

was found in the sartorius muscle. The muscle in this situation was dead, and the upper third was cut away. The discoloured and crepitant areas were incised down to deep fascia, and freely injected with hydrogen peroxide. No dressing was applied, and the wound was kept constantly irrigated with hydrogen peroxide and left exposed to the air and sun.

Rapid improvement took place, and the man was evacuated to the base with a granulating wound twelve days later. No bacteriological examination was made, but there was no doubt about the condition.

At the time when this case came under treatment the significance of the muscle resection was not realized, but it seems at least probable that it cut short the process by removing the main focus of infection. (C. H. S. F.)

CASE XII.

Lance-Corpl. C., wounded in the left thigh by a shell fragment at 3 p.m. on March 13th, 1916, was admitted into hospital at 2.30 p.m. the following day.

On admission he looked flushed, the temperature was 102°, and the pulse 120. There was a jagged wound two inches long on the outer aspect of the lower third of the left thigh. There was no exit wound. The lower part of the left thigh was swollen and tense, and the overlying skin shiny. There was tenderness on palpation, and a tympanitic note was obtained on percussion; there was no subcutaneous crackling.

At 5.30 p.m. on the same day a long incision down the outer aspect of the thigh exposed the vastus externus muscle, of which the lower half was markedly affected with gas gangrene. A portion of the muscle near the wound of entry was black in colour and the muscle fibres were diffident. The lower part of the muscle was resected up to the middle of the thigh, where healthy contractile muscle was found. As the muscle planes were separated by gas up to the level of the great trochanter, the skin incision was carried up to this level. The whole wound was left wide open and dressed with eusol gauze. At 9 p.m. the same evening he was given an intravenous injection of eusol 100 c.cm.

The pulse dropped the next day, and he showed great improvement; this was maintained, and he was evacuated to the base six days later. Information was received from England a week later that he was progressing well.

An anaërobic gas-forming organism was obtained on cultivation from the muscle removed. (H. D.)

CASE XIII.

Pte. B. was wounded by shell fragment on September 1st, 1916, and admitted the same day. There was a through-and-through wound of the thigh, the entrance being on the inner side two inches below Poupart's ligament and the exit at a corresponding point on the outer side.

Under an anaesthetic the skin wounds were excised and the track syringed with eusol and drained.

Fifteen hours later the patient complained of great pain in his thigh and of great thirst; the temperature was 101° and the pulse 110. The wound was found to be tender, crepitant, and gassy.

An anaesthetic was again given, and the whole track of the missile laid open; the sartorius, rectus femoris, and the inner edge of the vastus externus were found to be in the "black death" stage of gas gangrene. An incision was made from the anterior superior iliac spine to the knee and another along the inside of the thigh; these were stitched back to healthy skin so as to expose the wound fully. All three muscles showed the "black death" stage of gangrene at the site of the wound, toning down through the "red death" stage to normal muscle as the muscles were traced down the thigh. The muscular part of the rectus femoris was removed, and also the sartorius from its origin to just above the knee. A strip of the vastus externus for nearly its entire length and for a width of 3 in. was also excised. No other muscles appeared to be affected; the wound was dressed with gauze soaked in peroxide, and afterwards exposed to the sun and air.

For three days he was very ill, with rapid, feeble pulse, constant hiccough, and persistent vomiting; he however slowly improved, and on September 5th his pulse was 88 and temperature 100°; the hiccough still persisted. Two days later a part of the skin flap sloughed, after which he improved steadily, and was evacuated on September 11th with a healthy granulating wound, which was skin-grafted at the base hospital.

The diagnosis of gas gangrene was confirmed by the mobile laboratory. (G. E. N.)

CASE XIV.

Corpl. V., wounded in the left thigh by a shell fragment at 5.30 p.m. on September 19th, 1916, was admitted five hours later.

His general condition was good; pulse 100, temperature 99°. There was an entry wound the size of half a crown on the inner and posterior aspect of the thigh at the junction of the middle and upper thirds. The exit wound was at the outer side of the thigh in the middle third; it was very large, admitting the whole hand; the muscles were greatly lacerated. He was operated on immediately after admission; the missile had passed through the vastus externus and biceps muscles close to the femur, and had partially divided the sciatic nerve. The wound was freely drained after irrigation with eusol.

