised. The patient had considerable post-operative pain for a few days. For three weeks there was a dragging pain in the wound and the old backache persisted for nearly three months, but with gradually decreasing intensity. The backache was almost certainly muscular in origin and due to the habitual faulty attitude she had assumed.

The operation was done over three and a half months ago, and the patient expresses herself as being now entirely free from pain or discomfort, and able to enjoy as many as five sets of vigorous tennis in the afternoon.

Alexandria, Egypt.

E. N. Russell, M.D.Cantab.

REPAIR OF RECURRENT INGUINAL HERNIA BY A GAUGE FILGREE.

The principle involved in this case is at present under trial for the radical cure of femoral hernia. After tying off and removing the sac the femoral canal is packed plug and held in place by four or five suture stumps.

J. P., a paupercow aged 25, was admitted to St. James Hospital, Balham, on March 10th, 1923, with a recurrent right inguinal hernia. He had been operated on three years previously with a very thin and undersized filgree of silk. He had a bulging scar in the right inguinal region. The hernia was about the size of a ping-pong ball, and the patient was very anxious that something should be done to relieve him.

On March 13th the scar of the aponeurosis of the external oblique, which was found to be three-quarters of an inch wide, was excised and the sac exposed and dealt with in the usual way. It was impossible to do a radical repair by the filgree method, as the internal oblique was thin and friable and separated from the lower border of Poupart's ligament by about one and a half inches. Some cotton gauze, three inches by six inches, was packed into the hernial canal, which was about two and a half inches long and one and a half inches wide. The gauze was saturated with tincture and tuck under the lower border of the external oblique and behind Poupart's ligament. It extended forwards and twowards the usual situation of the external abdominal ring. The cord was not displaced in any way. The aponeurosis of the external oblique was united over the gauze with catgut sutures, and the skin closed by a continuous silk suture. It may be added that the patient was discharged from hospital on the 2nd afternoon.

The patient made an uninterrupted recovery and has been under observation for more than a month. On discharge from hospital the hernial wound is firmly healed, there is no discomfort, and no evidence of recurrence of the hernia.

It is too early at present to form an opinion as to the ultimate results.

London, S.W.

D. O’Donovan, B.Sc.,
M.R.C.S., L.R.C.P.

DISCHARGE OF ASCARIS LUMBRICOIDES THROUGH APPENDICITIS SCAR.

Whereas formerly it was believed that Ascaris lumbricoides was a harmless intestinal parasite, there is now a growing list of more or less serious complications from its presence in the human body. Crowell1 in a classification of the pathological effects of this parasite makes the following remark: "A few years ago the appendicitis was found, and in the case we now record five ascarids made their escape through the scar after an operation for appendicitis; they had kept up a persistent sinus for four months. A girl aged 12 was admitted to the Bristol General Hospital on October 8th, 1923, suffering from diffuse peritonitis of forty-eight hours duration. The abdomen was at once opened by one of us (D. G. C. T.,) and a diffuse peritonitis of the pelvis and both flanks was found, but perforation of the appendix was not seen. The appendix was seen to have perforated and to be sloughing throughout its entire length. It was removed and the cavity was washed out, and a plug of gas and pus was mopped out with gauze swabs and the pelvis drained by a rubber tube. No ascarids were seen, nor were they thought likely to be present. The tube was removed in forty-eight hours and the wound was quite satisfactory, the child being discharged from hospital on November 5th, 1923, with the wound nearly healed.*

slight itching constantly in the wound, with some serous discharge. This continued until February 10th, 1894, when two adult ascarsids were charged from the lower part of the scar where ascarsids had been. Santonin (gr. 5) was given nightly for four nights, and the next day (March 5th, male was extruded. Two days later two small female ascarsids were taken from the scar, and the following day an adult female worm was passed dead from the rectum. The patient is now well, and the wound is soundly healed.

It is interesting to speculate on the relation of the worms to the attack of appendicitis. In all probability, whilst present in the small intestine, they had no connexion with the onset of appendicitis. They certainly did not cause the perforation, as the perforation and purulent exudate coming out of the perforation could hardly have been massed. Crowell suggests the possibility of worms being able to force their way minute openings, as from stitches in the bowel wall, and we can only suppose that in this case they made their way through the appendix stump and then gradually found an exit along the track of the drainage tube. ARCHIBALD S. COOK, M.B.,
Ch.B,Glas. Bristol.
D. G. T. TASKER, M.S., LOND.,
F.R.C.S.Eng., Assistant Surgeon, Bristol General Hospital.

