

fine black after five or six hours, and this mark lasted more than double as long as the iron-haematoxylin mark when exposed to the same conditions. Further, the mark was unaffected by iodine, acetone, ether soap, etc., and could, in fact, be scrubbed with a nail-brush and ether soap two days after it was made without being completely removed.

Experiments were next carried out in order to obtain the fluid in one solution, and it was found that a mixture of the two solutions was quite satisfactory and seemed to keep well, showing no great tendency to oxidize even when kept in an open test tube. This is possibly due to a small amount of acid in the liquor ferri perchlor. from which it was prepared. The next points to find out were a satisfactory concentration and the best proportion of the ingredients. The latter was determined by painting the skin with a mixed solution of known constitution, and then, when dry, painting marks on it of solutions of pyrogallie acid and ferric chloride respectively. If one or the other improved the result the mixture was amended accordingly. The former point was disclosed by a series of comparative marks with different strengths.

Different skins seem to vary in the degree to which they take stains and as to the durability of the resulting marks. Experiments with different solvents showed that acetone and methylated spirit gave little difference in result on my own skin, the latter, however, was better than rectified spirit. Owing to the greasiness of some skins it seems advisable to make the fluid, at any rate in part, with acetone, though if this is not obtainable, methylated spirit may be substituted.

The formula I finally arrived at was—

Acid, pyrogallie.	...	...	1 gram
Spirit, vini meth.	...	...	10 c.cm.
Liq. ferri perchlor. fort.	...	...	2 c.cm.
Acetone	...	...	ad 20 c.cm.

This gives a concentration of 5 per cent. pyrogallol and 2 per cent. Fe. The solution is best kept in a bottle with a camel's-hair brush attached to the cork so that it can easily be painted on. The mark is a brownish-grey at first, but after a few hours turns a brilliant black. It fulfils the conditions set forth above.

## DRAINAGE v. SCRAPING IN THE OPERATION OF CURETTAGE OF THE UTERUS.

BY

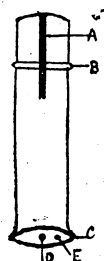
G. S. THOMPSON, F.R.C.S.Eng.,  
RANDWICK, SYDNEY, AUSTRALIA.

THE object of this paper is to protest against the recent modification of an old and good operation which is nothing but bad and is tending to bring a good operation into discredit. The new-fangled procedure is to dilate the cervical canal by a three-bladed dilator just sufficiently to allow the passage of a small curette, the dilatation being often to about the calibre of a lead pencil. In the original operation the canal was dilated as much as possible, and safe, to the size of the largest Hegar dilator. I shall give my reason for thinking that this is the proper procedure.

Any benefit derived from the so-called operation of "curettage" is not from the scraping, but the drainage which dilatation to introduce the curette involves. Apart from removal of soft breaking down and loose mucous membrano by gentle use of the curette, I suggest that the results of the "curettage" operation would be at least as good if no scraping were done. The persistency of leucorrhoea is due to the inadequacy of the lower opening of the uterine cavity to permit drainage of what is virtually an open abscess cavity. For the same reason it is absurd to treat whites with douches; the drainage of the uterus (without artificial interference) through the tightly-closed cervical canal into the vagina being inadequate, the discharge tends to find its way along the path of least resistance to tubes and ovaries. If the condition is analogous to the persistent discharge of an inadequately drained abscess cavity and a condition demanding prolonged drainage, it seems obvious that to dilate the vent to such a slight degree that it rapidly closes again is absurd. We must revert to the old Hegar method, amplify it and not worry too much, if at all, about scraping; drainage is the important thing, and dilatation

must therefore be thorough, must be maintained for an adequate time, and the surgical principle of making the drainage opening at the most dependent part must not be disregarded. The cervical tissues must be rendered soft or the operation commenced after preliminary use of a laminaria tent, or following the period. The cervical canal must then be dilated to the full Hegar size. If the curette be used, it must be gently. I have found that application of iodized phenol makes little difference; if it is of benefit, I imagine it acts not by destroying germs but by determining blood to the part, and thus favouring the flow of serum. The cavity of the uterus being wiped out, one of the tubes illustrated should be inserted to maintain the dilatation and be used for a few days or a week. A thiodine pessary is inserted in the vagina, and then a little gauze, and the patient put to bed; the top end of the bed is raised on blocks to facilitate drainage from the uterus. As soon as the patient is able she gets up and remains up, so as to place the drainage opening at the most dependent part. Using this operation for drainage instead of scraping I have had the most gratifying results. If the drainage tube tends to fall out, a small amount of iodoform gauze is placed at the top of the vagina. Every night for about two to three weeks, when the patient goes to bed, a thiodine pessary is placed in the vagina.

