

into which has been dropped a small piece of sterile kidney or liver from a rabbit. The tube is closed by a sterile rubber stopper which has passing through it a capillary tube. The tube is filled quite full of the medium, and on pushing in the stopper this rises into the capillary, which is immediately sealed off, thus affording a strictly anaërobic culture medium. At 37° C. the growth appears in a few days as a faint cloud above the sterile tissue in the tube. Usually this affords a great preponderance of fusiform bacilli; a very foul odour is given off from the medium, closely resembling that exhaled from the mouths of those affected. Starch-ascitic fluid cultures, prepared according to Rosenow's method of deep tubes, are also successful. In fact any ordinary culture medium containing serum or ascitic fluid will afford growths of the organisms under anaërobic conditions.

Thus far inoculations into the lower animals have been wholly unsuccessful in reproducing the disease, and so not only is the question of the identity of the two organisms still undecided, but also, as Koch's postulates have not been fulfilled, we lack the crucial demonstration that these organisms are the essential cause of the conditions here described. This much, however, is to be noted—that they are present locally in enormous number in all the conditions here described, and that with the disappearance of these organisms the conditions undergo healing. This last fact alone may be taken as adequate proof that if they are not the only, they certainly are an essential factor in the causation of these states.

#### Treatment.

In pyorrhoea alveolaris, where the amoeba is demonstrable, local treatment with emetine, as already noted, frequently brings about cure, but emetine is of no value in the more widespread conditions of ulcero-membranous stomatitis and gingivitis and Vincent's angina. For these conditions many forms of treatment have been recommended. Trichloro-acetic acid, carbolic acid, silver nitrate, iodine, and hydrogen peroxide have all been used with some success. As a spirochaete is present, arsenic in some form, from its well-known effect upon spirochaetes, would appear to be the ideal application. Of all arsenical compounds salvarsan is the least toxic, and, as a matter of fact, salvarsan has a marked effect upon the condition, even if used merely as a mouth wash, and would thus seem to be indicated. Its use among troops, however, is prohibited, both from its cost and on account of the instability of its solutions. This close association between pyorrhoea, with its amoebae, and ulcero-membranous stomatitis, suggested a combination of ipecacuanha or its alkaloid and Fowler's solution. These are compatible, and the following treatment has been found to have remarkably rapid and favourable results.

Vinum ipecacuanhae ...	...	...	3 ss
Glycerinum ...	...	...	5 j
Liquor arsenicalis ...	...	...	ad 3 j

M.; fiat mist. Sig.: To be used as a mouth wash; do not swallow. Label "Poison."

Where the gums only are affected the solution can be carefully applied to the gums and pockets around the teeth, after cleansing away the pus. A small applicator should be used. Where there is ulceration elsewhere in the mouth or throat, the ulcer should be thoroughly wiped out twice every day with the above solution. All patients, whether or not the gums be infected, are instructed to drop ten or fifteen drops of the mixture on to a tooth-brush twice a day and to brush the teeth and gums vigorously.

Employing this treatment the condition clears up with remarkable rapidity. Even in advanced cases, in my experience, the alteration in the state of the mouth is obvious in three days. The ulcers are seen to be healing; the foul odour of the breath disappears; the teeth cease to be tender. The general depression clears up, and within a week patients who before treatment could not masticate solid food, can eat such food without discomfort and with enjoyment. Swabs from the affected areas now no longer yield the fusiform bacilli and spirochaetes.

The diagnosis and treatment are both so simple and the results obtained thus far so satisfactory that I can confidently direct the attention of medical officers in charge of troops to the existence of this condition and to this

means of bringing about cure. I shall be grateful if they will give me information of each case under the following heads:

(1) Name. (2) Unit. (3) Regimental number. (4) Date (approximate) of onset of disease. (5) Date when first examined. (6) Location of trouble. (7) Symptoms, local and constitutional. (8) Results of treatment.

