

below the bandage). He was given chloral hydrate gr. xxx in solution by the rectum at 9 p.m. The pulse was 108 and the temperature 100° F.

On December 23rd he could be handled more easily, but the stiffness was as marked as before. A serum rash appeared on the chest. Antitetanic serum 9,000 units was injected intramuscularly, and 9,000 units intravenously (right leg 3,000, left leg 6,000), and 2,500 units intravenously into the arm. Wounds on feet looking well.

On December 24th his condition was improved; the jaws were less rigid, but the back was still arched. He had serum rash all over, but was taking food a little better. Chloral gr. xxx was given by the rectum as before. Antitetanic serum 11,000 units was given intramuscularly in the thighs (right 6,000 and left 5,000), and 6,000 intrathecally under chloroform. The temperature was 101° F., the pulse 116, and the respirations 26.

On December 25th all treatment was omitted; the patient was very much under serum, and had rash all over. Next day he was taking food fairly well, and showing general improvement. He was given a soap enema. Antitetanic serum 10,000 units was given intramuscularly (scapular region). The patient had no more antitetanic serum, and within fourteen days was able to be evacuated apparently cured.

CASE II.

Pte. W. Frostbite of both feet, contracted November 25th, 1915, and following two days. On November 28th he went out digging in his socks, as he said he could not get his boots on; he reported sick with his feet that evening. Stiffness of the jaw appeared on December 16th, and he received 3,000 units of antitetanic serum subcutaneously for the next four days.

On December 22nd his condition was as follows: Marked stiffness of jaws and risus sardonicus, boarded abdomen, kneejerks very brisk with clonic movements of leg. Pulse normal; the bowels had not been open for two days. Two patches of gangrene on toes of both feet. Antitetanic serum 6,000 units intrathecally (under chloroform), and 6,000 intramuscularly (3,000 units into each leg below bandage on thigh for ten minutes), and also 3,000 units subcutaneously.

On December 23rd the jaw stiffness had increased, the intellect was quite acute, and he seemed fairly cheerful. He had some difficulty in swallowing, and increased tendency to spasms starting in the legs. Antitetanic serum 6,000 units was given intrathecally as before; 10,000 units intramuscularly (5,000 into each calf), and 3,000 units intravenously (1,500 into each calf). He was given a soap enema and chloral hydrate gr. xxx by the rectum. Next day he was much the same. He was given 10,500 units antitetanic serum (5,500 units in left and 5,000 in right thigh below bandage); also 10,500 units intravenously (right arm 5,500, and left calf 5,000, below bandage).

On December 25th the temperature was 103°, the pulse 118, and the respirations 36. He seemed less stiff, but was suffering considerable reaction, and the treatment was omitted.

Next day the main condition was improved; the jaws were less stiff, and the tendency to spasms much less marked. Antitetanic serum 10,500 units was given intramuscularly (right calf 5,000, left calf 5,500). On December 27th the pulse was 98, the respirations 26, and the temperature 100° F. He was improving steadily; no further serum was given, and two weeks later he was evacuated apparently cured.

CASE III.

Wound of left hand one month previously to onset of symptoms. On December 12th he had twitching in hand, and on December 14th stiffness was noticed in the jaw and neck, but no generalized spasm.

On December 18th antitetanic serum 8,000 units was given subcutaneously (chest), and 7,000 intravenously (bend of left elbow). On December 20th the jaw seemed rather less stiff, but the hand twitched still. Antitetanic serum 5,000 units was given subcutaneously. Next day he was not so well; the jaw stiffness had increased. Antitetanic serum 6,000 units was given intrathecally under chloroform, and 6,000 intravenously in the left arm (below a bandage round the upper arm), and 9,000 units intramuscularly and subcutaneously.

On December 22nd, as the headache and temperature continued, he was given antitetanic serum 10,000 units intravenously as before, and antitetanic serum 10,000 units intramuscularly. Next day the arm twitchings were lessening, the jaw and neck were in the same condition. Antitetanic serum 10,000 units was injected intravenously as before, and 10,000 units intramuscularly.

On December 24th the back was rigid, but he was otherwise much the same. He was given antitetanic serum, 6,000 units extrathecally and 3,000 intra-aponeurotic, under chloroform, and 9,000 intramuscularly (5,000 units in the gluteal region and 4,000 units in the arm). An urticarial rash appeared on the chest. Next day the general twitchings had all disappeared; the jaw was still stiff, the back and neck less so. He had a serum rash on the chest and arms. The pulse was 100, respirations 38, and temperature 102° F. He was given antitetanic serum 10,500 units intramuscularly (arm).