The tube is a modification of a tube for which I am indebted to a previous contributor to the JOURNAL. It is



A, Slot. B, Retention ring. C, Flange. D, Opening for silk. E, Interior tube.

about 2 inches long, slightly flanged at the vaginal end. At the upper third (uterine end) there is a slit to allow of the escape of exudation, and about three-eighths of an inch from the end around the tube is a ring to prevent the tube coming out of the cervical canal. At the flanged end is a small aperture for a silk thread to allow of easy extraction. Tubes have been made in five sizes, uterine diameters  $\frac{3}{16}$ ,  $\frac{4}{16}$ ,  $\frac{5}{16}$ ,  $\frac{6}{16}$ ,  $\frac{7}{16}$  of an inch, by Messrs. Allen and Hanburys. The smaller tubes could be used for drainage in leucorrhoea without an operation after preliminary dilatation by a

laminaria tent. Many cases of whites can be cleared up or improved by such procedure if the drainage is maintained for a suitable time. Instead of curettage we might call this operation drainage of the uterus. It is a valuable prophylactic operation against damage of ovaries and tubes and the necessity for their mutilation and removal later. The tubes will also prove of value in maintaining dilatation for spasmodic dysmenorrhoea.

## Memoranda:

### MEDICAL, SURGICAL, OBSTETRICAL.

#### MILK SUBSTITUTES FOR THE SICK.

IN view of the present scarcity of milk it seems urgent that we should reconsider our present custom of feeding sick adults on a diet more or less composed of milk. There are, of course, many for whom it is essential. On the other hand, there are great numbers for whom it is not necessary and some for whom it is not even desirable. Indeed, there are not a few to whom it is repugnant.

In a hospital dietary before me the diet of every patient contains 1 to 3 pints of milk daily, unless specially ordered otherwise. Now, is there any real difficulty in giving a digestible and sufficient diet without milk to a large proportion of these invalids—let us say, to many surgical, cardiac, and mild febrile cases? The fashion is to a great extent only of recent origin, and a peculiarly British one. We have not, indeed, the advantage our Continental friends possess in their light and harmless bouillons, potages, and ptisanes, nor are our patients (unfortunately) accustomed to them, nor have they the mild non-intoxicating breakfast beers of our forefathers, but the chief reason for the popular use of milk as a staple food for the sick, apart from its harmlessness and digestibility, is the ease of preparing it, which saves so much work to friends and purses in a sick house. In many cases

it involves no troublesome prescription or cooking at all. However, it is neither a perfect food for adults nor is it always well digested, and the dangers of contamination are considerable. Patent foods we have in abundance, but their cost is serious and, to poor patients, often prohibitive. They are very well as an addition to the staple food or in special cases.

I recently asked an educated Chinese gentleman what they fed their patients on in China, where, as in many countries, milk was unobtainable. His reply was briefly, "Rice boiled to a liquid and suitably flavoured." To some extent only would this meet our needs.

The ordinary sick person requires a food which is liquid, and therefore easy to take, one very easy to digest and without a strong flavour, one especially which is cheap and easy to prepare, but it need not in many cases supply a very large amount of nutriment, particularly in brief illnesses or where the patient is allowed to supplement it with bread, farinaceous puddings, eggs, butter, meat juice, or fish. The use of milk for children, or for tuberculous, renal, and marasmic cases is another matter, and to such as these it might be restricted.

Pulped rice can be made very similar to milk in appearance and flavour, but the protein and fat are extremely low. One of the best substitutes for milk in this country is a preparation of oatmeal with or without maize. If 4 oz. of rolled oats are thoroughly boiled and then—a little diastase having been added—allowed to stand in a warm place, some 5 to 10 per cent. of the starch is converted into maltose. If they are then strained, and water is added to a pint or a pint and a half, we get a liquid very like milk. The bitter flavour of gruel is to some extent got rid of by the malting process, and the slight sweetness renders it palatable. If we got the whole full value of the oats in liquid form we should have 460 calories, or more than that of a pint of milk, but in any case we have a nutritious and easily digested liquid food.