He continued to do well for two days, when the evening pulse rose from 104 to 132, and the temperature to 102°. The skin over the exit wound was now a dirty-brown colour, and the area in the neighbourhood was swollen and tender; there was no subcutaneous crackling. The skin discoloration extended to the popliteal space. A further anaesthetic was given, and the large exit wound was laid freely open. In the lower part of the wound the vastus externus muscle was found to be gangrenous; it was non-contractile and gaseous. The infected portion of the muscle was resected until healthy muscle was exposed. In the upper part of the wound the vastus externus was pale and contracted feebly; with clean instruments a piece was removed for examination, and the skin was laid freely open over the muscle. Eusol dressings were used.

Immediate improvement followed, and he was evacuated to the base on September 26th, with a normal temperature and pulse.

Anaërobic gas-forming organisms were cultivated from the dead muscle, and were also obtained on culture from the portion of muscle removed from the upper part of the wound.

This case shows the immediate improvement after resection of the infecting focus, and also that muscle may look healthy and be contractile, and yet be infected. (H. D.)

REFERENCE.

¹ Gas Gangrene as Seen at the Clearing Stations, BRITISH MEDICAL JOURNAL, September 16th, 1916.

Memoranda: MEDICAL, SURGICAL, OBSTETRICAL.

PNEUMONIA AND TOXAEMIA.

IN the JOURNAL of May 5th, 1917, Captain Drew emphasized the distinctions between the local lesion of pneumonia and its toxæmia; and suggested lumbar puncture in highly toxic cases. The following case, recently in this hospital under the care of Professor Sir Clifford Allbutt, illustrated with almost singular clearness the distinction in question, and the doctrine then insisted upon by the Regius Professor that, speaking within limits, the toxic symptoms of pneumonia do not correspond in degree with the extent of local lesion, and that a small, almost a latent, patch of pneumonia may be attended by severe and even mortal toxic symptoms.

The case to be related illustrates the contrary side of the comparison; a very severe and extensive local lesion was attended by no toxic symptoms whatever.

M. H., female, aged 22, was admitted on March 14th, 1917. She had never before had a severe illness. Her temperature after the first few hours was 103°, the pulse 104, and the respirations 36. The attack began three days before, with vomiting; but she had, till admission, gone on with her duties as a V.A.D. nurse. She was sent into the hospital because of her temperature. Two days later crisis occurred sharply; the temperature, respirations and pulse falling to the normal in the course of a day or two. Pneumococci were found in the sputum. So far there was nothing unusual about the case. The remarkable thing was that during all this time the young woman seemed fairly well. Her face was a little flushed, but she betrayed no sign whatever of distress. There was no sense of dyspnoea, she sat upright in bed, and moved easily into any attitude. There was no loss of appetite, no debility, no nervous disorder, but good comfortable sleep. She was quite cheerful and chatty, and it was difficult to persuade her she was really ill.

Yet on physical examination the left lung was dull throughout and typical fine crepitation heard over the whole of it, front and back, but especially over the lower half behind. So startling was the contrast between symptoms and signs that until the crisis came the fear of acute tuberculosis could not be dismissed. The extent and severity of the lesion was proved by the slow disappearance of the signs of consolidation and the long persistence of crepitation *redux*. However in about three weeks the pneumonia had disappeared, though during convalescence, on account of a mild attack of tonsillitis, then prevalent in the ward, her discharge was delayed. She went out quite well, and returned to her duties, scarcely having been "ill in herself" throughout.

S. RIDDIOUGH,
Acting House-Physician to Addenbrooke's Hospital,
Cambridge.

justice either to the recruits, the State, or to himself, if he should continue to examine such a number day after day. No one, unless he has acted as an examiner, can form an idea how fatiguing such work is both mentally and physically. The result is that before the end of the day we are almost completely done up.

In conclusion, we, like the rest of the profession, do not appear to be desirous of uniting together to obtain just treatment from the authorities. If I err in this, I would suggest that the members of the various medical boards in the London districts should hold a meeting on the earliest Sunday possible, to discuss and decide upon the necessary steps to be taken, in order to ameliorate and improve our present unenviable position. I suggest Sunday, for it is the only day we have free during the week. On Saturday we work the normal number of hours.—I am, etc.,

May 27th.