## Memoranda:

### MEDICAL, SURGICAL, OBSTETRICAL.

#### TRENCH FOOT AT HOME.

"POOR MAN'S GOUT" and "podagra" are complaints the conditions of which might be reconsidered beside those of trench foot. Here is a man with a swollen and a painful foot who has had abundant colchicum in the last three weeks, with little or no advantage. His past inebriety he admits, and he has had rheumatic affections before. A scrutiny of his leg, however, reveals the cicatrix of an injury of forty years ago, when the leg was broken, and it is legitimate to infer that nervous and circulatory functions in the limb are still obnoxious to that old injury. What recent happenings have been brought to bear? The patient has the explanation: He had been working on concrete and in cold and wet; the men had asked for big boots to protect themselves, but none were provided. In the case of this patient his sound leg had withstood the exposure; his weaker leg and foot had suffered; hence the pain, the oedema, and the other symptoms, which we call gout.

Those who look narrowly into the ways of the workman will be able to find an excuse, here and there, for his alcoholic habits. Hugh Millar has said that his fellow masons washed down the dust of their trade with deep draughts of ale. The miner, who turns to drink when he has left the shaft, wants something to counter the mephitic effect of carbon monoxide; and in many another case the inebriety of the labourer may plead the unmitigated rigours of his toil. My particular desire at the moment is not an exacter pathology of gout, but a sympathetic interest in any of its determinants in industrial life. Wellington boots, indeed, and rubber boots in the trenches; and for those who are working at home a proper equipment, too. The tools of the workman have from of old been put beyond the clutches of the creditor (Deut. xxiv, 6), but a greater loss to the workman is the power to use them; and so far as arthritis, in any form, is an industrial disease, its prevention is required.

Bristol.

DAVID A. ALEXANDER, M.B., Ch.B.

#### THE CONTROL OF "DIPHTHERIA BACILLUS CARRYING."

RECENT papers in the BRITISH MEDICAL JOURNAL on diphtheria carriers prompts me to describe a simple method of ridding a carrier of the diphtheria bacillus.

I employed it in an outbreak of diphtheria which occurred recently at a military hospital in the Malta command. Eight carriers were discovered bacteriologically by Mr. Mitchell (sanitary officer of the hospital) and Captain Crofton (bacteriological specialist). The throats and noses were cleaned with gargles and douches of potassium permanganate. As the carriers did not seem to decrease, further measures were adopted.

In Peking I meet a good many cases of acute follicular tonsillitis, and, as the Chinese demand quick cures, I have been accustomed to paint the tonsils with 50 per cent. silver nitrate, whilst I have painted several of my colleagues' throats with 90 per cent. silver nitrate. One application of the latter and two of the former suffice to cure the tonsillitis clinically. I adopted this method in the diphtheria carriers. The pharynx, tonsils, and posterior nares were cocaineized with 20 per cent. cocaine hydrochloride, using a forehead mirror, and these parts were then painted with 50 per cent. silver nitrate. The nostrils were plugged with gauze, soaked in 1 in 10 ichthyol in glycerine, the latter being the dressing I have found useful in ozaena, which is not uncommon in China, and as a dressing after submucous resection of the septum, done in the presence of ethmoidal suppuration. Swabs were

taken from the nose and pharynx before and after this treatment by Mr. Mitchell and examined bacteriologically by Captain Crofton. The positive swabs proved to be negative after two applications of this treatment.

Extreme care should be adopted in the application of the silver nitrate, otherwise severe spasm of the glottis is caused; the application must also be thoroughly done—that is, the posterior nares and tonsils and pharynx must be painted. By using this method the hospital was freed from the diphtheria carriers and reopened.

W. S. THACKER, B.A., M.D., F.R.C.S. Edin.,  
Surgeon, Union Medical College, Peking, North China,  
Temporary Lieutenant R.A.M.C.

