

spondence of the symptoms noted above, with accounts published in the BRITISH MEDICAL JOURNAL for Indian phlebotomus, is at once striking and interesting for one without previous experience of this widely-distributed infection.

### THE TEMPERATURE NECESSARY FOR THE DESTRUCTION OF LICE AND THEIR EGGS.

By A. W. BACOT,

ENTOMOLOGIST TO THE LISTER INSTITUTE.

THE points concerning temperature dealt with by Dr. Kinloch in his valuable contribution on lice, published in your issue of June 19th, 1915, were so at variance with my experience regarding the heat necessary to kill other insects that I felt impelled to test the matter for myself.

Bugs (*Cimex lectularius*) have been shown by Blacklock (1912) to die at 45° C. (113° F.); subsequent experiments by myself (1914) confirm this, and also show that fleas (*Xenopsylla cheopis*) and cockroaches (*Periplaneta americana*) are destroyed at this temperature, or a few degrees higher. Reports of experiments with mosquitos (*Stegomyia fasciata*), performed under the auspices of the Yellow Fever Commission (West Africa), now in course of publication, show that about the same degree of heat is also critical for these insects.

Living specimens of lice—*Pediculus humanis (vestimenti)*—were obtained from two separate sources and treated as a single stock, from which the active insects and nits required for the following experiments were drawn. The breeding method adopted was to line an entomological glass-bottomed box with a slip of dark-coloured cloth and cover the top with chiffon,\* through which the insects were fed. This box was nested in one of a larger size for safety and carried in a pocket where the insects had the advantage of the natural heat and humidity of the body.

The method used in the tests was as follows: Pieces of cloth with eggs and active lice on them, or with one or the other only, were taken from the stock box and divided, one portion being kept as a control, the other used for the test. If active lice were present, the piece of cloth was placed in a similar box, covered with chiffon, but if the nits only were tested the cover was not used.

It was found that both the eggs and lice (in their second instar) survived a thirty minutes' trial in an incubator (dry air) at 49° C. (120.2° F.), the lice being apparently unaffected, as they subsequently completed their development. Living lice, however, were killed by thirty minutes' submersion in water at 50.2° C. (122.3° F.); at the same temperature in dry air they were paralysed and rendered incapable of other movements than a feeble motion of the legs; 28 out of 32 specimens in all stages of growth died within a few hours, but 4 (two in the second and two in the third instars) survived.

Another trial was carried out at 54° C. (129.2° F.). Thirty-five minutes after the lice were placed in the incubator they were all dead, and, up to the time of writing—over three weeks after the test—no young have emerged from the eggs submitted to this temperature, though the control box is swarming with lice in all stages of growth.

Eggs on pieces of cloth were dipped into water boiling at 98.4° C. (209.1° F.) for one minute and a half-minute respectively, and, as was to be expected, they turned opaque white, presumably owing to the coagulation of the albumin. They were, however, kept in entomological boxes and carried in the same pocket as the control eggs; these latter duly hatched, but the tested eggs shrivelled up after drying.

A further test was carried out in a water bath to ensure greater accuracy. One batch of eggs was placed in tap water in a tube, stoppered with cotton-wool, and another portion of the same batch of eggs was placed dry in a similar tube; both the tubes were submerged to within an inch of the rim in the water bath, the registered temperature of which was 55° C. (131° F.). After thirty minutes the eggs were removed and placed in separate boxes, the

control portion being placed in a third. All three boxes were kept together in the same pocket. Up to the time of writing (sixteen days after the trial) no eggs have hatched in either of the test boxes, while many active lice in various stages of growth are present in the control box.

While it is, of course, possible that eggs having a long hatching period may survive a temperature which kills those which develop more rapidly, it is so improbable that I have no hesitation in concluding that dry heat or submersion in water at 55° C. (131° F.) kills both active lice and their eggs. It follows as a consequence that considerably lower temperatures than those usually employed may be used to destroy these vermin. For the thorough sterilization of infested garments the question of penetration is all-important. It is probable that considerable economy in fuel might be effected by allowing a longer exposure at a lower temperature, while it should be practicable to use quite lightly built chambers or temporarily adapted rooms to obtain dry air temperatures of, say, 60° C. (140° F.)

#### REFERENCES.

Bacot, *Bull. of Ento. Research*, vol. v, pp. 111-117, September, 1914. Blacklock, *Annals of Tropical Medicine and Parasitology*, vol. vi, pp. 415-428, December, 1912. Kinloch, *BRITISH MEDICAL JOURNAL*, June 19th, 1915, pp. 1038-1041.

## Memoranda:

### MEDICAL, SURGICAL, OBSTETRICAL.

#### CREOSOTE IN RHEUMATISM AND GOUT.

OWING to the great rise in price of acetyl salicylic acid and sodium salicylate, I made a trial as a substitute of creosote in  $\frac{1}{2}$ -minim doses given in the form of a mixture, as follows: Magnesium carbonate (heavy), 3j; creosote, viij min.; peppermint water to viij fl. oz. The dose for an adult is one tablespoonful every four hours, with an equal quantity of water.

If pain is severe, the addition of from five to seven minims of liquid extract of opium to each dose is valuable; and when the pain is due to acute gout, the further addition of from seven to ten grains of potassium bicarbonate is also good. In cases of arthritis, associated with great loss of lime salts, prepared chalk (ten grains), or aromatic chalk powder (ten to fifteen grains), may be added with good results.

I have found that cases of acute gout treated on these lines, combined with suitable local treatment, are rapidly relieved, the patient being able to return to his work in less time than before, whilst the interval between the attacks seems to be lengthened.

