

number of patients who survive for a more lengthy period, and who also require nursing during relapses.

If to the 62 home deaths were added the 22 nursed cases who survived the year and the 38 "leaving notifications," after subtracting the deaths at home and the number nursed from the total "leaving notification," the estimated number of visits to 122 cases would be 2,440. Perhaps if this number were doubled it might indicate, as far as regards last year's figures, the amount of work required in endeavouring to prevent the spread of infection by these cases.

At least two additional whole-time nurses would be needed at Greenwich if this work were to be attempted from the dispensary. The Greenwich Dispensary nurses visit all notified patients of every description, and the district nurses are informed of those cases requiring home nursing. The dispensary nurses were formerly Ranyard nurses, and are in close touch with the Ranyard Association.

In spite of this, however, it is evident that a considerable number of cases do not receive adequate attention, and many no attention at all. Some of the patients move out of the district of the particular nurse who has been in attendance. Many patients who receive nursing aid recover to some extent and ask the nurses to cease calling; a later relapse is followed by a call for the doctor, but not for the nurse; and, from the point of view of prevention, careful nursing of these cases is of much greater importance than medical aid. Careful nursing, backed up by medical authority, is essential. Both for the sake of the patient and of the community domiciliary treatment should always include skilled nursing in addition to medical advice. Many other patients refuse help from the nurses, or other members of the family object.

A closer connexion between the nursing associations and the public health administration might obviate some of these difficulties, and arrangements to this end are now under consideration in Greenwich. Perhaps the most desirable arrangement would be that the actual nursing of a patient receiving domiciliary treatment should be carried out by a nurse from the dispensary appointed to deal with advanced cases, and that a health visitor should keep the case under observation when actual nursing was not required, all, of course, under medical supervision.

Since it is generally accepted that "there can be no manner of doubt that the far advanced or dying cases constitute the greatest source of infection," it follows that any scheme for the prevention of tuberculosis which does not deal adequately with these cases will fail in its object.

## Memoranda:

### MEDICAL, SURGICAL, OBSTETRICAL.

#### WOUND DRESSING.

SHOULD a wound arrive in a very foul condition it should not be covered with a dressing directly applied. A patty pan, having a hole about the size of a shilling punched through its centre, should first be placed over the wound. Patty pans cost 2d. or 3d. a dozen at the ironmonger's, and can be bent by hand to the shape of the part. They have rolled-over edges, and lie smoothly and comfortably on the sound skin remote from the wound. Dressings are applied outside the pans. Nothing, therefore, touches or blocks the wound itself, and discharges freely flow into the hollow of the pan and its covering dressings. When desirable the pan is held in place by one or two strips of strapping passing across its edges. All the discharge will be found in the hollow of the pan and the dressings, and practically none in the burrows of the wound, at the subsequent dressing. The pan can be boiled and used again.

A wound should be syringed out from the bottom if it extends deeply. To this end the ordinary syringe nozzle should be replaced by 6 in. of thin copper tubing, say  $\frac{1}{8}$  in. in diameter. For convenience the tube should be bent near its screw attachment through an angle of about 60 degrees and its free end rounded with a little solder.

For syringing, as a general rule, hypochlorous acid, the 2½ per cent. solution of Professor Lorrain Smith and his coadjutors (eusol), should be used, and the wound dressed

by applying a pad of gauze moistened with eusol, and folded to the size of the wound treated. This is covered by a similar pad of wet wool, which holds liquid better. Over this should be placed a piece of waterproof tissue, slightly larger than the dressings beneath. Finally, a good pad of cotton-wool should be applied, extending well beyond the waterproof tissue, especially below it in the line of drainage. The size of the waterproof tissue is not unimportant as it determines that of the wool which has to project beyond it sufficiently far to absorb any discharges escaping from beneath the impervious material. In war especially economy is a virtue, and the effort to attain it encourages attention to detail. Thus treated, a wound should be clean and healthy in two or three days, if free from any foreign body or dead bone.

The best waterproof tissue procurable can be made by any one for 6d. a square yard, about one-fourth the usual price. I buy a length—say 30 yards—of "madapolin" (a thin strong calico) 42 in. wide, at 4½d. a yard. I tear it into yard lengths, and dip a piece at a time into cold boiled linseed oil. This I wring out by hand, and wipe off any surplus oil from the twisted mass and my hands with the yard of dry madapolin next to be treated. The oil-soaked piece is hung up on a horizontal wire by three safety pins, and the following day is hung the reverse way up. A second reverse is generally desirable. The whole dries in a week in an open shed, or in about ten days in a garage in winter.

