

The Dublin Journal of Medical Science.—In the August issue of this periodical is contained the annual report of the Rotunda Hospital for 1905–06, compiled by Mr. E. Hastings Tweedy, Dr. Arthur Holmes, and Dr. R. J. Rowlette. It offers as usual material for study by all obstetricians. Dr. Charles Greene Cumston of Boston reports a case of acute metastatic gonorrhoeal myositis and discusses the diagnosis and treatment of this rare affection which is scarcely mentioned in many text-books. Dr. Charles T. Costello writes on blackwater fever but comes to no certain conclusion as to its etiology, though he suggests that it may be due to some special parasite.

The Birmingham Medical Review.—In the July issue of this review is published a Presidential address by Dr. Robert M. Simon to the Birmingham and Midland branch of the British Medical Association in which he discusses the subject of character and temperament and concludes that the brain and the thyroid gland are the only two organs of the body which directly influence them. Following this address is a severe criticism of the recent policy of the Association written by an ex-Vice-President under the title of "Medical Science v. Trades Unionism."

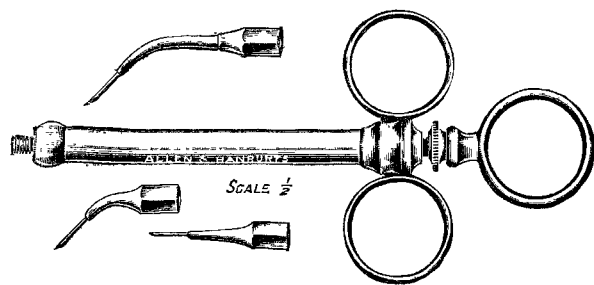
Guy's Hospital Gazette.—Useful articles are somewhat buried, as a rule, in the pages of the hospital magazines and we are glad to have the opportunity of calling attention to the first of a series of lectures on the Significance of Variation in the Constituents of the Urine, delivered by Dr. F. G. Hopkins and published in the issue of this gazette of August 24th. The subject of nitrogen excretion is dealt with and the meaning of the urea and of the ammonia in the urine is discussed with more appreciation of the real difficulties inherent in the chemical problems involved and of the uncertain nature of the results arrived at than is always evident in the writings of physiological chemists.

St. Bartholomew's Hospital Journal.—In the August number Surgeon W. Perceval Yetts, R.N., records a case of ascariasis—infection with lumbricoid worms—which presents points of interest. The number of parasites ultimately expelled was very large and the symptoms were suggestive of pernicious anæmia, the blood showing reduction in the number of red corpuscles, with megalocytes and poikilocytes present. There was no eosinophilia. The patient suffered from a neurasthenic condition which disappeared on expulsion of the worms by santonin.

New Inventions.

A NEW ASEPTIC SYRINGE FOR INDUCING LOCAL ANÆSTHESIA IN DENTISTRY.

ALTHOUGH not a dentist, I am every year required to extract a very large number of carious teeth, and I have never been quite satisfied with any of the all-metal syringes for injecting local anæsthetics in these cases. I therefore asked Messrs. Allen and Hanburys, of 37, Lombard-street, London, E.C., to make one, and they have succeeded in producing what I consider to be a very perfect and efficient instrument. It is $3\frac{1}{4}$ inches in length, $\frac{1}{4}$ inch in diameter