A BELIEVER IN ACTION.

A WAY TO HELP ABSENT DOCTORS.

SIR,—The present and future financial needs of doctors on service must be great, but the contributions available are small. It seems to me that one proper source is neglected. Many doctors at home are doing war work gratis for the sake of their country, either from patriotism pure and simple, or partly for the sake of gaining credit, or even sometimes from laziness in face of the effort required to obtain remuneration due.

I think that where the medical man does not himself want this money—which he has as a rule more than earned—it is due to his profession, and should be devoted to those who have suffered financially by their patriotism, and that every man entitled to remuneration should make a point of using every effort to obtain money for his war services at home for the sake of those at the front when he does not need it himself.

I understand that many doctors have foregone fees for examining recruits, attending to soldiers on furlough or quartered locally (Army Forms O. 1666 and 1667), or doing V.A.D. hospital work. In many cases a great deal of persistence in application is required, and even then I know from personal experience payments that are due are often impossible to obtain. I have not yet been able to obtain payment for contract attendance on troops quartered locally, or payment for attendance on single soldiers (Army Forms O. 1666 and 1667) in many cases years old by now, or even for examining recruits under the Derby scheme, December, 1915; but I am now trying to obtain all that I can, and feel sure that if the plan were generally adopted much money might be obtained for the most needy and deserving of the profession, and perhaps if the British Medical Association itself gave a hand, or the secretary of one of the benevolent funds were authorized to collect for it, even more might be obtained.—I am, etc.,

May 16th.

AN OVERWORKED PROFITEER.

THE GRIEVANCES OF TERRITORIAL MEDICAL OFFICERS.

SIR,—It would go a long way towards removing these grievances and be a very simple method if Mr. Churchill's Committee were to recommend that each year of continuous mobilized service of these officers should count two towards promotion and gratuity. The effect of this would be, if the war ends this year, that captains would obtain their majorities at the end of nine years' service and majors be promoted lieutenant-colonels at the end of twelve years' total service. It would double the gratuity to be paid at the end of the war and thus reduce the discrepancy between the remuneration of the Territorial and temporary officer. Further, accelerated promotion, I think, will induce men to remain in the Territorial Force after the war, but without some such inducements very few men will wish to retain their Territorial commissions, but prefer to bargain with the War Office for their services should occasion arise.—I am, etc.,

May 25th.

O.C.

SIR VICTOR HORSLEY.

SIR,—Last July came the news of Sir Victor Horsley's death in Mesopotamia. We ought to have some record of his life and of his work; we cannot afford to forget him and what he did for medicine and surgery. I am collecting notes for a book; I hope that it will plainly

show what we lost when we lost him. I ask for help in this venture from his friends and colleagues, and from the many patients, in hospital practice or in private practice, who have reason to be thankful for his skill and his kindness. I want all that they can tell me of him, and any letters of his which they will let me use. Without their help nothing that I can write of him will be of much service to anybody. Great care will be taken to return all letters.—I am, etc.,

STEPHEN PAGET.

21, Ladbroke Square,
London, W. 11,
May 24th.

The Services.

EXCHANGES.

M.O., attached to an infantry battalion in France, desires to exchange with a M.O. in an ambulance train, Red Cross barge, motor ambulance convoy, or fever hospital.—Address, No. 1549, BRITISH MEDICAL JOURNAL Office, 429, Strand, W.C.

Would an officer on Home Service care to exchange with an officer holding appointment on Lines of Communications? Easy exchange from this to Front Line could be arranged if desired. Territorial Officer preferred.—Address, No. 1650, BRITISH MEDICAL JOURNAL Office, 429, Strand, W.C.

Universities and Colleges.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

THE Secretary of the College has issued to the Fellows the annual official circular, informing them that a meeting of the Fellows will be held at the College on Thursday, July 5th, at 3 p.m., for the election of three Fellows into the Council in the vacancies occasioned by the retirement in rotation of Mr. W. Harrison Cripps and Mr. V. Warren Low, C.B., and by the death of Sir Frederic Eve. Blank forms of the requisite notice from a candidate and of his nomination may be obtained on application to the secretary, and the same must be received by him duly filled up within ten days from this date—that is, not later than on Friday, June 8th. A voting paper will be sent by post to each Fellow whose address in the United Kingdom is registered at the college on Tuesday, June 19th.