On December 26th the rash had spread all over, but the twitchings were absent, and the general stiffness was lessening. No antitetanic serum treatment. Next day slight twitchings reappeared in the arm, but the jaw and neck were less stiff. He was given antitetanic serum 10,000 units intramuscularly (arm). The improvement continued, and the patient was eventually evacuated without further symptoms.

In these cases the policy adopted was to push the serum as far as possible and to keep the patients absolutely quiet in a darkened ward, disturbing them as little as possible and doing most of the injections under anaesthesia. Food was taken at long intervals. Injections into the limbs were made in most cases below a bandage acting as a constriction to the circulation, and the limb was allowed to retain the antitoxin for five or six minutes. Twitchings in the limb were certainly lessened, and probably the spread to a more generalized spasm frequently averted by this treatment.

The source of infection in trench foot in Cases I and II is interesting at this time of year. In tracing the day of infection careful inquiry is needed; we found that men with frostbite have a way of getting on their bare feet, which may be insensitive in the earlier stages, and running risks of tetanus infection thereby. In Case III symptoms developed very slowly and recovery was proportionately slow. The patient required a very considerable amount of antitetanic serum, over 130,000 units being administered altogether. His chief trouble was severe headache and occasional high temperatures. Otherwise the chief complaint from the patients was at being disturbed for treatment which was usually administered in the evening.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

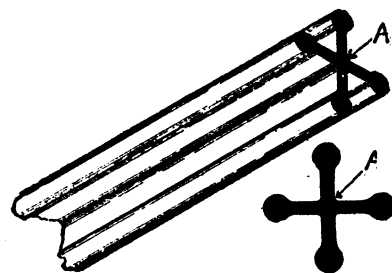
GROOVED RUBBER DRAINAGE STAFF.

If a drainage tube be inserted into a cavity the opening of which is not dependent it would allow fluid to well up and pour over its exit, but it would not empty. The rubber walls of the tube would prevent the contracting tissues around it from exerting their pressure upon the contents of the tube and in it stagnation would occur. Perforations in the sides of the tube would not overcome this difficulty. Perforations in drainage tubes inserted into the abdominal cavity are not free from danger. I have seen a portion of the small intestine strangulated after entering a perforated tube. Buttons of granulation tissue which grow into the perforations sometimes create a difficulty in removing a drainage tube.

The deeply grooved rubber staff which I depict in the accompanying diagram has no walls, so the surrounding tissues exert their pressure directly upon the fluid and push it out. There is therefore not the same encouragement for fluids to stagnate, and none of the objections encountered in perforated tubes arise.

I have used this method of drainage in abdominal cases, amputation wounds, breast cases, and in many other conditions, and it has justified its existence.

The central stalk (A) must not be made too big, it should be as small in diameter as possible so that it cannot act as a plug. Useful sizes for rubber conductors of this kind are an inch,



three-quarters of an inch, and half an inch in diameter.

Messrs. Down Bros. were making these tubes for me in 1913 and 1914, when many of my friends and I were employing them in hospital and private practice. I would not have mentioned these dates were it not for the fact that Mr. C. Max Page published in the BRITISH MEDICAL JOURNAL of October 16th, 1915, an article "Observations on the drainage of gunshot wounds." His observations led him to design tubes which are like mine. He has also pictured others which resemble those Down Bros. made for me in experiments I was conducting in the years 1913 and 1914. Hence Mr. Page and I have evolved independently the same kind of tube, but its evolution was not based on the same ideas.

Hastar.

G. LENTHAL CHEATLE.

SODIUM SALICYLATE IN THE TREATMENT OF "TRENCH FEET."

In the winter of 1914-15 many of the cases of "trench feet" which came under my care were apparently suffering mainly from a neuritis caused by cold and wet, so I gave them sodium salicylate, and had no reason to be dissatisfied with the result. My purpose in drawing attention to this result now is not to discuss the pathology of the condition but to indicate a line of treatment which seems to me to lessen pain and hasten recovery, yet one which is not generally followed. Sodium salicylate is scarcely mentioned in the literature of "trench feet," if indeed at all, and I know of a number of hospitals in which it is not used. A recent opportunity has been afforded me, by the kindness of my colleagues, of comparing cases treated by sodium salicylate with others dealt with in other ways.