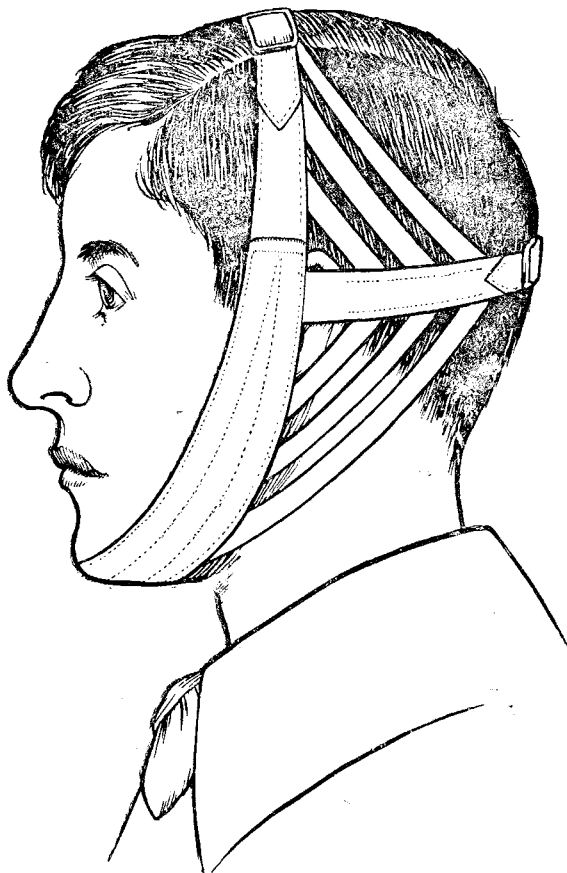
and of 30 minims capacity. The piston is not one which is uniform in diameter throughout, but its lower inch is most accurately ground so as to fit exactly the barrel and entirely prevents any of the fluid used from "coming back" at the highest pressure required. Instead of the usual finger grips my syringe is fitted with rings for the index and middle

fingers and also a ring for the thumb, as shown in the accompanying illustration, and I find practically that this is a very great improvement indeed, the operator having absolute control both as regards the pressure and the retaining of the needle firmly in its position in the gum. Moreover, it is impossible to let the instrument fall accidentally in any unusual circumstances which might occur. The needles, three in number, are of platinum iridium, about a quarter of an inch long and set in strong mounts of different shapes which screw on to the barrel of the syringe. The whole apparatus is beautifully finished and fitted in an aseptic metal case 6 inches by $2\frac{3}{4}$ inches by 1 inch, the price being 29s. 6d. complete with platinum iridium needles, or 25s. if steel needles are supplied.

Newtownhamilton, Co. Armagh. W. J. DAWSON, M.D. Dub.

A NEW EAR AND CHIN STRAP.

THE simple apparatus which is represented in the accompanying illustration is designed to aid in overcoming the mouth-breathing habit so common in children and others who have suffered from adenoids or other nasal obstruction. Every practitioner must have experienced the difficulty of teaching these patients to breathe properly through the nose after the obstruction has been removed. The apparatus consists essentially of an elastic webbing band about two inches wide, into which the chin fits comfortably, and which tapers upwards to form a narrower elastic strap which terminates in a buckle on the top of the head. Another similar strap is inserted into this vertical one slightly above the middle and passes to the back of the head just below the occiput, where it is fastened by means of another buckle. Two pieces of fine net, or the narrow diagonal elastic bands shown in the illustration, serve to strengthen the apparatus and assist in keeping it in place on



the head. It is usually only worn at night, but in the case of quite young children I often advise that it should be used also during a part, at least, of the waking hours, until the habit of breathing normally has been acquired. It is light and cool and comfortable, and produces just sufficient upward elastic pressure on the chin to make it easier to keep the mouth shut than open. Little children, I find, tolerate it well and will wear it while at play without making any attempt to displace it. It is also a very comfortable way of keeping prominent ears flat, or for holding dressings in the region of the ears in place. I use three sizes—namely, a small size for infants, a medium size for children from about five to 12 years, and a large size for adults.

The apparatus has been made for me by Messrs. Arnold and Sons, of West Smithfield, London, E.C.

Hornsey-rise, N.

BRYAN REYNOLDS, M.B. Lond.

THE LANCET.

LONDON: SATURDAY, SEPTEMBER 21, 1907.

Rural Sanitation.