In cases of catarrh and influenza, with feverishness, it is a good plan sometimes to substitute for the peppermint water solution of acetanilide (2½ grains to the ounce), made previously with boiling water and cooled—the flavouring being made by essence of peppermint.

Cases of lumbago, sciatica, fibrositis, neuritis and arthritis of various types, seem to do quite as well with the creosote treatment as with the salicylic, and one decided advantage is the absence of severe gastric disturbance associated with the use of acetyl salicylic acid in some cases, as shown by anorexia and nausea. In fact, the creosote mixture (modified if necessary to suit individual cases) is of use in gastric and intestinal disorders, and replaces bismuth salicylate very well in some cases.

For patients unable to tolerate the smell or flavour of creosote, as well as for other cases, the substitution of sodium sulpho-carbolate gives good result.

I send these suggestions in the hope that they may help to cut down expenses in panel and dispensing practice, and to obviate the difficulty in obtaining a sufficient supply of the salicylic compounds.

ALFRED ORCHARD, M.R.C.S., L.R.C.P.Lond.

Ashby-de-la-Zouch.

#### DYSTOCIA DUE TO CONSTRICTED OS.

HERMAN, in his valuable work on difficult labour, refers to dystocia due to the very rare condition of smallness of the os externum, and the following case is recorded on this account:

A young woman had suffered from procidentia uteri; the uterus had been ventro-fixed by operation, but the procidentia thereafter completely recurred. She became

\* This method is fully explained in A Study of the Bionomics of the Common Rat-flea and other Species associated with Human Habitations, etc., *Journal of Hygiene*, Plague Supplement III, January 14th, 1914, p. 465.

pregnant for the first time, and on a Sunday began to have labour pains. On the following Tuesday the maternity nurse, having been sent for, called us in, because she could not find the os uteri, although the globose head appeared to be low in the pelvis.

By digital examination we found that the cervix was completely relaxed, but the os externum could not be felt; inspection through a good speculum, after some considerable search, revealed a very small opening, which would just admit a director. It was decided to administer a suppository containing  $\frac{1}{2}$  grain of morphine, and await events.

After the expiration of twenty-four hours the pains were strong and regular, and the pulse was increasing in frequency; the speculum enabled a three-pronged cervical dilator to be inserted into the os; the blades were separated to their limit (1 in.), when amniotic fluid, mixed with meconium, escaped in quantity.

The os was now, with the greatest possible ease, dilated by a sweeping movement of the finger, and gave way to the full extent in a very few minutes. A dead child was naturally born, the second stage of labour occupying about half an hour.

The interesting points about the case appear to us to be: (1) In view of the unknown etiology of this condition, the question as to whether the procidentia may have unnerved the dilator mechanism of the external os, this patient having habitually worn, as it were, the cervix uteri outside her body; (2) the rarity of the condition; (3) the remarkable way in which the os adopted its normal behaviour and gave way readily when, so to speak, it was frightened by a dilator.

J. OWEN-JONES.

CHAS. E. MORRIS.

Holywell, N. Wales.

#### IMPROVED TECHNIQUE FOR INTRAVENOUS INJECTIONS AND REMOVAL OF BLOOD FROM VEINS.

MAY I say a word in confirmation of Dr. Alfred Codd's suggestion (*JOURNAL*, December 11th, 1915, p. 861) of the sphygmomanometer as an apparatus for blocking the venous flow in the upper limb when it is desired either to introduce remedies into the blood stream or to withdraw blood from the veins? I have used this method for some time and can fully endorse all that Dr. Codd says of its value. Personally, I find an instrument with an anaeroid index more convenient than the more bulky mercurial register, but really neither the one nor the other is necessary if a clip is fixed on the india-rubber tubing attached to the ball pump on the side remote from the index; the amount of pressure needed can be readily regulated by the finger placed over the radial artery. Either with or without this modification it is perfectly easy to give an intravenous injection without any assistance other than that which the patient can afford, and this is one of the special merits of the method. All that is necessary is to place between the patient's thumb and index finger of the limb which is not being operated on the clip in the one case, or the junction of the india-rubber tube and the ball-pump in the other, and to instruct him to make the required manoeuvre at the word of command. The release of the pressure is instantaneous—even more rapid than from a turn of the escape cock—and this without the slightest risk of dislocating the point of the needle from the interior of the vein.

As a practical point I would add that the armlet prior to inflation should not grip the arm too closely; unless this is remembered there may be, even after the airbag has been emptied, sufficient pressure to cause blood to escape from the punctured vein and so to produce an unnecessary haematoma.

London, W.

C. O. HAWTHORNE.

THE volume of *Studies from the Department of Pathology of the College of Physicians and Surgeons, Columbia University*, consists of reprints of monographs and reports representing the results of the work done in that department during the collegiate year 1913-14. The cost of reprinting and issuing the studies is defrayed by a special grant from the university itself, and no longer, as before, by an association of its alumni. The collection includes some valuable scientific reports.

## Reviews.

### TWO WAR BOOKS.

MR. J. M. ROBERTSON, M.P., in his *War and Civilization*,<sup>1</sup> has reverted to the fashion of the polemical letter. It proves most excellently adapted to his purpose and to his style, for, though he is widely read in German, he is too deeply steeped in Elizabethan English to be anything but direct when he wishes, and in this letter he is very direct.