On December 21st last a convoy of men suffering from trench feet was admitted to No. 1 Temporary Hospital, Exeter, and six cases had come in on December 18th. Of these cases fifty-nine seemed reasonably comparable, in so far that no serious surgical complications existed; twenty-seven were put on sodium salicylate; thirty-two were otherwise treated. No special selection of cases was made; it was a matter of pure chance which cases came into either group. All had their feet rubbed daily and all were first placed in the wards; only when much improved were any cases removed to our tents, where they had more moving about and were more exposed to the weather. All had pain on admission.

Results on December 24th.

	On Salicylates.	Not on Salicylates.
No pain	4*	0
Severe	8*	4
Worse	3	8

* One admitted on December 18th.

This suggests that at least as many "severe" cases had been included in the group on salicylates as in the other.

Results at Subsequent Dates.

	On Salicylates.	Not on Salicylates.
December 29th:		
No pain	4	2
Slight pain	12	8
Moderate pain	4	11
Severe pain	7	11
January 2nd:		
No pain	7	0
Slight pain	16	15
Moderate pain	3	13
Severe pain	1	4
January 9th:		
No pain	15† (8 in tents)	8‡ (4 in tents)
Slight pain	8	15
Moderate pain	4 (1 in tent)	8 (4 in tents)
Severe pain	0	1

* In the two free from pain on December 29th pain had returned slightly.

† Three admitted on December 18th.

‡ Two admitted on December 18th.

On January 9th, amongst those who had "no pain," the average duration of the cases was practically the same in the two groups—that is, 26.2 days for those on salicylates and 25.5 days for the others. Carefully considering all the circumstances, the two groups seem to me quite comparable, and the seemingly superior results given by the salicylates to be probably real.

In confirmation of this conclusion I may mention:

1. My former experience.
2. The fact that the cases in one ward were deprived of

their salicylate for twenty-four hours and considered they did worse without them.

3. A case which was not on salicylates had "severe" pain and was put on them; in three days his pain was "slight."

4. Some of the cases not on salicylates were given aspirin occasionally when in bad pain and were relieved by it.

Aspirin is the one form of salicylate of which common mention is made in the literature, but only, I think, as an occasional analgesic. I think it may be fairly claimed that the salicylate is a useful means of relieving pain and shortening its duration. The exact formula used has been:

Sod. salicylate	gr. x
Spt. am. arom.	℥i xv
Tinet. cinchon. co.	℥i xx
Syr. aurant.	5 ss
Aquam	ad 3j

Every four hours until the pain is slight; then thrice daily.

Some other observations may be worth mentioning, namely:

(a) The most valuable remedy used for the pain was rubbing.

(b) Galvanism (my colleague, Dr. Mabel Gates, finds) was also valuable.

(c) In severe cases hot fomentations over belladonna paint were often useful.

(d) So was laudanum sprinkled on flannel.

(e) Radiant light and heat often helped.

(f) The whirlpool bath sometimes helped.

(g) Local application of hot brine sometimes helped.

(h) Local plain hot water sometimes made matters worse.

(i) Walking on the tender feet did harm.

W. GORDON, M.D., F.R.C.P.,
Medical Officer attached to No. 1 Temporary
Hospital, Exeter.

Rebiels.

BIOLOGY OF TUMOURS.

THE origin of tumours has been a prolific source of controversy. In his *Biology of Tumours*¹ Mr. MANSELL MOULLIN continues the presentation of his idea, begun in the Bradshaw lecture delivered before the Royal College of Surgeons of England in 1912. He states that the conclusions he has reached differ in many particulars from the views current generally, and he therefore expects to meet with a good deal of adverse criticism.