## British Medical Association.

### CLINICAL AND SCIENTIFIC PROCEEDINGS.

#### STAFFORDSHIRE BRANCH.

##### *The Heart in School Children.*

At the second meeting of the session, held at Stafford on February 24th, 1916, the President, Dr. F. M. ROWLAND, was in the chair, and Mr. PRIESTLEY read a paper on heart disease in elementary school children, which was based on a study of Staffordshire children. Diagnosis of heart disease in elementary school children examined at school inspections was, he said, difficult, owing to the fact that in a large proportion of the cases neither the children nor their parents or teachers made any complaints of discomfort, or only the most trivial and ambiguous ones. Diagnosis had to be based on cardiac symptomatology almost entirely. When care was taken to note every deviation from the normal signs or sounds of the heart, it was found that at least 40 per cent. of all school children exhibited them. Most of them were obviously trivial, but 7 to 10 per cent. of all school children exhibited them in a degree worthy of a special note. The larger part of these well-marked cases were haemic or functional, and not, so far as could be ascertained, associated with any gross permanent lesions of the heart. When these functional cases were eliminated by a critical and conservative scrutiny, not passing as organic any case that might possibly be merely functional, there was left about 1 per cent. of all school children suffering from "organic valvular" disease. Among the functional cases were examples of dilatation unaccompanied by any signs of organic disease. Some of them were due apparently to cardiac atony, others probably to transient toxæmias. Something over  $\frac{1}{2}$  per cent. of all school children showed functional dilatation. Of 676 cases of undoubted organic disease the various valves affected were: Mitral regurgitant 83.1 per cent., mitral stenotic 4 per cent., mitral regurgitant and stenotic 7.3 per cent., tricuspid 0.7 per cent., pulmonary 3.9 per cent., aortic 1 per cent. Of 622 children with organic heart disease observed over several years, 344 (55 per cent.) never at any time complained of any symptom that could be ascribed to the heart. The following analysis was given of the 278 (45 per cent.) who had discomfort at one time or another: Malaise only 145, cyanosis 57, dyspnoea 50, pain over heart 30, headache 20, fainting attacks 17, oedema 8, palpitation 4, sickness 3, sleeplessness 2, clubbed fingers 2, catarrh possibly due to venous stasis 2, heart failure and loss of compensation 2, epistaxis 1, cough on exertion 1, giddiness 1. There was a little overlapping in this classification, the same child in a few instances having more than one cause of complaint. In the non-complaining group there were examples of every sort of valvular lesion, congenital or acquired.

##### *Some After-Histories.*

Dr. COOKSON, in continuation of a paper read at the meeting held in February, 1913, on two cases of women of 28 recently operated on for carcinoma, gave an account of the further history of the cases.

1. Mrs. B., first operated on on January 22nd, 1913, for intestinal obstruction of unknown origin. Median incision; carcinoma of sigmoid found; colotomy performed. On January 27th sigmoid removed and end-to-end anastomosis performed. Six months pregnant at time; miscarried on

February 1st. Went home very well on February 19th, 1913. She remained very well until beginning of November, 1913, but only saw her doctor on November 19th, who asked me to see her on 20th. No trouble with bowels, but had a hard nodulated mass in left iliac region. November 28th, 1913, operation. Nodule of growth found in abdominal wall, fluid in pelvis, and mass a large secondary growth in left ovary. Growth in abdominal wall removed and left ovary. The anastomosis site could only be defined by the scar in the meso-sigmoid, but there was a small plaque-like growth in the wall where the ovary touched bowel, and a small growth in the uterus. Owing to increasing pain I operated again on December 29th. Everything was so matted together then that I could only do a colotomy. During succeeding months pain became gradually worse, and at one time she took as much as 12 grains of morphine in pill a day, but still did her housework and even bicycled up to October, 1914. In November she took to her bed; vomiting frequent, face and legs swelled, growth involved the colotomy opening. She had hæmorrhage from rectum. Practically took nothing but water and had complete obstruction for a month, dying on December 25th, 1914.

2. Mrs. R., cauliflower growth of cervix uteri. After some preliminary treatment, Wertheim's operation performed on January 6th, 1913. Wound broke down and had suppuration in pelvis, but recovered satisfactorily, and went home very well on February 19th, 1913. Heard occasionally that she was keeping very well, but on December 21st her doctor asked me to see her, and I found her dying. It was not possible to examine her satisfactorily, but there was no growth to be felt from the remains of the vagina. She was very distended and evidently dying of general peritonitis. The history was that she had had a temperature for a fortnight up to 103° at night, normal or subnormal in morning; that there had been a lump in the right iliac region, which had softened; and that the vomiting and distension had followed. It seems probable that this was a septic condition, and not due to recurrence.

Dr. COOKSON also mentioned two other cases of early carcinoma, one because the patient was the same age as these two, the other because of the extremely early age for carcinoma of rectum.

