

that the true condition was suspected and he was transferred to us for treatment. He died on the seventh day of the disease. The remaining three, coming under treatment on the second day, ran comparatively short courses of seven to fourteen days.

Type IV Coccus.

No case in which this type of coccus was obtained was met with. One case occurring early in the year, before an agglutinating serum for Type IV coccus was obtained, was found to be due to a meningococcus inagglutinable by any of the first three type serums. The patient recovered after a moderate course of thirty-two days, in spite of pneumonia complicating the disease.

In all the above cases allowance must be made for the influence of treatment. Early treatment is of paramount importance. In the only two cases of Type I which recovered, treatment was in each case commenced on the second day. The only recent case of Type III which proved fatal was not treated until the fourth day of the disease. The treatment adopted in the majority of the cases consisted of repeated lumbar puncture, with daily intrathecal administration of serum in the earlier stages, and continued vaccine, as described elsewhere.¹

Lister Institute serum was employed throughout.

REFERENCE.

¹ BRITISH MEDICAL JOURNAL, November 18th, 1916.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

PREVENTION OF CEREBRO-SPINAL FEVER.

IN view of the prevalence of cerebro-spinal fever on transports from overseas, and also in large military camps, it may be of practical interest to explain the measures which have been successfully employed to check the disease amongst New Zealand reinforcements.

For a period of fifteen months prior to October 1st, 1916, the disease was prevalent in military camps in New Zealand, and cases frequently occurred on the transports, some of a rapid and fulminating type. As the measures adopted in New Zealand failed to control the disease, I had a consultation at the Central Cerebro-spinal Fever Laboratory, London, with Colonels Gordon and Reece, and it was decided to communicate by cablegram the following measures, which were adopted, and are still in force.

All troops before embarkation have the nasopharynx swabbed and examined bacteriologically, only negative cases being allowed to proceed. The rejects and contacts are treated by a steam apparatus similar to that described in a recent article in the BRITISH MEDICAL JOURNAL by Colonel Gordon and Captain Flack. By this method a disinfectant solution is sprayed into the air of a room of 700 cub. ft. capacity, the steam atomizing from a vessel containing 1 per cent. solution of zinc sulphate, of which 1 litre suffices for twenty minutes. Eight carriers are treated for five minutes in the prone position, inhaling the misty air freely through the nose; this temporarily destroys the meningococcus in the nasopharynx. The inhalations are repeated daily for three, four, or five days until the results of the swab examinations are negative. Inhalation rooms are fitted up at the military camps, and also on all transports proceeding to England.

This method has now been employed for six months with most gratifying results. During that period not a single case of cerebro-spinal fever has developed on a transport, and I am notified that the disease is now under control in New Zealand. The success, no doubt, depends upon the thoroughness of the measures adopted, but it seems sufficiently encouraging to justify a wider application of the method, both on transports and in large camps.

London, W.C.

W. H. PARKES, Colonel,
D.D.M.S., N.Z. Expeditionary Force.

CEREBRO-SPINAL FEVER.

THE cases admitted, including 14 military, to the Alexandra Cerebro-spinal Fever Hospital, Wigmere, Kent, from July, 1915, to December, 1916, numbered 51 (14 female and

37 male). Of these, 3 were moribund, and died within a few hours. Excluding these, the deaths numbered 14, giving a death-rate of 28 per cent.

	Cases.	Death-rate.
1-5 years ...	8 ...	25 per cent.
5-10 " ...	6 ...	50 "
10-15 " ...	9 ...	12 "
15-20 " ...	8 ...	37 "
20-25 " ...	5 ...	Nil.
Over 25 years ...	15 ...	35 per cent.

The oldest patient was 64 years old.

The average day of disease on admission was the sixth.

Twenty-two cases showed no rash; 29 showed one or more types of rashes, as follows:

Herpes...	...	...	...	10
Petechia	...	...	...	15
Purpura	...	...	...	6
Erythema	...	...	...	3
Macules	...	...	...	1

Pressure erythema was always present. The number of lumbar punctures made was 234, and 189 doses of Mulford or Lister Institute serum were given intraspinally. During the last three months a small dose of serum was also given subcutaneously on admission. A serum rash developed in 77 per cent. of cases which survived the tenth day. The average date of its appearance was on the tenth day after the first dose of serum.

The following complications were seen:

- Many cases of bronchitis and bronchopneumonia.
- 1 case of temporary insanity.
- 6 cases of arthritis.
- 4 cases of chronic hydrocephalus.
- 1 case of severe neuritis.
- 1 case of complete paralysis of the eye.
- 1 case of parotitis.
- 1 psoas abscess.