The premisses on which his thesis is based may be summed up in the indestructibility of cell character—as it was in the beginning it is now. The primitive cell was asexual and reproduced its kind asexually. In the higher organism this power of the cells is in abeyance, but may on suitable stimulus reappear. The normal germ cells are busy reproducing on other lines, the normal somatic cells are wholly given up to their special work. Check the normal development of either, and each may revert to the asexual process of reproduction, and produce a bad attempt at a second generation or bud—or, in other words, a tumour. The nature and stage of growth of the parent cell will determine the character of the bud. If the parent cell is still in the actively-growing embryonic stage at the moment development is arrested, and the bud is given off, the bud will be embryonic too, and a tumour of great "malignancy" result. If the parent cell has nearly reached its perfect form the bud will grow slowly, and merely push aside neighbouring structures without invading them, and a "non-malignant" tumour results. It is the degree of maturity of the parent cell that determines benignity or malignancy; there is no difference save in degree. The bud that would form an innocent tumour if the parent cell had nearly reached maturity, will grow into a malignant one if it is still in the embryonic stage. So long as development continues as it should, work is properly done, growth and reproduction never break

¹ *The Biology of Tumours*. By C. Mansell Moullin, M.A., M.D. Oxon., F.R.C.S., Lieutenant-Colonel R.A.M.C.(T.). London: H. K. Lewis and Co., Ltd. 1916. (Demy 8vo, pp. 55. 2s. 6d. net.)

genial man with ready wit and confident manner, who may or may not be skilful professionally. The public judges rather by manner than results, and success comes to the plausible.—I am, etc.,

Hartland, North Devon, Jan. 21st.

RICHARD KAY, M.B.

MOBILIZATION OF THE PROFESSION.

SIR,—In your leader on this subject you say the proposal has deeply moved all its members. Undoubtedly it has some, and in different ways; but I am afraid there are very many more who, by reason of the exacting nature of present demands on their time, know little of the proposal or what it involves for the rank and file of the profession, or there would be most vigorous opposition. I cannot imagine the profession would knowingly and voluntarily hand over what remains of its freedom, and actually seek to be put under compulsion, irrespective of age, circumstances, or fitness.

I believe the profession is as patriotic as any other body of workers, and perhaps more so; for our gratuitous work for the public and country is almost unlimited, and the contribution to H.M. Forces a most honourable one, but to ask that every man on the *Register* shall deliver himself up ready to go anywhere and do anything he may be told is surely not only unnecessary, but unbusinesslike and absurd. Imagine the confusion, chaos, and expense were the suggestion of your correspondent "S." for a sort of general "all change" adopted!

If all this were necessary to the winning of the war no reasonable individual would object, but is it? The military authorities may be trusted to secure all the available officers they need, and other machinery is in existence to arrange where they can safely be taken from, and to conserve the interests of those taken.

In spite of this, it appears to be suggested that we should all be handed over to the arbitrary disposal of compulsion, which need not consider age, fitness, qualification, or circumstances, and, indeed, will know little about them.

Take the case of a man who, quite unfit for military service, is able to do useful work in his own time and way, in his own practice and for absentees. Transfer him from the place he has chosen because of his limitations to another locality away from all that has made his work possible, and his usefulness is destroyed, and he will probably completely break down.

Let us do everything we can to serve our country and to protect our absent colleagues. Make it compulsory if you like for each practitioner at home to disclose a list of new patients who have come to him for the first time since his absent neighbour was called up, or any other fair means of ensuring that an absentee's patients shall not be taken; but before it is too late, and our leaders have betrayed us into bondage, can we not do something to show most plainly that they have no right or mandate from the profession to give us away so hopelessly?

I hope others with more ability to voice the views and feelings of the rank and file will take up this matter.—I am, etc.,

January 22nd.

REJECTED.

Universities and Colleges.

UNIVERSITY OF CAMBRIDGE.

The following degrees have been conferred:

M.B., B.C.—A. Orr-Ewing, V. C. Pennell, N. S. Thirard
M.B.—C. H. M. Gimlette, R. S. Woods.

* Admitted by proxy.

UNIVERSITY OF LONDON.

UNIVERSITY COLLEGE.

A SPECIAL introductory medical course in physics, chemistry, and biology for students desirous of beginning their medical studies will be held at University College, and will begin on March 1st. Intending students should communicate forthwith with the Secretary, University College, London (Gower Street, W.C.).

CONJOINT BOARD IN SCOTLAND.

The following candidates have been approved at the Final Examination in the subjects indicated:

Medicine—R. N. Burton, F. J. Jack, Mary G. Jones, J. B. Minford.
Surgery.—Don Adrian Jayasinghe.
Midwifery.—B. Ajayi-Young, R. C. Battersby, A. E. Elliott, F. J. Jack, G. A. Grandsonlt.
Medical Jurisprudence.—A. E. Hempleman, A. P. McLeod, R. Pollok, J. Michaelson, Arukatti Patabondige Frederick Abysuriya, J. L. West, A. I. Meek, D. Stewart, F. J. Jack, D. C. Howard.