Ground rice treated in the same way is even better in colour and flavour, but we cannot expect the same nutritive value. The same may be said of wheaten meal when boiled, malted, and strained. Under the present regulations it is impossible now to obtain ready malted oatmeal which would shorten the process of making oaten milk.

However, this is only one of many ways in which we might obtain a substitute for milk for many of our sick. If some satisfactory method was agreed on, it should be easy to get it ready-made from a communal kitchen or private firms at a price much less than that of milk to-day.

Clifton, Bristol.

GEORGE PARKER, M.D.

## TWO CASES OF FILARIASIS.

THE interest of the following two cases lies in the fact that they are, I believe, the first recorded from the Hedjaz or Red Sea littoral of Arabia, and that they are samples of cases which, on inquiry, I find to be very common in that area. One informant told me that in Jeddah there were hundreds of people with enlarged testicles and swelling of the scrotum.

Mosquitos (*Culex*, *Stegomyia*, and *Anophelines*) abound in Jeddah, and, apart from the local reservoir of infection, fresh sources become available each pilgrim season, when many pilgrims from Central Africa, where filariasis is rife, pass through.

It is curious that at Suakin, on the Sudan Red Sea littoral, where the conditions are practically identical with Jeddah, even to it being a town through which many pilgrims pass, the disease is unknown.

CASE I.—A male Egyptian, aged 40, a greengrocer, who had lived in Jeddah all his life, except for a visit to Egypt eight years ago, complained of a swelling in the right side of his scrotum, which, when it first appeared five years ago, was painful, but subsequently only caused inconvenience on account of its weight and size. There was a history of two attacks of gonorrhoea twenty-three years ago, and of attacks of fever lasting for a few days at a time. The patient, who appeared in good health, was found to be suffering from a large right hydrocele with some thickening of the cord; the left testicle and cord appeared normal. At the operation the parietal and visceral tunica vaginalis testis was found thickened, indurated, and ecchymosed, and the contained fluid was blood-stained and cloudy.

CASE II.—A male Jeddawi, aged 35, a porter, who had lived at Jeddah all his life, complained of what he thought was a right inguinal hernia of seven years' duration. Patient appeared in

robust health, and in the right inguinal region, extending from the interior abdominal ring to within an inch of the top of the testis, was found a tense swelling with no impulse on coughing. On lying down the swelling got smaller but did not disappear; it then seemed to be fluid confined in a thin-walled half empty sac. The remainder of the scrotum and contents appeared normal. No obviously enlarged lymphatic glands were felt, the urine was normal, and there was no swelling of lower extremities. A lymphocele was diagnosed, and patient advised that no operation was advisable unless a hernia should develop later.

The blood of both these patients when drawn at night-time was found to contain embryos of *Filaria bancrofti*—in that of Case I about three to four to a drop, in that of Case II as many as ten to fifteen. No embryos were found in the blood drawn during the day.

Two other patients from Jeddah came for treatment at the same time as the above, one with a double hydrocele with thin-walled sac and clear fluid, and the other with a large right lymphocele, small right hydrocele, and some epididymitis of the left testis due to a recent attack of gonorrhoea. The lymphocele had been noticed for twelve years. The patient was operated on, as the nature of the condition was not recognized previous to operation.

No filariae were found after repeated examinations of the blood of these patients, although, at any rate in the case of the lymphocele, I suppose that at some time or other they must have been present.

NOEL E. WATERFIELD, M.B., B.S. Lond., F.R.C.S. Eng.,  
Senior Medical Inspector, Medical Department,  
Sudan Government.

## DIFFICULT LABOUR CAUSED BY DISTENDED FETAL VAGINA.

I AM indebted to Dr. Young (Musselburgh) for permission to publish the following note:

A primipara, aged 21, eight and a half months pregnant, complained of swelling of the legs, and stated that she had not "felt life" for about a fortnight. On examination the abdomen appeared satisfactory and fetal heart sounds were made out; the urine contained 9 parts per 1,000 albumin. Two days later she was confined. The labour was simple as far as the head was concerned, but it seemed impossible to deliver the body on account of the large size of the child's abdomen. However, after using powerful traction, the difficulty was at last overcome, the distended abdomen producing an incomplete tear of the perineum. The child was stillborn. The mother made an uneventful recovery, and the albuminuria rapidly cleared up.