Mrs. P., aged 28. A lump in left breast doubtful in nature removed first; pathological report, carcinoma. Radical operation performed August 31st, 1911; patient still free of recurrence.

Mr. H., aged 16, seen in consultation on January 26th, 1916; 6 ft. 1 in. in height, complaining of gradually increasing weakness, loss of appetite and flesh. Always from a small child subject to looseness of bowels, but for some eleven weeks the stools had been tarry, and he had had attacks of vomiting. Through the abdomen masses of faeces could be felt along the greater part of the course of the large intestine, and per rectum some 3 or 4 in. from the anus a growth, nodular, bleeding readily, affecting the whole circumference of the bowel and fixed to the sacrum and other parts. I did a colotomy, but he died eight days later unrelieved.

## Reports of Societies.

### DISCUSSION ON WAR INJURIES OF JAWS AND FACE.

At the meeting of the Odontological Section of the Royal Society of Medicine on February 28th, the President, Mr. H. BALDWIN, in introducing this discussion, referred to the admirable organization of special dental treatment which he and some English colleagues had seen when visiting France lately. He thanked most sincerely the French and American dentists for their contributions to the exhibition and discussion. He urged the establishment of special hospitals in each command of the United Kingdom to deal with injuries of the jaws, and of a competent officer on the staff of the Director-General to advise on dental matters. Two fellows of the section were now serving as lieutenant-colonels in the R.A.M.C., and were fit men for such a post. Skilled dental aid should be called in at the earliest possible moment. The details of the making and adjustment of the necessary splints were obviously outside the sphere of the general surgeon, and could only be dealt with by the trained dental surgeon.

Mr. LEWIN PAYNE showed a series of slides and models illustrating his personal experiences. His conclusions were: (1) That nearly all jaw injuries require dental aid. (2) That dental treatment should be commenced early. (3) That the dental surgeon employed should be one already familiar with the details of treatment. (4) That these cases should be segregated.

in 1894. He was the author of *Browning's Message to His Time* (1890), *The Browning Cyclopaedia* (1891), *Biographical and Historical Notes to Browning's Complete Works* (1894), *Browning and the Christian Faith* (1896), and a *Browning Primer* (1904), and editor of *Browning Studies* (1895). Dr. Berdoe was a strenuous opponent of the germ theory of disease and of the experimental method in research, and he preached his doctrine with considerable ingenuity of argument. His outlook, however, was coloured by prejudice, as is shown by his books, *St. Bernard's: The Romance of a Medical Student*, and the key to it, *Dying Scientifically*, both published under the pseudonym of "Aesculapius Scalpel" in 1883. In the preface to *Dying Scientifically* he declared that he loved his old hospital, in which he had passed some of the happiest years of his life, and was grateful for all the advantages it had given him; the bitterness with which he denounced it and all other hospitals, and the medical profession as a body, may therefore be charitably attributed to the proverbial frankness of the candid friend. He displayed the same spirit in the *Zoophilist*, of which he was editor. He assisted Miss Frances Power Cobbe in the compilation of her notorious *Nine Circles*, and when the suppressions and misrepresentations of that work were exposed he had to bear his share of the responsibility for them. There is no reason to doubt his sincerity, but this makes it all the more lamentable that a man of his unquestionable ability and high character should have allowed himself to be so carried away by fanaticism. Dr. Berdoe was the author of a popular work on the history of medicine, entitled *The Origin and Growth of the Healing Art*, which, though made untrustworthy here and there by his dislike of experiment, is a readable introduction to the subject.

DR. FREDERICK WILLIAM WRIGHT, who died at Haddenham, Bucks, on January 31st, in his 78th year, received his medical education at the University of Edinburgh. After taking the diplomas of M.R.C.S. and L.S.A. in 1862 he joined his cousin, Mr. S. W. Fearn, surgeon to the Derby General Infirmary. In 1877, in conjunction with several medical friends, and with the support of Mr. M. T. Bass, M.P., Mr. H. H. Bemrose, then Mayor of Derby, and others, he founded the Derbyshire Children's Hospital, which has grown steadily to its present high state of efficiency. Dr. Wright was a generous benefactor to the building fund, and in September, 1915, his portrait was presented to the hospital board. He was also the originator of the Derby Nomadic Club, a debating society which has continued in active life since 1868. Dr. Wright gave up practice in Derby in 1889 and went to Colorado, where, although he did not engage in professional work, he received the honorary degree of M.D. from the University of Denver. After returning to England he practised for some years at S. Godstone, Surrey. When he finally retired from practice he occupied himself with research in London and Liverpool. His unselfish character made him beloved and trusted by all with whom he was brought in contact, and his professional skill and kindness of disposition made him very successful as a practitioner. Dr. Wright leaves one son, a surgeon in the Royal Navy.

