

was expected, according to the type of malaria from which the patient suffered. In Salonica as much as 18 grains of quinine were injected at one dose, but we never found it necessary to give more than 6 to 10 grains in one injection.

Several cases of pueris with effusion, but without any fever, occurred in malarial patients, and the fluid rapidly absorbed after intravenous injections. For the anaemia arsenic was given by the mouth or sodium cacodylate injected hypodermically.

Many men arrived at the hospital with the chronic form of malaria which had well-marked symptoms. Chronic headache, often diarrhoea and sickness, anaemia, lassitude, with an evening rise of temperature to 100°, occurred in nearly all these patients, and the symptoms rapidly yielded to intravenous treatment.

The conclusion arrived at was, that intravenous injection of quinine urethane was the only treatment of malarial coma and a valuable remedy for persistent fever and chronic forms of malaria; it was also painless.

Intramuscular injection of quinine was painful, and often cases arrived with indurated lumps in the buttocks from the effect of injection which later broke down into abscesses.

We are much indebted to Colonel Casalis, R.A.M.C., for permission to publish these notes.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

THE PERSISTENCY OF VENEREAL DISEASE.

THE persistency of gonorrhoea and its complications are not a little neglected by the great men of the profession. A German professor declared some years ago that the disease was "never cured." This statement, although a great exaggeration, is corroborated to an unfortunately wide extent. The histories of the following cases that have been through my hands in the last few years support the dictum of the enemy professor:

A man of 30 came with a very copious gonorrhoea. He was a highly respected tradesman. He declared that ten years ago, long before he was married, he had become infected. After coitus with his wife the "running" had relapsed, although he had seen nothing for some years. There was no reason of any kind to doubt this man's bona fides.

A man of 35 summoned me to attend him for an attack of rheumatism. I soon found that it was gonorrhoea; his knees and ankles were severely affected, and he was an invalid for over two months. This was due to a relapse of the disease, as he suffered from a slight discharge more than seven years after the original attack. He was a perfectly straightforward man, and endeavours to shake his statement always failed.

An officer returned from France, where he had been isolated from all female society for fifteen months. He slept with his wife, and next day had some discomfort. In the evening there occurred a copious purulent discharge, and next morning he appeared in my consulting room. I found a few undoubted gonococci in the pyorrhoea. This was ten years from the original infection, and he believed himself to have been free from all symptoms for many years.

The last is a striking case at present under treatment. An officer, aged 32, called me in to relieve him from some painful swellings of both ankles. He was a very stout man of rather alcoholic tendencies. Gout was confidently diagnosed, but after two days there was little improvement. Talking to him on the third day, he said that nine years and two months ago he had a bad attack of gonorrhoea, followed immediately by arthritis and iritis. Every symptom entirely left him after a few weeks. Four years ago he had a very mild iritis and penile discharge for two days, and since then no symptom of any kind. There was now a drop of pus which showed quantities of gonococci. This discharge has been visible in the form of a drop about once a week since. He has now been ill for two months, but has greatly improved on the Phylacogen of Parke Davis. There has been a monocular iritis, with a mild hypopyon.

A very rare case of syphilis has also come into my hands:

A child was born to a very robust-looking couple. In the third week typical condylomata developed on its buttocks. The diagnosis was corroborated by two other doctors. Vigorous treatment with grey powder soon cured this and greatly improved the baby's condition. The Wassermann reaction was very well marked in the father. Syphilis was contracted by the father nineteen years previously, well treated, and apparently absolutely cured.

Such a history is entirely outside my experience, and, indeed, the universal experience as evidenced by the textbooks in general. Dr. Graham Little recently published in the *Practitioner* a paper on gonorrhoeal rheumatism, in which were enumerated a large selection of cases. He had only been able to find in the literature one which had occurred many years after the original attack. The general practitioner is non-communicative, for I feel sure that relapses and arthritis are not very uncommon phenomena.

East Sheen.

VAUGHAN PENDRED.

SCIATIC HERNIA.

THE patient whose case is here related was sent to me by Mr. George Cole of this city. It seems to me to be worth putting on record because of the unusual site of the hernia.

The patient was a male child, 10 weeks old, very poorly nourished, although the mother was feeding it from the breast. She was 33 years of age, and this child was her eighth. A swelling the size of a large nut was found on the left side near to the sciatic notch. I was told that it disappeared entirely at times. The swelling was easily pressed back into the pelvis, gurgling being very noticeable. The case was obviously one of hernia which contained bowel.