### Post-mortem Examination of Fetus.

Unfortunately this had to be carried out very hurriedly a few minutes before the funeral. The anus was imperforate. On opening the abdomen a mass about the size of a child's head presented in the incision; this represented the pelvic organs, which were bound together by adhesions. The peritoneal cavity contained a considerable quantity of clear amber fluid. On incising the protruding mass at least 6 oz. of clear deep amber fluid escaped with a few flakes. The liver, kidneys, and spleen were healthy; the mass of pelvic organs was removed for examination. The specimen was found to consist mainly of a very greatly dilated double vagina, a bicornuate uterus, and the bladder and rectum. The two uterine bodies were distinct, somewhat dilated, and each had a Fallopian tube and ovary attached, the appendages being normal. The two cervixes and vaginæ were separated by a septum. The former were not well developed, but were represented by a sort of pocket at the upper part of each vagina, the position of the os being marked by a crescentic "shelf" in each case. The urethra was buried in the septum between the two vaginæ, and a narrow passage from the rectum was found running down in the septum; the vaginal walls showed distinct rugæ. Unfortunately the external genitals had not been removed with the specimen, but from the fact that the vaginæ were so greatly distended with fluid it is reasonable to suppose that they were imperforate.

The case is of interest principally from the rarity of a fetal vagina being so distended as to produce difficulty in parturition, and also in showing completely separate development of each of Müller's ducts. The lack of development of the cervixes is curious, as they are usually developed out of proportion to the body of the uterus in the fetus.

Edinburgh.

SYDNEY B. FAULKNER, M.B., Ch.B. Edin.

AT a meeting of the American National Academy of Science, held at the University of Pennsylvania recently, Dr. Simon Flexner announced that a substitute for salvarsan had been prepared at the Rockefeller Institute. The new drug, which is at present known as "A-189," is an organic arsenical compound which is said to be free from some of the disadvantages of salvarsan, and in particular to be less poisonous. It can also be produced very economically, the cost being about 5 cents a dose.

## NEW YEAR HONOURS.

## ORDER OF THE BRITISH EMPIRE.

IN the New Year's list of promotions in and appointments to the Most Excellent Order of the British Empire appear the following names of members of the medical profession:

*To be Knights Commanders.*

Colonel Sir George T. Beatson, K.C.B., M.D., Chairman, Scottish Branch, British Red Cross Society.

James Cantlie, M.B., F.R.C.S., Member of Council and of Executive Committee, British Red Cross Society.

Walter Morley Fletcher, M.D., D.Sc., F.R.S., Secretary of the Medical Research Committee.

James Galloway, C.B., M.D., F.R.C.P., Chief Commissioner for Medical Services, Ministry of National Service.

Kenneth W. Goadby, Member of War Office Committee for the Study of Tetanus.

William Henry Thompson, M.D., D.Sc., King's Professor of Physiology, Trinity College, Dublin, Scientific Adviser to the Ministry of Food.

*To be Commanders.*

Lieut.-Colonel John H. Anderson, Assistant Director of Medical Services, Australian Imperial Force.

Lieut.-Colonel John T. Lewtas, Commissioner for Medical Services, Ministry of National Service.

Colonel Robert Dawson Rudolf, Consultant in Medicine, Canadian Army Medical Corps.

Colonel J. Scott Riddell, M.V.O., Red Cross Commissioner for North-Eastern District of Scotland.

Dr. Lockhart Stephens, County Director, Hampshire, British Red Cross and Order of St. John of Jerusalem.

Dr. T. H. C. Stevenson, Superintendent of Statistics, General Register Office.

Lieut.-Colonel David Wallace, C.M.G., Red Cross Commissioner for Eastern District of Scotland.

Dr. John H. Yolland, Chief of Staff of County Director, Kent, British Red Cross and Order of St. John of Jerusalem.

*To be Officers.*

Dr. Henry Barnes, J.L.D., J.P., Honorary Secretary and Treasurer, Cumberland Branch, British Red Cross Society; a past President of the British Medical Association.

Major Lionel O. Betts, A.A.N.C.

Dr. Herbert E. Cuff, Principal Medical Officer to the Metropolitan Asylums Board.

Dr. Thomas C. Dillon, H.M. Consul, Porto Alegre, Brazil.