DR. GEORGE VALENTINE, M.B., C.M.Glas., well known in Ayrshire as medical officer to the lighthouse-keepers on Ailsa Crag, died, aged 68, on February 15th in his home in Girvan, where he had been parochial medical officer for no less than forty-three years.

ALFRED BESWICK DARLING, M.B., Ch.B.Edin., D.P.H., died on February 20th in Edinburgh, where he had settled in practice after having held junior appointments in that city, and in Sheffield and Darlington. He graduated in 1906.

DR. GEORGE HENRY CHARLESWORTH, J.P., who died on February 8th, in Putney, aged 56, was the eldest son of Mr. Charlesworth of Syston, Leicestershire. He was educated at King's College and at Charing Cross Hospital. He was for many years district medical officer to the London County Council, and he was also honorary medical officer to the Actors' and Music Hall Artists' Associations. Dr. Charlesworth died deeply lamented by a large circle of friends, many of whom honoured his memory by attendance at his funeral at Syston on February 14th.

LIEUTENANT-COLONEL THOMAS HENRY WHITE, R.A.M.C. (ret.), died at Coolgardie, Caversham, on January 27th, aged 78. He took the degree of M.D. in the Royal University, Ireland, in 1858, and the diploma of L.R.C.S.I. in 1859, and entered the army as assistant surgeon on January 19th, 1860, becoming surgeon on January 19th, 1872, and surgeon-major on March 1st, 1875; he retired as brigade-surgeon on February 5th, 1890. The *Army List* assigns him no war service.

LIEUTENANT-COLONEL GEORGE FREDERICK WILLIAM BRAIDE, Bengal Medical Service, died suddenly at Lahore on January 6th. He was born on November 5th, 1862, educated at Owens College, Manchester, and in 1886 graduated M.B.Vict. Univ., and took the diploma of M.R.C.S. He entered the I.M.S. as surgeon on March 31st, 1887, became major on March 31st, 1899, and lieutenant-colonel on March 31st, 1907, and was placed on the selected list for promotion on August 25th, 1912. For the last nine years he had been Inspector-General of Prisons in the Punjab. The *Army List* assigns him no war service.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently died are Dr. Isaac Ott, professor of physiology in the University of Pennsylvania, a former president of the American Neurological Society, and the author of several well-known textbooks on nerve diseases, aged 68; Dr. John O. Roe, of Rochester, New York, one of the leading laryngologists in the United States and a former president of the American Laryngological Association, aged 75; Dr. George P. Shears, clinical professor of obstetrics in the New York Polyclinic Medical School, aged 53; Dr. A. Alexander Smith, professor of the principles and practice of medicine and clinical medicine at the University and Bellevue Hospital Medical College, aged 69; Dr. W. P. Spratling, from 1894 to 1908 medical superintendent of the Craig Colony for Epileptics, Sonoma, New York, and later professor of physiology and nervous diseases in the College of Physicians and Surgeons, Baltimore, aged 52; Dr. Thuilié, formerly president of the Paris Municipal Council and vice-president of the Superior Council or the Assistance Publique, aged 84; and Dr. Vaillant, one of the members for Paris.

## The Services.

### EXCHANGE DESIRED.

CAPTAIN (November, 1914) in 2nd line Territorial Field Ambulance, at present stationed in Scotland, wishes to exchange with officer in Field Ambulance in France.—Address No. 1050, BRITISH MEDICAL JOURNAL Office, 429, Strand, W.C.

## Universities and Colleges.

### NATIONAL UNIVERSITY OF IRELAND.

#### Special Medical Examinations.

THE Senate of the National University of Ireland has directed that the special examination for medical degrees to be held in June next shall be open only to candidates who, if qualified as a result of that examination, undertake to apply at once for commissions in the Indian Medical Service, the Royal Army Medical Corps, or the Naval Medical Service.