The following have been admitted L.R.C.P.E., L.R.C.S.E., L.R.F.P. and S.G.:

W. F. Mason, J. A. Tohmic, J. W. Gordon, R. F. C. H. Buchanan, A. Black, Yeshwant Narayan Kadam, J. Berry, A. D. Gorman, W. T. Garretson.

Public Health

AND POOR LAW MEDICAL SERVICES.

VITAL STATISTICS IN ENGLAND AND WALES, 1916.

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 1916.

ENGLAND AND WALES.

Birth-rate, Death-rate, and Infant Mortality during the Year 1916 (Provisional Figures).

	Death-rate per 1,000 Living.*	Death Under One Year per 1,000 Births.
England and Wales... ..	14.0	91
96 great towns, including London (Populations exceeding 50,000 at the Census of 1911)	14.4	98
148 smaller towns (Populations from 20,000 to 50,000 at the Census of 1911)	13.0	90
London	14.3	87

* The death-rate for England and Wales is based upon deaths in the whole population and an estimated total population of 36,250,000. The birth-rate similarly calculated is 21.6 per 1,000. The death-rates for the towns are based upon civil deaths and estimated civil population. The birth-rates cannot be stated. In all cases the population used relates to the year 1915.

Obituary.

GEORGE MUNRO SMITH, M.D.,

CONSULTING SURGEON TO THE BRISTOL ROYAL INFIRMARY.

DR. MUNRO SMITH, who died on January 13th, was the son of Mr. W. Smith, who practised for many years in Clifton. He received his early education at Clifton College, and entered as a student in Bristol Medical School in 1874. He studied with exemplary diligence in the wards of the Royal Infirmary, and won the Clark Scholarship and gold medals for medicine and surgery. He took the diploma of M.R.C.S. in 1879, and that of L.R.C.P. in 1880. Returning to Bristol, he was made lecturer on physiology to the Bristol Medical School, and his connexion with the Royal Infirmary was renewed when he was chosen as demonstrator of morbid anatomy. He was elected assistant surgeon in 1889, and he became full surgeon in 1897; on his resignation in 1909 he was placed on the consulting staff. His interest in the Royal Infirmary never flagged, and at the request of its managing committee he undertook to write its history. Fortunately Dr. Munro Smith was able to complete the revision of this work before his decease, and we understand that it will shortly be published by Messrs. Arrowsmith. He was president of the Bath and Bristol Branch of the British Medical Association in 1909.

In 1912 Dr. Munro Smith received the diploma of M.D. Bristol *honoris causa*. He was on the staff of the 2nd Southern General Hospital with the rank of Lieutenant-Colonel R.A.M.C.(T.). He attended the hospital at Southmead daily, and did not cease to discharge his duties until compelled to do so by serious deterioration of his health.

Modder River, Magersfontein, and Pardeberg, and relief of Kimberley; dangerously wounded, mentioned in dispatches, Queen's medal with four clasps and King's medal with two clasps, and C.M.G. He received the K.C.B. in 1904.

DR. J. COURTIN, who died on December 9th at the age of 59, was for many years a leading surgeon at Bordeaux. He took his degree there in 1880. He became surgeon to the Children's Hospital and to the Saint André Hospital, to which he remained attached from 1878 till 1912. He won a high reputation both as a surgeon and a teacher. He retired four years ago under the rule as to limit of age, but on the outbreak of the war returned to his post at Saint-André. He worked there and at the auxiliary hospital of La Poupouinière for fourteen months with a devotion which won him the respect and affection of all with whom he came in contact. From 1895 till his death he was general secretary to the Association des Médecins de la Gironde. He was also at various times secretary of the Infant Protection Society, professor at the school for nurses, and President of the Bordeaux Society of Anatomy and Physiology. He was long associated with Professor Massage in the editorship of the *Gazette hebdomadaire des sciences médicales de Bordeaux*, becoming sole editor on the retirement of his colleague. At the Congress of the Assistance Publique in 1903 he was honoured with the Ribbon of Officer of Public Instruction, and at the International Congress on Infant Protection in 1905 he received the "palme académique" for the part he had taken in its organization.

