

turning grey of dermoid hair in old age, and especially records of any cases in which the hair had remained dark-coloured in a dermoid cyst while at the same time turning grey on the head of the individual. 4. Records of the colour of the hair in each cyst in cases of bilateral dermoids; I have found that the hair is sometimes of the dark type in one cyst and the light type in the other in the same patient. 5. Information from veterinary surgeons as to the colour and character of the hair and epithelial appendages found in the ovarian dermoids of animals, together with the nature and colour of the body covering. 6. The colour and character of hair found in dermoids in other organs of the body, excluding purely inclusive cysts, or "sequestration dermoids," in which the dermoid hair shares a common origin with that of the body surface.

Information bearing on these and any other points and material illustrating the observations would, I feel sure, prove of value. I am, Sirs, yours faithfully,

Leicester, Feb. 5th, 1906.

C. J. BOND.

EUCALYPTOL AND "FAINTING": A WARNING.

To the Editors of THE LANCET.

SIRS,—The powerful and sometimes alarming effect of the volatile oil of the *Eucalyptus globulus* through the olfactory nerves, directly or indirectly upon the cardiac centres or intrinsic cardiac ganglia, is not widely enough known. It is an idiosyncrasy that warrants the respect of all devout churchgoers and of those who frequent places of public assembly consumed by a blind faith in the virtues of the drug as a prophylactic against catarrh. I quote an excerpt from the graphic pen of my son, aged 13 years, now at a preparatory school. The language is expressive and emphatic and most consolatory to me, who for some time past have been somewhat uneasy as to the origin of certain mysterious "fainting" attacks in church. "To day is glorious, sun shining, and blue sky. I am not going to church to-day as I have a cold, and also because I nearly fainted last Sunday. You see it was exactly the same time last year (the first Sunday of the term) that I really fainted. When I came into the church I smelt the same stink—is this the right expression?—namely, eucileptus—I don't know if this is how you spell it, it doesn't look right—and I can't stand it, so I sat down, so Mr. J— told me I had better go out of church and I skitted right willingly."

My lad's idiosyncrasy is doubtless a maternal inheritance, my wife herself being absolutely unable to remain in an atmosphere impregnated with eucalyptol for more than a few moments without feeling faint, or, indeed, suffering from an alarming syncopal attack and falling to the ground unconscious—on one memorable occasion injuring her face severely in her fall. Merely passing through the eucalyptolised air of a druggist department in the "stores" or elsewhere is attended by a similar sensation. And, I may add, these attacks are genuine and devoid of "nerves," popularly so termed. My son inherits markedly his mother's physique and temperament. I pretend to no novel scientific discovery but crave desirable and necessary publicity for simple facts in the hope that they who have belief in the virtues of *Eucalyptus globulus* may at the same time temper their faith reasonably and respect the idiosyncrasies of others.

Personally I am an unbeliever, and in my practice never prescribe eucalyptol to combat the bacilli of nasal catarrh, rather pinning my faith upon a vigorous and efficacious "kerchief and nose drill"—and especially with young folk, deprecating the lazy habits of "sniffing" and avoidance of the use of the pocket-handkerchief, teaching that in the preliminary congestion of the mucous membrane of the nasal tract and the secondary copious and beneficent secretion of fluid, lie Dame Nature's efforts towards the expulsion of the distressing bacillus.

And it is well known that many drugs beside eucalyptol possess most powerful effects when inhaled, even in minute quantities. One patient needs only to walk through a ward or room in which the boards have been "beeswaxed and turpented" to experience a copious diuresis possessing the well-known odour of "violets"; another has but to be in the immediate neighbourhood of a phial of acid hydrocyanic, dil. when the stopper is removed to experience a most distinct sensation of "faintness." But to my medical brethren these facts are well known and I need not dilate upon them. I only desire that this knowledge should be "understood

of the people" for reasons above stated, and I beg you to publish my communication, hoping that some of the numerous Church papers will deign to notice and copy.

I am, Sirs, yours faithfully,

Woodford, Feb. 5th, 1906.

HUGHES R. DAVIES.

OVERLYING.

To the Editors of THE LANCET.

SIRS,—Your leading article on this subject discusses the desirability of inflicting punishment for causing the death of a child by overlying. The result of a case tried by Mr. Justice Phillimore at Chester in July last shows that so to cause the death of a child is already a criminal offence at common law. A woman was indicted for the manslaughter of her infant child. It was proved that while she was drunk she took the child to bed with her in spite of the remonstrance of her eldest daughter. She was found asleep with her arm pressing on the face of the child, who was dead. She was found guilty and sentenced to 21 months' imprisonment with hard labour.

In his "History of the Criminal Law" Mr. Justice Stephen says: "No involuntary action, whatever effects it may produce, amounts to a crime by the law of England. I don't know that it has ever been suggested that a person who in his sleep set fire to a house or caused the death of another would be guilty of arson or murder." Until this case occurred I have never heard that a woman has been prosecuted in this country for thus causing the death of a child, though I am told that it is a criminal offence in Germany where prosecutions for it are not infrequent. There is nothing in the *Times* report of the case to show whether the offence was regarded as criminal negligence nor on what ground the verdict was obtained. In this case the overlying mother was drunk, but it is not probable that that fact makes any difference in the law applicable to the case, which proves beyond question that, in some cases at any rate, it is already at common law a criminal offence to cause the death of a child by overlying. I am, Sirs, yours faithfully,

Wimpole-street, W., Feb. 3rd, 1906.

CHARLES MERCIER.

THE ELECTION OF A DIRECT REPRESENTATIVE FOR IRELAND UPON THE GENERAL MEDICAL COUNCIL.

To the Editors of THE LANCET.

SIRS,—Will you allow me through your columns to thank most cordially all those who voted for me at the recent election of a Direct Representative for Ireland and all those who worked for me so energetically? The result has been my defeat by four votes in a poll of 1835, but the gratification remains to me that I have retained the confidence of so many of my professional brethren in Ireland.

I am, Sirs, yours faithfully,

Dublin, Feb. 5th, 1906.

WILLIAM THOMSON.

THE LONGFORD COUNTY INFIRMARY.

To the Editors of THE LANCET.

SIRS,—With reference to the remarks of one of your correspondents in THE LANCET of Jan. 27th, p. 261, about medical and surgical appliances in Longford County Infirmary, I am authorised to state that the matron has nothing whatever to do with the ordering of the same, and that the registrar only orders them when told by the surgeon to do so.

I am, Sirs, yours faithfully,

Longford, Feb. 3rd, 1906.

COX GORDON,
Assistant Registrar.

EVENING ATTENDANCE AT DISPENSARIES.

To the Editors of THE LANCET.

SIRS,—The Exeter Dispensary was established in 1818 and at present treats from 5000 to 6000 patients per annum. The inconvenience caused to some of the working classes by advice there being only available during the forenoons has suggested the advisability of opening the institution for such persons for an hour or two on two or three evenings each week. In objection to this Mr. Charles E. Bell of this city, one of our consulting surgeons,