

nerve has not been divided or has been reunited, and when motor, sensory, and trophic symptoms result from contusion or concussion of nerves in dislocation of a joint or splintering of bone; and lastly, for removing articular adhesions and contractions, if not of too long standing. The same authorities emphasize the importance in surgical cases of choosing, not only appropriate local treatment, but a bath station which is well adapted to the general condition of the patient's health.

Rheumatic affections bulk largely in the health statistics of armies in times of peace, and the diagnosis "rheumatism" is quite as commonly used for those who are invalided in war. The conditions so designated are, of course, various, but sometimes appear to be analogous to what has been described as "fatigue fever," met with after extreme and long-continued physical exertion—as in forced marches, especially when the men are not fully trained. An excessive muscular metabolism causes in this condition an accumulation of waste products within the muscles, and a slight general septic intoxication, the symptoms being exhaustion and stiffness and acute pain on movement. If the muscular work is too greatly prolonged, what has been called "organic exhaustion" ensues, perhaps with cerebral disturbance.³

In slighter cases immediate relief is obtained by stimulating the circulation in the muscles, and so sweeping away the waste products. A good example of this rapid cure of abnormal fatigue is the regulation hot bath after a day's hard deer-stalking in Scotland. We are told that at the front hot baths are now greatly appreciated by men fatigued from duty. Even when the case is serious and of many weeks' duration, the judicious use of hyperthermal baths sometimes gives surprising relief.

Professor Russell of Edinburgh has recently given me a verbal account of some soldiers admitted under his care in the Royal Infirmary from the fighting line in France. Those men had been in the retreat from Mons and in the advance to the Aisne, and had been invalided on account of "rheumatism." One of the men who was in the R.F.A. was so bad before he left the front that he had to be helped on to his horse, and when admitted to the infirmary seemed to have little power in his legs. All the men were very greatly and promptly relieved by a hot bath; the effect in the artilleryman was marked and immediate. The treatment in all the cases was curative. The bath was used as hot as the patient could bear it, and some ammonia was added to the water.

Painful synovitis in a single joint, especially the knee, appears to be common in those who have occupied cramped positions in the trenches. In others there are deposits and thickenings in the connective tissues, more or less generalized, to which the names "fibrositis" and "neuritis" are variously applied. Such cases, when the acute phase has passed away, furnish a large proportion of successes in practice at the health resorts.

Finally, with reference to nervous disorders, to the prevalence of which, especially amongst officers, there is much evidence, we have a sure basis for hydrological practice. It has been proved that treatments operating upon the surface of the body have a powerful influence not only upon the circulatory but upon the nervous system. Moreover, according to the procedure employed, it is within our power to obtain widely different, and indeed opposite, results. For example, with a proper choice of temperature we may stimulate and increase, locally or generally, a depressed nervous action. At another range of temperature we can with equal readiness mitigate and diminish an excessive action, and that is as regards temperature alone. It is not too much to say that functional disturbance in either direction is amenable to surface treatment.

It follows that in many nervous disorders stimulant or sedative baths, skilfully adjusted to the case in hand, can be suitably employed. Where a stimulant effect is desired, hot-air and other thermal baths and douches are to be preferred; but where, as is now too often the case, a more profound exhaustion is shown by irritability, depression, and insomnia, the sedative type of bath, given at a lower range of temperature, and often continued for a considerable time, can be recommended.

In chronic nervous diseases and disorders but little distinction can be drawn between military and civil cases, but the treatment of these affections forms an important chapter in hydrological medicine.

Taken together, the foregoing indications, medical and surgical, appear to point to the conclusion that baths of one kind or another have an important place in the treatment of military cases. The treatment must first of all be in the hospital, if and when such baths are to be found; secondly, in the town, where adequate baths and also means of transport are available; and thirdly, in the last stage, at the health resort.

During the coming year many men will leave our hospitals free from acute trouble, but suffering from its results. Not a few will exhibit, in addition to their local injuries, the effects of physical and mental shock. They cannot be returned to their homes, or even to convalescent homes, without further relief. They will need not only patient and prolonged care, but the knowledge that something is being done for them. The necessary physical and psychical remedies belong to the health resorts. Indeed, the health resort has for its object to apply those remedies with science and sympathy to the problem of incipient and chronic disease.

REFERENCES.

¹ Spender, *The Bath Thermal Waters*, 1882. ² Henriot, *Les eaux minérales de l'Algérie*, 1911. ³ Macpherson, *Handbooks on the Medical Services of Foreign Armies*. ⁴ *Bibliothèque de thérapeutique clinique*, 1909. ⁵ A. Mosso, *Fatigue*, 1904.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

PETROLEUM IN LARYNGEAL DIPHTHERIA.