The hospital of 200 beds with which I am connected uses little else to cover wet dressings or protect splints since I introduced it. The same piece is commonly used repeatedly, as it stands scrubbing well.

D. W. SAMWAYS, M.D., D.Sc., M.R.C.P.

Topsham, Devon.

#### SODIUM SULPHATE IN DYSENTERY AND INFANTILE DIARRHOEA.

In the JOURNAL of November 13th Dr. Penfold refers to the discovery of the *B. dysenteriae* (Flexner) in two cases of infantile diarrhoea under his care and to its recognition by others in similar cases. I have for several years regarded infantile diarrhoea as so closely allied to pure bacillary dysentery in children that I have invariably submitted them to the same treatment.

This consists, briefly, in the administration of sodium sulphate in doses, for children under 1 year, of 5 to 15 grains every two or three hours. A preliminary dose of castor oil is valuable in all cases. Milk is generally excluded from the diet for a few days. Under this treatment the mortality from this disease in my own practice has been reduced to an almost negligible percentage.

In the cases of dysentery occurring amongst the Mediterranean Forces, failure to find any one special bacillus as a causative agent appears to have been frequent in laboratories, owing probably to the bacteriological examination being made after the disease has existed for some time, as the dysentery bacilli very quickly are crowded out by other intestinal species. Experience of bacillary dysentery in the tropics has convinced me that the administration of bismuth and opium should be avoided, and that the treatment by 1-drachm doses of sodium sulphate every hour or two is to be preferred to every other. The frequency of dosage is modified as the pain and tenesmus lessen, and the character of the stools, as shown by the disappearance of blood and mucus, improves. The drug should be continued for some time after the stools have become entirely free from a trace of blood or mucus. No harm, but rather good, will result from the patient having three or four loose stools daily.

Both amoebic and bacillary dysentery respond at once to this treatment, but should amoebae be found later in the stools emetine should, of course, be administered. It is unnecessary otherwise. The earlier the treatment is adopted the more quickly and completely patients will recover.

W. J. J. ARNOLD, B.A., M.B., D.P.H.

THE Royal Dental Hospital, Leicester Square, has received a donation of £2,000 from the trustees of the late Miss Harker-Smith. The Chelsea Hospital for Women has received a legacy of £1,000 bequeathed by the late Mr. John Samuel White.

## A STRAIGHT TALK FOR ADULTS.

NOVELISTS who set out to write novels with a purpose and a lesson to teach may be divided into two classes—those, namely, who appeal to the reading public by the excellence of their art, and those who rely rather on the extravagant violence of their statements. As obvious examples of writers of the first class may be mentioned Charles Reade, author of *Hard Cash*, and Mrs. Harriet Beecher Stowe, author of *Uncle Tom's Cabin*; both these novels had intrinsic literary merits to account for their success. As an instance of novels of the second of the two classes mentioned above, a recent American production by UPTON SINCLAIR may be quoted, *Sylvia's Marriage*,<sup>5</sup> in which the author sets out to expose the alleged extent to which venereal disease is prevalent in the United States, and how this alleged prevalence is to be combated. Like certain other popular American authors, Upton Sinclair is a red-hot writer with the utmost violence of thought and expression at his command, when he so desires it; when he adopts the style of the shilling shocker, as in the present instance, he undoubtedly succeeds in giving the reader at least a guinea's worth of shock for his shilling. In *Sylvia's Marriage* the cruder aspects of gonorrhoeal disease are forced upon the reader as they strike a hard-bitten self-educated American divorcee of 47. The author quotes, and appears to endorse, the statement that 85 per cent. of the pick of America's young manhood are infected with some venereal disease while at their universities, and that "this is what is going on" "in every prep-school dormitory in America." In the pages of this novel we are introduced to mothers who encourage their sons to intrigue with mulatto girls; to medical men who do not recognize ophthalmia neonatorum when they see it, and have the strangest ideas of professional secrecy; to a state of society where temperance and continence are apparently unknown to the young men. Whether such exaggerations as these serve any useful purpose seems to us more than doubtful. No sensible person wishes to deny the existence of the social evils caused by venereal disease at the present time; but is it to be believed that any good will result from discussing their coarser aspects in stentorian tones from the house-top? The author appears to imagine that vice in the male will be lessened by instructing females in the grosser of its evil effects. To this proposition we cannot assent.