The letter is addressed to Dr. Gustaf F. Steffen, Professor of Economics and Sociology, Stockholm, who three years ago was professor of the same subjects at Gothenberg. Professor Steffen, it is stated, published a book in Swedish early in 1915, which has been translated into German with the title *Krieg und Kultur*. Professor Steffen's main proposition seems to be that if of two combatant nations one can, in his opinion, lay claim to higher intellectual qualities and a more zealous cult of the State than have been developed by the other, it is justified in any war it wages, on any pretext, with that antagonist. Mr. Robertson is puzzled, as well he may be, that a work of a professed student and teacher of social science should take as an absolute premiss the inevitableness of a German effort to destroy the British Empire, while at the same time laboriously criticizing British writers who take a hostile view of Germany's action in precipitating the war. Professor Steffen's thesis seems to be somewhat as follows: Germany desires to expand at the expense of other nations, and such a right vests in those willing to exercise it. Germany will be able to exercise it when she crushes Britain and destroys its command of the seas. The rights of other States do not count. Not being able to make a successful aggression they have no right to resist, and those who cannot resist aggression have no rights at all. Germany is a great and gifted and noble-hearted nation, which has produced admirable music. Her militarism is necessary to her. What Britons ought to do is resign themselves to her inevitable supremacy.

If this be so, the attitude of the German is due to a mixture of pride and envy, and, says Mr. Robertson, "we are no more surprised at his new ethical positions than we were at those of the company of *Gelehrten* who defended the infernal wrecking of Belgium by asserting the superiority of German Kultur. We are, in fact, now incapable of being surprised at any ethical developments that may take place in a country in which the gospel of war for war's sake has become predominant. That seems to be really the fundamental issue." Mr. Robertson then proceeds to examine the allegations as to the ennobling effects of war on character, but we have said enough already to show the character of his book, and need only perhaps deal with one other matter. To many readers of our profession the most interesting part of his letter will be, we suspect, the section on the pseudo-science of national psychology, and those following in which the subject is developed. *Völker-psychologie* is the so-called science which labels the French as frivolous, the German as solid, the Russian as dreamy, the English as slow-witted, the Irish as quick-witted, the Scot as cautious, and so on. No one with any adequate knowledge of men, or even with a sense of humour, would take labels of this sort seriously, but the Germans took *Völker-psychologie* very seriously; it ministered to the frame of mind which led them to believe that the German type of civilization, the German way of thinking, power of organization, and so on, were superior to those of all other nations, and that therefore they were justified in provoking the war and the atrocities committed by themselves in Belgium, and by their allies, the Turks, in Armenia. Since, as the history of Germany itself shows, a race can change its psychology from generation to generation, nothing, scientifically speaking, is left of *Völker-psychologie* but the conception of political aggregates of human beings of a given grade of culture, swayed for the time by prevalent teachings and induced states of mind. Mr. Robertson sums up his thesis in the following sentence, with which his book concludes: "The psychology of your friends is the psychology of the braggart. The science of war they

<sup>1</sup> *War and Civilization: An Open Letter to a Swedish Professor*. By the Right Hon. J. M. Robertson, M.P. London: George Allen and Unwin, 1916. (Cr. 8vo, pp. 160. 2s. 6d. net.)

morphologically identical, which are of faecal origin, and frequently swarm in lacerated wounds. This group is somewhat fully discussed in the late Dr. v. Hibler's monograph *Ueber die pathogen. Anaëroben*. In the autumn of 1914 I was privileged to work on this subject with Lieutenant-Colonel L. W. Harrison, D.S.O., and isolated a number of strains. Several, which were pathogenic to the guinea-pig, conformed most closely to "Art. XI" of v. Hibler, while the majority of the remainder, presenting cultural characters similar to those described by Major Dean and Captain Mouat, conformed to the account of *B. cadaveris sporogenes*. All the bacilli of this group are flagellated and actively motile (even the sporing forms) while *B. aerogenes capsulatus* is non-motile and devoid of flagella.

As I have no books with me I am unable to give more exact references.—I am, etc.,

J. F. SMITH,

Captain, R.A.M.C. (temp.)

France, Jan. 19th.

## Public Health

AND

### POOR LAW MEDICAL SERVICES.

VITAL STATISTICS IN ENGLAND AND WALES, 1915. WE are indebted to the Registrar-General for the following statement showing the birth-rates and death-rates and the rate of infantile mortality in England and Wales and in certain parts of the country during the year 1915.

#### ENGLAND AND WALES.

Birth-rate, Death-rate, and Infant Mortality during the Year 1915 (Provisional Figures).

	Annual Rate per 1,000 Living.*			Deaths under One Year per 1,000 Births.
	Births.	Deaths.		
		Crude.	Standardized.†	
England and Wales...	21.9	15.1	14.8	110
96 great towns, including London	22.8	15.6	15.9	117
148 smaller towns...	21.6	14.0	14.2	114
England and Wales, less the 244 towns	20.7	14.8	13.6	98
London ... ..	22.6	16.1	16.1	112

\* Populations in the middle of 1914, estimated by the method described in the Registrar-General's Annual Report for 1907, have been used in the calculation of these rates, no reliable estimates of population in the middle of 1915 being available.

† The standardized death-rates are the rates which would have been recorded had the sex- and age constitution of the populations of the several areas been identical with that of the population of England and Wales as enumerated in 1901. A description of the method of standardizing these death-rates will be found in the Annual Report for 1911, page xxix.

#### POOR LAW MEDICAL OFFICERS' ASSOCIATION OF ENGLAND AND WALES.

At a meeting of the Council of the Poor Law Medical Officers' Association on January 20th among other questions considered was that of the increased cost of drugs used in Poor Law practices. The Honorary Secretary, Dr. Major Greenwood, said that in 1864 a Committee of the House of Commons recommended that "in future cod-liver oil and other expensive medicines should be provided at the expense of the guardians," and in consequence a circular, dated April 12th, 1865, was issued by the Local Government Board ordering boards of guardians to carry out this recommendation. It was, perhaps, stretching the order too much to say that under it the guardians were compelled to pay for drugs that had become expensive medicines owing to the war, but in all equity the guardians ought to meet such increases by increasing the salary or making a special grant, and many boards had done so.