### ROYAL COLLEGE OF PHYSICIANS OF LONDON.

A COMMITTEE was held on March 7th, Dr. Frederick Taylor, the President, being in the chair.

A letter was received from the Council of the Royal Society with reference to the establishment of a Conjoint Board of Scientific Societies for the purpose of promoting the co-operation of those interested in pure or applied science, and asking the College to nominate two representatives to meet the Council of the Royal Society at a conference to be called at an early date. The President was asked to nominate two Fellows to act as representatives.

The greater part of the time was occupied with the discussion of a subject which was declared to be "secreta Collegii."

### APOTHECARIES' HALL OF IRELAND.

THE Court of Directors has adopted a resolution placing on record its regret at the death in action of Captain Seymour Stritch, an ex governor, as announced in the BRITISH MEDICAL JOURNAL of February 19th, p. 288, and expressing its sympathy with his widow and relatives.

## Medical News.

AT the meeting of the Royal Microscopical Society on Wednesday next, at 8 p.m., Professor J. Arthur Thomson will speak on original factors in evolution, and Sir E. Ray Lankester on the supposed exhibition of purpose and intelligence by the foraminifera.

AT the meeting of the Medical Society of London on March 20th, at 8.30 p.m., a discussion on gunshot wounds of the spine will be introduced by Captain James Collier and Lieutenant-Colonel Donald Amour, F.R.C.S., who will deal respectively with the medical and surgical aspects of the subject.

THE Italian Government has decided to grant official recognition to the national factory of artificial limbs for men who have been maimed in the war, recently established at Milan with a capital of £8,000 collected by a committee for the purpose of supply orthopaedic apparatus at cost price.

IT is announced that Harvard University proposes to establish a course of military medicine in its graduate medical school. It is to be under the charge of Major Weston P. Chamberlain of the United States Army.

AT the annual meeting of the governors of Queen Charlotte's Hospital it was reported that since the outbreak of war over 1,600 wives of soldiers and sailors had been admitted to the wards of the hospital or attended and nursed in their own homes at a cost to the hospital of nearly £3,000.

THE Bureau of the American Census, in a report recently issued, states that the number of suicides recorded in the United States in 1914 was 10,933, or 16 per 100,000 of population. In 3,286 cases death was caused by shooting, in 3,000 by poisoning, in 1,552 by hanging or strangulation, in 1,419 by asphyxia, in 658 by the use of knives or other cutting or piercing instruments, in 619 by drowning, in 225 by jumping from high places, in 89 by crushing, and in 85 by other methods.

DR. W. W. KEEN, of Philadelphia, Emeritus Professor of Surgery in Jefferson Medical College, has been re-elected President of the American Philosophical Society for 1916.

THE supply of vehicles has run so short in Vienna that the work of medical men, particularly by night, has been greatly embarrassed. The Viennese doctors, with the help of the police, clubbed together and secured one motor car, to be kept ready all night at the disposal of the medical profession in a central garage. But even this modest provision appears to have proved very costly.

THE Cavendish Electrical Company (105, Great Portland Street, London, W.) has issued a pamphlet on the equipment of the electrical department of a military hospital or convalescent camp, a matter on which the company has had considerable experience. The pamphlet contains illustrated accounts of a large variety of apparatus.

ON March 1st a goodly company assembled at Dr. Williams's Library, University Hall, W.C., for the annual meeting of the Mental After-Care Association. After a few opening remarks from the Dean of Westminster (Bishop Ryle), who presided, the report for 1915 was read and proposed for adoption by Dr. Henry Rayner, the chairman of Council. It showed that in spite of the war the work of the association had been actively carried on; 379 cases had applied for assistance, which was afforded, to all found suitable, in the way of supplying temporary homes on leaving asylum care, grants of clothing and of tools, as well as attention to health, and finding situations for which they were fitted. The strongest evidence of the utility of the charity was, however, afforded by the prevention of relapses. The resignation, through ill health, of Mr. Thornhill Roxby, after twenty-eight years' strenuous and sympathetic work as secretary, was regretfully alluded to. Miss E. D. Vickers, who has had long experience as assistant and acting secretary, has been appointed in his place. The receipts from all sources during 1915 amounted to £1,370 6s. 8d., and, though subscriptions had only slightly fallen off during the war, there was need for fresh efforts to meet adequately the calls on the association. The trustees of the Queen Adelaide Fund had arranged to secure the co-operation of the association in investigating the conditions of patients discharged from the London County Council asylums in view of a grant from that fund, and this will eventually mean a largely increased scope of work. The adoption of the report was seconded by Dr. Percy Smith, supported by Mr. Goodrich, L.C.C., and carried, as was the financial statement.