## NOTES ON BOOKS.

HIS many admirers will welcome the volume of addresses which Sir DYCE DUCKWORTH has published under the title of *Views on Some Social Subjects*.<sup>6</sup> Medicine occupies an intermediate position between the spheres of thought and action. This makes it, however, in many ways more conducive to the development of a philosophical temper than a life purely devoted to either. There is a good deal of truth in the saying that "Lookers on see most of the game." Yet medicine has always proved herself a jealous mistress—was it not on her behalf that a Master complained of the brevity of life?—and perhaps this accounts for the fact that very few of those who have risen to the top of the professional tree have done really great things in literature. For Sir Dyce Duckworth the writing of these addresses has evidently been a pleasant by-activity. After reading one or two of them one knows in advance what the author's verdict will be on the remaining topical controversies indicated in his list. He is always strong in his allegiance to authority and tradition. In dealing with the alcohol question he is for temperance, not abstinence; recalcitrant woman is gently but firmly assured that public affairs are no concern of hers; he will not concede any substance to the attacks made upon formal religion by representatives of the higher criticism, and of science. All is calm, sane, orthodox; but no better book could be recommended to any intelligent layman who wished to make a psychological study of the strength as well as the limitations of a typical professional mind. The opening address, "Knowledge and Wisdom in Medicine," is one of the best and most characteristic, but it is disconcerting to find the author, on p. 31, apparently identifying wisdom and

"strong commonsense." Doubtless the verdicts of wisdom and commonsense will concur more often than not; none the less, on many occasions and on questions of vital moment they have been opposed. As expressions of the author's own wisdom, based on something deeper than commonsense, these addresses sound a useful note of warning to an age seething with revolutionary ideas.

So many misconceptions are abroad as to the real aims of the movement inaugurated by the late Sir Francis Galton that it is highly desirable that the general public should be enlightened thereon, and Dr. SALEEBY in *Progress in Eugenics*<sup>7</sup> has produced a manual which cannot fail to be of considerable service. He recognizes three departments of eugenic endeavour—positive, negative, and preventive. The first of these is concerned with the encouragement of worthy parenthood, the second with the discouragement of unworthy parenthood, and the third with the protection of all parenthood from the racial poisons—for example, venereal disease, lead, alcohol. The antithesis of "nature" and "nurture" of which we hear so much is for all practical purposes false; it is useless to provide for the birth of healthy children if we take no steps to secure their remaining healthy after they are born. Another fallacy is that which regards slum life as a defensible phenomenon inasmuch as its conditions are supposed to favour the elimination of the "unfit." For the survivors are assuredly damaged, and the moral and physical welfare of the entire community are impaired by the contagium of which every slum centre is a fruitful source. Dr. Saleeby's book has grave faults of manner; he writes too often in an *ex cathedra* tone which irritates the reader by its tacit suggestion that he is in a state of culpable ignorance upon matters as to which the author alone is in a state of grace. This is the more regrettable as it tends to create some prejudice against a book which is fundamentally sound and meritorious.

<sup>7</sup> *The Progress of Eugenics*. By C. W. Saleeby, M.D., Ch.B., F.Z.S., F.R.S. Edin. London and New York: Cassell and Co., Ltd. 1914. (Demy 8vo, pp. 263; illustrated. 5s. net.)

## NEW YEAR HONOURS.

THE following are among the members of the medical profession mentioned in the New Year honours:

## K.C.M.G.

Surgeon-General Sir James Porter, R.N., M.D., K.C.B., Honorary Physician to the King, late Director-General, Medical Department, R.N.  
Temporary Surgeon-General Sir William Watson Cheyne, Bt., R.N., M.B., C.M., Honorary Surgeon-in-Ordinary to the King.

## K.C.V.O.

Surgeon-General Sir Anthony Bowlby, K.C.M.G., F.R.C.S., Surgeon-in-Ordinary to the King.