Polyuria was a very common early symptom.

RICHARD C. C. CLAY, M.R.C.S., L.R.C.P.
Fovant, near Salisbury.

SUBCUTANEOUS EMPHYSEMA DURING LABOUR.

THE following case, similar to that recorded by Dr. Murray (January 6th, p. 14), and the only one I have so far seen, occurred at the Mission of Hope Maternity Hospital in May, 1915.

B. F., a primipara, aged 22, was examined after admission on April 21st. She was a normal healthy woman, showing no signs of disease of heart or lungs. She had good pelvic measurements. There was some oedema of the ankles, but her urine was normal. Labour commenced on May 6th, and lasted seventeen hours, of which the first stage occupied fourteen. About an hour before the baby (male) was born she felt something go "pop," and swelling of the right eyelids was noticed.

I saw her after the birth; she complained of slight substernal uneasiness, but otherwise felt quite well. The typical crackling was felt all over the face except the forehead and chin, and over the neck and anterior chest wall down to the level of the breasts, over the whole of the back on the right side as low as the margins of the ribs, and on the left side down to the angle of the scapula. On percussion no superficial cardiac dullness was present, and the note at the right apex was "boxy" in character. The breath sounds were quite normal. The baby weighed 9½ lb.

From the physical signs it appeared that the seat of rupture was in the neighbourhood of the right apex with the pleura adherent. The temperature fell from 100.4° F. to normal within twelve hours, and the subcutaneous crackling had disappeared in five days. It is not unusual to get a short rise of temperature after a moderately stiff confinement, as this was, though the emphysema may have been a contributory cause in this instance.

London, S.W.

GEORGE MILNE, M.D., D.P.H.

THE executive of the German Medical Association has adopted a resolution demanding that after the war students prematurely qualified to practise medicine should be given an opportunity to continue their studies. A three months' course should be given at large centres and universities where adequate facilities for teaching exist. The teachers should be paid, but the instruction should be free to the pupils, as it is to the interest of the public that these imperfectly qualified practitioners should take advantage of this opportunity to supplement their studies. It is suggested that scholarships should be offered, and that those attending the course should not be allowed to practise medicine during its continuance.

Universities and Colleges.

UNIVERSITY OF BRISTOL.

THE following candidates have been approved at the examinations indicated:

FINAL M.B., CH.B. (Part I only).—D. G. Cossham.
D.P.H.—J. F. Blackett. (Part II, Completing Examination): J. M. Harper. (Part I only): I. B. Barclay.

Medical News.

SIR FREDERIC EVE left estate of the gross value of £52,853, with net personality £50,105.

DR. G. A. CRACE-CALVERT (Ruthin) and Dr. R. E. Lord (Colwyn Bay) have been appointed to the Commission of the Peace for Denbighshire.

THE annual meeting of the Mental After-Care Association will be held by the invitation of Sir R. and Lady Armstrong-Jones, at 9, Bramham Gardens, South Kensington, on Thursday next, March 1st. The chair will be taken by the Lord Mayor of London at 3 p.m.

AT a meeting of the Pathological Section of the Royal Society of Medicine on February 13th Dr. H. S. Stannus communicated a case of congenital hypertrophy of the lower limb which occurred in a male native of the New Langenburg District, German East Africa, about 17 years of age. The right lower limb was longer than the left at birth, the disproportion being maintained during growth. The length as measured from the anterior superior iliac spine to the tip of the external malleolus was 101 cm., as against 84 cm. on the left side. Radiograms showed that the several bones participated in the enlargement.

ARMY COUNCIL INSTRUCTION NO. 210 OF 1917 (February 4th) authorizes the admission of any discharged soldier into a military hospital for treatment of wounds, injuries, or disease caused or aggravated by military service, provided there is a reasonable probability of the man's condition being cured or materially improved by hospital treatment, and that a period of three years has not elapsed from the date of his being invalided out of the army. The admission of a soldier, in accordance with this instruction, is to be reported to the Secretary, Ministry of Pensions, Royal Hospital, Chelsea. The man's pension will be at the maximum rate while he is in hospital, but will be subject to a stoppage of 1s. a day.