I WOULD like to call attention to the treatment I have adopted in four consecutive cases of laryngeal diphtheria sent into Sheriff Hill Isolation Hospital for tracheotomy. Their respective ages were 3, 2½, 4, and 2 years. Two of the cases were in such a condition on arrival that I considered them past operative interference; the other two were breathing badly, yet in such a condition as to foster an idea of success after tracheotomy.

Tracheotomy was not performed in any of the cases. I injected 4,000 units of antidiphtherial serum, and afterwards administered ordinary petroleum oil (the taste being covered with decoctum sarsae co.), in 30 minim doses, for three successive doses, every four hours, and afterwards reduced to 10 minims three or four times daily up to the establishment of normal breathing, which in each case occurred in about forty-eight hours.

From the first the breathing was slightly easier, but not to the extent of dispelling anxiety, yet with each successive dose it became more tranquil. When it became normal the petroleum was stopped, a dose of castor oil given, and a mixture containing tr. lobel. aeth. and vin. ipecac. substituted.

There were no distressing symptoms accompanying the petroleum such as irritation of the stomach, vomiting, diarrhoea, rapid pulse, or rise of temperature. In two cases the petroleum could be smelt in the perspiration, in three cases in the urine and faeces; in the fourth case it was not smelt in any of the excretions.

It is difficult to know how much credit can be claimed for the antitoxin, but suffice it to say that I have seen similar cases die with repeated doses of antitoxin both with and without tracheotomy, yet these four successive cases all recovered without any paralysis or other bad after-effects. I cannot but infer that the petroleum was the agent which brought about the recoveries.

These cases too were in *extremis*, and I feel so satisfied of the efficacy of petroleum that I am convinced many lives would be saved by its early application in the conditions variously diagnosed spasmodic croup, membranous croup, and laryngeal diphtheria.

I believe petroleum to possess great potentialities for other diseases provided it be given a fair and just trial by an unbiased mind. The petroleum oil used was a good clear specimen obtained for ordinary lighting purposes. I am not certain that oil which may be considered medicinally purified will give the same results, for it is just possible that in the purification the active and necessary agents (whatever they may be) for our purpose may be extracted.

T. M. CLAYTON, M.D., D.Hy., F.R.S.E.,

Gateshead.

Medical Officer of Health.

Last term we were able to establish effective teaching in four faculties, and this term we have increased the number to six. In the Faculty of Medicine we are in need of copies of some standard textbook on human anatomy—preferably Gray's.

This University has already found several thousand pounds to support our guests, and will have to find several thousands more to keep things going till next June. Consequently we have to husband our resources very carefully and cannot afford to purchase such expensive textbooks as Gray's *Human Anatomy*.

It may be that some of your readers have copies of this work lying unused on their shelves. If this is so, I should be very grateful if they would send them to me for the use of these students. At present ten or a dozen copies would suffice.—I am, etc.,

Christ's College Lodge, Cambridge,
Jan 25th.

A. E. SHIPLEY.

Universities and Colleges.

UNIVERSITY OF LONDON.

Metabolism in Infancy.

A COURSE of advanced lectures on metabolism in infancy is being given in the physiological theatre of Guy's Hospital by Dr. M. S. Pembrey, University Reader in Physiology, and Mr. J. H. Ryffel, B.Sc. The first lecture was given on Thursday last. Subsequent lectures will be given on succeeding Thursdays at 4.30 p.m. up to and including March 11th. The lectures will be illustrated by experiments, and are addressed to advanced students of the university and others interested in the subject. There is no charge for admission, and attendance at the course is recognized in connexion with B.Sc. honours degree in physiology.

Appointment of Professors.

At a meeting of the Senate on January 27th Dr. Edward Barclay-Smith was appointed to the University Chair of Anatomy, tenable at King's College, in succession to Professor David Waterston, and Dr. E. P. Cathcart was appointed to the University Chair of Physiology, tenable at the London Hospital, in succession to Professor Leonard Hill.

QUEEN'S UNIVERSITY, BELFAST.

THE following candidates have been approved at the examination indicated:

M.B., B.Ch., AND B.A.O.—W. W. Blair, W. K. Campbell, F. L. Cleland, D. M. Clements, R. Condy, F. J. Devlin, *E. Doherty, G. Gordon, T. B. McKee, *F. McKibbin, T. P. McQuaid, E. W. Mann, S. A. D. Montgomery, J. Park, M. G. Paul, J. C. Robb, F. G. Smyth, *J. K. Stewart, Martha J. M. Stewart, P. W. White, *J. C. Wilson.