XANTHOMA DIABETICORUM.

XANTHOMA DIABETICORUM is a skin disease of sufficiently rare occurrence to warrant the recording of the following details of a case which came under my observation in the skin department of the Kasr-el-Aini Hospital.

The patient was a man aged 45, healthy-looking, and with no history of particular medical interest. Twelve years ago tumours began to appear on the elbows and knees; sometimes they became very prominent and sharply defined, and at other times they subsided somewhat. They caused very little irritation, and the patient only came for treatment because of their unsightly appearance. The eruption was most marked on the elbows, knees, and buttocks, and was partly also to a less degree on the extensor aspect of the forearm, the legs, hands, fingers, chest, and abdomen. It consisted of papular or nodular growths, each of which showed an outer hypersemic reddish halo and a yellowish-white fovea centralis. The nodules were hard and resistant to pressure. When newly formed the central yellowish part was hardly distinguishable, but became more marked with the increase in size of the papules and the coalescing of several to form a pyramidal mass. When the chain of growths began to break down and the papules faded, a dark reddish patch formed. Sections of the papules were stained by Sudan III, and showed a large amount of fat, mostly as fine granules, similar to those seen in fatty necrosis. In some parts of the section the remains of round cells, connective tissue cells, showing fatty degeneration, appeared in a network of fine fibrinous threads. Photomicrograph of the section showed an inflamed area which had undergone fatty degeneration.

When first admitted to hospital the patient was passing two and a half litres of urine during the twenty-four hours, and sugar was present to the amount of 30 per cent.; acetone was also present. He was put on Allen's diabetic diet, and the urine decreased in quantity, the sugar diminished, and the acetone began to fade away. After four weeks treatment they were much less marked and some had entirely disappeared.

Kasr-el-Aini Hospital, Cairo.

M. AZEE, M.D., Ch.B.

RHEUMATISM AND ERYTHEMA NODOSUM.

The following case may be of interest in view of the disputed connexion of rheumatism with erythema nodosum.

Mrs. C., aged 30, was seen by me on January 23rd with a slight attack of follicular tonsillitis. She went to bed on January 26th feeling "quite well," but was unable to get up next morning owing to pains in her limbs. I saw her two days later. There were, on the front of the right leg, four raised round red spots, about the size of a threepenny piece. Behind them, on the right elbow there was one about the size of a five-shilling-piece. There were no signs of the dorum of the left foot was red and swollen. There was some effusion in the left knee with tenderness, but no heat. All the spots were very tender, and the patient was unable to move. A few days later some effusion appeared in the left wrist, but this was slight. The whole condition cleared up within three weeks. The heart and lungs appeared normal and there was no albumin in the urine. The temperature did not rise above 100° F. at any of my visits.

There was a history of rheumatic fever in childhood.

Birmingham.

ROBERT ANDERSON, M.D.

Reports of Societies.

TREATMENT AND FUNCTIONAL RESULTS OF TUBERCULOUS HIP DISEASE.

At the meeting of the Section of Orthopaedics of the Royal Society of Medicine on April 1st a discussion took place on the treatment and functional results of tuberculous disease of the hip-joint. The President, Mr. R. C. ELMSLIE, was in the chair.