The Honorary Secretary reported that, in reply to a letter from a member, he had expressed the opinion that a joint appointment as district medical officer and workhouse medical officer at an inclusive salary was illegal. The two offices were treated in the Poor Law Orders as separate. The Council agreed, and expressed the opinion that representations should be made to the Local Government Board on the subject at the first opportunity.

With regard to the question of the federation of Poor Law sectional associations, the Council expressed the opinion that the matter ought to be deferred until after the war.

## Medico-Legal.

### ALLEGED IMPROPER USE OF THE TITLE OF DOCTOR.

IN the Scottish Court of Sessions an interim judgement was given on January 12th in certain proceedings which were taken by the Royal College of Physicians of Edinburgh against the Dr. Temple Company, Limited, of 7, West Register Street, Edinburgh—Harry Key (chemist), William Temple, Mathias Trudel (clerk), and John Key. The object of the proceedings, as appears from a report which was published in the *Scotsman*, is to restrain the respondents from using, in connexion with the business or businesses carried on by them at 7, West Register Street, Edinburgh, and 57, West Campbell Street, Glasgow, the name or title of "Doctor," or its contraction "Dr.," whether used in association with the names "Temple," "Temple Company," or "Temple Company, Ltd." or not; and to restrain them from pretending that they are medical practitioners or doctors, and from taking or using any title or description implying that they or any of them were persons registered under the Medical Acts or "specially qualified" to practise medicine in Scotland. In particular, the College ask that the respondents should be restrained from displaying certain advertisements upon their premises, and should be ordered to obliterate from the walls of the premises at West Register Street the name or title "Dr. Temple."

The respondents objected to the proceedings on two grounds. They said that the College were not so interested in the acts complained of as to give them in law a title to sue, and that the Medical Acts themselves provided a penal remedy which precluded civil proceedings being taken.

Lord Anderson granted the interim interdict asked for by the College, but limited its scope to Edinburgh, where alone, he considered, the College might be said to have an interest. He intimated that the point as to whether the College had in law a title to sue was one of importance and some difficulty which would be disposed of at a later stage, together with the question as to whether the acts of which the College complained constituted an infringement of the Medical Acts. The case, when finally disposed of, will raise, therefore, two points of very considerable medico-legal interest.

## Universities and Colleges.

### UNIVERSITY OF EDINBURGH.

#### UNIVERSITY COURT.

At the meeting of the Edinburgh University Court on January 17th the Principal, Sir William Turner, expressed the gratification of the Court that two members, Lord Provost Sir Robert K. Inches and Sir George A. Berry, had received the honour of knighthood and their regret that the two new knights were unable to be present to receive in person the congratulations of their colleagues.

#### Students and Military Service.

On the recommendation of the Senatus, it was resolved that students who had attested and had been accepted for military service, and who had completed five terms of study of anatomy, should be permitted to appear for the professional examination in anatomy in March next.

On the recommendation of the Senatus, it was resolved that, for the present year, students who commenced medical study in winter, and who are in their third year, should be allowed to appear for examination in March next, instead of in the following July.

#### Prize for Women Students.

It was announced that the sum of £237 had been received from the Scottish Association for the Medical Education of Women for the purpose of founding a prize for women medical students. The precise conditions of award will be announced later.

#### Examiners.

The following additional examiners were appointed:—*Public Health Laboratory Work*: G. P. Yule, M.D., B.Sc., M.O.H. Fifehire. *Pathology*: Professor H. R. Dean (Manchester). *Forensic Medicine*: W. G. Aitchison Robertson, M.D., F.R.C.P. Edin. *Public Health, etc.*: Charles Porter, M.D., B.Sc., M.O.H. Marylebone. *Midwifery*: G. Barbour Simpson, M.D., F.R.C.P. Edin.

### UNIVERSITY OF ST. ANDREWS.

#### UNIVERSITY COURT.

At a meeting on January 22nd it was reported that the total number of students was 350; 144 men, a decrease of 88, and 206 women, an increase of 22. A number of men students of the Martinmas term had obtained commissions, and a large number were attested or awaiting commissions, so that it was expected that before the end of Candlemas term there would be

a reduction of about 100 in men students owing to military and kindred services, without reckoning those occupied in war work in the laboratories.

The Court concurred with the Edinburgh Court in appointing Professor Sir J. Halliday Croom to be a member of the Central Midwives Board for Scotland.

#### CONJOINT BOARD IN SCOTLAND.

THE following candidates have been approved at the examinations indicated:

**FIRST EXAMINATION.**—Alice Fung-a-Ling, A. F. Caddell, G. ap Vychan Jones, W. Gibb, D. Gilmour. *In Physics*: M. J. Quinlivan, Lizzie R. Clark, N. H. Mackay. *In Biology*: M. J. Quinlivan, R. B. Forgan, W. H. Kerr, M. H. Carleton.

**SECOND EXAMINATION.**—Eliza Jean Stuart, T. T. Read, C. T. Gasking, A. F. Briglman, W. B. Watson, P. M. Fernando, G. P. de Silva. *In Anatomy*: A. B. Macdonald. *In Physiology*: J. K. Steel, D. Mackay, L. H. Peries, D. Levenstein.

**THIRD EXAMINATION.**—S. C. Swinburne, J. H. Brown, R. McLaren, W. B. Lawson, R. G. Battersby, B. Ajaji-Young, T. Jackson. *In Pathology*: E. G. Jones. *In Materia Medica*: A. B. Black, C. R. C. Moon, M. Talaat.