## Letters, Notes, and Answers.

THE telegraphic addresses of the BRITISH MEDICAL ASSOCIATION and JOURNAL are: (1) EDITOR of the BRITISH MEDICAL JOURNAL, *Attilology, Westrand, London*; telephone, 2631, Gerrard. (2) FINANCIAL SECRETARY AND BUSINESS MANAGER (advertisements, etc.), *Articulate, Westrand, London*; telephone, 2630, Gerrard. (3) MEDICAL SECRETARY, *Medisecra, Westrand, London*; telephone, 2634, Gerrard. The address of the Irish office of the British Medical Association is 16, South Frederick Street, Dublin.

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.

### LETTERS, NOTES, ETC.

#### EPSOM COLLEGE.

ON October 16th, 1909, Dr. John Herbert Wells, of the Inoculation Department of St. Mary's Hospital, died after eighteen months of suffering from glanders contracted in the laboratory in the course of a research on the treatment of that disease. He was only 30 at the time of his death, and left a widow and two young children almost totally unprovided for. His son, John Clayworth Spencer Wells, aged 8, is a candidate for a foundation scholarship at Epsom College at the 1916 election. The case seems to us an exceptionally deserving one in view of the fact that the boy's father died a martyr to science. We may add that it is strongly supported by Lord Moulton, Lord Ribblesdale, Mr. Arthur Balfour, Sir Almroth Wright, and Sir W. Arbuthnot Lane.

#### TRENCH NEPHRITIS.

DR. J. C. MCWALTER (Dublin) writes: There is some reason to think, I submit, that epidemic nephritis or trench nephritis is a renal manifestation of a paratyphoid affection. None of the British experts seem to favour this view, but it has lately been advocated by observers in Vienna. What are the known facts? An inflammatory affection of the kidneys is suddenly found to attack a large number of previously healthy men under 40. They present two characteristics differentiating them from other men of the same class: they live in trenches, and they have all been inoculated against enteric fever. In former campaigns, as in Africa, men, mostly not inoculated, developed enteric under like conditions. Typhoid is comparatively rare in the present campaign, but there are various paratyphoid conditions prevalent. Osler states that there is a renal form of typhoid. I have found bacilluria present in epidemic nephritis long after the original attack.

#### MAGNESIUM SULPHATE LOTION IN CELLULITIS.

LIEUTENANT S. A. B. PAYMASTER, I.M.S., Cameroons Expeditionary Force, writes that from the beginning of the war he has used a lotion of supersaturated solution of magnesium sulphate (35 grains to an ounce of cold water) with remarkable results in lymphangitis, cellulitis, erysipelas (especially of cellulocutaneous type), orchitis, epididymitis, and all other vague oedemas and swellings. The lotion is applied frequently. The pain, tenderness, and swelling markedly decrease from the first day and disappear in a few days.

#### ANA OBSTETRICA FOR THE CURIOUS.

TIRESIAS writes: At a distant farm in the weald of Kent the other day I learnt that the father of my patient was one of a family of twenty-two children, most of whom survive. On the way home my chauffeur (a native of the part) told me of an old lady in the town near that used to say she had had twice two and twenty children, explaining the riddle by the remark that she had had twenty-two straight on; one died and then she had another, thus having twenty-two twice over. More than forty years ago, in a town in the West Riding, an old lady I met at a confinement also told me she had had twice two and twenty children. Her solution was different—twins twice and twenty after had been the order of the arrows in her quiverful, but she added that very few of them were at that time alive. At a maternity case the other day the mother assured me that she was one out of nineteen, fifteen of whom still survive.

### 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 *poste restante* letters addressed either in initials or numbers.