LADY TWEEDY presided at the annual meeting of the Royal Medical Benevolent Fund Guild on February 16th, when reports of the subcommittees were received, and Lady Bradford was elected president in succession to the Dowager Lady Broadbent. Lady Tweedy said that the need for new secretaries was illustrated by the fact that the Guild received applications for help from such widely scattered districts as the Shetland Isles, Wales, and Cornwall. The increase of applicants pleading for help had happily been attended by increasing support, and in two cases the Guild was benefited by gifts from the trustees of funds left for charitable purposes. This marked, it was hoped, the beginning of an important source of help.

THE usual monthly committee meeting of the Medical Sickness, Annuity and Life Assurance Friendly Society was held on February 16th, when Dr. F. J. Allan was in the chair. The large number of claims arising from influenza during the previous month caused the experience to be in excess of the expectation, but it was reported that these claims were now diminishing, and appearances pointed to the possibility of a normal spring. For the first time for many years the half-pay experience of the society had been less than the expectation, owing no doubt to the more careful and rigorous medical examination that was enforced after the first year or two of the society's existence. A new annuity table has been introduced, which offers most facilities required by members desirous of obtaining deferred annuities. The society, therefore, now transacts the three forms of insurance for which it was originally founded, that is to say, sickness benefit during incapacity while a member is in active practice; annuity when this sickness benefit ceases, and life assurance to his representatives should he die. The annual report for 1916, to be presented at the annual meeting of the members on March 27th, was considered. All further information may be obtained from the Secretary, Medical Sickness Society, 296, High Holborn, W.C.

Letters, Notes, and Answers.

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, *Mediscera, Westrand, London*; telephone, 2634, Gerrard. The address of the Irish Office of the British Medical Association is 16, South Frederick Street, Dublin.

QUERIES.

GARLIC IN WHOOPING-COUGH.

PERTUSSIS asks in what way the use of garlic, as described last year, is supposed to act as a specific in whooping-cough.

We referred the inquiry to Mr. Mark Hovell, who made the suggestion (*JOURNAL*, July 1st, 1916, p. 15); he has replied as follows: I believe the juice of garlic kills the micro-organism of whooping-cough, but in some cases this is not sufficient to reduce the swelling of the lingual tonsil, which, by touching the epiglottis, causes the cough, and therefore it is necessary to make applications to the root of the tongue with a strong astringent in order to stop the tickling. I find a strong solution of iron (240 grains to one ounce), made with equal parts of glycerine and water, effective and preferable to trichloroacetic acid, as it does not cause the discomfort which sometimes follows the application of the other drug. Messrs. Hall and King, the Folkestone chemists, are making for me a preparation which will enable the juice of garlic to be taken by the mouth, which, if equally efficacious, will be better and more convenient than cutting the cloves into thin slices and wearing them between two pairs of socks, so that the juice may be absorbed through the soles of the feet.

ANSWERS.

INCOME TAX.

CAPTAIN R.A.M.C., who asks as to an assessment on his civil earnings, will find that the substance of the matter was dealt with in an article published in our issue of February 17th, p. 231, but reference is made to two specific points: (1) That deduction was refused for two-thirds rent and one servant; and (2) that from the eighteen months' account filed for reduction of the assessment to the figures for 1916 one-half of the 1915-16 assessment was deducted. If our correspondent's locumtenent was living in the house we fail to understand the reason for refusing the allowance of the two-thirds rent, etc.; if, on the other hand, he was not residing in the house, there appears to be little or no ground for the claim. The question is one of fact—that is, to what extent the house was actually used for professional purposes. We do not quite follow the observations made on the second point, but if it is impracticable to file an account for twelve months—which the authorities apparently have the right to require—some adjustment of the eighteen months' account is necessary, and a deduction therefrom of half the assessment for the previous year does not seem altogether unreasonable.

LETTERS, NOTES, ETC.

THE PROPHYLAXIS OF VENEREAL DISEASES.

DR. R. R. RENTOUL (Liverpool) writes: For many years I have contended that we have been and are paying too much attention to the treatment of these diseases. In 1914 Metchnikoff and Roux showed that syphilis could be prevented. Their experience has been put into operation by different European and U.S.A. States. In 1907 I obtained reliable information relating to the German system of prevention, and this appears in my essay "The Prevention of Venereal Diseases" (Booksellers, Lord Street, Liverpool, 2s. 1d.). I then prepared a preventive outfit, containing drugs to prevent syphilis, soft chancre, and gonorrhoea; and if any doctor or chemist wishes to obtain a sample male box, I shall be glad to forward it on receipt of 5s. 6d. The prevention of venereal diseases will represent a serious financial loss to doctors, chemists, and others, as I have estimated that about £95,000,000 is spent yearly upon prostitution and its accompaniments in the United Kingdom.

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