Dr. Richard H. Grimby, Assistant County Director, Ashburton Division, British Red Cross and Order of St. John of Jerusalem; Deputy Commissioner of St. John, Devonshire.

Major Hugh B. Lewers, Assistant Director of Medical Services, Australian Imperial Force.

Arthur F. MacCallan, F.R.C.S., Director of Ophthalmic Hospitals, Egypt.

Dr. Finlay M. Mackenzie, J.P.

Captain Edmund Distin Maddick, F.R.C.S.

Major Thomas McKibbin, Deputy Assistant Director of Medical Services, New Zealand Expeditionary Force.

Dr. Sarat K. Mullick, Honorary Secretary, Bengalee Regiment Committee.

Dr. George Reid, M.O.H. Staffordshire County Council.

Dr. John Robertson, M.O.H. Birmingham.

Dr. John Russell, Vice-President of Burslem and Tunstall Division, and Assistant County Director for the North Staffordshire Area, British Red Cross and Order of St. John of Jerusalem.

Dr. Charles Stein, Commandant and Medical Officer, Park House Auxiliary Hospital, Shipston-on-Stour, Warwickshire.

Lieut.-Colonel Edward N. Thornton, South African Hospital, Richmond Park.

Brevet Colonel G. Sims Woodhead, V.D., R.A.M.C., Professor of Pathology, Cambridge.

Joseph Ainsworth Woods, Senior Dental Surgeon, Mürren, Switzerland.

Lieutenant-Commander Eric Worsley Gandy, R.N.V.R.

*To be Members.*

Lieut.-Colonel Harry H. Balfour, South African Hospital, Richmond Park.

Lieut.-Colonel William J. Bentley, Assistant Director of Dental Services, Canadian Forces.

Dr. Francis R. Cassidi, Officer-in-Charge, Transport of First Line Hospitals, Derbyshire.

Dr. Arthur V. Davies, Assistant County Director, representing the Order of St. John of Jerusalem, East Lancashire.

Captain Percy T. Remington, Dental Officer, Australian Army Medical Corps.

Herbert L. Rutter, F.R.C.S., Officer in Charge of Wounded Convoys, Northumberland.

Major Thomas L. L. Sandes, South African Hospital, Richmond Park.

Captain Arthur F. Sutton, Senior Dental Officer, Australian Army Medical Corps.

Major Walter H. Tofft, Australian Army Medical Corps.

Mrs. Ella G. A. Webb, M.D., Lady District Superintendent, St. John Ambulance Brigade, Dublin.

## RED CROSS WORK.

Work for the Red Cross is recognized by the dignity of Dames of the Grand Cross conferred upon Lady Amptill, Mrs.

Benyon, Lady Dawson, the Duchess of Montrose, and Viscountess Northcliffe, and Dames Commanders on Mrs. Godman (Horsesham), Lady Jekyll, Mrs. Locke-King (Surrey), Mrs. Ker Pryse-Rice (Carmarthen), and Mrs. Webster (British Women's Hospitals). Mr. Kenderdine's work for the Hospital for the Limbless, Roehampton, is recognized by K.B.E., and Sir John Furley's Red Cross work by his appointment to be Companion of honour.

## Scotland.

## THE EDENHALL HOSTEL FOR LIMBLESS SAILORS AND SOLDIERS.

THE Edenhall Hostel for Limbless Sailors and Soldiers, established near Kelso in June, 1915, and therefore second in date only to Roehampton, is about to be removed to Musselburgh. A house standing on a site of thirteen acres has been acquired, and the change will have two main advantages: first, that it will be possible to increase the accommodation to one hundred beds and the facilities for making artificial limbs; and, secondly, that the new situation, being near Edinburgh, will be in many respects more convenient. The hospital was founded by the Countess of Home, the commandant is Lady Isobel Douglas Home, the matron in charge Mrs. George Henderson, and Dr. Henderson of Coldstream, a member of the committee of management, has voluntarily given his services. Lieut.-Colonel Cathcart, R.A.M.C., has superintended the fitting of the artificial limbs, and will now become a member of the committee. The establishment of the home for limbless sailors and soldiers at Erskine House, near Glasgow, has made it desirable to allocate different areas to the two institutions. The Edenhall Hostel will in future serve for limbless men domiciled in the east of Scotland, while Erskine House will receive those from the west. In order to provide accommodation for one hundred men on the new site considerable extensions are necessary, and these are already in hand. The cost of the alterations, extension, and equipment is estimated at £12,000, and the whole of this sum will be provided by the Scottish Branch of the British Red Cross Society, but an appeal is made for contributions to meet the general expenses, for extra comforts for the men, and for additional equipment. The financial secretaries and treasurers are Messrs. William Home, Cook, and Co., C.A., 42, Castle Street, Edinburgh.

