feld, in the *System of Medicine* edited by T. Clifford Allbutt, M.A., M.D., LL.D. Vol. I. (London: Macmillan and Co. 1896. 25s.)

(2) A medical officer would not, we think, be justified in reporting "No cases of infectious disease," if he knows there are such cases in his district. He should press for notification, and then simply report the number of certificates received. If the Council want notification of infectious cases they should adopt the Act of 1889.

VENTILATION OF HOSPITALS.

DR. J. A. LINDSAY (Belfast) writes: I should be much obliged if some of your readers who have given special attention to the subject of the ventilation of hospitals would kindly answer the following queries: 1. Is the so-called "natural" method of ventilation by windows and fireplaces open to serious objection on the grounds of inefficiency, production of draughts, etc.? 2. Is the forced draught (plenum) method superior in any or all respects to the "natural" method? 3. Is the plenum method liable to break down or get out of order owing to frosts or from any other cause? 4. Does the plenum method add to the initial cost of a hospital? 5. Is there any instance of the plenum method having been tried and discarded in favour of the "natural" method? 6. Are there any statistics to show the effect of the two methods upon the results obtained in hospitals? 7. If the plenum method be adopted, should the windows be made to open or not? 8. Is the maintenance of a perfectly uniform temperature in hospital wards in all cases desirable?

GAS FIRES AND STOVES.

ENQUIRER writes: Will you kindly tell me what is the best way of heating sitting and bedrooms by gas where there are existing grates with chimneys.

*** So far as we are aware the safest way of using gas for warming sitting and bedrooms appears to be by the use of George's Calorigen. In this apparatus the gas is entirely out of contact with the air of the room, the air to feed the flame coming from the outside and going again to the outside when it is burnt. There is this additional advantage in the Calorigen, that warm air is constantly introduced into the room. The disadvantage is that for its proper setting it requires a couple of holes to be knocked in the outer wall. If it is desired to use the existing chimney an air-warming stove, such as the Euthermic, or Fletcher's "3 F." stove, may be placed in front of the grate, the flue of the stove being carried into the chimney. The more ordinary plan is to use an asbestos or "cobble" fire with atmospheric burner, of which many forms are sold. These are efficient if properly set. Another and very good plan is to have the front bars of the grate removed and replaced by thin upright bars such as are used in a Teale's grate; then to have the body of the fireplace to a large extent filled up with a firebrick, cut to the proper shape and size, and made to extend fairly high up above the old level of the bars, about two inches space being left between firebrick and the front bars; then to place an atmospheric burner, such as is sold for the purpose, as close down on the grate bars as it will lie, and lastly to fill up the remaining portion of the grate with the "cobbles" which are sold for gas fires. This arrangement is not quite so economical of gas as the ready-built open gas stoves, but its less economy is the result of the fire being more under the chimney, which therefore draws away the burnt gases more strongly than is always the case with the open gas stoves which project into the room. One very important point should always be borne in mind about all forms of atmospheric burners, namely, that each burner burns to the best advantage only when at one particular height, namely, just when it draws the proper admixture of gas and air, and that whenever it is turned below that height it tends to go wrong by "striking down," that is, lighting at the bottom and making horrible smells. Practically it may be said that an atmospheric burner should always be used "fully on." It is a most dangerous thing to turn such a burner low in a bedroom, for a very slight puff of wind may cause it to "strike down." The way to obviate this difficulty is to have the burner made in sections, each with a separate tap, so that one or more may be turned on according to the amount of fire required. However small the fire may be the gas for that section is turned full on. Some makers, for example, Sugg of Charing Cross, make their fires after this fashion; but when a cobble fire is being arranged in a grate as above described, it is a very simple matter to have two or three short burners each regulated by a separate tap instead of having one long one; or Wright's "Duplex" burner, to which there are two taps each controlling every alternate jet, may be used. The setting may cost a little more, but that is quickly saved in gas. It is a great advantage for anyone, but especially for an invalid, not to have to stoop to reach taps arranged by the hearth. It is a very simple thing to arrange that the taps shall be in the wall quite within reach from a chair.

ANSWERS.

PUBLIC HEALTH IN RUSSIA.

OUR SPECIAL CORRESPONDENT IN ST. PETERSBURG writes in reply to the inquiry from Dr. Alexander Davidson in the BRITISH MEDICAL JOURNAL of December 11th, p. 1771: The first and best Russian periodical dealing with public health matters is the *Messenger of Public Health and Legal and Practical Medicine*. This is the journal of the Medical Department of the Ministry of the Interior. It is published monthly, and the subscription is 7 roubles and 5 copecks annually. The next best is the *Journal of the National Health Society*; also monthly, and only 4 roubles annually. There are other journals devoted to public health, but I am afraid they are all printed in Russian. I do not know of any published in French or German. In all probability Dr. Davidson would find the journal named first the most useful. [Our correspondent expresses his willingness to obtain further information if desired.]

ESTIMATION OF HEIGHT AND WEIGHT IN ASSURANCE EXAMINATION.