SOCIETY OF APOTHECARIES OF LONDON.

THE diploma of the Society has been granted to Messrs. J. Y. Dent, S. G. K. Kastelianski, R. H. Pettersson, F. A. Unwin, and L. J. Vincent.

Obituary.

FLEET SURGEON FLEETWOOD BUCKLE, R.N. (retired), died at Southsea on April 9th, aged 76. He was educated at St. Bartholomew's Hospital, and took the diplomas of L.S.A., L.R.C.P. Lond. and the degree of M.D. St. Andrews in 1862, and the M.R.C.S. in 1863. He entered the navy shortly afterwards; he attained the rank of fleet surgeon on May 26th, 1886. He had a long list of war service. He served as assistant surgeon of H.M.S. *Bristol*, flagship of Commodore G. T. P. Hornby, on the West Coast of Africa, taking part in various boat expeditions, when he was wounded in the hip, and went through a severe epidemic of yellow fever, for his services in which he received the thanks of the Admiralty. He was surgeon of H.M.S. *Alexandra*, flagship of Admiral Sir Geoffrey Hornby, at the passage of the Dardanelles in 1877. He was deputed to inspect the field hospitals and field ambulances in the Shipka Pass during the Russo-Turkish war of 1877-78, for which he received the Turkish war medal, and the thanks of the Stafford House Committee. In 1880 he was staff surgeon of H.M.S. *Kingfisher* on the West Coast of South America, and received the thanks of the Chilean Government for his services to the wounded in the battles round Lima in the war between Chili and Peru in 1880. In 1881 he was entertained at a public banquet and presented with a valuable ring by the staff of the Panama Canal Company in recognition of his services in an epidemic of yellow fever at Panama. In 1884-85 he served with the Royal Marines at Suakin and in the operations in the Eastern Sudan, being present at the battle of March 24th, 1885, and receiving the Egyptian medal with a clasp and the Khedive's bronze star. On September 13th, 1891, he was awarded a Greenwich Hospital pension.

ALTHOUGH Dr. WILLIAM BOOTH of Edinburgh retired from active practice some ten years ago, he was until quite recently often to be seen in the south side of Edinburgh, and he continued to minister to the needs of a small number of his former patients who were his personal friends. He was the fourth son of the late Rev. Patrick Booth, M.A., minister of Innerleithen. In his early years he spent some time at sea, and he was consequently a little more senior than most students when he took the L.R.C.P. and F.R.C.S. Edin. in 1886. He acted for a time as demonstrator in anatomy at the College of Surgeons and as medical officer at the Provident Dispensary, Marshall Street, Edinburgh. He built up, and until his retirement he carried on, a large private practice. He became a member of the Edinburgh Medico-Chirurgical Society in 1888, and a Fellow of the Edinburgh Obstetrical Society in 1891. He died at his house, 2, Minto Street, on May 7th, and was buried in the Grange Cemetery on May 10th. He was in his 63rd year, and he leaves a widow.

DEPUTY SURGEON-GENERAL JAMES FAIRWEATHER, Bengal Medical Service (retired), died at Forest Hill, Beaumont, Jersey, on April 29th, aged 88. He was born on October 19th, 1828, the son of James Fairweather of Brechin, and was educated at Edinburgh University, where he graduated M.D. in 1851, taking the L.R.C.S. Edin. in the same year. He entered the I.M.S. as assistant surgeon on August 4th, 1855; became surgeon on August 4th, 1867; surgeon-major on July 1st, 1873; brigade-surgeon, when that rank was first instituted, on November 27th, 1879; and retired with a step of honorary rank on October 19th, 1886; also receiving one of the extra compensation pensions in the first year when these pensions were given. He served on the North-West Frontier of India in the Bozdar campaign in the early part of 1857, receiving the frontier medal with a clasp; and in the Indian Mutiny in 1857-58, when he took part in most of the big fighting, including the siege and capture of Delhi; the actions of Bulandshahr, Aligarh, and Agra; the relief of Lucknow; the defeat of the Gwalior contingent at Cawnpore; the action at Shamshabad; the siege and capture of Lucknow; the action at Aliganj, and capture of Bareilly, receiving the Mutiny medal with three clasps.