Dr. Gordon Penn referred to the value of an open-air life in the treatment of tuberculous disease and the importance of constitutional treatment. In the contest of the patient with the bacilli every influence tending to improve his vitality must be applied, for the greater the reaction of the tissues the greater the success that would attend the surgeon's efforts. He dealt with, first, the urgency of early treatment; secondly, the deformities which might result from ineffective treatment; and lastly, the mechanical methods that had been applied. His remarks were illustrated by lantern slides. It was impossible, he said, to discuss hip disease without mentioning the name of H. O. Thomas. Thomas said that in hip disease early diagnosis seldom was of benefit to the patient, because of the erroneous policy which directed the treatment and the inefficiency of the appliances used. To-day, although the defects in the mechanical treatment to which Thomas referred had been to a great extent corrected, still in many instances early diagnosis did not give the complete treatment which legislation had made available for all such cases in London. It was a remarkable fact that the majority of cases admitted to the country hospitals of the Metropolitan Asylums Board had been kept under treatment in town institutions or at home for months, or sometimes years, after the diagnosis had been arrived at. According to the accepted pathology tuberculous disease of the hip-joint usually began in the red marrow near the femoral or acetabular epiphysial lines, where the circulation was most active and the newly formed bone least resistant. If the local resistance could be sufficiently increased the disease might be confi ned to the interior of the bone. Otherwise it found its way into the joint, and the granulation tissue spread under and over the cartilage and destroyed it. While the disease was still limited to the interior of the bone the joint showed evidence of sympathetic inflammation, the synovial membrane being the prime mischief, leading to increase in quantity, resulting in limp and slight limitation of movement. At this stage intensive constitutional treatment was urgently called for. Among the deformities which might result from ineffective treatment was genu recurvatum, if the patient were recumbent for a long period. To avoid this the joint should be kept slightly flexed. Genuine occurred from defective method in applying extension. For an ankylosis of the hip-joint he thought 35 degrees of flexion was the best position. For correction of adduction he recommended tenotomy and plaster, with a perineal band to hold up the pelvis. Tuberculous abscesses of the hip should be aspirated; dissolving solutions should not be injected. It was good treatment sometimes to open tuberculous abscesses. Sinuses should be slit up and allowed to heal from the bottom. Mechanical methods of treatment included Taylor's traction splint, used in America, and the long traction, or, the other Tom.) Thomas. Friction must be avoided. Thomas said that if friction was avoided spasm and pressure would go. It was necessary to immobilize and use traction to avoid tonic contraction. Plaster was sometimes used (though bony ankylosis in children was difficult to obtain), or a splint with traction and outward roll; then the hip joint was treated by friction. In another model friction was prevented by having the limb in a tin trough on wheels. Tuberculous ankle cleared up completely under constitutional treatment alone, resulting in free movement of the joint. At Carshalton treatment of tuberculous hip joint was treated as soon as possible by extension, a frame being used with a perineal band and a "slipper"; there was no compression of the chest, and the sound leg was exercised.
sanction leave of absence, but this sanction is revocable by us at any time." So it seemed only revocable by the two signatories, on whose behalf this was taken. It is also the only power which could affect Mr. Harnett so long as this order was current was Dr. Adam or the two visiting justices.

Bankes, L.J.: And suppose Dr. Bond detained Mr. Harnett until Dr. Adam came - A.: Technically I doubt whether any person has a right to do what every properly minded person would do - detain a lunatic in his own home until very, very the last possible moment. The only legal right such a person had would be to act in self-defence, or he might conceivably satisfy the court that he reasonably believed that in detaining Mr. Harnett he was saving the life of some other person or of the lunatic. Even if a man were to interfere to restrain another from doing himself over Wapping Bridge, he would run the risk that the other might say he was only jumping over to swim. In law a person either has or has not the power to detain, and this is supposed the law, at least as a position in the argument. Supposing Dr. Bond said to himself, "This man is a lunatic. If I detain him I am liable to immeasurable damages, so I will throw the law out of the way". But Dr. Bond in the hypothetical case I have just put as in the other case.

Bankes, L.J.: All Dr. Bond did was to ask him to wait in a room. - A.: There was a detention, so the jury found. I have no doubt that Dr. Bond thought he would not be doing his duty if he let him go. Probably he was morally doing right, but legally not.

The second day of the hearing was mostly occupied by the reading by Mr. Harold Morris, K.C., of the summing up of Mr. Justice Lush, after which the questions to the jury were referred to.

Bankes, L.J.: said it appeared that no question had been asked specifically as to any want of care on the part of Dr. Adam after he had received the plaintiff back. By their answers the jury had suggested that Dr. Bond was alone responsible, which, of course, disposed of the joint tort.

Mr. Morris said as the result of their answers the jury found Dr. Bond alone responsible for what happened on December 11th, and although after that date Dr. Bond had no more control over the patient, yet a verdict had been only entered against him with Dr. Adam for £20,000. It was a curious form of judgement to enter only against him, for there is but one, £20,000. Yet the judgement against him is for £20,000. The jury have returned £7,500 against him by one of their findings, and that was the most which could be given against him.

