

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

THE APPLICATION OF SURGICAL METHODS TO THE TREATMENT OF CEREBRO-SPINAL MENINGITIS.

I DESIRE to suggest the application of surgery in the treatment of cerebro-spinal meningitis. Up to the present its partial application is universal, that is, by intermittent tapping, and this, if a reasonable flow takes place, is always followed by some amelioration of the patient's condition, even if it be only temporary. This alone seems to me *prima facie* evidence of the advantage of getting rid of the infected fluid, more especially as the symptoms of toxæmia and pressure only reappear on the reaccumulation of the fluid. In the majority of cases a certain amount of serum is introduced with the object of combating the injurious influence of the toxic material, but from the evidence adduced, it does not appear that this is more effective than simple tapping without it.

As all agree that the tapping is essential, and as it has to be repeated a number of times, each time with temporary benefit, may I suggest that a large amount of suffering and trouble might be avoided by using continuous aseptic drainage? the cannula would need to be especially strong and would be protected by a shield, and the flow could be regulated to suit the case. I would suggest the application of continuous drainage for "simple" cases.

There remain those cases in which the flow is at first enough in quantity and then becomes insufficient, whilst the symptoms become aggravated, or those in which the flow is from the first purulent and too inspissated to flow at all—those cases, in fact, to which the treatment of tapping, let alone injection of antitoxin, is impossible. They are the unfavourable ones and practically supply most of the deaths. It is these cases to which I think surgery could be applied with advantage—where, in fact, partial laminectomy might be done, for the purpose of direct drainage and perhaps lavage with saline, in order to establish a flow of spinal fluid which has been interrupted by adhesions.

I cannot understand how a small amount of antitoxic serum injected into the spinal canal after draining off a certain amount of spinal fluid can even reasonably be expected to counteract the evil effect of a more or less completely contaminated cerebro-spinal fluid, which it cannot even reach unless forcibly injected in quantity sufficient to produce dangerously injurious pressure.

But drainage, even imperfect drainage, has been proved to be beneficial; therefore I venture to press that perfect drainage would be even more satisfactory.

I hope by this note to direct the attention of those interested in the treatment of cerebro-spinal meningitis to the possibilities offered by surgery towards diminishing the death-rate in this disease, especially in affording a chance of rational treatment to those desperate cases which, without its aid, apparently must succumb.

H. V. DREW, F.R.C.S.,

Captain R.A.M.C., Tidworth Military Hospital.

LATE TETANUS.

PRIVATE A. M. was wounded on October 22nd, 1916, on the Somme, by shrapnel, in the posterior axillary line, left side, and received prophylactic injection on that day and on October 30th. On November 22nd there was slight rigidity of the left arm. On December 8th he was sent on leave, the wound being completely healed. On December 15th he returned to duty, and was fit and well, except for some bronchial catarrh and slight rigidity of the left arm.

On January 5th, 1917, he complained of pain in the head, and was admitted to Dunfermline Auxiliary Hospital on January 9th. On the 11th, when seen by the inspector of tetanus, he had retraction of the head, pain and stiffness in the muscles of the neck, and trismus was moderately marked. The knee-jerks were exaggerated, but there was no ankle clonus. There was slight arching of the back and difficulty in swallowing, and persistent cough and sputum. Antitetanic serum 3,000 units was given intrathecally,

1,500 units intramuscularly. The injections were repeated next day. He died on the morning of January 13th.

Post-mortem examination showed evidence of chronic alcoholism and bronchopneumonia of both lower lobes. Cause of death, pneumonia *plus* tetanus poisoning.

This case emphasizes the necessity for medical officers being on the look-out for local rigidity and contraction of limbs in relation to wounds, however late these signs may be in appearing. If the rigidity is not otherwise accounted for, it is an indication for immediate antitetanic treatment.

JAMES MILLER, Captain R.A.M.C.,

Inspector of Tetanus, Edinburgh.

Reports

ON

MEDICAL AND SURGICAL PRACTICE IN HOSPITALS AND ASYLUMS.

BATLEY AND DISTRICT HOSPITAL.

