who are prepared to be expert in it. The results would justify their venture. Public health work is for all intents and purposes a State institution now; there has been some talk of taking over the hospitals (a much more difficult and perilous undertaking). We spend an enormous sum every year on hospitals or homes for incurables and on asylums for maintaining thousands upon thousands of hopeless lunatics. It is not suggested these should all be destroyed, though many thoughtful people have strong opinions on the subject. But if all this expenditure on perfectly useless life is considered legitimate, how much more legitimate would be an expenditure on the production of new life in the shape of an increased birth-rate?

I do not propose any elaborate scheme but merely an outline which may serve as a basis for discussion. Only the matter ought to be faced *now*, and not allowed to drift into another generation. First of all, we cannot admit any class distinction; rich and poor must equally feel they can have the advantage of scopolamine-morphine if they wish, so that we may hold out the inducement to all. To the large number who have refused maternity solely or mainly on account of the ordeal we may then say, "Your objection has been overcome, and you may now enter on pregnancy without the least fear."

The scheme in view would be the establishment in all large towns, in some very quiet part, and perhaps in certain other centres, of a combined midwifery hospital and home. Half, or some such proportion, of the beds could be reserved for those who could well afford to pay adequate fees, the remainder for those who perhaps could not afford any fee. It might even be practicable to have an intermediate grading. At all events the income from the one part would go largely towards maintaining the whole institution, and the burden on the State would, I venture to think, not be so great after all. The patients in the one part would have a bedroom each where the labour would be conducted. There would be one or more dining-rooms, as needed, common to this part. The others would be in rooms each of which would accommodate four to half a dozen beds, and to each of which would be attached one small lying-in room where the labour would take place. As for staff, one nurse can quite easily and efficiently attend to two patients in the better-to-do section if they are in contiguous rooms, an extra fee being charged if a patient preferred a nurse exclusively. In the small ward-rooms a nurse could easily manage one with some additional help from a probationer. There would be a superintendent obstetrician with assistants, the number of whom would be governed by the size of the institution. The success of it all would depend upon the enthusiasm of the staff, and only those in sympathy with the work would undertake it. This would be a very different matter from public opinion trying to coerce every practitioner into using scopolamine-morphine regardless of his individual objections, which might be perfectly valid.

I believe any Minister who had the courage to initiate and carry out some such scheme would deserve more than ever the country could repay him. The field is white unto harvest, only the implements and the reapers are needed.

REFERENCES.

¹ *The Declining Birth-rate*, p. 33. (New Tracts for the Times.) By Sir A. Newsholme, K.C.B., M.D. ² *The Declining Birth-rate* (Report by the Commission), p. 75. ³ *Ibid.*, p. 78. ⁴ *Scopolamine-morphine Semi-narcosis during Labour*. Oxford Medical Press.

THE CURE OF MULTIPLE WARTS ON THE FACE.

By CHARLES IND, M.D.,

SITTINGBOURNE.

THE removal of these tiny growths, judging by what I have witnessed, is often very difficult.

A recent patient's troubles have been the means of my devising a plan, a combination of two methods suggested separately by other dermatologists, which seems to give a speedy and admirable result.

A man, aged 35, had had the warts for eleven years. He had seborrhoea sicca of the scalp, and suffered from an extreme grade of seborrhoea oleosa of the body and face; the latter I consider not unimportant as far as the etiology of the warts is concerned.

The warts were of the variety known as verruca plana juvenilis (Stelwagon), tiny roundish bodies situated on the forehead and closely set, especially as they neared the hair border. On the forehead there were about ninety at least. There were several dozens also on the scalp anteriorly. They were all of the above variety. One or two increased in size, and rarely two or three would coalesce; but in the main they remained discrete. Those on the scalp were yellowish and slightly vascular, whilst those on the forehead were pale and rounded, not very easily seen unless looked for sideways.

For the whole eleven years the patient had had treatment by dermatologists and doctors, but the number of warts did not show signs of diminishing. Internally he had had lime, thyroid extract, magnesium sulphate, and arsenic, also citric and other acids. He had also undergone electrolysis, and had had ionization with magnesium sulphate, and also with sodium salicylate, but without any result, good or bad. Locally, nitric acid had been used, and had scarred him badly. Glacial acetic acid and trichloroacetic acid had also been used. The warts were destroyed by these methods and did not recur, but usually more appeared later near the site of local treatment.

The various spirit-soaps, and lotions of resorcin, sulphur, and mercury perchloride were of no use; ointments of salicylic acid and sulphur gave extremely bad results, and the patient refused to go on with them. Salicylic plaster seemed of some service, but it is unsightly and attracts attention.

Acting on the belief that warts are infectious the patient wore a removable lining to his hat, which was changed each day, and the warts were simply cut off by a sharp instrument; results were not very satisfactory and recurrence frequently followed.

Stelwagon¹ recommends the use of a saturated alcoholic solution of salicylic acid, but says that it often fails to cure. By itself it did fail; but followed by abscission it was surprisingly effective. The warts and skin around were painted three times a day for one day with this liquid. On the following morning they were cut off by a flat sharp steel instrument, bevelled on one side only; this passes freely over the healthy skin, but when it comes to the wart cuts it off, leaving a slightly bleeding point. The surface is painted at once with the salicylic solution and twice more later during the same day, three times in all. This turns the little red points to a brownish-black colour, tiny scabs form which are allowed to drop off, taking about a week to do so, and leaving a perfectly clear healthy skin. The forehead is bathed with pure alcohol once a day until the scabs have all dropped off.

1. A razor is no use, a sharp flat instrument pushed over the skin is necessary.
2. Paint three times the first day and after abscission three times on the second.
3. There is neither pain nor scarring.
4. Sepsis does not occur.
5. The treatment is useless for larger warts.
6. The use of the salicylic solution prevents pain when the warts are cut off and recurrence afterwards.

REFERENCE.

¹ Stelwagon: *Diseases of Skin*, 1902 edition, p. 522.

Groonian Lectures

ON

THE SIGNIFICANCE OF THE CEREBRAL CORTEX.

DELIVERED BEFORE THE ROYAL COLLEGE OF PHYSICIANS
OF LONDON, JUNE, 1919.

BY

G. ELLIOT SMITH, M.A., M.D., F.R.C.P., F.R.S.,
PROFESSOR OF ANATOMY, UNIVERSITY OF MANCHESTER.

LECTURE IV.

(Abstract.)

THE conditions revealed in the earliest fossil reptiles that have definitely taken the line of development leading toward mammals enable us to draw the inference that the hypopallium (neostriatum) and the neopallium came into existence simultaneously. But in the ancestors of the reptiles at present living the new cortex consisted mainly of hypopallium, whereas mammals cultivated both the new cortical formations. When the hypopallium, bulging into the lateral ventricle, filled up the limited space available in the reptilian brain progress in cerebral development was brought to a sudden stop. In mammals, however, the neopallium, lying upon the surface of the hemisphere, was