Mr. Morris: Yes. Unless there was a joint tort.

This concluded the second day's hearing.

The Services.

TERRITORIAL DECORATION.


DEATHS IN THE SERVICES.

Surgeon Rear-Admiral William Eames, R.N.(ret.), died on March 27th, from a short illness, at his residence at West Southbourne, Bournemouth. He took the M.R.C.S. and L.R.C.P.Edin in 1862, after which he entered the navy; he attained the rank of Surgeon-General on May 11th, 1913, and retired after the war. He served in the Egyptian war of 1882 as surgeon of H.M.S. Sudan, when he was present at the bombardment of Alexandria on July 11th, 1882, and landed in medical charge of the Royal Marine detachment at the surrender of Khartoum. He was later surgeon of H.M.S. Ganges, and during the blockade of the Red Sea coast in the Sudan campaign in 1885 and 1886, he received the Egyptian medal, with clasp for Alexandria, and the Khedive's bronze star. After his retirement he gave ungrudging and unwarred service as honorary surgeon to the Portsmouth branch of the Royal Surgical Aid Society.

Surgeon Commander Frank Harold Stephens, O.B.E., R.N., died on March 20th, at the Napier Hotel, Plymouth. He was educated at St. Mary's Hospital, took the M.R.C.S. and L.R.C.P.Lond. in 1896, and then entered the navy; he attained the rank of surgeon-commander on October 12th, 1909. He served in the recent war, and received the O.B.E. in 1919.

Surgeon Captain Ernest Hydeney Tack, R.N.(ret.), died at Bookham, Surrey, on March 19th, aged 54. He was a surgeon and after taking the M.R.C.S. and L.R.C.P.Lond. in 1894 entered the navy; he attained the rank of surgeon on November 12th, 1909, and retiring with a step of honorary rank as surgeon captain on January 1st, 1923. He served in the recent war.

Lieutenant-Colonel R.M. Eyre, R.A.M.C., died in a nursing home at Hastings on March 12th, aged 62. He was educated at Charing Cross Hospital, taking the M.R.C.S. and L.R.C.P.Lond. in 1885. He entered the army as surgeon in 1889, became lieutenant-colonel after twenty years' service, and retired on May 4th, 1910. He served for a long time on the West Coast of Africa, where he took part in the operations against the Zulus in 1885-91; he was mentioned in dispatches in the London Gazette on October 9th, 1894, and received the West Africa medal with a clasp. He also served in the Ashanti expedition of 1895-96, receiving the clasp for service in the operations in Sierra Leone in 1898-99. He was employed for three years (1899-1902) in South Africa, first on special service as a medical officer of the Royal Scottish Field Force, in the operations in Rhodesia in 1899-1900, and later in operations in the Transvaal, Cape Colony, and Orange River Colony, receiving the A.R. in the South African medal with two clasps. He rejoined for service in August, 1914, and served throughout the later war.

Universities and Colleges.

UNIVERSITY OF LONDON.

MEDICAL HYDROLOGY.

A course of lectures on Medical Hydrology, arranged by the University Extension Board in co-operation with the Committees for the Study of Medical Hydrology in Great Britain, will begin at the University of London on Tuesday, May 6th. Lectures will be delivered in the morning and afternoon of that and the following day, May 7th; on May 8th there will be two lectures in the morning, and in the afternoon the party will visit Bath, and there until the evening of Friday, May 9th. The fee for the course is £2 12s. 6d. Further information can be obtained from Dr. W. E. Edmonds, care of University Extension Department, University of London, South Kensington, S.W.7.

UNIVERSITY OF BIRMINGHAM.

Mr. William Billington, M.B., F.R.C.S., has been appointed joint professor of surgery and Dr. Harold Black lecturer in radiology.

UNIVERSITY OF DURHAM.

At the convocation held on March 29th the following degrees and diplomas were conferred:


UNIVERSITY OF LIVERPOOL.

Examination List, March, 1924.

The following candidates have been approved at the examination held on March 26th:


ROYAL COLLEGE OF PHYSICIANS OF IRELAND.

SURGEON VICE-ADMIRAL, JOSEPH CHAMBERS, M.D.Dubl., C.B., C.M.G., Honorary Physician to the King, Director-General of the Medical Department of the Royal Irish Constabulary, has been admitted an honorary Fellow of the Royal College of Physicians of Ireland.