GANGRENE OF SMALL INTESTINE: LAPAROTOMY: RECOVERY.

(By W. AIRLIE OGILVY, L.R.C.P. and S. Edin., Surgeon to the Hospital.)

MRS. G. W., aged 34, was admitted at 12 noon on May 22nd, 1916, suffering from acute and constant pain across the lower abdomen. She stated that she had had no previous illness, had been married eight years, and had one child five years old. Her family history was excellent. She had been suddenly seized with severe intermittent pain across the lower abdomen at 2 p.m. on May 21st. When seen at 7 p.m. she was in the knee-chest position in bed in a paroxysm of pain. The pulse was 75, the temperature normal; there was some tenderness and the abdomen was rather rigid. She had not vomited; the bowels had acted once during the afternoon. She was in the third month of pregnancy and had seen a little blood. She thought she was aborting. The uterus was less movable than normal; the external os was closed and patulous. Morphine gr. $\frac{1}{4}$ was given hypodermically.

Next morning she stated that she had had a fairly comfortable night, but had not slept much. The pain was returning and was more constant in character; the abdomen was rather distended and more tender than before and very rigid; the pulse was 90. She was removed to hospital forthwith.

At 3 p.m. the abdomen was opened in the middle line below the umbilicus. On opening the peritoneum a small quantity of blood-stained fluid escaped and a coil of distended gangrenous bowel presented. On enlarging the opening in the peritoneum, a second and a third coil presented in the same condition. They proved to be about the junction of jejunum and ileum. A large calcareous mesenteric gland, as large as a bantam's egg, was found, from which a very short, thick band extended to the mesenteric attachment of the bowel, causing a very acute kink at the distal end of the distended bowel. The gland and 3½ ft. of bowel were removed, a side-to-side anastomosis made, and the abdomen closed.

The patient made an uninterrupted recovery, but aborted on the eighth day after the operation. In ten weeks she was doing her housework and feeling in excellent health. Previously her bowels were rather constipated, now they are perfectly regular.

I am indebted to Dr. Eley for his able assistance at the operation.

A CHAIR of oto-rhino-laryngology has recently been founded in the University of Geneva. Dr. Amédée Pagnat has been appointed professor.

A NEW monthly periodical entitled the *American Review of Tuberculosis* is to be published by the (American) National Association for the Study and Prevention of Tuberculosis. The first number will appear in March.

AT its annual general meeting held on November 26th, 1916, the medical syndicate of the Seine department decided that in future medical fees should be increased by 25 per cent. for all persons whose resources had not been diminished owing to the war.

profession. Once a year only the Representative would account to his Division, and be re-elected or not. The Division, of course, could approach him by letter or deputation any time if they wished during his year of office to put their views before him on current topics. To put it shortly, the profession wants a lead; given a strong lead, affairs will progress. With such a body at the present time, without any reference to its Divisions, it would inquire fully into possible systems of state medical service, and would then be able to instruct the members of the Divisions, at local annual meetings, at which the Representative gives an account of his year's work, as to the wisest course to pursue in future, and the Representatives would hear from the members of their Divisions the various local views.

The views of the medical correspondent of the *Times*, with its hordes of specialists everywhere, are, I think, but ill developed at present. If the Government should come to the medical profession with a verdict that a state medical service must be, the latter would then be in a position to get the best terms without any loss of repute. The sympathy of the medical correspondent of the *Times* seems to be with the newly qualified man who, with the close of the war, will have served two or three years in the Royal Army Medical Corps. I suggest these men have very little to complain of, since as soon as they are qualified—mostly unmarried and with no ties—they step into posts bringing them a very ample income, of which they can save four fifths, and when the war is over they will be in a position to buy partnerships or practices. Whereas the unhappy doctor who, married and with a family, has left his practice for the war, receives the same pay, and then finds, as is now well known, that the receipts of his practice do not pay the actual outgoings of that practice, and with life insurances, that like a wise man he had invested in while making a good income to make a still further hole in his army pay, he has a struggle to make two ends meet. In addition he is further depressed by the thought that his heirs will lose most of his capital invested in the practice should he succumb. If he survives he has the prospect of a very diminished income for a considerable period of time. These are the men in our profession who are now being badly hit, and on the top of all comes the idea of the state medical service (with the vision of the unhappy man who is to be the midwifery specialist having perpetual all night sittings) which will probably hit him still further, especially in capital value.