I have referred to what literature I possess on the subject of congenital hernia with the following result, namely: Mr. T. Holmes recorded a case of vaginal hernia in his *Surgical Diseases of Children*; Mr. Edmund Owen, one of lumbar hernia; Mr. J. Hutchinson, jun., four cases of lumbar hernia; Dr. W. T. Wilkins, of Kansas, a very interesting case of lumbar hernia the result of injury to the mother before the birth of the child. With the exception of Mr. Holmes's case, all are to be found fully described in Keating's *Encyclopaedia*.

Nottingham.

LEWIS W. MARSHALL.

HOT SAND AS A PREPARATION FOR MASSAGE AND MANIPULATION.

IN his excellent article on "Contractures and allied conditions" in the *BRITISH MEDICAL JOURNAL* of January 27th Dr. George Cooper makes the following remarks:

Hot sand has been recommended as a useful method of imparting heat to the tissues. It is, however, rather painful, and the skin is found to have been rendered much too tender for subsequent massage. It has no advantages over other methods, and is but seldom employed.

Dr. Cooper's experience is quite contrary to mine, and the explanation is easy. He has used the sand too hot. If he will try it again, applying it at a comfortable temperature, as I always do, he will find it as valuable as I have. I should be sorry to see the method discredited, knowing how good it is, and discredited through an error in the mode of application; for it has this great advantage over other methods, that almost every patient can readily avail himself of it where more elaborate means of heat cannot be obtained. At the present moment it is being employed by a rheumatic patient of mine with the greatest benefit in a place where electric light does not exist.

Exeter.

W. GORDON.

THE shortage of rubber in Germany is responsible for severe restrictions on the sale of babies' comforters. Parents can be sure of obtaining them only on the presentation of a birth certificate, and they are granted only to children less than a year old. Not more than two comforters can be allotted to a baby on first application, and before a comforter can be replaced the old one must be returned to be repaired. No restriction is, however, put on the sale of comforters made of substitutes for rubber.

WE learn from the *New York Medical Journal* that the deans of ninety-five American medical schools met recently at Washington on the invitation of the Secretary of State for War to discuss plans for co-operation with the Council of National Defence, and adopted a resolution to the effect that a system of universal military training would be of great benefit to the health, development, and proficiency of the youth of the United States. A petition was sent to the Secretaries for War and the Navy asking that each medical school should be supplied with an instructor in military sanitation and medicine.

during the absence on active service of Dr. A. C. Goddes, he had taken full charge of the work. He was a great favourite with the students, his kindly disposition and genial manner endearing him to everybody. Dr. Henderson married in 1896 Miss Vesta Hersey, who with three children survives him. She is closely connected with many of the women's associations in Montreal, and only recently returned from England, where she went with a party of Volunteer Aid Detachment nurses from Montreal.

The Services.

ROYAL NAVAL MEDICAL SERVICE.

Domville Memorial Gift.

A RECIPIENT of the Domville Memorial Gift of £6 yearly for three years will be elected on March 14th, 1917. The recipient must be the child of a deceased naval medical officer in necessitous circumstances and under 15 years of age. Further information can be obtained from the Honorary Secretary, Domville Memorial Gift, Haslar Hospital, Gosport, to whom particulars of claim and birth certificates must be forwarded on or before March 12th.

ROYAL ARMY MEDICAL CORPS.

Removal of the Dépôt from Aldershot.

WE understand that the War Office has decided to remove the Royal Army Medical Corps Dépôt from Aldershot, where it has been for some five-and-thirty years. The ground assigned is, we believe, that the site is required for other military purposes. The decision is the cause of very great regret to officers of the Royal Army Medical Corps, who have regarded the existence of a training school in a great military centre such as Aldershot as very conducive to the efficient training of officers and men of the corps. It is said that the dépôt is to be established at Blackpool, Lancashire.

EXCHANGES.

CAPTAIN R. A. M. C. T., 1st Northern General Military Hospital, Brighton Grove (Venereal) Section, Newcastle-on-Tyne, desires to exchange with M.O. in military hospital in South of England.—Apply to Captain A. H. Davis, 1st Northern General Hospital, Brighton Grove Section, Newcastle-on-Tyne.

M.O. in charge troops Northern Command, wishes to exchange with M.O. in charge troops Western Front.—Address No. 549, BRITISH MEDICAL JOURNAL Office, 429, Strand.

INDIAN MEDICAL SERVICE.

LIEUTENANT-COLONEL PATRICK BALFOUR HARR, M.B., I.M.S., has been appointed to be a Companion of the Bath.

Medical News.

CAPTAIN JULIUS HENRY BEILBY, R.A.M.C., of Broms-grove, who was killed in action in Egypt on April 23rd, left estate valued at £36,574.

MR. JONATHAN HUTCHINSON, F.R.C.S., will give an Hunterian Lecture before the Royal College of Surgeons of England, on Monday next, at 5 p.m., upon Dupuytren's contraction and Dupuytren's life and surgical works.