## Knights.

George Andreas Berry, M.B., F.R.C.S. Edin., Honorary Surgeon-Oculist to H.M. the King in Scotland, Consulting Ophthalmic Surgeon Edinburgh Royal Infirmary, Ophthalmic Surgeon 2nd Scottish General Military Hospital, and ex-President of the Royal College of Surgeons of Edinburgh and of the Ophthalmological Society of the United Kingdom.

Thomas Wright Parkinson, M.D. Edin., Physician to H.R.H. Princess Louise of Battenberg and to Admiral Prince Louis of Battenberg. He is also the Prime Minister's family physician. He is a New Zealander by birth, and in his student days at Edinburgh was well known as secretary of the Australasian Club.

Milsom Rees, C.V.O., F.R.C.S. Edin., Laryngologist to the King and Queen and also to Queen Alexandra.

Dr. Rai Kailash Basu Bahadur, C.I.E., a member of the Municipal Corporation of Calcutta.

## C.M.G.

Surgeon-General Guy Carleton Jones, Director of Medical Services, Canadian Expeditionary Force.

## C.B.

Temporary Surgeon-General Humphry Davy Rolleston, M.D., F.R.C.P., R.N., Consulting Physician to the Royal Naval Hospital, Haslar.

Lieutenant-Colonel William Westropp White, I.M.S.

Fleet Surgeon Arthur Gaskell, R.N.

Surgeon-General William Henry Norman, R.N., C.I.E.

Dr. John Andrew Turner, Executive Health Officer, Bombay Municipality.

Dr. Suresh Prosad Sarbadhikary, of Calcutta.

Lieutenant-Colonel Robert MacWatt, I.M.S., Chief Medical Officer Rajputana and Civil Surgeon, Ajmer.

## M.V.O. (4th Class).

Staff Surgeon Robert Joseph Willan, R.N.V.R.

<sup>5</sup> *Sylvia's Marriage*. By Upton Sinclair. London: T. Werner Laurie, Limited. 1915. (Cr. 8vo, pp. 211. 6s.)

<sup>6</sup> *Views on Some Social Subjects*. By Sir Dyce Duckworth, Bt., M.D., LL.D. London: G. Allen and Unwin, Ltd. 1915. (Demy 8vo, pp. 320. 7s. 6d. net.)

Dr. George Gibson of Edinburgh was the first to point out that murmurs are not evidence of heart disease? I have heard him relate that many times he had secured admission of young candidates for commissions in the army by means of delay and a period of rest. I think it is also the fact that Sir James Mackenzie pointed out in his address in memoriam of this great physician that it was he who had shown the way in all the new discoveries in regard to heart pathology and diagnosis.—I am, etc.,

W. HALL CALVERT Capt. R.A.M.C.(T.).

Crieff, Dec. 29th, 1915.

#### THE DEMAND FOR LOCUMTENENTS.

SIR,—May I through your columns appeal to practitioners requiring locumtenents during their absence at the front or otherwise not to be misled by misrepresentations that, owing to the scarcity of men, they will have to pay 9 or 10 guineas a week to secure deputies? As a matter of fact, owing to the generous way in which retired and elderly practitioners have come forward to assist, besides those returning from the front and those ineligible for military service, the supply of locumtenents is at present in excess of the demand, and trustworthy men can be had at 7 guineas a week in most cases, or less if with their wives, and in the interests of recruiting I trust all requiring help will refuse to pay the excessive fees in some cases demanded, especially by men who should be doing their duty in the R.A.M.C.—I am, etc.,

London, W.C., Jan. 3rd.

PERCIVAL TURNER.

#### STATE REGISTRATION OF NURSES AND THE RED CROSS SCHEME.

SIR,—The circular from the Red Cross Society on the proposed nursing college\* is an immensely important matter, and the hospitals of the country should be very wide awake. After the war the nursing profession runs the risk of being flooded by partially-trained nurses.

The nurses should claim to be put under similar government to the Central Midwives Board. The hospitals of the country must take prompt action to nip this Red Cross scheme in the bud. Let them force Government action, so as to have State regulation and guarantee of the training, examination, and registration of nurses. There is grave risk of the status of the nursing profession being seriously lowered.—I am, etc.,

Wigan, Jan. 4th.

FERDINAND REES.