**FINAL EXAMINATION.**—T. C. MacGowan, C. A. Slaughter, T. C. van Derzell, A. W. McGregor, C. K. Carroll, G. L. Pillans, W. L. Paterson, D. S. Taylor, D. S. Luther, D. S. Graham. *Medicine*: T. Jackson, J. Bygott. *Surgery*: R. C. W. Spence, B. C. Haller, J. E. Kitchen. *Midwifery*: A. Smith, Junr., J. Ross. *Medical Jurisprudence*: H. Ellison, J. W. Gordon, S. W. Heyland, T. Hardie, J. S. Durward, A. Morrison, J. V. R. Rohan, G. L. Stanley, J. Y. McLean, E. M. L. Morgan, R. J. T. Malcolm Gasper, W. B. Lawson, J. G. McK. Macaulay.

#### SOCIETY OF APOTHECARIES OF LONDON.

THE following candidates have been approved in the subjects indicated:

*Surgery*.—\*H. H. Bailey, \*D. M. Hunt, †L. Kahan, \*G. L. T. Lawlor, †H. H. Lloyd, \*T. C. Russell, \*A. J. A. Wilson.

*Medicine*.—\*P. H. G. Bayon, \*C. B. de Forest, \*†T. Y. Dent, \*†J. Fox-Russell, \*G. L. T. Lawlor, \*†J. G. T. Thomas.

*Forensic Medicine*.—G. S. Ashby, P. H. G. Bayon, C. B. de Forest, H. M. Gray, L. Kahan.

*Midwifery*.—C. B. de Forest, H. M. Hobson, R. F. Jarrett, E. O. Morrison, R. H. Pettersson, J. Remers, H. N. D. Richards, C. Segal, L. Zarchi.

\* Section I.

† Section II.

The diploma of the society has been granted to the following candidates: C. B. de Forest, D. M. Hunt, G. L. T. Lawlor, I. H. Lloyd, T. C. Russell, J. G. T. Thomas, and A. J. A. Wilson.

## Obituary.

DR. SAMUEL WHITE DUCKWORTH WILLIAMS, who died recently at the age of 75, was little known to the present generation, but the fruits of his work remain. He was the son of Dr. William White Williams, medical superintendent of the Gloucester County Asylum, who, with Dr. Conolly, was the pioneer of the present humane system of the treatment of the insane. Later these two were connected in this great work of reform with Sir Charles Bucknell and Dr. Hack Tukey. Dr. S. W. D. Williams was a student at St. Bartholomew's and matriculated at the London University. Owing to his father's illness he was unable to complete his course there, and ultimately took the degree of M.D. at St. Andrews. After assisting his father at Gloucester for a year, he was appointed assistant physician at St. Andrew's Hospital, Northampton, where he carried on his father's great work of reform and instituted the system of taking mental patients to the seaside for change of air and scene. Afterwards he was appointed assistant physician under Dr. Lockhart Robertson to the Sussex County Asylum at Hayward's Heath, and in a few years succeeded him and was head of that great institution till 1888. It was largely due to his methods and skilful organization that that asylum became such a well known model of excellence and efficiency. Dr. Thomas Bodley Scott, to whom we are indebted for these notes, adds:

His writings were not many, but were of deep interest and always well thought out. His first publication, in 1866, was on the sedative action of digitalis in acute mania. The dose used is rather startling to the less courageous minds of to-day—"drachm doses of the tincture every two hours" till the attack was passed, but in such cases nothing but heroic treatment is of avail. His most important contribution was about the same period, and was the first systematic exhibition of bromide in epilepsy. This was begun at Northampton in 1864, and his statistics of successes and failures formed the groundwork of our present treatment of this disease. His investigations were always thorough, scientific, and unbiassed by undue enthusiasm. In addition to all the anxious and arduous work that the management of a big asylum involved, Dr. Williams found time for many other interests. He was a prominent Mason in Sussex.

He was a crack shot, a safe golfer, a good fisherman, and a good mountaineer; but perhaps the chief joy of his life was music, which he understood thoroughly. In his later failing years at Bournemouth his chief pleasure was in Dan Godfrey's wonderful orchestra. Here, with the full score of the chief symphonies before him, he forgot his physical troubles. He was a member of the Athenaeum Club for thirty years.

Though a very reticent and retiring man he was full of kindness, sympathy, and charity, and his friends all feel that by his death they have lost a most accomplished, courteous, learned physician and gentleman.

ON January 19th Mr. EDGAR HOWARD LAKE, B.Sc.Lond., demonstrator of anatomy at the Middlesex Hospital, lost his life as the result of a bicycle accident when he was on his way to the College of Surgeons, where he was going to present himself for his final examination. He was a man of high scientific attainments and devoted to his work. His ambition was to enter the Royal Army Medical Corps. By his premature death a man of great promise has been lost to the medical profession.

GEORGE MACDONALD, L.R.C.P. and S.Edin., who died suddenly (from angina pectoris) at his residence, 49, Murrayfield Gardens, Edinburgh, on January 14th, was for many years in practice at Markinch, Fife. He obtained his qualification of the two Edinburgh colleges in 1864, and was made L.M.Univ.Edin. in the same year. A few years ago he retired from active work and went to reside in Edinburgh. He had always taken a great interest in church matters, and soon after settling in Edinburgh he was elected an elder in St. George's U.F. Church. He was a good type of the quiet, hard-working country doctor, highly esteemed and greatly beloved. He is survived by a widow and a daughter. The funeral took place at Markinch on January 18th.