Dr. JOHN KEARSLEY MITCHELL of Philadelphia, son of Dr. Weir Mitchell, died on April 10th, at the age of 57. He graduated in arts at Harvard in 1880, and in medicine at the University of Pennsylvania in 1883. He was at one time lecturer on medicine in the medical school of that university, and for many years he was physician to the Philadelphia Orthopedic Hospital and Infirmary for Nervous Diseases. He collaborated with his father in the well-known work entitled *Fat and Blood*. In 1895 he published a monograph on the remote consequences of injuries of nerves, and in 1904 one on mechano-therapy, massage, and physical education.

PROFESSOR DOMENICO DI SANDRO, lecturer on pathology and clinical medicine in the University of Naples, was killed recently in a railway accident near Padua while on his way home from the front for a short period of leave. He held the rank of captain in the medical service of the Italian army. He was the author of many writings, among which may be mentioned researches on micro-organisms in the faeces of the subjects of oxaluria which transform carbohydrates into oxalic acid.

DIOSCORIDE VITALI, formerly professor of pharmaceutical chemistry in the University of Bologna, has died at Venice at the age of 85. He began life as a pharmacist at Piacenza, his native place; in 1859 he fought under Garibaldi and Bixio. After the peace of Villafranca he became director of the dispensary of the Piacenza Hospital, and on the death of Francesco Selmi was appointed professor of pharmaceutical chemistry at Bologna. He was greatly appreciated as a teacher by generations of pupils and gained a high reputation as an investigator. He was the author of more than two hundred publications embodying the results of original research. Among them are studies on the crystals of the blood, on blood stains, on bile acids and pigments in the urine, and on acetone.

Medical News.

MR. S. W. WOOLLEY has succeeded Mr. Peter MacEwan as editor of the *Chemist and Druggist*.

DR. J. B. MENNELL, who is in charge of the massage department of the Military Orthopaedic Hospital, Shepherd's Bush, has written a book on massage which will shortly be published by Messrs. J. and A. Churchill.

THE Marquis of Crewe, as chairman of the London County Council, appeals on behalf of the Children's Country Holidays Fund, 18, Buckingham Street, Strand, W.C. Reports show that there are many children for whom nothing but a country holiday can be prescribed, and who, lacking this, will suffer in health throughout the year.

AT the Brighton Grove Military Hospital, Newcastle-upon-Tyne, Lieutenant-Colonel R. A. Bolam, R.A.M.C. (T.F.), concluded on May 20th a course of six lectures and clinical demonstrations on venereal diseases to medical practitioners. Dr. Hudson subsequently presented a silver salver to Colonel Bolam in the name of fifty-five subscribers and spoke of the appreciation of those present of the value of such lectures and demonstrations, especially when given by a teacher of so much experience and power.

THE Association of Municipal Corporations has considered the proposal to form a Ministry of Health, and at the next meeting of the Council of the Association on June 14th a resolution will be proposed to the effect that inasmuch as the care of the public health calls for the exercise of wide powers of local government touching the lives of the people at many points, and involving questions not only of public medicine, but also of engineering, economics, and finance, any further consolidation, or expansion, of public health powers should be obtained by development of the present organization, and the recognition of the Local Government Board as the central public health department.

THE twenty-first annual meeting of the Asylum Workers' Association was held on May 14th at the Mansion House, with the Lord Mayor in the chair. The Lord Mayor laid stress upon the claim to public sympathy and appreciation of those ministering in asylums, a point further enlarged on by Cardinal Bourne, by Bishop Ryle, and by Sir G. Wyatt Truscott. In proposing the re-election as President of Sir John Jardine, Bt., M.P., Sir J. Crichton-Browne referred to the better realization by the nation of the value of its hospital nurses, and trusted that this appreciation might be extended also to mental nurses, whose work for the community, if less in evidence, was equally valuable and often more trying. Sir R. Armstrong-Jones spoke of the improvements in asylum nursing arrangements within his own experience, and Sir George Savage of the improved status of the asylum nurse. Sir Frederick Needham emphasized the present call for food economy in asylums, and Dr. Hubert Bond supported the claim to recognition of duly trained mental nurses in any scheme for the State registration of nurses generally. Owing to Dr. Farquharson Powell's absence on active service, Dr. G. E. Shuttleworth is again acting as honorary secretary of the association.