At a general meeting of the Medico-Psychological Association at 11, Chandos Street, London, W., on Thursday next, at 3 p.m., Dr. Robert Armstrong-Jones will read a paper on dreams and their interpretation, with reference to Freudism.

As announced in our advertisement columns, applications for foundation scholarships, pensionerships, and annuities at the June election of the Epsom College must be delivered at the office of the college, 37, Soho Square, London, W., by February 28th.

DEMONSTRATIONS of the methods of administering drugs having the same therapeutic effect as salvarsan will be given at the London Hospital on Tuesdays, at 1 o'clock. Further particulars can be obtained on application to the secretary of the London Hospital Medical College.

THE first Portuguese National Congress on Physical Education was held at Lisbon in June, 1916. Resolutions were passed urging that a normal institute of gymnastics should be created; that together with compulsory physical training in schools a system of medical inspection, including services of oto-rhino-laryngology and psychiatry, should be organized; that swimming should be taught in primary schools, and that playgrounds, swimming-baths, and shooting ranges should be established and maintained by the municipalities. It was further resolved that in all schools and lycæums chairs of physical training should be created, and that attendance at the courses should be compulsory; and that in all universities and secondary schools arrangements should be made for the preparatory military instruction of officers.

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, *Antiology, Westrand, London*; telephone, 2631, Gerrard. (2) FINANCIAL SECRETARY AND BUSINESS MANAGER (Advertisements, etc.), *Articulate, Westrand, London*; telephone, 2630, Gerrard. (3) MEDICAL SECRETARY, *Mediscera, 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.

WHILE "P. E. M." was acting as honorary surgeon to the Red Cross in France his salary for a local appointment was received by him in full, but he paid his own substitute. Can this payment be deducted by him for income tax purposes?

Yes. It may be arguable on a strict interpretation of the Acts that "P. E. M." should pay on the full salary and deduct tax *pro rata* from his substitute, but in practice the necessity for this is obviated by reducing the original charge and dealing separately with the liability of the deputy. This is especially convenient under the present system of graduated rates of duty. We suggest that "P. E. M." should place the facts before the local surveyor of taxes, and request an adjustment of his assessment on the lines indicated above.

CHILBLAINS.

DR. F. B. HAZLETON (Sheffield) writes: Thousands of young people in this part of the country (South Yorkshire) are suffering on hands and feet from a severe form of chilblains. I attribute this to the almost complete absence of eggs from the daily diet. I usually prescribe a mixture containing liq. calcis sacch. 3j and calc. chloride gr. v, to be taken in milk thrice a day, and pil. aloes et ferri gr. iv once daily, but should be glad of the experience of others.

LETTERS, NOTES, ETC.

A MILITARY CORRESPONDENT writes to suggest that the pages of the different pamphlets issued from time to time by the War Office for the use of medical officers should be of uniform size, so that they could be kept together in a reading case and bound for reference.

COMPOSITION OF "LUBAFAX."

MESSRS. BURROUGHS WELLCOME AND CO. (London) write: In the report of Mr. Frank S. Kidd's third lecture on diseases of the male urethra, printed in the BRITISH MEDICAL JOURNAL, of January 27th, p. 114, it is stated that "Lubafax" is copied from Casper's formula, which contains oxyvanide of mercury. We think it desirable to state that "Lubafax" is an entirely original preparation, it is not copied from Casper's formula, and it contains no poisonous substance as an antiseptic.

SUPERNUMERARY NIPPLES.

DR. STANLEY C. JELlicoe (Totnes) writes: When examining Derby recruits I had three men in four days with supernumerary nipples. One had one, another two, and the third three. All were in a line with the normal nipple. I have not seen one before or since.

DR. A. J. YOUNG, of Whitefield, Manchester, sends a photograph of a native woman of Northern Nigeria, taken a few years ago, and showing two supernumerary nipples, or mammae, disposed symmetrically, the lower on each side being a little inferior to what appears to be the main nipple.

CAPTAIN T. W. LEIGHTON, R.A.M.C., writes to record two cases of supernumerary nipples in recruits appearing at Mill Hill, both on the same day, a week or two ago. Both were on the left side about one inch below the normal nipple; there was in each case a distinct areola and hairs.

SCALE OF CHARGES FOR ADVERTISEMENTS IN THE BRITISH MEDICAL JOURNAL.

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All remittances by Post Office Orders must be made payable to the British Medical Association at the General Post Office, London. No responsibility will be accepted for any such remittance not so safeguarded.

Advertisements should be delivered, addressed to the Manager, 429, Strand, London, not later than the first post on Wednesday morning preceding publication, and, if not paid for at the time, should be accompanied by a reference.

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