Though I am more or less one of the latter class, I am by no means absolutely opposed to a state medical service, but I do think it is up to the British Medical Association to reorganize its methods so that we have no repetition of the Insurance Acts fiasco. The policy of the British Medical Association is surely a little too like that of the "wait and see" type for these strenuous days.—I am, etc.,

Worthing, Feb. 5th.

CECIL H. W. PAGE.

MOBILIZATION OF THE PROFESSION.

SIR.—As one of those unfortunate practitioners who have been passed only for home service, perhaps I may be permitted to reply to Dr. Clarke's letter in your issue of February 3rd, in which he refers in such scathing terms to those who, like myself, have been considered as unfit to serve in His Majesty's Forces, and who have been obliged, therefore, to work twelve hours a day and pile up riches for themselves.

I should like Dr. Clarke to consider my case. Before war broke out I was working as hard as my health permitted, and was making a decent income fairly comfortably. Since war broke out I have had to work even longer hours, endeavouring to cope with the increase of work entailed by the loss of colleagues. As a result my health broke down last year, and I was on the sick list for four months. I did not pile up much riches last year, and even if I had not broken down my income would have been less than normal because so much of the work done was at half rates, and one's own fully paid work had to suffer for the sake of one's colleagues.

Now another practitioner is wanted from this area. Probably I shall be passed over and a man fit for general service will be taken. I shall stay at home, doing even more underpaid work, while he is working for "less than four hours a day in a closed area" (I use Dr. Clarke's figures). And around me I see men—presumably passed

as fit for general service—who are working very short hours in the army.

Would it not be better if such as I were taken for these jobs at home, where we could live in our own homes, certain of our usual comforts, without which we probably would be quickly on the shelf? I know of one or two "billets" in my immediate neighbourhood that I could fill well and still have some spare time for my private patients; yet, on making application, I am told that I am ineligible. Still, I manage to do perhaps three times as much work as those who fill these berths—and they are fit.

I would assure Dr. Clarke that I am quite ready to "sacrifice something for my country and do hospital work at home or abroad," if I were given the chance. If the correspondence in the *BRITISH MEDICAL JOURNAL* recently is to be believed, one would have a comparative holiday—if one were given the chance!—I am, etc.,

February 8th.

SCARIFIED.

PANEL DOCTORS AND THE WAR LOAN.

SIR.—On February 6th I wrote to the Clerk to the Glamorgan Insurance Committee, stating that "I considered it my bounden duty to put every penny I could scrape together into the War Loan, and asking if it were not possible for the Glamorgan Committee to pay to me within the next seven days the money which was owing to me by that Committee—balance for the years 1913, 1914, 1915, and 1916—or, if the Committee preferred it, I was quite willing to take it in War Loan scrip." The answer I received was this:

I have to acknowledge receipt of your letter of the 7th inst. with reference to payments, and beg to state that it is probable that arrangements will shortly be made for paying whatever balance may be found to be due to all doctors and systems in respect of 1913, 1914, and 1915. I regret, however, I am not able to give the date by which payments will be made.

How magnanimous! But how pitiful, too, that we as a profession should be so entirely under the heel of a body of laymen like the Insurance Committee, to say nothing of the injustice. We cannot enforce payment of that which is so long overdue, and which we have toiled long and hard for, but must wait still further until it shall please the Committee to move; then we have no check and no redress, but must take that which it pleases the Committee to give, just as at the present time I am paid, not according to the number on my panel, but "a share of a pool representing the total funds available for medical benefit."—I am, etc.,

A PANEL DOCTOR IN GLAMORGAN COUNTY.

February 13th.

Universities and Colleges.

UNIVERSITY OF LONDON.

MEETING OF THE SENATE.

A MEETING of the Senate was held on January 24th.