EARLY in the last session of Parliament Sir JOHN DICKSON-POYNDER moved in the House of Commons for a return "of the medical officers of health and inspectors of nuisances in the rural districts of each county in England and Wales, showing the area and population of each district and, as regards each officer, the amount of his remuneration, whether repayment is made in respect of it by the county council, and whether he holds any other appointment or carries on any other occupation." This return has now been issued as a Parliamentary paper and it displays several of the pieces which form the curious mosaic that may be collectively described as our system (or want of system) of rural sanitation. It tells us that the appointments in question are made by the councils of 659 rural districts but that, on account of combinations and of divisions of districts and of cases in which more than one appointment is held by a single person, this number does not coincide with the number of officials. For the 659 rural districts there are 682 appointments of medical officers of health and 739 appointments of inspectors of nuisances. There are 30 combinations under the Public Health Act comprising rural districts for the appointment of a medical officer of health, and two comprising a rural district for the appointment of an inspector of nuisances. There are cases in which, without formal combination, officers hold more than one appointment, and others in which the officer for a formal combination holds additional separate appointments. In this way 64 medical officers of health act for 237 rural districts and one inspector of nuisances acts for two rural districts. When the qualifications and conditions of office of a medical officer or inspector are in accordance with the regulations of the Local Government Board, the county council is required to repay to the district council one-half of the officer's salary. Under this provision repayment is allowed in respect of 645 of the 682 appointments of medical officer of health for rural districts, and in respect of 656 of the 739 appointments of inspector of nuisances, or in 94·5 per cent. of the former and 89 per cent. of the latter. In four single rural districts the medical officers of health give their whole time to the duties of the office, and in 23 combined districts they do the same, either strictly, or in combination with other work of a public character. These 23 cases comprise 127 rural districts, but, with one exception, they also include urban districts. There are but 98 cases in which the inspector of nuisances gives his whole time to his duties. The return further shows that in 599 instances, including combinations,

the medical officer of health holds some other public appointment, and that in 504 he engages in other work, usually in private practice. Among the inspectors of nuisances there are 597 instances in which the officer has other appointments, such as surveyor of highways, or building surveyor, under the same or some other council, and 140 in which he follows some private occupation.

The arrangements thus described in numerical outline work practically much as might be expected and in the manner only too well known to most of our readers. There is, as a rule, little or no recognition among rural councillors of the moral obligations of their official position, and WALPOLE'S maxim, *Quieta non movere*, expresses, also as a rule, their highest conception of their duties. They regard their health officers in most cases as our grandparents are said to have regarded children—that is to say, as creatures that should be seen and not heard. The councillors are usually men holding respectable business positions in the district, tradesmen or farmers, or in some similar station, able to read their favourite newspaper and to re-echo its views on local or general politics, but almost as ignorant as their own cattle with regard to the protection of the public health, or with regard to the public importance of insanitary conditions. They are slenderly endowed with imagination and are absolutely unable to realise the consequences likely to follow from leaving a case of infectious disease in one of a group of overcrowded and undrained cottages. They are sensitive to expenditure, especially to expenditure the objects of which they are unable to appreciate or to understand; and they have a deeply-rooted conviction that it is unneighbourly to devote too much consideration to the dunghills and other appliances of their own congeners in the vicinity. They have never seen a typhoid bacillus which they would suppose to be something visible and tangible, like a pigeon or a sparrow. They have never seen it go into the water of the village stream, they have never seen it emerge, and they have no assured belief in its existence. They individually would not like to be put to expense for the sake of rendering any cottages belonging to them fit for human habitation, and they wish to extend to other proprietors, and especially to their colleagues on the council, the same indulgence that they would expect to receive themselves. They are very tolerant of the medical officer of health so long as he meets them with a pleasant smile and keeps his duties as much as possible in the background. If he be not satisfied with this position and displays too much consciousness of the responsibilities of his office, he will receive a friendly private intimation that he had better hold his tongue, and if this be disregarded he will find that his practice suffers and that his re-election at the expiration of his term will be more than doubtful. As for the inspector of nuisances, the best way to hinder him from being meddlesome is to give him some more profitable occupation, and he is therefore permitted or encouraged to undertake other duties. We observe one case in which the inspector for two districts in adjoining counties, respectively of 95,873 and of 35,760 acres, and with populations of 9950 and 5803, being paid £55 a year for one of them and £30 for the other, but with no contribution from the county council in either case, is at the same time a practising veterinary surgeon and