## Universities and Colleges.

#### UNIVERSITY OF LONDON.

##### MEETING OF THE SENATE.

A MEETING of the Senate was held on December 15th, 1915.

##### Treasury War Grants.

It was reported that the Lords Commissioners of the Treasury had, on the recommendation of the Advisory Committee on University Grants, made, under certain conditions, a special grant to the University of £3,500 in respect of the years 1914-15 and 1915-16 together to cover loss of income caused by the war, and that grants of £10,500 and £7,000 respectively had been made by the Treasury to University College and King's College for the same purpose. It was resolved to transmit to the Treasury the thanks of the Senate for the grants.

##### Brown Animal Sanatory Institution.

Dr. Edward Mellanby, M.D., was appointed Acting Superintendent of the Brown Animal Sanatory Institution during the absence of the Superintendent, Mr. F. W. Twort, who had received leave of absence in order to organize, for the War Office, base laboratories in the Eastern theatre of war.

##### Professor of Protozoology.

Dr. H. M. Woodcock, assistant to the Professor of Protozoology, was appointed acting head of the Department of Protozoology at the Lister Institute of Preventive Medicine, and was subsequently granted leave of absence to undertake special service at one of the Mediterranean base hospitals.

##### Personnel of the Senate.

It was reported that Professor F. W. Andrewes, M.D., F.R.C.P., F.R.S. (St. Bartholomew's Hospital Medical School), and Sir Cooper Perry, M.D., F.R.C.P. (Guy's Hospital Medical School), had been appointed the representatives of the faculty of medicine on the Senate, in the place of Mr. H. L. Eason, M.D., M.S., and Sir Wilmot Herringham, C.B., M.D., F.R.C.P., resigned.

\* See page 60.

#### Chairmen of Committees.

Sir Rickman Godlee, Bt., K.C.V.O., and Sir Seymour Sharkey, M.D., F.R.C.P., have been elected chairmen of the Brown Animal Sanatory Institution Committee and the Graham Legacy Committee respectively.

#### University Medal.

The university medal at the M.B., B.S. examination for internal and external students, October, 1915, has been awarded Geoffrey Challon Linder of St. Bartholomew's Hospital.

#### Gilchrist Studentship for Women.

Applications for this studentship must reach the Academic Registrar not later than the last day of February. The studentship is of the value of £100, tenable for one year by a graduate of the university who is prepared to take a course of study in an approved institution for some profession. Candidates must have graduated in honours in the University of London, and must be of not more than three years' standing from their first graduation.

#### UNIVERSITY OF SHEFFIELD.

THE following have passed the examinations indicated:

THIRD M.B., CH.B.—G. E. Hill, Elizabeth E. Jenkins, R. H. Rao.  
D.P.H.—Beatrice Garvie.

#### UNIVERSITY OF EDINBURGH.

THE annual report for 1915 states that the total number of matriculated students was 1,853, being 676 fewer than for 1914, and 1,408 fewer than for 1913. There were 807 students, including 11 women, in the Faculty of Medicine, a decrease of 218. Of the students of medicine, 382, or over 47 per cent., belonged to Scotland; 122, or over 15 per cent., were from England and Wales; 30 from Ireland; 80 from India; 193, or nearly 24 per cent., from the British Overseas Dominions and Dependencies; and 26 from foreign countries.

The University roll of war service—embracing members of the staff, graduates, and students, past and present—which a year ago contained about 1,700 names, has now reached a total of nearly 4,000, to which should be added about 400 who are members of the Officers' Training Corps. The University authorities have renewed, with modifications, various concessions made last year to students on service; and a number of scholarships, etc., which would, in ordinary course, have been tenable or open for competition this session, have been in the meantime suspended.

During the year the bequests of the James Cropper and the Waldie Griffith Scholarship Funds for the medical education of women in Edinburgh, were handed over to be administered by the university authorities, and the balance of the funds left over on the winding up of the Scottish Association for the Medical Education of Women has been given to the University Court for the foundation of an annual prize for a woman student qualifying in medicine.

## The Services.

#### \* EXCHANGE DESIRED.

##### ROYAL ARMY MEDICAL CORPS.

A LIEUTENANT R.A.M.C. (temporary), at present stationed in Lancashire, desires to exchange with an officer holding a temporary commission in or near London. In addition to his military duties the applicant is on the staff of the local military hospital. Applications should be addressed to No. 200, BRITISH MEDICAL JOURNAL Office, 429, Strand, London, W.C.