## THE UNIVERSITY OF EDINBURGH IN 1916-17.

The annual report for the academic year 1916-17 shows that the matriculated students number 1,201 men and 686 women; of the male students, 152 matriculated for the purpose of joining the Officers' Training Corps, in addition to those who in the ordinary course were in attendance at classes. In the faculty of medicine there were 709 men and 240 women. Of the students of medicine, 465, or nearly 50 per cent., belonged to Scotland, 144, or over 15 per cent., to England and Wales, 30 to Ireland, and 281, or 29½ per cent., to British Dominions, including 76 from India. There were also 29 from foreign countries. The number of graduates, officials, and students, past and present, serving in H.M. Forces is now considerably over 5,000, and more than 400 have died. Many of the departments in the faculties of science and medicine have been occupied with work which has a direct bearing upon the war. It is noted that the funds transferred to the University Court by the Royal Victoria Hospital Tuberculosis Trust for the foundation of the Chair of Tuberculosis amounted to £18,000.

## EDINBURGH ROYAL INFIRMARY.

During the year ending October 1st, 1917, the number of in-patients admitted to the Royal Infirmary, Edinburgh, was 11,181, of whom 847 (7.04 per cent.) died. Of the patients admitted 5,039 lived in Edinburgh and Leith, and 6,142 in other parts of Scotland. Three large wards with 116 beds have been held constantly at the disposal of the military authorities for the treatment of men from the expeditionary forces, and during the year 36 sailors and 663 soldiers were treated therein. The managers have entered into agreements with the Edinburgh and East Lothian War Pensions Committee for the treatment of discharged sailors and soldiers other than those suffering from diseases for which special hospitals are provided.

## Medical News.

THE Minister of Pensions has appointed Sir John Collic, C.M.G., to be Director of Medical Services for the Ministry of Pensions.

PROFESSOR TUFFIER, of Paris, has been promoted to the rank of Commander of the Legion of Honour in recognition of his eminent services as consulting surgeon to the French armies.

At the meeting of the Royal Microscopical Society at 8 p.m. on Wednesday next, Mr. E. Heron-Allen will deliver his presidential address on the society during the great war and after.

A MEETING of the Tuberculosis Society will be held on Monday, January 21st, at 8 p.m., at the Royal Society of Medicine, 1, Wimpole Street, W., when a discussion on farm colonies in the treatment of tuberculosis will be opened by Sir Robert Philip, Dr. T. Dyke Acland, Dr. Noel Bardswell, and Dr. A. H. Macpherson.

As Padua has recently been the objective of Austrian air raiders, the rectorate and Academic Council of the famous university have been by official decree transferred temporarily to Pisa. The same decree authorized the Minister of Education to allow professors of Padua to lecture in other universities and superior institutions.

A COURSE of public lectures on some biological problems of to-day will be given at University College, London, during January, February, and March. The first lecture, on the problem of food, will be given by Professor W. M. Bayliss, F.R.S., on Monday, January 21st; the second, on war bread and its constituents, by Professor F. G. Hopkins, F.R.S., on January 28th; the third, on accessory food factors (vitamines) in war diets, by Miss E. Margaret Hume, of the Lister Institute, on February 4th; and the fourth, on alcoholic and other beverages, by Professor Cushny, on February 11th. All the lectures will be given at 4 p.m., and are open free to the public.

At the last session of the General Medical Council a report was received from the Public Health Committee recommending certain modifications in the resolutions and rules regarding diplomas in public health, with a view to recognition of laboratory experience by medical officers serving with a British Expeditionary Force. The recommendation, which was printed in the SUPPLEMENT of December 8th, 1917, p. 113, was adopted by the Council. This has necessitated a revision of the existing resolutions and rules, and we are asked to state that a new edition has accordingly been prepared containing the additional provisions which will hold good for the duration of the war.