* Passed with second-class honours.

ROYAL COLLEGE OF SURGEONS IN IRELAND.

At a meeting of the Council on January 21st Sir Arthur Chance was re-elected to represent the College at the meetings of the General Council of Medical Education and Registration of the United Kingdom.

CONJOINT BOARD IN SCOTLAND.

THE following candidates were successful at the quarterly examinations of this Board, concluded in Edinburgh on January 25th.

FIRST EXAMINATION.—Chombil Vittil Appunni Menon, Kaikhasru Sorabji Bhiwandiwalla. Four passed in Physics, two in Biology, and two in Chemistry.

SECOND EXAMINATION.—Shapoor Dinshaw Vania, R. G. Battersby, L. L. Steele, T. Jackson, T. R. Wilson, A. Black, Don Adrian Jayasingha, Arukatti Patabendige Frederick Abeysuriya. Two passed in Anatomy, and two in Physiology.

THIRD EXAMINATION.—C. Harris, H. V. Fitzgerald, R. McGregor, W. McAlpine, A. Mathewson, E. Spence, J. A. Smith. Two passed in Pathology and seven in Materia Medica.

FINAL EXAMINATION.—The following were admitted L.R.C.P.E., L.R.C.S.E., L.R.F.P. and S.G.: M. M. Fitzgerald, W. H. Wray, Sarah L. Rook, Jacobus Johannes de Waal, H. O. Martin, C. F. Pereira, A. F. Readdie, H. P. Margetts, G. B. Charnock, C. C. Irvine, H. D. Atherstone, C. T. Darwent, J. K. Garner, G. D. Newton. Four passed in Medicine, four in Midwifery, and ten in Medical Jurisprudence.

SOCIETY OF APOTHECARIES OF LONDON.

THE following candidates have been approved in the subjects indicated:

SURGERY.—*N. W. Rawlings, *E. M. Townsend.

MEDICINE.—*J. A. W. Robinson, *M. C. Stark.

FORENSIC MEDICINE.—C. D. Banes, W. F. Matthews, J. A. W. Robinson, M. C. Stark.

MIDWIFERY.—C. D. Banes, H. A. de Morgan, W. F. Matthews, D. C. Ogilvie, J. A. W. Robinson, M. C. Stark.

* Section I.

† Section II.

Medico-Legal.

STEVENS'S CONSUMPTION CURE.

THE following appeared in the *Daily Telegraph* of January 26th:

"CONSUMPTION CURE."

Charge of Perjury.

At Bow Street Police-court yesterday (January 25th), before Mr. Hopkins, Arthur Alfred Henry Bennett, 54, described as a surgeon, with no fixed abode, was charged on a warrant with committing perjury in the libel action of Stevens against the British Medical Association in the King's Bench Division on July 17th last.

Detective-inspector Burch deposed that he found the prisoner detained at Gravesend Police-station on Sunday evening. When asked if his name was Alfred Henry McFee he said, "My name is Arthur Alfred Henry Bennett, born in Tambourora, New South Wales, in 1861. I have no legal claim to the name of McFee." Upon the warrant being read to him he replied, "Perjury! It's a nice charge." He had in his possession a memorandum of agreement in the name of McFee.

Prisoner, who appeared to be ill, was remanded for the Public Prosecutor to be represented.

Obituary.

JOHN WAINMAN FINDLAY, M.D. GLASG., F.R.F.P.S. GLASG.

It is with very great regret that we have to announce the death of Dr. J. W. Findlay, at his father's residence, Lyttle Park, East Kilbride, near Glasgow, on January 16th. He was only 41 years of age, and for the past eight years had been debarred by illness from active medical work, yet in such a short professional career he had demonstrated abundantly the possession of rare gifts for laboratory and clinical investigation, and seemed about to enter on a distinguished career as a physician.