THE Ivory Cross is the name now adopted by the National Dental Aid Fund. Thanks to the patriotism of the dental profession, who gave their services on a hospital basis and have consented again to do the same, 15,000 men were treated, and two thousand sets of artificial teeth were supplied by the Soldiers' and Sailors' Dental Aid Fund, at a cost of £6,000, the office expenses being less than 4½ per cent. The War Office and the Admiralty having now made their own arrangements for the overseas armies and the Royal Navy, the National Dental Aid Fund, under its new name, intends to carry on similar work for men discharged from the services, for the home army, the mercantile marine, and the necessitous poor, including mothers and children. A public meeting will be held at the Mansion House, London, on Tuesday next at 3 p.m., under the presidency of the Lord Mayor, to help the development of this new work. Among the speakers announced are Lieutenant-General Sir Francis Lloyd, K.C.B., General Officer Commanding the London District; Sir Arthur Newsholme, Medical Officer to the Local Government Board; Sir St. Clair Thomson, Miss Lillian Braithwaite, and Miss Irene Vanbrugh.

THE third part of the first volume of a review of current Japanese medical literature by the staff of the research department of the Severance Union Medical College, Seoul, Korea, issued by the director, Dr. Ralph G. Mills, contains an abstract of a paper by R. Inada, Ito, Hogie, Ido, and

Oagika on a preventive serum for *Spirochaeta icterohaemorrhagiae* which appeared in *Saikin Gaku Zasshi*, the Japanese journal of bacteriology (No. 247, 1916). Milk containing spirochaetes in the proportion of ten organisms to the field was treated with carbolic acid to make a 0.5 per cent. solution, and the supernatant fluid, after centrifugation, was injected into marmots. For injection into the human subject the amount was thirty times as great, and doses of 0.5, 1.0, and 2.0 c.cm. were injected within five days. The serum was found to have a weak immunizing action after ten days. Serum from marmots immunized with a mixture of highly immune horse serum 0.01 c.cm. and milk culture (ten organisms to the field) 1.0 c.cm. was used for treatment at intervals of five to six hours until a total of 60 c.cm. had been injected. In the first 35 cases the serum from convalescent patients was found to be very effective in sterilizing the blood early in the disease. This work may be regarded as an extension of the researches of certain other Japanese investigators to which reference was made in the *BRITISH MEDICAL JOURNAL* of February 17th last, on page 230. In a paper on rat-bite disease (*Ji Kwa Zasshi*, the Japanese journal of paediatrics, No. 191, 1916), D. Koshira states that the cause was found to be a spirochaete to which the rabbit is particularly susceptible and which gradually loses its virulence by frequent passage through animals. As the result of clinical observation and animal experiment he has found that the Wassermann reaction is usually present and that the ulceration is curable by neo-salvarsan.

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*, *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.

The address of the Central Medical War Committee for England and Wales is 429, Strand, London, W.C.2; that of the Reference Committee of the Royal Colleges in London is the Examination Hall, 3, Queen Square, Bloomsbury, W.C.1; and that of the Scottish Medical Service Emergency Committee is Royal College of Physicians, Edinburgh.

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.

ANSWERS.

SPHAGNUM MOSS DRESSINGS.

