hand and mallet in right. Which does the most writing—the chisel hand or the mallet hand? The sign-writer exhibits a remarkable instance of two-handed writing: the right hand of the painter holds the brush and rests on the mahl-stick held in the left. The left hand accurately moves the supporting stick as the letters are marked with the brush, the painter gets the vertical part of his flourish by the movement of his left hand, and the horizontal by the movement of the right.

But the most extraordinary performance in writing is the inscription of the Braille type by the blind; it is an astonishing piece of work. The writing is done from right to left; the right hand holds the tool which impresses the paper, whilst the left guides the point into the marks on the guiding frame; when the writing is complete the writer withdraws the paper, reverses it, and reads the embossed characters, feeling with both hands from left to right. Often I have noticed the left hand running on to the beginning of the succeeding line whilst the right hand was feeling out the finish of the line above. Was bimanual division of labour ever more surprising!

But enough. The examples I have given show clearly, I think, that ordinarily trained men are possessed of a real ambidexterity, or, as it would be better stated, co-ordination of bimanual action. It follows from this that the aim of the Ambidextral Culture Society is futile; mother nature has already done the work which this new society proposes, and done it so quietly and secretly and so delicately that the sponsor of the society has not seen her working. To the assertion of its founder that it would be well to train children to write, draw, and paint with each hand, I unhesitatingly reply—No. Nature has already shown in a long course of evolution that it is desirable to specialize in the use of the limbs. Four primitive flippers of the early vertebrate have developed into propellers and supporters in the mammal, then into the general carriers of the body and the particular servants of the head in man, and now last of all man has learned to use his fore-limbs in an exquisitely adjusted association so that each is the complement of the other.

In conclusion, I would like to add a word on a tendency I have noticed towards the cultivation of educational fads. In my school days the cast-iron "Latinism" of the public school system crushed out all pleasure in lessons, unless I count the joys of the occasional blue and red flares, the bangs and stinks of chemistry demonstrations; but the schools of to-day are by comparison places of delight where true knowledge is so exposed as to excite desire. Modern educational modes step more nearly in the ways of Nature, and in so far as we continue this healthy lead we shall succeed in drawing on the children. Do we take up with fads we shall be as bores to the youngsters and butts for the gibes of the cast-iron pedagogues who, alas! are not yet dead.

A CASE OF CUTANEOUS ANTHRAX SUCCESSFULLY TREATED BY SCLAVO'S SERUM.

BY

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ON November 9th, 1904, a man, aged 31 years, presented himself at St. Bartholomew's Hospital with a small slough on the right cheek. He was a worker in horsehair, and the lesion had all the appearance of a malignant pustule. Bacteriological examination showed the presence, in the clear fluid from the neighbourhood of the slough, of large numbers of bacilli in all respects resembling anthrax bacilli, and the man was therefore admitted to the hospital under the care of Mr. Lockwood. It may be added that cultivations yielded typical anthrax bacilli in large numbers, and that they proved virulent upon a mouse in quite characteristic fashion. The diagnosis of anthrax was thus completely established.

The patient stated that a red spot had first appeared on the cheek on November 5th. On admission his temperature was 101° F. The slough was about a quarter of an inch in diameter, and there was a moderate amount of redness and oedema around it. The glands at the angle of the jaw were enlarged. The lesion was on the right malar eminence, about three-quarters of an inch outside and below the outer canthus of the eye. The usual operation of excision would have entailed considerable disfigurement and probably a plastic operation to avoid ectropion.

The case seemed, therefore, a specially suitable one for

serum treatment, and a supply of Professor Sclavo's serum was at hand, having been provided by Dr. T. M. Legge, of the Home Office, a few months previously. We were unaware of any case previously treated with the serum in this country, but Dr. Legge had reported to us very favourably of the results which he had seen at Siena in the hands of Professor Sclavo. We have since learned from him that the serum had once before been used in England, but on a hopeless case. The present case seems to be the first in which it has had a fair trial.

Forty c.cm. of the serum were injected subcutaneously into the flank and abdomen on the afternoon of the man's admission to the hospital, and no other treatment was adopted. The temperature was then 102.4° F., and it rose in the evening to 103° F., when the pulse was 92. During the night the temperature fell to 98.6° F.

For the next two days the patient showed little improvement. The temperature oscillated between 98.4° and 101.4° F. and the pulse from 80 to 99. The slough increased somewhat in size, but was never larger than a threepenny bit. The surrounding oedema became much more marked, at times almost closing the eye, and the enlargement of the glands at the angle of the jaw increased considerably. There was also some swelling and redness of the fauces. Nevertheless, no new vesicles appeared around the slough, and the patient's general condition was well maintained, giving no ground for anxiety. No further dose of the serum was given.

By November 12th there was distinct improvement. The temperature was normal, the oedema much less, and the glands had decreased in size. On this day a cultivation from the tissues at the edge of the slough yielded no anthrax bacilli. Convalescence was now rapid, but the slough did not come away till November 26th, seventeen days after the administration of the serum. A small granulating surface was left, which appeared likely to leave a scar scarcely more serious than that resulting from vaccination. The patient left the hospital in good health on November 30th.

The serum treatment thus proved, in this case, completely successful, fully justifying the claim made for it by Professor Sclavo. We publish it because we believe it to be the first successful instance of its use in this country. In those cases which have recovered without excision there has commonly been a much more considerable loss of substance than was seen here, and the risk of a fatal issue is considerable. The operation of early excision, chiefly relied on in this country, is undoubtedly successful in the great majority of cases. But where the lesion is on the face, and especially in the vicinity of the eye, as in this case, the advantages of serum treatment are manifest.

THE VALUE OF NITRO-GLYCERINE IN THE PRACTICE OF SURGERY.

BY FRANK ELVY, M.R.C.S. ENG., L.R.C.P. LOND.

THE action of nitro-glycerine upon the arterial walls can be measured by the observant finger at the radial pulse, and a check is thus made upon its general action, almost corresponding to a control experiment, while one notes the local effect upon a diseased part. In the following cases the arterial walls, unnaturally contracted as a sequel to kidney disease, yielded sufficiently to permit of recovery.

ON December 21st, 1900, I was asked to visit W. C., suffering from a swollen hand and insomnia. The patient was a man of 50 years, employed as a smith in De Beers's works. Fairly well nourished, pale of face and with minutely contracted pupils, he gave a history of a rough life, hard drinking, and many attacks of the "horrors," together with "bad kidneys" and frequent suppression of urine. For three days he had passed little urine and had had no rest, owing, he said, to pain in the back. His pulse showed high tension, the radial arteries resembled fine whip-cord. On the left hand were three small spark wounds, the cause, he stated, of the swelling and oedema of the dorsum around the wounds, brawny patches occurring at intervals. The oedema extended to the elbow and the axillary glands were enlarged and apparently tender. The small quantity of urine obtainable was dark and slightly albuminous, the temperature subnormal and general headache complained of. Fomentations were applied to the hand.

ON December 22nd increased cellulitis, bogginess, and a rise of temperature made incisions imperative, and under ether four half-inch incisions were made on the dorsum, followed by fomentations, while strychnine and stimulants were administered throughout.

ON December 23rd I found the man weaker and obviously going down-hill. The hand, more swollen, was now very cold, and pain and sensation lost. The radial pulse on the affected side could not be felt. The skin from finger tips upwards was blanched, with blue and purple patches on the dorsum. The incised wounds had enlarged and gaped