BRIGADE SURGEON SAMUEL CORNWALLIS AMESBURY, Bengal Medical Service (retired), died at Dehra Dun on November 8th, aged 84. He was born on November 21st, 1832, the younger son of Mr. Joseph Amesbury, surgeon, London, was educated at King's College, London, and at the Middlesex Hospital, and took the diploma of M.R.C.S. in 1854, subsequently taking that of F.R.C.S. Edin. in 1866. He was nominated, by Mr. H. T. Prinsep, an assistant surgeon in the I.M.S. from January 14th, 1855, became surgeon on January 14th, 1867, surgeon major on July 1st, 1873, and brigade surgeon on December 3rd, 1883, retiring with an extra compensation pension on April 30th, 1890. During the later part of his service he was medical officer of the Bengal Sappers and Miners stationed at Rurki, and after retiring he practised for some years at Masuri. Though in India during the Mutiny he does not appear to have seen service in that campaign, his only war service being the Hazara campaign of 1868, in the North-West Frontier of India. His elder brother, the late Surgeon Major J. W. R. Amesbury, who died over thirty five years ago, received a Brevet-Surgency for his services in the Mutiny.

LIEUTENANT-COLONEL GEORGE ARCHIBALD MARSHALL, Deputy Assistant Director of Medical Services of the Commonwealth Military Forces, died on December 24th at Darling Point, Sydney, N.S.W., aged 58. He was the third son of the late Dr. Joseph Marshall of Dromore, co. Tyrone, Ireland, and was educated at the Royal School, Raphoe, and at Trinity College, Dublin, where he took the degrees of B.A., M.B., B.Ch. in 1882. He was an officer of the Australian Army Medical Corps, which served during the South African war in 1900-1. He was on active service again when he was wounded by shrapnel in the Dardanelles, and was then sent back to Australia, but pernicious anaemia developed. He had practised in Sydney for over thirty years, and was much beloved and respected by his patients and medical brethren in the city. He has two brothers still in the medical profession.

LIEUTENANT-COLONEL AUGUSTUS NAPOLEON ROGERS-HARRISON, Madras Medical Service (retired), died at Cheltenham on January 1st, aged 67. After taking the diplomas of M.R.C.S., L.S.A., and L.R.C.P. Lond. in 1872, he entered the I.M.S. as assistant surgeon on October 1st, 1872, becoming surgeon on July 1st, 1873, surgeon-major on October 1st, 1884, surgeon lieutenant-colonel on October 1st, 1892, and brigade surgeon lieutenant-colonel on April 7th, 1896, and retiring on January 6th, 1902. Most of his service was spent in civil employ in the Madras Presidency, at Salem and Vizagapatam. The *Army List* assigns him no war service.

The Services.

EXCHANGE.

CAPTAIN R.A.M.C. in charge of troops in Egypt desires exchange with M.O. on home station, hospital, or sanitary. Cardiff or London district preferred.—Address No. 250, BRITISH MEDICAL JOURNAL Office, 429, Strand.

Medical News.

THE council of the London and Counties Medical Protection Society, Limited, has decided to apply for £9,500 Five per Cent. War Loan (£2,100 new money), bringing the amount of the society's investment in war securities up to £10,000.

DR. C. J. WHITBY, well known to many members of the Association as representative for several years of the Bath Division, has published in the Christmas number of *Khaki* a play entitled "The Elder Brothers," which shows his power of dramatic writing to the best advantage. Romantic in form and indeterminate as to time and place, it yet has a symbolic relevance to the state of opinion in the country shortly before the outbreak of war, when we understand it was written.

AT the annual meeting of the Incorporated Midwives' Institute a resolution was adopted strongly opposing the notification of pregnancy, on the ground that it would tend to prevent early engagement of the doctor or midwife and undermine the confidence between the midwife and patient so necessary for effective antenatal care. Another resolution recognized that prenatal care was an important factor in diminishing abortion, stillbirths, and premature labours, and urged that the midwife was a suitable person to give this care since, under the rules of the Central Midwives Board, she had responsibilities towards the patient from the time of booking. For this reason another resolution affirmed that there must be efficient and hearty co-operation between practising midwives and maternity centres.

IT is stated in the German medical press that the decline of the incidence of venereal disease in the army observed between 1870 and 1913 has continued even during the war. Before 1870-71 this incidence was 5 per cent. By 1912-13 it had fallen to 2.12 per cent., and during the first year of the war it was only 1.44 per cent. The Governor of Kiel has forbidden unqualified persons to advertise their willingness to treat the subjects of venereal disease. He has further decreed that women suspected of suffering from venereal disease are, as a rule, to be examined by medical officers, and in certain cases to be compulsorily treated in hospital. A conference of the German Evangelical Workmen's Association has demanded the establishment of a public health office for combating venereal diseases, and that the regulation of prostitution and the brothel system in every form should be abolished.