He was born in Glasgow, and was educated at the High School and in the University of Glasgow. From the first he showed more than ordinary promise. His university career was brilliant. He was invariably to be found amongst the first three or four men in every class, and several well-known medals and prizes were won by him. In 1894 he graduated M.B., C.M. with highest honours. The following three years were spent in resident posts in the Western and Royal Infirmarys of Glasgow, and as assistant and pathologist to the Crichton Royal Institution, Dumfries. In 1898 he received the degree of M.D. with honours, and a Bellahouston Gold Medal for a thesis, "The choroid plexuses of the lateral ventricles; their anatomy, functions, and pathology (in relation specially to insanity)," afterwards published in *Brain*, Part II, 1899. As a student he very early showed his capacity for original investigation, the John Reid Prize being awarded in his graduation year for "A research into the histological structure of the olfactory organ." In these few years between graduation and 1906 (when ill-health compelled the abandonment of professional hopes), cut into as they were by a trip to Australia and a year at the South African war, will be found an admirable record of work. And the quality of this work was the greater as it was carried out amidst the harassing exigencies of private practice in a densely populated segment of industrial Glasgow. Findlay's bent was towards pathology in its relationship to medicine, and he made full use of his opportunities in the pathological department of the Royal Infirmary and in the wards of his chief, Dr. T. K. Munro (now professor of medicine in the University of Glasgow). The following are some of the titles of papers published: "On the pathology of acute yellow atrophy of the liver" (*BRITISH MEDICAL JOURNAL*, 1900); "Changes in the peripheral nerves in a case of diabetes mellitus" (*Glasgow Medical Journal*, 1901); "Tetanus following revaccination" (*Lancet*, 1902); "Chronic lymphatic leukaemia" (*Glasgow Medical Journal*, 1904); "Septic arthritis of ankle-joint during convalescence from mumps" (*Glasgow Medical Journal*, 1904); "Ulceration of palate in inherited syphilis" (*Glasgow Medical Journal*, 1905); "On the use of alcohol as a medicine" (*Glasgow Medical Journal*, 1904). In addition to these, many papers covering a wide range of

DR. GABRIEL MONTOKA, of Paris, who has recently died, was at once a physician and a poet. He was for a long time an intimate friend of Rodolphe Salis, creator of the Chat Noir, and used to accompany him on his provincial tours, of which he gave an amusing account in a book that had a great success. Dr. Montoya was also the author of *Chansons Naïves et Perveres* (Ollendorff); *Suzon*, a lyrical comedy; *On en peut mourir*, a novel, and other literary productions.

Medical News.

COMMANDER ERNEST O. BALLANTYNE, who was lost in the wreck of the armoured merchant vessel *Viknor* off the north of Ireland, was, we regret to learn, the son of Dr. Alexander Ballantyne, until recently in practice at Eskbank, Dalkeith, and the brother of Dr. Harold Ballantyne, now of Eskbank.

It is, according to our American contemporary *Science*, one of the privileges of the Spanish Academy of Medicine that it has the right of nomination to a seat in the Senate. The Academy accordingly has recently elected one of its members, Dr. B. G. Alvarez, to be a senator. Dr. Alvarez is one of the editors of the *Pediatría Española*.

It is stated that a recent convention of county officials of Oregon voted unanimously against the eugenic marriage law under the terms of which a physical examination of all male applicants for matrimonial licences is required in that State. The repeal of this law is advocated on the ground that it has proved ineffective and even harmful.

DR. BURNEY YEO left estate valued at £95,413. He bequeathed £3,000 to the Royal Medical Benevolent Fund to found an annuity fund to be known as "The Burney Yeo Bequest"; £3,000 to the Royal Medical Benevolent College, Epsom, for a similar purpose; £5,000 to King's College (London) Hospital Medical School, for a "Burney Yeo" fund, to be used for furthering the success of the school. Subject to his wife's interest, he left the ultimate residue of his estate as to one moiety to the Royal Medical Benevolent Fund, and one moiety to the Royal Medical Benevolent College at Epsom.

THE City Council of Bath, on January 26th, as a result of a compromise between the various sections, sanctioned the expenditure of £27,750, of which £7,750 is to be spent on renovating, altering, and refurnishing the Queen's Baths, the new Royal Baths, and the Grand Pump Room, and the remaining £20,000 in providing additional accommodation on a site yet to be selected. While these proposals will not satisfy the advocates of a scheme on bolder lines, they mark a movement in the right direction. At the same meeting it was agreed to employ professional advice in the preparation of a replanning scheme dealing with the area between the Pump Room and the Institution Gardens, which would involve the bathing establishment.

BANGKOK, the capital of Siam, has long had an evil reputation as a town with a cholera season. The water supply was more than suspect, and Dr. H. Campbell Hight, the medical officer of health, in one of his reports said: "When the public are no longer dependent upon the natural variations of the year's rainfall, I have no doubt that cholera will be a rarity in place of a usual incident of the dry season." Eventually the construction of waterworks was undertaken; these were completed a short time ago and were opened by the King, who started the first high-lift pump. The works have two large covered reservoirs. The King bestowed upon Dr. Campbell Hight the second class of the Order of the White Elephant.