Recognition of Teachers.—Dr. William Gilliatt (King's College Hospital Medical School) and Miss Elizabeth H. Lepper (London School of Medicine for Women) were recognized as teachers in midwifery and pathology respectively at the institutions indicated.

Seminar Lecture.—The Academic Council reported that no appointment to the Seminar Lectureship would be made for 1916-17.

Military Age for University Students.—With regard to the new regulation whereby men between the ages of 18 and 19 are to be called to the colours for home duties, the Senate decided to communicate to the War Office and the Board of Education its opinion that in view of the great demand which exists for officers at the present time it would be in the national interest to permit the matriculated students of the University to continue their studies to the age of 18 years and 8 months or, if possible, 19 years, provided that suitable military instruction be made available for them in the London University Contingent of the Officers' Training Corps for a definite number of hours weekly approved by the War Office. The Senate considers that the continuance of university studies under such conditions to the age of 19 is better for those who are to become officers than service as a private for the purposes of home defence.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

AN Ordinary Council was held on February 8th, when Sir Watson Cheyne, President, was in the chair.

Issue of Diplomas.

Diplomas of Membership were granted to eighty-two candidates found qualified at the recent examinations. Diplomas

in Public Health were granted, in conjunction with the Royal College of Physicians, to six candidates found qualified at the recent examinations.

College Finance.

The Treasurer reported that the Finance Committee had taken steps to apply for £23,900 new 5 per cent. War Loan, of which £2,000 was new money. The Finance Committee was instructed to take steps to raise a loan for additional investments in the War Loan.

Treatment and Prevention of Venereal Diseases.

A letter addressed to the President on January 12th by Lord Rhondda, President of the Local Government Board, was read. It stated that the suggestions made by the Council of the Royal College of Surgeons of England as to the treatment and prevention of venereal diseases would receive his careful and sympathetic consideration.

Bradshaw Lecture.

Sir John Bland-Sutton was appointed to give the next Bradshaw Lecture.

CONJOINT BOARD IN ENGLAND.

THE diplomas of L.R.C.P. and M.R.C.S. have been conferred upon the following eighty-three candidates who were successful at the final examination in medicine, surgery, and midwifery:

Jugal Kishor Adhya, A. Arias, C. W. Armstrong, E. M. Atkinson, H. H. Bailey, K. N. G. Bailey, E. J. Ball, D. J. Batterham, L. G. Blackmore, C. J. L. Blair, H. J. Blampied, C. S. Bluemel, D. C. Blunett, W. H. Braddock, Hilda K. Brade, J. Burke, P. A. Buxton, C. H. Carroll, D. G. Churcher, A. A. Cockayne, C. J. C. Cooke, G. F. Cooke, J. Crétin, Ahmed Tayel Dabbous, A. V. S. Davies, G. V. Davies, Mahmoud Abu Bakr Demerdash, H. A. de Morgan, A. R. Dingley, J. B. D. Fenning, L. P. L. Firman-Edwards, A. A. Fitch, F. C. A. Frith, W. V. Gabe, Aziz Gargis, L. B. Goldschmidt, H. G. Grant, J. R. Harris, G. A. Harrison, T. L. Heath, N. S. Hewitt, G. Hoffmeister, M. C. Joynt, E. A. C. Langton, F. R. Leblanc, Annie Lloyd, E. R. Longstaff, R. W. Lush, H. D. McIlroy, K. A. I. Mackenzie, K. Masson, M. W. H. Miles, Marie M. A. Morant, J. B. Mudge, Elizabeth O'Flynn, E. S. Orme, J. A. Panton, M. Pearson, C. J. Penny, V. F. C. J. Philippe, F. Portas, A. A. Prichard, E. D. Roberts, J. P. Ross, K. M. Ross, G. H. Rossdale, Nirendra Mohan Sen-Gupta, M. Shimberg, Raghunath Dadora Shrivalkar, Flora N. Singh, C. R. Smith, N. H. Smith, V. R. Smith, J. G. Stevens, D. Stewart, D. J. Thomas, J. H. Thomas, W. G. Verniquet, H. C. Viehoff, S. A. T. Ware, A. A. Watkinson, E. Williams, A. T. Woodward.