DR. HOWARD A. KELLY, of Baltimore, has given to the Johns Hopkins Hospital of that city more than 4,000 volumes, including books, monographs, and periodicals. The collection, which for the most part consists of literature dealing with obstetrics and gynaecology, is valued at £5,000. It is proposed to erect a suitable building for its reception.

THE bicentenary of the firm of Allen and Hanburys was celebrated last month, when the employees at home and abroad presented to the vice-chairman his portrait, painted by Mr. Percy Bigland, and to Mr. W. Ralph Dodd, a director, a silver centrepiece. The business was established in the City of London in 1715, and though the buildings have been rebuilt the site is the same. We gather that the business was founded by Mr. Silvanus Bevan in Plough Court, and that the first bearers of the name by which the company is now known were William Allen, F.R.S., President of the Pharmaceutical Society on its foundation in 1841, and Daniel Hanbury, F.R.S., whose name and work are commemorated in the Hanbury medal. Among the members of the firm at this time is Mr. Cornelius Hanbury, who joined it as a partner nearly sixty years ago; while Mr. F. J. Hanbury, the vice-chairman, has belonged to it for some forty years.

It is with great regret we have to record the death, on December 17th, 1915, at the age of 55, of Dr. C. S. MORRISON, Physician-Superintendent of Hereford County and City Asylum. He was the second son of Malcolm Brown and Rosalie Olivia Morrison, of Bhagalpur, and was born in India. He was educated at the University of Calcutta and the Royal College of Surgeons of Edinburgh. After taking the triple qualification in Scotland, he was for a time family physician to the late Earl of Elgin. Afterwards he was assistant medical officer to the Derby Asylum, and later was selected to fill a similar position at the County and City Asylum, Hereford, where he assisted his chief, Dr. T. A. Chapman. On Dr. Chapman's retirement a few years later, Dr. Morrison was appointed medical superintendent, which post he held until the day of his death. During his twenty years' service as medical superintendent he proved himself to be a skilful physician and a capable administrator, and was considered by the profession generally to be an authority in his speciality. As assistant medical officer he was one of the first to be selected to be put on the council of the Medico-Psychological Association, and afterwards was placed on the committee appointed to revise the constitution of that association with a view to assistant medical officers taking a more important part in its affairs and to revise the scientific work, which had gradually been allowed to take a secondary place in the affairs of the association. He took part in many debates when alterations were proposed which would give younger and junior members a more leading position than had been previously the case. He addressed himself to the assistant medical officers of that day, and by his vigorous action and forceful arguments he effected his purpose, and the existing constitution of the association, which has expanded its work and prosperity, was largely due to his unflagging efforts. He was Vice-President of the Section of Neurology and Psychological Medicine of the annual meeting of the British Medical Association when it met in Birmingham in 1911, and was recently President of the Worcestershire and Herefordshire Branch of the British Medical Association, and had for a considerable time acted as secretary, when he successfully worked to revive scientific work, which had been flagging for some years. Dr. Morrison was a man of many parts, courteous, sympathetic, and kindly. He enjoyed public respect and the affectionate regard of his afflicted patients, who learned to value him as their trusted and beloved friend. His love for the suffering poor was conspicuous, and his consideration at all times given them, irrespective of caste or creed.

DR. JOHN RIMINGTON FOTHERGILL died at his home in Darlington on December 13th, 1915, in his 91st year. He was the senior magistrate of the borough, and was for many years honorary physician to the Darlington Hospital. After studying in Edinburgh he took the diploma of L.R.C.S. in 1850 and the degree of M.D. St. Andrews in 1867; he joined his father in 1848, and remained in active practice for about thirty years. He then partially retired, but continued to work as a consulting physician for another twenty years. Dr. Fothergill took an active part in the civic, philanthropic, and political life of Darlington. He remained strongly Liberal throughout his life. An enthusiastic fisherman, he was constantly seen on the river Tees during the salmon season. In his younger days he was a keen fox-hunter. He was the son of John Fothergill, M.R.C.S., who left his native Wensleydale to practise in Darlington about one hundred years ago. Thus John Rimington was born just about the time when the world's first passenger train began to run between Darlington and Stockton-on-Tees in 1825. He was not a great writer, but he published his personal observations of a case of hydrophobia, and of a case, probably the first, in which he used chloroform in 1848 for the relief of puerperal eclampsia. John Fothergill, the London physician who died in 1780, was a great-great-uncle of the deceased.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently died are Dr. Piero Baj, editor of the *Pensiero Medico*; and Dr. Adolphe Blin, professor in the Medical School of Rennes, serving as surgeon-major and head of the temporary hospital No. 30, in that town, aged 63.