IN reply to a question by "Commandant" as to the mode of use of sphagnum moss dressings, Lieutenant-Colonel Charles W. Cathcart, F.R.C.S., R.A.M.C.(T.), writes from the Edinburgh War Dressings Supply, 37, Palmersson Place, Edinburgh: These dressings are specially useful for wounds which suppurate freely. In such wounds the best results will be obtained when the moss is applied damp. A thin layer of gauze is wrung out of a warm antiseptic lotion and laid on the wound; over this, and overlapping it freely, are placed the damp bags of moss, in number as required. After each bag has been wrung out of the warm lotion the contained moss must be lightly opened out with the fingers; this is done easily owing to the elasticity of the material. Lastly, the bags are held comfortably in position with a bandage. This treatment of the moss bags is recommended whether the dressings are in the loose or compressed form, and whether they have been sublimated or sterilized by steam. The method has given great satisfaction at the Edinburgh War Hospital, Bangour.

LETTERS, NOTES, ETC.

STIGMATIZATION AND SUGGESTION.

DR. JOHN REID (London, W.C.) writes, with reference to the paragraph under this head, published May 26th, p. 691: As no doubt St. Francis's mind was ever dwelling on the wounds on His hands and side, it requires no great stretch of the imagination to place the so-called stigmata to unconscious acts during sleep or reverie.

RHUBARB LEAVES.

DR. WILLIAM BRAMWELL (Liverpool) points out that a very slight knowledge of the processes of assimilation and metastasis in plant life would show that the chemical constituents of root, stem, or leaf may so differ that the public should be warned against making experiments in their diet with any parts of vegetables which are not recognized food-stuffs. He endorses Dr. Tebb's reference in the *JOURNAL* for

May 19th, p. 668, to the possibility of washing soda rendering oxalates soluble in the process of cooking. In view of this chemical action it would, perhaps, be unsafe to eat rhubarb or tomatoes at a meal which included cabbages or peas boiled with soda. Dr. Bramwell recalls that in the *JOURNAL* of November 22nd, 1902, and May 20th, 1916, he drew attention to the toxic effects of spring rhubarb.

GLYCERIN OF BORIC ACID, B.P.

MR. GEORGE LUNAN, F.C.S., pharmaceutical chemist (Edinburgh) writes: This is not a glycerin of boric acid but a glycerin of glyceryl borate. In view of the proposal to eliminate it from the B.P. on account of the want of added antiseptic power from the glycerin solvent property, it would be well to bear in mind its chemical composition and its consequent therapeutic properties when applied to mucous surfaces. Glycerine of glyceryl borate is decomposed into glycerin and nascent boric acid, which from concentration is precipitated, and in contact with albuminous surfaces yields the at least partial colloidal activity of the antiseptic. By no other solvent means can this be attained when exhibited in a throat paint. While not disputing the relative potency of boric acid as an antiseptic when dissolved in comparatively weak solutions of water or glycerin, it should be borne in mind that the formula for glycerin of boric acid in the B.P. is constructed for the special purpose of the reaction, and this entirely nullifies theoretic antiseptic values for germicidal purposes.

MEDICAL ECONOMIES.

A RESPECTED correspondent alleges that the following lines were recently rediscovered in a Mesopotamian *tel*. The date, he admits, is uncertain, but the analogies are sufficiently modern to make us doubt the strict accuracy of his covering letter.

Simples Simplified.

(Report by the — Hospital Staff on War Emergency.)

Surgeon:

To save a limb, to save a life,
Needs no elaborate machine;
I'll manage nicely with a knife
And Iodine.

Physician:

'Twixt life and death to bridge the gulf
Were many drugs, but if you mean
To cut them down, leave me Mag. Sulph.
And some Strychnine.

Obstetrician:

I'll sally forth without a fuss
At dawn or dusk or in between
If only I've my forceps *plus*
Pituitrin.

Anaesthetist:

This latest plan of war reform
Brings me a chance quite unforeseen,
I'll toddle round with chloroform
And Tab. Morphin.

Ophthalmologist:

An ophthalmologist can cope
With eyesores of the great and mean
When armed with an ophthalmoscope
And atropin.

Rhinynotologist:

I'll manage ears and throats and noses
More deft than I have ever been,
With forceps, speculum, and doses
Of cocaine.

Dermatologist:

I'm not at all ashamed to state
My only drugs have always been
Just Ung. Hydrarg. Ammoniat.
And paraffin.

Omnes:

And should the last of drugs and grub
Find bottom through the submarine,
Is there aught else? Ay, there's the rub,
And Nicotin.

T. P. B.

Mesopotamia Expeditionary Force.

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