PROFESSOR SULTAN (*Deut. med. Woch.*, June 15th, 1916) advises the more general use of giant electro-magnets. Before using electro-magnets on the living the author carried out a series of experiments with them on brains soon after death. He found this method of extraction the least harmful, for the electro-magnet pulled the splinters out in their long axis. Far less harm was, therefore, done to the brain than when it was probed with pincers or a finger. He gave cases to illustrate two points of interest. They showed (1) that all the tissues surrounding the metallic splinter were raised into a fold by the action of the magnet, and thus the position of the splinter was indicated. They also showed (2) that even when such a fold was not produced, and the splinter was not directly palpable in the wound, a vibration like that of a weak faradic current could be felt with the probing finger. By this vibration the position of the splinter could again be ascertained. He had never seen the slightest injury from the use of the giant electro-magnet.

THE report submitted to the monthly meeting of the committee of the Medical Sickness Annuity and Life Assurance Friendly Society on January 19th, when Dr. F. J. Allan was in the chair, showed that the society had experienced an exceptional number of claims during the last two months, arising from the epidemic of influenza. The claims were beginning to lessen. The total sickness experience for the year was under the expectation, in spite of a considerable sum having been paid for wounds, etc., to members on active service. It was decided to apply for a further £15,000 in the new Five per Cent. War Loan, and to convert the society's existing holdings, amounting

to £25,500. This transaction, when complete, will give the society a total of £40,500. The important question of the depreciation of stock values, which affects all insurance companies, was considered; a further £6,000 has been added to the investment reserve, raising it to £10,000. There is now no limit to the amount for which a member can insure, provided that such amount is not more than three-quarters of his average professional earnings, and advantage of this facility has been largely taken. At this meeting the chronic claims were reviewed and the advantages of insurance were well exemplified by these cases, which consist of men totally incapacitated from any work for the remainder of their lives, many of whom have stated that the amount received from the society is, in most cases, just sufficient to maintain themselves and families. For further particulars of the society apply to the Secretary, Medical Sickness and Accident Society, 300, High Holborn, London, W.C.

A MEETING of the Central Midwives Board was held on January 18th, Sir Francis Champneys presiding. The Standing Committee reported, amongst other correspondence, a letter from the Town Clerk of Middlesbrough enclosing a communication from the coroner, informing the medical officer of health that at an inquest on October 12th, 1916, on the body of a newborn child, the jury had added a rider to their verdict expressing their view that a midwife should not be allowed to notify as stillborn a child born before her arrival at the case where no registered medical practitioner had been in attendance at the time of birth. The Board has noted the suggestion for consideration on the next revision of the rules. In reply to a letter from the Colonial Office, transmitting an Ordinance to Amend the Midwives Ordinance, 1915, passed by the legislature of the Straits Settlements, it was decided to inform the Colonial Secretary that the new ordinance incorporated most of the amendments suggested on October 15th, 1915, but that the legislature of the Straits Settlements had not thought it desirable to omit the words "habitually and for gain" occurring in Section 14 (2) of the Ordinance of 1915. The presence of these words in Section 1 (2) of the Midwives Act, 1902, had been found productive of much difficulty in enforcing the provisions of the Act. It is hoped that an early opportunity may be found of amending the Midwives Act by the omission of these words. At a penal session on January 19th six women were struck off the roll. Among the charges were neglect of ophthalmia neonatorum and delay in recognizing abnormal presentations, and consequent delay in sending for medical aid. In one case the patient died and in the other the child was stillborn.

Letters, Notes, and Answers.

AUTHORS desiring reprints of their articles published in the BRITISH MEDICAL JOURNAL are requested to communicate with the Office, 429, Strand, W.C., on receipt of proof.

THE telegraphic addresses of the BRITISH MEDICAL ASSOCIATION and JOURNAL are: (1) EDITOR of the BRITISH MEDICAL JOURNAL, *Aitology, Westrand, London*; telephone, 2631, Gerrard. (2) FINANCIAL SECRETARY AND BUSINESS MANAGER (Advertisements, etc.), *Articulate, Westrand, London*; telephone, 2630, Gerrard. (3) MEDICAL SECRETARY, *Medisecret, 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.