Obituary.

LIEUTENANT-COLONEL R. E. WOOD, F.R.C.S.E.,
R.A.M.C.(T.F.).

RUSSELL ELLIOT WOOD was the representative in the fifth generation of a family of doctors who had successfully practised medicine in Edinburgh, and all of whom attained high eminence in that city, alike professionally and socially. He was a son of the late Dr. Andrew Wood, and was born in Edinburgh in 1856. In his native town he passed his school and college days, the former in the Edinburgh Academy, the latter in the University and Extra-Academical School. He graduated M.B., C.M. in 1877, and for the prescribed times acted as house-surgeon in the Royal Infirmary and resident medical officer in the Sick Children's and Maternity Hospitals. Shortly after his period of work in those institutions the Zulu war broke out; he volunteered for medical work, and was sent out to South Africa, where he saw much of the fighting, and was present at the decisive battle of Ulundi, receiving for his services the Zulu medal and clasp.

Returning to Edinburgh, he obtained the F.R.C.S. Edin., and at once began practice, and became associated with the New Town Dispensary, to the medical officers of which his kinsman, the late Dr. Francis Cadell, was then acting as medical secretary. Soon his practice developed, and he gained for himself the respect and regard of the public and of his medical brethren, so that while quite a young man he found himself in the position which had been worthily held by his forbears for some 200 years.

Shortly after settling in Edinburgh he was appointed surgeon to the Lanarkshire Yeomanry. He devoted himself enthusiastically to this duty, looking forward to his annual week's training on Lanark Moor as he did to his annual holiday. Before retiring, he busied himself in writing and publishing a history of that distinguished regiment.

Whilst avoiding politics, Russell Wood was in his ideas, medical and otherwise, conservative in the true sense of the word. He held fast to the great truths which had stood the test of years, and at the same time shrewdly distinguished between what, in his own times, were real additions to medical knowledge and what would prove ephemeral.

But what endeared him most to his friends and medical brethren was his honest frankness and his clubbability. He was a delightful and racy companion at golf or curling, and for many years a golf foursome, composed of Wood, Dunsmore, Cadell, and Carmichael, met every Wednesday and played a strenuous round over the old Musselburgh Links. At the dinners of the Medico-Chirurgical and Aesculapian Clubs his presence and conversation always lent brightness and cheerfulness to the gathering, and his songs, often original, were always appreciated. It is pathetic, though not without consolation, to think that, like his father, he died practically in harness. Some three years ago he retired from the surgery of the Lanarkshire Yeomanry, continuing, however, his practice in Edinburgh, but, on the outbreak of the war, he at once offered himself for military duty. His offer was accepted, and it was whilst serving with the troops at Dunbar that his fatal heart seizure occurred. He passed peacefully away, apparently without the slightest pain or struggle, as he was found dead sitting in his chair, and more as if in quiet sleep than that the hand of death was upon him. He will be much missed and mourned by a large circle of friends and patients, and our heartfelt sympathies go out to his sorrowing widow and son and daughter, to whom he was as deeply and lovingly attached as they were to him.

JOHN BARRETT COLLYNS died on January 7th at the ripe age of 96. He was born at Dulverton in January, 1821, and celebrated his last birthday by entertaining a party of friends to luncheon and bridge. He was the oldest student of St. Bartholomew's Hospital on the *Register*; two of his sons and three of his grandsons received their professional education at the same medical school. Mr. J. Barrett Collins was apprenticed to his father before he entered St. Bartholomew's in 1843. In 1845 he took the diploma of M.R.C.S., and the L.S.A. in the succeeding year. He then joined, at Dulverton, his father, Charles Paul Collins, author of *The Chase of the Red Deer*. Possessed of unusually strong physical powers and great surgical skill, he soon acquired a high professional reputation; he on emergencies often operated single-handed without anaesthetics. On one occasion he reduced a dislocation of both hip-joints in a cottage on Exmoor. His long journeys in that district were always done on horseback. He did not retire from practice until 1900. His faculties remained unimpaired, and he often related how he had heard Sir James Paget deliver his first lecture and how Wormald taught anatomy and how Skey operated.