DR. JOHN LAING BRAY, who died in London, Ontario, on November 30th, 1915, was born in Kingston in 1841. He entered Queen's University as a student of medicine, and graduated in 1863. Afterwards he spent six months in Richmond, Virginia, where he served as surgeon in the Southern army during the American Civil War. In 1865 he went into practice at Chatham, where he remained until 1907, when he became registrar of the Ontario College of Physicians and Surgeons, a position he held until June, 1914, when he was obliged to resign on account of failing health. Dr. Bray was a member of the Ontario Medical Council from 1880 to 1907, in 1881 he was vice-president, and in the following year president. In 1891 he was elected to the presidency of the Canadian Medical Association. Dr. Bray always showed a great interest in the work of the profession, and as registrar of the Ontario Medical Council was well known and highly esteemed throughout the province.

DR. MALACHIA, of Milan, who recently died at the age of 80, was a gynaecologist of repute, but was best known as an advocate of social reform. He organized the first Italian congress of industrial hygiene and took a prominent part in the campaign against alcoholism and in the furtherance of cremation. In 1859 and 1860, and again in 1866, he served with Garibaldi and was awarded the silver medal for valour and the military cross of Savoy. He was a member of the Chamber of Deputies in three parliaments. Ten years ago he was made a Senator of Italy.

MR. J. G. GEORGE died at Buff Bay, Jamaica, on November 16th, 1915, at the early age of 38. He was the eldest son of Mr. Arthur George, of Kingston. When a student in Edinburgh during the South African war he joined the Royal Army Medical Corps and received the South African medal. He obtained the diplomas of L.R.C.P. and S.Edin., and L.F.P.S.Glasg., and in December, 1904, entered the medical service of Jamaica; he served for a time as one of the medical officers of the lunatic asylum, and was afterwards stationed at Buff Bay.

LIEUTENANT-COLONEL THOMAS MICHAEL O'BRIEN, R.A.M.C.(retired), died at Exeter on January 20th, aged 81. He took the diploma of L.R.C.S.I. in 1856, sixty years ago, and entered the army as assistant surgeon on January 22nd, 1858, becoming surgeon in 1870, and surgeon-major on March 1st, 1873. He retired on January 9th, 1889. The *Army List* assigns him no war service.

LIEUTENANT-COLONEL ALFRED JAMES O'HARA, Madras Medical Service (retired), died in London in December, aged 61. He was educated at the Bishop Cotton School at Bangalore, and at the Madras Medical College, where he took the L.M.S. He took the diplomas of L.R.C.S. and L.R.C.P. at Edinburgh in 1879, and entered the I.M.S. as surgeon on April 2nd, 1881; he became surgeon-major on April 2nd, 1893, and lieutenant-colonel on April 2nd, 1901, and retired on November 2nd, 1902. He served in Burma in 1886-88, taking part in the operations round Nyingyan and in those of the 3rd Brigade, and received the medal with a clasp.

LIEUTENANT-COLONEL WILLIAM MOYLE O'CONNOR, R.A.M.C.(T.F.), died in London on January 21st. He was a son of the late Mr. Patrick O'Connor, of Dublin. He was educated at University College and King's College, London, and at Trinity College, Dublin, where he became B.A. in 1886, M.B. and B.Ch. in 1887, and M.A. and M.D. in 1897. He also took the D.P.H. of the Irish Colleges, with honours, in 1889. He was for a time resident surgical assistant in the Meath Hospital, Dublin. He served for many years in the militia, and held the honorary rank of major in the army from April 1st, 1903. He became lieutenant-colonel commanding the 6th London Field Ambulance on March 31st, 1913, and was also in command of the Duke of York's head quarters school of instruction, and a member of the London Territorial Force Association. He was lecturer and examiner to the St. John Ambulance Association, medical officer of the Actors' Association, a Fellow of the Royal Society of Medicine, and a member of the British Medical Association. The interment took place at Glasnevin Cemetery, Dublin, on January 24th.

DEATHS IN THE PROFESSION ABROAD. — Among the members of the medical profession in foreign countries who have recently died are Dr. Borger, Sub-Director of the Pasteur Institute of Batavia, as the result of accidental inoculation in the course of experimental work on the prevention of plague; Dr. F. G. Byles, professor of hygiene in the University of Colorado, aged 62; Professor Andrea Ceccherelli, chief of the Institute of Clinical Surgery of the University of Parma, and director of the territorial Red Cross Hospital in that city; Dr. Edmond Chapuis, representative of the Jura department in the French Chamber of Deputies; Dr. Benjamin Joy Jeffries, of Boston, formerly ophthalmologist to the Massachusetts Charitable Eye and Ear State Hospital, aged 82; Dr. W. L. Ballenger, professor of laryngology, rhinology, and otology in the College of Physicians and Surgeons, Chicago, aged 54; Dr. C. L. Barrows, head of the gynaecological department in Cornell University, aged 58; Dr. Joseph J. O'Connell, health officer of the Port of New York, and lecturer on hygiene in the university of that city, aged 49; Dr. Rodolphe Engell, sometime professor in the Medical Faculty of Montpellier, professor of chemistry at the École Centrale, aged 66; Dr. Hamelin, honorary professor in the Medical Faculty of Montpellier, aged 75; Dr. Peter Herescu, professor of urinary diseases in the University of Bucharest, aged 47; Dr. G. T. Jackson, professor of dermatology in the Women's Medical College, New York, author of several works dealing with matters connected with his speciality, aged 63; Dr. H. L. E. Johnson, professor of gynaecology in the George Washington University, Washington, and consulting gynaecologist to Providence Hospital and the United States Government Hospital for the Insane, representative of the Department of State at the International Congress of Hygiene held at Berlin in 1907, and at Budapest in 1909, aged 57; Dr. Maurice Langier, a former president of the French Society of Forensic Medicine; and Dr. J. G. Linthicum, sometime professor of the practice of medicine in the University of Baltimore, aged 81.