QUERIES.

INCOME TAX.

W. inquires whether, if his wife undertakes war work at such a distance from home that her remuneration is wholly, or partly, absorbed by the cost of her board and lodging, he will have to add her salary to his own for income tax purposes.

* Strictly the cost of board and lodging in such cases cannot be claimed, but we understand that in the special circumstances the authorities allow a deduction not exceeding 2s. 6d. a day for the additional expenses of the worker's maintenance. If the total joint income of husband and wife does not exceed £500, separate "abatement" can be claimed in respect of the wife's earnings.

LETTERS, NOTES, ETC.

PRACTICES OF MEDICAL MEN DYING ON SERVICE.

V.A.D. writes: In all the schemes for the mobilization of the profession attempts have been made to conserve the practices of those away on military duty, but no attempt

has been made in regard to the sale of the practices of those who have unfortunately fallen in the cause of their country. As this very often represents the sole capital of the dependants of the deceased officer, I think it of very great importance that steps should be taken to remedy this omission. It ought not to pass the wit of man to devise a suitable scheme for this purpose, and the General Medical Council ought to have penal powers in regard to such of those men who would reap pecuniary benefit from the losses of others who have died in the service of their country.

NICOTINE IN CIGARETTES.

M.D. writes: The reply to "M.R.C.S." in your issue of September 16th, 1916, p. 412, was read with great interest by me. I have attended a great many men who had lost their health and their means of livelihood from excessive nicotine poisoning, and now that women and children are taking to cigarette smoking in ever increasing numbers, I would like to make the patriotic inquiry whether cigarettes made from English tobacco from Virginian seed of which 80,000 lb. were grown last year by one farmer, would not be much less harmful. Your correspondent refers to your report in 1909, p. 911, which proved that Virginian tobacco when grown in Virginia contained the largest amount of nicotine, while it appears from the daily press that much of what are called Egyptian cigarettes are really Turkish.

I know for a fact that tobacco is grown in Canada by thousands of farmers for their own use as well as for the manufacturers which is generally known to pay them £40 an acre, and although this tobacco is grown from Virginian seed it is generally known to be much milder in nicotine than tobacco grown from the same seed in Virginia. This is easily explained by the difference in soil and climate. At Farnham, Surrey, the climate seems so suitable that I understand that the whole crop of the above-mentioned farmer was sold before it was ripe for picking. Tobacco growing is eminently suitable for women, and it would save the empire at least some of the tremendous efforts to keep up the United States exchange.

SUPPRESSION OF QUACKERY.

DR. DAVID ROBERTS (Swadlincote) writes with reference to the resolutions of the Council of the Royal College of Surgeons, published on p. 106 of the JOURNAL, January 20th: Why not go further? I contend that the general quackery practised by chemists is a danger to the community and should be included. Why do so many people resort to quackery? I think it is the dislike of examination and questions, arising from aversion to the decisive and downright, in the same sense as the "Iron Chancellor" objected to the thorough examination and questions of yet another of his new doctors; the reply he received was to the point: "You have made a mistake in calling me in; you ought to consult a veterinary surgeon, and he would not ask you any questions at all."

SUPERNUMERARY NIPPLES.

DR. W. H. PARKINSON (Assistant County Medical Officer of Health and School Medical Officer, Warwickshire) writes: Within the last few days I have met with a case of supernumerary nipple. The subject was a boy; the structure was situated on the left side immediately under the normal nipple and about 1½ in. lower down. It was very small, and there were no signs of a similar structure on the opposite side. While I have heard of the abnormality, I have never before seen a case, though I have examined, roughly, 20,000 children during the last four years in my capacity of school medical officer. I presume it is an instance of approximation to the type found in lower animals, owing to the usual suppression not having taken place.

Supernumerary nipples are said to be not very uncommon, and as many as eight in one case have been described. We find in *Anomalies and Curiosities of Medicine*, by Gould and Pyle, that Hirst states that "supernumerary breasts and nipples are more common than is generally supposed. Bruce found sixty instances in 3,956 persons examined (1.56 per cent.). Leichtenstern places the frequency at one in 500; both observers declare that men present the anomaly about twice as frequently as women." The fact that the accessory glands may develop at odd places on the body—on the shoulder, the axilla, the groin, or the thigh—has been held to make the theory of approximation to the type found in lower animals untenable.

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