Medical News.

A series of postgraduate demonstrations arranged by the Clinical Board of the University of Birmingham will be given from April to August at the General and Queen's Hospitals, Birmingham, on Tuesdays and Fridays respectively, from 3.30 to 5 p.m., commencing on April 25th at the former institution, and May 6th at the latter. These demonstrations, which include demonstrations in medical, surgical, and gynaecological cases, skin diseases, ophthalmic cases, children's diseases, urinary diseases, the use of digitalis, etc.,—is one guinea.

A series of postgraduate demonstrations arranged by the University of Bristol will be given at the Hereford General Hospital, under the auspices of the Hereford Division of the British Medical Association, on Wednesdays, at 3 p.m. The fee for the course is £2 2s., and is payable to Dr. Herbert Jones, Tower Road, Hereford.

At the thirty-seventh congress of the Société française d'Ophthalmologie, to be held in Paris from May 12th to 15th, there will be papers on refraction, the eyelids, and lacrimal apparatus, ocular troubles of dental origin, and other subjects of ophthalmological interest.
Dr. O. W. Richardson, Wheatstone Professor of Physics at King's College, London, has been appointed the third Yarrow Research Professor of the Royal Society. Like the other two Yarrow professors, he will continue to work in the laboratory thus hitherto directly. Both the other Yarrow professors are also concerned with physical science.

A deputation from the boot operatives' union waited upon the Home Secretary on April 4th calling attention to the high rate of pulmonary tuberculosis among boot operatives, and made a number of suggestions concerning light, air, and floor space. The Home Secretary, in reply, stated that the Home Office will shortly present a factory bill, and that steps will be taken to include therein some of the suggestions put forward by the deputation.

In reply to a deputation which waited upon the Minister of Health on April 3rd, urging that steps should be taken to give effect to the recommendations of the Departmental Committee on smoke abatement, Mr. Woolley said that the Ministry would consider how far it was possible for the department, by encouraging and facilitating educational work in the provinces, to help forward the smoke abatement movement. Sympathetic consideration would be given to the request of the deputation that an effort should be made to prepare and submit to Parliament a further bill at an early date.

Dr. John Brown of Blackpool has issued in pamphlet form a reprint of his paper, entitled "Cancer: Suggestions and conclusions relative to its prevention," which he read at Escobarbourgh, and published in the Journal of State Medicine for May, 1923. It is published by H. Maxwell and Co., Ltd., Blackpool, at the point of 1s.

"National Baby Week" is being held as usual this year during the first week in July, and "Imperial Baby Week" at Wembley was opened on the fourth week in July. The National Baby Week Committee is devoting special attention this year to the size of the family and its economic circumstances considered in relation to the welfare of the child under 5 years of age. The council is also considering particularly the welfare of the child from 1 to 5 years of age, since it is obvious that at present the death rate of these children is slightly on the increase. Annual competitions for school children and older girls are being organized.

Professor Gilbert of Paris has been appointed president of the permanent executive committee of the Association of Thalassotherapy in place of Professor Albert Robin, who has been made honorary president.

The 17th anniversary of Ehrlich's birth was celebrated at Frankfort on March 14th, when an address was delivered by his successor, Professor Kolle.

The German Central Committee for Combating Tuberculosis will hold its annual meeting at Coburg from May 25th to 28th. The German nation has at Berlin University there were 1,957 medical students, as compared with 5,534 at Vienna.

The March number of the Veterinary Journal is devoted entirely to foot-and-mouth disease, and contains several original articles of particular interest. The recent epidemic in Scotland is considered fully, and accounts the disease in the army generally and in India also appear. The number was given up to toxicology, and this Journal's new departure in creating special numbers is receiving support that indicates that the policy is approved.

The German Minister for "Volkswahlahr" has issued a decree (Deut. med. Woch., March 14th, 1924, p. 350) requiring persons wishing to carry out Wassermann's and similar reactions in the diagnosis of syphilis to obtain a special licence if they wish to take payment for these tests. All doctors who continue to advertise on their plates that they undertake examinations of the blood are informed that these and similar announcements will be removed by the police unless they hold the special licence in the purpose.