## Medical News.

OWING to the death of the publisher, Signor Enrico Detken of Naples, the *Giornale Internazionale delle Scienze Mediche* has ceased to appear.

THE annual meeting of the Medical Sickness, Annuity, and Life Assurance Society will be held at the offices of the society, 300, High Holborn, W.C., on Tuesday, March 28th, at 4.30 p.m.

DR. JOHN CRUICKSHANK, Pathologist to the Crichton Royal Institution, Dumfries, and late assistant to the Professor of Pathology in the University of Glasgow, has been awarded the Foulis Memorial Scholarship by that university for distinction in original work in pathology.

SIGNOR SALANDRA, the Prime Minister of Italy, has, with the object of preventing waste of effort in the provision of aid and opportunities of re-education for the wounded, set up a committee comprising representatives of the services of public health and of the army and navy to study the best means of co-ordinating the work of public associations, institutes, and other public bodies for that purpose.

AT the annual meeting of the Liverpool Medical Institution on January 20th, Dr. C. J. Macalister was elected president, Dr. Llewellyn Morgan treasurer, Dr. Hubert Armstrong general secretary, Drs. John Hay and John Owen secretaries of ordinary meetings, Drs. Frank Barendt and J. Martin Beattie secretaries of pathological meetings, and Dr. R. W. MacKenna librarian and editor of the *Journal*.

AT the beginning of December the Italian Red Cross had established 31 hospitals at the front and 150 territorial hospitals, with 16,000 beds. It had mobilized 100 motor ambulances and 22 hospital trains. Besides these, it had at its disposal about a thousand automobiles, many of which were offered gratuitously for the work. The number of doctors was 1,500 and of nurses 2,000. The total personnel of the various services was 8,000.

THE American College of Surgeons, which has now about 3,400 Fellows in the United States and Canada, has recently announced that it has obtained from them an endowment fund of £100,000. The fund is to be held in perpetuity and the income only to be used to advance the purposes of the college. These are directly concerned with matters of character and training, with the betterment of hospitals, and of the teaching facilities of medical schools, and with laws relating to medical practice and privilege.

THE Central Midwives Board held its monthly meeting on January 20th, when Sir Francis Champneys presided. It declined to accede to requests of Queen Charlotte's and the City of London Lying-in Hospitals for the postponement of the operation of the new rules of training until January, 1917. In reply to a letter the Board resolved to ask the Essex County Council to reconsider a proposal to delegate its powers and duties under the Midwives Act, 1902. The names of eleven women were removed from the roll at their own request. A penal cases meeting was held on January 21st, when Sir Francis Champneys again presided. Eight cases were on the agenda, and four of the women were charged with not being of sober habits. Seven out of the number were struck off the roll, and in the eighth case judgement was postponed for reports from the local supervising authorities in three and six months.

THE Right Hon. Henry Hobbhouse has been appointed Chairman of the Departmental Committee of the Board of Agriculture on the settlement and employment on the land of discharged soldiers and sailors, in the place of Sir Harry Verney, Bt., M.P., who has received a commission in the army. Mr. H. L. French, of the Board of Agriculture, has been appointed secretary of the Committee. Sir Rider Haggard is about to start, as representative of the Royal Colonial Institute, on a mission to the Dominions for the settlement of ex-service men from the United Kingdom on the land overseas at the conclusion of the war.

IN a German work, an English translation of which has been published recently under the title *Emergencies in Medical Practice*, the author, one Dr. Richard Lenzmann of Duisberg, with a truly prophetic instinct, devotes a chapter to "Poisoning by irrespirable gases," in which he deals at some length with those that "distribute a peculiar odour," to quote the translator's curiously un-English words. Into this group would of course fall chlorine, bromine, ammonia, and other asphyxiating and lacrymogenic gases on which German scientists are entitled to



speak with the authority begotten of close study and accurate knowledge, inasmuch as the manufacturers of these gases for use in warfare never supposed that they would have to defend themselves against the consequences of their inhalation, an assumption which has not been borne out by events. It was certainly thoughtful on the author's part to discuss at length the question of treatment. No information, however, is vouchsafed as to the means of guarding against the effects of irritating gases, and the suggestions for treatment, even of such comparatively mild gases as carbonic oxide, coal gas, and sulphuretted hydrogen, are by no means up to date. Possibly the manuscript was censored in intelligent anticipation of coming events, otherwise it is difficult to account for the author's omission in this respect.

IN the nineteenth annual report (for 1914) recently issued of the National Association for the Feeble-minded (Denison House, Vauxhall Bridge Road, S.W.) it is stated that the war has interfered with the establishment of institutions which the Mental Deficiency Act made it the duty of local authorities to supply, and that consequently accommodation furnished by existing voluntary homes was taxed to the full. The Princess Christian's Farm Colony at Hildenborough had provided an additional farm house designed "for boys of a slightly better social class." The older buildings urgently needed certain additions in the way of day-space, and in order to provide this an appeal is made for £500, failing which the alternative facing the Committee would be to discharge some twenty of the existing inmates. Several additional homes (notably those established by the Rev. H. N. Burden and his Incorporated Society and the Co-operative Sanatoriums at Billericay) have entered into federation with the National Association, and steps were taken to promote closer unity amongst federated homes for mutual help, counsel, and guidance. Two conferences with this object had been held, and the opinion was strongly expressed that in addition to large public institutions under the Act the continued existence of smaller voluntary homes was most desirable. During the year communications had been addressed to the managers of rescue homes with reference to the distinctive classification of feeble-minded inmates, and the prevalent absence of such classification had been brought under the notice of the Board of Control. The report states that 673 applications had been dealt with in the twelve months preceding its issue. Notes are also given concerning some of the homes in connexion with the association, the complete list of which shows aggregate accommodation for over 2,000 inmates in 25 voluntary establishments, either "certified" or "approved" under the Mental Deficiency Act.