DR. WALTER BAYNE GEIKIE, who died at Toronto on January 12th, at the age of 77, was the founder and dean of Trinity Medical College. He came of a distinguished family. He was a cousin of Sir Archibald Geikie, at one time Director-General of the Geological Survey and President of the Royal Society, and a brother of the Rev. J. Cunningham Geikie, author of the well-known *Life of Christ*. He was born in Edinburgh on May 8th, 1830, the son of Rev. Archibald Geikie, a Congregational minister, who went to Canada in 1843 and settled in Mooretown, in the province of Ontario. Dr. Geikie obtained his medical degree from Victoria University, Toronto, and also graduated from Jefferson College, Philadelphia. He received his licence to practise from the Medical Board of Upper Canada in 1851, and for the following five years practised at Bond Head. In 1856 he was appointed to the staff of the medical faculty of Victoria University, Toronto. In 1860 he was obliged to give up most of his academic work owing to ill health and went into private practice at Aurora, Ontario, though he continued to lecture at Victoria. In 1869 he was appointed to the chair of medicine and clinical medicine at Victoria University. In the following year, however, he resigned, and in 1871 founded Trinity Medical School, then a department of Trinity University, Toronto. Seven years later, when the school was incorporated under the name Trinity Medical College, Dr. Geikie became dean, a position which he continued to fill until 1903, when the college was amalgamated with Toronto University. In 1889 Dr. Geikie received the degree of D.C.L. from the University of Toronto, and in 1907 Queen's University, Kingston, conferred upon him the degree of LL.D. He

Medical News.

THE Mesopotamian Commission has now completed the examination of witnesses.

THE British Medical Association has converted £1,200 4½ per cent. war loan held on behalf of the Office Staff Superannuation Fund and applied for an additional £600 in the new war loan. The Insurance Acts Committee, acting on behalf of the Council of the Association, the trustees of the Insurance Defence Fund, has applied for £11,500 of the new war loan. The Association thus takes up a total of £13,300, of which £12,100 is new money.

OWING to the additional demands for glycerine for war purposes the Ministry of Munitions announces that it is anticipated that the supply of glycerine for dispensing purposes will be greatly reduced, and that no further glycerine will be issued for such purpose, since it is held that the stocks of glycerine in the hands of pharmacists should be sufficient to meet the reduced requirements.

AT a meeting of representative medical women's societies, held on January 27th, a resolution was adopted expressing the opinion that it is a matter of urgent importance that under any local venereal disease scheme, a medical woman should be appointed at an adequate salary to have charge of the women's clinic and the women's venereal beds.

ACCORDING to a report presented to the sanitary council of Persia the number of cases of cholera known to have occurred in the districts of Enzell, Racht, Kazvine, and Teheran between March 21st and October 24th, 1916, was 428, with 209 deaths. There were 18 cases with 9 deaths in the city of Teheran between August 3rd and October 24th, 1916.

THE President of the French Republic has issued a decree creating a new chair of social providence and assistance at the Collège de France. The salary is £480 a year, the funds for which will be provided by the Municipal Council of Paris and the General Council of the Seine. The teaching will deal largely with sickness assurance, invalidism, old age, and infant protection.

AFTER discussions at the Board of Health in Berlin on the health and feeding of school children, the heads of schools were directed to report on October 1st, 1916, January 1st and April 1st, 1917, their general impressions of the health and intelligence of their pupils, with special reference to the detrimental influence, if any, of the food difficulties, and to investigate the question whether non-attendances was due to ill health caused by improper nourishment or not.

THE fund of more than £600,000, bequeathed for the establishment of a hospital for cancer and nervous diseases by Anna T. Jeanes, is to be used for the establishment of a general hospital near Philadelphia. Dr. Winfried H. Smith, Superintendent of the Johns Hopkins Hospital, of Baltimore, was selected by the trustees to consider the claims of various Philadelphia hospitals, and it was finally decided that only by establishing a new and independent hospital could the purposes of the will be carried out.