DR. FILOMENA CORVINI, who has been working as a medical officer, with the rank of lieutenant, at the Italian front, recently returned to Cheti, her native town, where she had an enthusiastic welcome. She was afterwards received in private audience by the Queen of Italy, who expressed keen interest in her work. Other Italian women doctors are taking their share in war work. Dr. Elena Fambri, of Venice, has attended the wounded in the advanced line, while Dr. Serena De Paoli, who remained at her post in the Children's Department of the Civil Hospital at Venice, suddenly found herself in the zone of military operations and at once took up the duties created by the new situation.

THE lecture arrangements of the Royal College of Surgeons of England for February are as follows: On February 6th, on the surgical treatment of neuragia, by Mr. Jonathan Hutchinson; on February 8th, on the treatment of war injuries of the jaw and face, by Mr. Percival P. Cole; on February 11th, on the diagnosis and treatment of syphilis of the central nervous system, by Dr. Hildred Carlill; on February 13th and 15th, on the Quaderni d'Anatomia by Leonardo da Vinci, by Professor William Wright; on February 18th, on the structure of the English skull, by Mr. F. G. Parsons; on February 20th and 22nd, on projectile fracture of limb bones, by Mr. E. K. Martin; and on February 25th, on the pathological aspect of certain war injuries of the eye, by Colonel W. T. Lister, C.M.G. Professor Keith will resume on January 14th his course of lectures on the anatomical and physiological principles underlying the treatment of injuries to muscles, joints, and bones. All the lectures are given at 5 p.m.

AN artificial limb manual training centre at the Boulevard, Balham, was opened by Mr. Samuel Samuel, M.P., on January 8th. It has been established as a piece of war philanthropy by the local traders' association. It is to receive and instruct men who have been newly fitted with artificial limbs at Southampton and elsewhere. The men, under the guidance of competent instructors, are first to

be put through some elementary training in the use of their new limbs; afterwards they are to be passed on to more delicate and complicated movements, and ultimately, it is hoped, to the use of tools appertaining to various trades before being drafted to technical centres for expert instruction in special handicrafts. The centre consists of three large rooms fitted with benches and with various appliances for exercising arm and leg movements. It was stated that many men, after discharge from convalescent homes, grow discouraged by their inability to use their artificial limbs to full advantage, and sometimes even discard them. Daily classes of free instruction will, it is hoped, quickly make them proficient.

## 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.2, on receipt of proof.

The telegraphic addresses of the BRITISH MEDICAL ASSOCIATION and JOURNAL are:

1. EDITOR of the BRITISH MEDICAL JOURNAL, *Aitology, Westrand, London*; telephone, 2631, Gerrard.
  2. FINANCIAL SECRETARY AND BUSINESS MANAGER (Advertisements, etc.), *Articulate, Westrand, London*; telephone, 2630, Gerrard.
  3. MEDICAL SECRETARY, *Medisecra, Westrand, London*; telephone, 2634, Gerrard. The address of the British 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, 8, 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.

"PERPLEXED," who desires to hear of a home for an epileptic man, aged 36, is recommended to communicate with the secretary (Mr. Penn Gaskell), National Association for Epileptics (Chalfont Colony), Denison House, Vauxhall Bridge Road, S.W.1.

### LETTERS, NOTES, ETC.

CIVIL SURGEONS IN MILITARY HOSPITALS. COLONIAL writes: "C. S." in his letter in the JOURNAL of January 5th, p. 40, calls attention to a very important matter, and one which is worthy of the attention of the Association. In the Boer war civil surgeons on military service were allowed to wear a distinctive uniform. In the present war no such privilege has been accorded to them, nor the right of wearing any distinguishing badge showing that they are doing war work. Civil surgeons engaged as whole-time medical officers in military hospitals, doing orderly duty, etc., ought to be granted permission to wear uniform with a distinctive badge. They do not ask for commissioned rank, but it is right that as medical officers in military hospitals they should wear uniform to show their position, and take their proper standing with their colleagues who hold commissioned rank.

### THE WHITE BREAD CURE.

THE habitual use of white bread is comparatively a novelty even in France. Avenel, than whom there is no better authority on such matters, quotes an entry from a householder's account book in 1765, showing that he advanced to a maid in his employment 1.65 francs for "a purge and some white bread." As the servant's wages for the year were probably less than 80 francs, this was a considerable sum to her. White bread, Avenel explains, was then looked upon as a remedy.

### SCALE OF CHARGES FOR ADVERTISEMENTS IN THE BRITISH MEDICAL JOURNAL.

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