## Medical News.

ON the afternoon of Tuesday, January 18th, a discussion on the treatment of soldier's heart will be opened by Sir James Mackenzie before the Section of Therapeutics and Pharmacology of the Royal Society of Medicine.

At the meeting of the Society for the Study of Inebriety in the rooms of the Medical Society of London, Chandos Street, W., on Tuesday next, at 4 p.m., Mr. John Turner Rae, Secretary of the National Temperance League, will open a discussion on the study of inebriety in the light of two wars.

THE usual monthly committee meeting of the Medical Sickness Accident Society was held on December 17th, 1915, with Dr. F. J. Allan in the chair. The reports submitted showed that during the month of November the claims for sickness had risen slightly above expectation, but that for the whole year, so far, the total experience had been below the total expectation. It was reported that new proposals received were greater in number than those for the same period in the preceding year. The number of additional proposals received has been fairly well maintained. One satisfactory feature noted was the increase in the combined sickness and accident and life assurance contracts issued, and the tendency among existing members to avail themselves of the opportunity of increasing their insurances in the society by the addition of endowment life assurances, payable at the age of 65, or previous death. The number of claims from members on active service had, fortunately, been few in comparison with the total number serving in the Royal Army Medical Corps and similar forces. The complete figures will probably be included in the chairman's speech at the next annual general meeting. The soundness of the financial administration of the society during its thirty-three years of existence is of decided import to members under the present disturbed conditions. The practice of writing down Stock Exchange securities, when necessary, has shown itself to be a wise one, in view of the heavy fall in stock values. It is anticipated that a further sum will have to be written off investments at the close of this year, but practically all the society's holdings are stocks repayable at par at fixed dates. Members of the medical profession would be well advised to avail themselves of the society's insurance against sickness and accident, and any desirous of so doing can obtain all information on application to the Secretary, Medical Sickness and Accident Society, 300, High Holborn.

THE large building known as the Grand Palais, Paris, was early last year converted into a hospital for the physical treatment of sick and wounded soldiers, mainly those suffering from disabling conditions of the limbs. There are separate departments, under medical direction, for baths, electricity, massage movements manual and by apparatus, and for radiology. Dr. Fortescue Fox, who has described this "complementary" hospital in the *Journal of the Royal Army Medical Corps*, states that for stiff and disabled joints and muscles the best results have been obtained by a combined treatment, in which the limb is submitted first to a bath and then to massage and movements. The favourite bath method is by the local hyperthermal bath known as *eau courante*. There is a continual current through the bath, and its temperature can be regulated in a mixer provided with valves. The motion may be that of a gentle stream or a miniature whirlpool. The temperature, checked by the mixer and by a thermometer in the bath, varies from 104° to 122° F., but is usually given as hot as can conveniently be borne for fifteen to twenty minutes daily. The method is said to give results superior to still water at the same temperature, or to the ordinary douche, or hot air or electric radiation baths. The circulation in arteries, capillaries, veins, and lymphatics is stimulated, and there is great vaso-dilatation, but the effect on the nerve endings is sedative. The pain, swelling, and stiffness are diminished, and the mobilization of limbs, either by the hand or by apparatus, is greatly facilitated. The local bath used for the upper limb resembles a small hip bath mounted on a tripod; that for the lower limb, in which the water is admitted at any part of the bath and runs out by a tube at the upper end, is an obliquely-placed cylinder. Recently the bath was being used in 400 cases a day, massage and mechanotherapy in 800, and gymnastic exercises and electrotherapy in 500. We are informed that a hyperthermal bath apparatus is now available in London, and that particulars can be obtained on application to the Secretaries of the committee on the after-treatment of soldiers established by the Balneology Section of the Royal Society of Medicine of London, 1, Wimpole Street, W.