IGNORAMUS.—In regard to the relation between height and weight of assurance candidates, it is, we believe, usual to measure them in their boots and weigh them in ordinary clothes without overcoat. The increased height due to the boots nearly neutralises the increased weight due to the clothing, so that the proportion is not much altered.

THE F.R.C.S.EDIN.

IN reply to the query of "Provincial," published in the BRITISH MEDICAL JOURNAL of December 11th, p. 1770, "P. B. G." writes: (1) Erichsen is the only *Surgery* never refused. M'Lachlan's *Anatomical Landmarks* give all the peculiarities of the school, and with Sheild's *Surgical Anatomy* are enough. (2) Paper, three questions, clinical, oral; a very high standard and up to recent date. Genito-urinary surgery easiest, and midwifery the most unsatisfactory. (3) Mr. Robertson, Secretary to the Royal College of Surgeons of Edinburgh, will forward examination questions gratis. The examination is a good class one; is divided into seven parts; for each there is a maximum of 100 marks, and an average of 60 per cent. is a *sine qua non*. The parts are: (i) Surgical paper; (2) surgical anatomy paper; (iii) special paper; (iv) clinical surgery and clinical of special subject; (v) oral surgery; (vi) oral surgical anatomy; (vii) oral special subject. There is no doubt that the marks made in (i) and (ii) affect the result considerably. As there are things peculiar to Edinburgh, and as surgical and *post mortem* anatomy are severe, "Provincial" will do best to join one of Dr. Menzies Hutton's classes for anatomical demonstrations given ten days before each F.R.C.S. examination. Write 23A, Minto Street, Edinburgh.

NOTES, LETTERS, Etc.

ERRATUM.—In Mr. Alfred Willett's Bradshaw Lecture (BRITISH MEDICAL JOURNAL, December 11th, p. 1689) the illustrations of osteoclasts (Figs. 1 and 2) were accidentally transposed. The *lever* osteoclast is Thomas's and the *screw* Grattan's.

THE SEAMEN'S HOSPITAL.

THE Secretary of the Seamen's Hospital Society sends us a copy of the following resolution passed April 10th, 1896: "That in future the title of all honorary medical officers appointed to the Branch Hospital be Visiting Physician or Surgeon (as the case may be) of the Seamen's Hospital attached to the Branch Hospital, and that in future appointments to the hospital at Greenwich the title of Visiting Physician or Surgeon (as the case may be) of the Seamen's Hospital attached to the Dreadnought Hospital."

A CORRECTION.

DR. ALFRED EDDOWES (London, W.) writes: In the BRITISH MEDICAL JOURNAL of December 11th, in the report of a meeting of the Dermatological Society of Great Britain and Ireland, I find with reference to Mr. Hope Grant's case of dermatitis herpetiformis the following: "Dr. Eddowes remarked that Unna would have called it pemphigus." Those who are as well acquainted with Dr. Unna's teaching as I am will recognise the mistake at once. What I said was that I suppose Kaposi would include this case under the group of pemphigus, but I should diagnose it as a case of dermatitis herpetiformis. I did not mention the name of Unna in connection with the case.

OIL OF SANDAL WOOD.

THE pale yellow oil distilled from the wood of the santalum album is of comparatively recent introduction as a substitute for copaiba. The wood yields from 2 to 5 per cent. of oil. In India, with imperfect stills, 2.5 per cent. are obtained. The principal point of discussion in regard to sandal wood oil has been its specific gravity. The *British Pharmacopœia* states that it is usually about 960. This figure is lower than is given in the United States and Danish *Pharmacopœias*. The evidence obtained from the examination of oils distilled in this country from East Indian sandal wood points to 970 as the lowest allowable specific gravity for a pure oil. The first distilled is 960 to 964, and the last 980 to 986. The mixed distillates being between 970 to 980, with a general tendency towards the higher figure. The oil distilled in India from santalum album has a gravity of 990, but it is probable that this is due to the crude method of distillation. The rotation of English drawn sandal wood oil also varies between −10° to −20°, and it has been urged that it would not be advisable to fix narrower limits than these for rotation.

ADVERTISING QUACKERY OR UNQUALIFIED PRACTICE.

L.R.C.P. writes: The apathy of the medical profession in allowing the public to be hoodwinked by quack medicine advertisements in the public press, to say nothing of the loss of life which occurs annually by the sale of these nostrums (some of which contain poisonous drugs), by persons steeped in ignorance and impudence, is appalling. The Government, which derives a large revenue by the sale of quack medicines, take no notice of this danger to the health and lives of the people.

The medical defence societies have done some good service, but appear to be utterly powerless to prevent these abuses, and quackery and imposture are still rampant throughout the land. The editors of London and provincial weekly and daily papers give wide circulation to quack advertisements. The Medical Act is ignored. The penalty for false assumption of medical titles is defied and evaded by persons advertising Dr. So-and-So's pills, sold by Mr. So-and-So, warranted to cure all the ills that flesh is heir to. Madam So-and-So's pills, warranted to remove all obstructions from females, no matter of how