THE annual general meeting of the Royal Medical Benevolent Fund Guild, which works in association with the Royal Medical Benevolent Fund, will be held at the house of the Royal College of Physicians, London, on Thursday next, February 4th, at 3.30 p.m. Her Majesty Queen Amélie of Portugal will preside, and the annual report will be presented. Lady Tweedy, who is President of the Guild, points out that at this time, when the profession has already lost in the war 73 R.A.M.C. officers, and others are giving up lucrative practices, or the prospect of making a connexion, the need for an organization which, working mainly through women, gives not only assistance in money and kind, but also personal service, is particularly worthy of public support. The annual general meeting of subscribers to the Royal Medical Benevolent Fund will be held at 15, Wimpole Street, on Tuesday, February 9th. The chair will be taken by Sir John Tweedy at 4 p.m.

Letters, Notes, and Answers.

Queries, answers, and communications relating to subjects to which special departments of the BRITISH MEDICAL JOURNAL are devoted will be found under their respective headings.

QUERIES.

STAINES asks whether there is any proof of the efficacy of radium in the cure and prevention of grey hair.

E. R. P. desires to hear of some kind of boot or appliance for a case of "hollow claw-foot" in which there is a slight degree of equinus but no pain. The patient is 10 years of age.

P. asks for advice in the treatment of a man, aged about 40, who suffers from petit mal accompanied by intense sleepiness. The attacks of petit mal are slight but frequent, and do not worry the patient much. The sleepiness does, as he cannot sometimes keep awake on a motor bicycle, and generally falls asleep at talk between the courses. It is not difficult to lessen the petit mal attacks, but, so far, treatment against the sleepiness has been of no avail.

TREATMENT OF SCOLIOSIS.

DR. EDGAR F. CYRIAX (41, Welbeck Street, W.) writes: I am elaborating a new manipulative method for spinal curvature which has proved of value in certain cases. Can any of my colleagues let me have one or two very bad cases of scoliosis? The only request I have to make is that the patients shall be able to attend at my house for treatment—that is, able to walk. Patients with previous x-ray pictures preferred.

"UNCONSCIOUS PAINFUL IDEAS."

DR. HENRY W. JACOB (Great Malvern) writes: I commend the following incident to those interested in the "unconscious painful idea." A small boy, aged 6, is asked to lie down and let me show his mother how to perform artificial respiration. He readily complies, evidently regarding it as a new game. After a few movements have been carried out the child becomes unaccountably sulky and flatly refuses to continue, although there was nothing at all uncomfortable in the proceeding. When asked why he would not continue his reply is, "I don't know; I don't like it." The remarkable point about this case is that at this boy's birth it had been my lot to carry out artificial respiration upon him for quite a considerable time, and this had been accompanied by a smart smacking administered at intervals, with the object of stimulating the first cry. Is it not obvious that the carrying out of the same movements, in the presence of the same people as were present at his birth, called up the "unconscious painful idea" of the smacking, and thus rendered the whole performance distasteful? Several speculations arise from such a case as this. Does a child feel pain before it has breathed? Of course there is no reason why it should not. Again, is a painful impression received by the sensorium, while a state of unconsciousness exists, capable of being stored up in the unconscious mind and suggested by it to the conscious mind in certain circumstances?

ANSWERS.

LIP-READING.

W. M. M. J.—A good recent book on lip-reading is *Lip-Reading, Principles and Practice: A Handbook for Self-Instruction*. By E. B. Ritchie. London: Methuen and Co., Limited. (Cr. 8vo. Price 5s.)

LETTERS, NOTES, ETC.

POPULAR FREUDISM.

DR. GEORGE JONES (London, S.E.) writes: May I give the "correct" version of the cuttlefish illustration employed by Dr. Selve Bennett in the BRITISH MEDICAL JOURNAL of January 16th, p. 139? A rival scholar said of Conington's Virgil that the learned editor, when he came to an obscure passage, poured out a flood of printer's ink and escaped in the midst of it from the difficulties before him; *obscurum per obscurius*.

SCALE OF CHARGES FOR ADVERTISEMENTS IN THE BRITISH MEDICAL JOURNAL.

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NOTE.—It is against the rules of the Post Office to receive *postes restantes* letters addressed either in initials or numbers.