THE Central Association for the Care of the Mentally Defective (30 and 31, Queen Anne's Chambers, Tothill Street, S.W.) originated at a meeting called by the National Association for the Feeble-minded in November, 1913, when it was resolved to form a "central organizing body representing the statutory authorities concerned in the care of defectives and the voluntary institutions, homes, and societies dealing with defectives, both directly and incidentally, in the course of their social work." It was subsequently incorporated under the Companies Act, and among the objects set forth in the memorandum of association are the promotion of suitable treatment of mental defectives in England and Wales, the rendering of assistance (when requested) to public authorities in carrying out the Acts relating to defectives, and the formation of local branches in the various statutory areas. It is designed also to serve as a means of communication between local voluntary organizations and Government departments and local authorities. It will seek to organize the training of teachers, visitors, guardians, attendants, and others concerned in the care of defectives, to give assistance in the case of individual defectives not under statutory authorities, and to keep records of such defectives and of societies and institutions dealing with defectives. From the first report of the council (which deals with the period to July 22nd, 1915) it appears that considerable progress has been made in carrying out these objects in spite of difficulties caused by the war; twenty-five local voluntary associations have been formed, a scheme of training for special teachers has been drawn up and submitted to the Board of Education, and a course of instruction for visitors and officials established. The Board of Control has recognized the practical work done by the association and shown its confidence therein by financial grants under Section 43 of the Mental Deficiency Act to the amount of £300. The report closes with an interesting account of the summer school for teachers of mentally defective children held under the auspices of the association in July last.

## Letters, Notes, and Answers.

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### LETTERS, NOTES, ETC.

#### EPILEPSY.

DR. A. G. CRIBB (G.M.O., Millthorpe, N.S.W.) writes: Some years ago one of my patients, a rheumatic subject, who used methyl-salicylate ointment frequently for lumbago, told me that it acted like a charm when rubbed into his chilblains. I followed this clue, and have long ago come to the conclusion that chilblains in the majority of cases are due to uric acid, and I treat the patients accordingly. A purin-free diet, a mixture of sodium salicylate and potassium bicarbonate with cascara, and the methyl-salicylate ointment rubbed well in night and morning, will quickly relieve the patient. In the JOURNAL of October 23rd, 1915, Dr. Mercier discusses the value and necessity of bromides in epilepsy. The late Sir William Gowers introduced borax in this disease, and I always combine it with the bromides. I am of opinion that a purin-free diet with a rural life is of more importance than the administration of drugs.

#### WHOOPING-COUGH AND KINKHOST.

WITH reference to a note under this heading which appeared in the JOURNAL of January 8th, p. 76, Dr. J. A. Nixon, of Clifton, refers to Hecker's *Epidemics* (Sydenham Society, 1844, p. 219) for an account of the origin of the term "Coqueluche" as applied to whooping-cough. Hecker adds little to the authorities quoted in the note. In an account of epidemics of influenza he says: "The French, who, from the levity of their character [Hecker was, of course, a German], have always called serious things by jocose names, designate this disease *Coqueluche* (the monk's hood), because, owing to the extreme sensibility of the skin to cold and currents of air, this kind of hood was generally necessary, and was a protection against an attack of the malady as well as against its increase." The term was first employed during a severe epidemic in Paris in 1414 in which all who had the complaint suffered from hoarseness, and all public business was interrupted. This is the epidemic of which Mézeray speaks in his *Abregé chronologique de l'histoire de France* (Paris, 1690), where he says: "Un étrange rhume qu'on nomma coqueluche, lequel tourmentait toute sorte de personnes, et leur rendit la voix si enrouée que le barreau et les collèges en furent muets." The word *coqueluche* was afterwards applied to whooping-cough. To Hecker's reference we may add the following: Kurt Sprengel in his history of medicine (French translation by A. J. L. Jourdan, second edition, Paris, MDCCCXV, t. iii, p. 85) says *coqueluche* was by some connected with *cucullio*, a hood, while others derived it from *coquelicot*, the wild poppy, because the syrup of that plant was first used in the treatment of the disease. Skeat may also be quoted (*Etymological Dictionary, sub voce*): "Chincough, the whooping-cough. (E). 'No, it shall ne'er be said in our country Thou dy'st o' the chin-cough' (Beaum. and Fletcher; Bonduca, 1, 2). It stands for *chink cough*; prov. Eng. and Scot. *Kink-cough* or *kink-host* where *host* means 'a cough.' Cf. Scot. *Kink*, to labour for breath in a severe fit of coughing (Jamieson). It is an English word, as shown by '*cincung*, *cachinnatio*' in a glossary, printed in Wright's *Vocab.*, 1, 50, col. 2; which shows that *kink* was also used of a loud fit of laughter. *Kink* is a nasalized form of a root *kik*, signifying 'to choke,' or 'to gasp'; an imitative word like *Cackle*, . . . + Du. *Kinkhoest*, the chincough, whooping-cough; O.Du. *Kiechhoest*, *Kichhoest*, the same (Kilian). + Swed. *Kikhosta*, the chincough; *Kik-na*, to gasp, to pant (where the *n* is formative, to give the word a passive sense, the lit. meaning being 'to become choked'). + Dan. *Kighoste*, the whooping-cough. + G. *Keichen*, to pant, gasp. B. A stronger form of this root *KIK*, to gasp, appears in the English *choke*. . . . Indeed, the word *cough* is also related to it."

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