A NEW periodical, the province of which is described by its title, *Archives Suisses de Neurologie et de Psychiatrie*, commenced publication with the beginning of the year. Its contents are in the three national languages of Switzerland—French, Italian, and German—and it is intended to be an international organ; the collaboration of foreign workers will be accepted, and the periodical will serve as a medium of communication between those who under existing conditions are prevented from corresponding in the journals of their respective countries. The editor is Professor Constantin von Monakow of Zürich, who has Drs. P. Dubois of Berne, Weber of Geneva, Maier of Zürich, and Manzoni of Tessin, as collaborators. The new periodical is published by Orell-Füssli of Zürich.

ACCORDING to the report of the Surgeon-General of the United States Army, the health of the troops during 1915 was excellent. The mean strength of the entire force was 103,842. The non-effective rate from all causes was 25.22 per 1,000; the death-rate was 4.45 per 1,000, compared with 4.40, the corresponding figure in 1914, which was the lowest for many years. The total loss from all causes—death, discharge, and retirement—was 18.03 per 1,000. During the year covered by the report there were only eight cases of enteric fever, all of which ended in recovery. The Surgeon-General says: "The record of the fight against typhoid fever in the United States army during the decade and a half since the

Spanish war constitutes one of the most interesting and brilliant chapters in the history of preventive medicine, beginning with the epoch-making investigation of the Typhoid Fever Board into the manner of infection and dissemination of the disease in the military camps of 1898, and culminating twelve years later in the equally notable adoption of antityphoid vaccination in the United States army." The non-effective rate of malaria during the year—0.54—is the lowest in the history of the United States army. Venereal diseases are still the greatest menace to the men in the ranks, and vigorous measures have been taken to control them. In regard to the reorganization of the United States army under the National Defence Act of 1916, it is pointed out that for the first time the Medical Department has been placed on a satisfactory basis.

Letters, Notes, and Answers.

CORRESPONDENTS not answered are requested to look at the Notices to Correspondents of the following week.

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*, *Atiology, 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.

QUERIES.

IMPOTENT asks for advice as to the treatment of pains in the fingers in a case of a partial hemiplegia. The stroke occurred nearly three years ago, and some recovery of movement has taken place. The pains, which are a recent development, are very severe, and have not been relieved by any of the remedies tried.

LETTERS, NOTES, ETC.

TEMPORARY CAPTAIN R.A.M.C., writes to suggest that officers of his rank on entering upon their third term of service should be promoted to temporary majors.

TREATMENT OF SORE THROAT.

DR. C. A. PATTON (Brixham) writes: At a time like the present it may interest many practitioners to know that the following mixture seems to give universally good results when used as a paint internally in cases of "sore throat"; even in diphtheritic cases it has been found to check the disease and to render the bacilli non-viable. No antitoxic serum was used in some of the cases which proved to be definitely diphtheria with good results. R. Tinct. iodi, glycerini, mucilag. tragacanth, aa ½; shake till clear of lumps and use as a paint internally.

FORCEPS.

S. writes that there is much misconception as to the original meaning of this word. It does not mean an instrument that is fenestrated or opens like a gate (*oris capio*). *Faccioliati's Lexicon* (English edition, 1823) states that it signifies an instrument which took up hot things, the Cyclopes using them ("Cyclopes versant tenaci forcepe ferrum"—*Georgics*, iv, 175), or which could be made hot for any desired purpose; in short, *formus capio*—*formus* being an old Latin word meaning hot, akin to the Greek *θερμός*, just as *ferus* is akin to *φίρ*. Most writers, S. adds, insist on making the word plural—"a pair of forceps"—which is not strictly correct. "Scissors" is a plural form, so "a pair of scissors" is correct. *Murray's Dictionary* makes "forceps" singular and plural, and "scissors" plural.

SCALE OF CHARGES FOR ADVERTISEMENTS IN THE BRITISH MEDICAL JOURNAL.

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Seven lines and under	0 5 0
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