The trustees of the Ella Sachs Plota Foundation give notice that they are prepared to receive applications for grants in aid of work "on problems in practical medicine and surgery, preventive medicine, and the medical sciences. Plans for concerted attack by a group of investigators working at one centre or working in different places, will be especially welcomed." Grants may be used for the purchase of apparatus and supplies needed for special investigations and for the payment of unusual expenses incident to such investigations, including technical assistance, but not for apparatus or materials ordinarily a part of laboratory equipment. "Eligibility for the support of investigators will be granted only in exceptional circumstances. Applications should be addressed to the Secretary of the Executive Committee, Dr. Francis P. Peabody, Boston City Hospital, Boston, Mass. The present available annual income is 10,000 dollars.

The late Dr. T. W. Thrufield of Leamington Spa has left estate of the gross value of £28,127, with net parity of £27,803. He has bequeathed £600 to the Warwick and South Warwickshire Hospital, Leamington, the income from which is to be applied to the improvement of the teaching of the nurses trained in the hospital by lectures bearing his name, to be given by qualified medical men preferably on the honorary staff of the hospital. Any balance is to be used for the purchase of a prize bearing his name to the nurse passing the best examination. His medical works, instruments, etc., not selected by his son James are also bequeathed to the hospital. To the University of Aberdeen he has left £450, the income from which is to be awarded for the best thesis for the degree of M.D.

Dr. J. G. De Lint of Gorinchem has been appointed private-dentist in the history of medicine in the medical faculty of Leiden.

During the exhibition which is to be held next summer at Toulouse a medical congress will take place under the auspices of the Toulouse faculty of medicine.

Professor F. Zinsser, director of the Cologne skin clinic, has been appointed dean of the Cologne medical faculty.

The total number of applications received for licences under the Dyestuffs (Import Regulations) Act during March was 551. Of these 420 were granted, 83 were referred to British makers of similar products, and of 25 reparations supplies were available.

The United States Health Service has arranged, in conjunction with Columbia University and the Universities of California, Michigan, and Iowa, to conduct public health summer schools this year, and several thousand medical students and health workers have sighed their intention of attending them.

Letters, Notes, and Answers.

Communications intended for the current issue should be posted so as to arrive by the first post on Monday or at latest be received no later than Tuesday morning.

Correspondents who wish notice to be taken of their communications should authenticate them with their names—not necessarily for publication.

Original articles and letters forwarded for publication are understood to be offered to the British Medical Journal alone unless the contrary be stated. Authors desiring reprints of the articles published in the Journal should address the financial Secretary and Business Manager, 429, Strand, W.C.2, on receipt of proof.

All communications with reference to advertisements as well as orders for copies of the Journal should be addressed to the Financial Secretary and Business Manager, 429, Strand, London, W.C. Attention to this request will not avoid delay. Communications with reference to editorial business should be addressed to the Editor, British Medical Journal, 429, Strand, W.C.2.

The telephone number of the British Medical Association is 429, Strand, W.C.2 (Internal Exchange). The telegraphic addresses are:

Editor of the British Medical Journal, Attiology Westland, London.

THE BRITISH MEDICAL JOURNAL.

Financial Secretary and Business Manager (Advertisements, etc.), Attiology Westland, London.

Medical Secretary, Mediciue Westland, London.

The address of the Irish Office of the British Medical Association is 16, South Frederick Street, Dublin (telegrams: Britannia, Dublin; telephones: British Medical Journal, 85 Rutland Square, Edinburgh (telegrams: Associate, Edinburgh; telephone, 4561, Central).}

Queries and Answers.

Rain Water.

"Oviv" asks: Can any country colleague who drinks rain water advise me? My main catch is from tiles, and passably good, except I have an outhouse from which I pick up (1) swales, (2) sand, and (3) silt. Is there any paint with which these three can be covered and the water drunk with safety?

Letters, Notes, etc.

Hospitals and Insurance.

Lord Somerleyton (Honororary Secretary, King Edward's Hospital Fund for London) writes: It has come to the knowledge of King Edward's Hospital Fund that a circular addressed to "Employers of Labour, Tradesmen, and Philanthropists" has been issued by the "United Kingdom Free Hospital Insurance Fund," 17, Ironmonger Lane, E.C. The second paragraph of the circular