

transfer to a convalescent home in excellent condition with his wound nearly healed. The drainage, however, having been

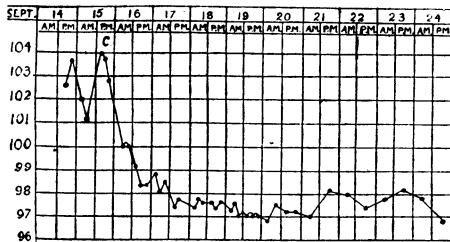


CHART 1.—Cpl. R. L. C = Cyllin, iodoform, and olive oil begun.

imperfect, on November 15th a larger piece of rib had to be removed, by Mr. Ellis Pearson, surgeon to the section, after which progress was uneventful.

CASE II.

Pte. W. W., admitted March 11th, 1917. Twelve years previously he had a left-sided empyema, which was drained. About a month before admission he had an attack of pleurisy in the left side, and the old wound reopened and discharged. On admission the temperature was irregular, and there was dullness at the left lung base, so on March 25th the wound was enlarged by Mr. Pearson, and better drainage established. On March 31st severe haemorrhage occurred from the wound and

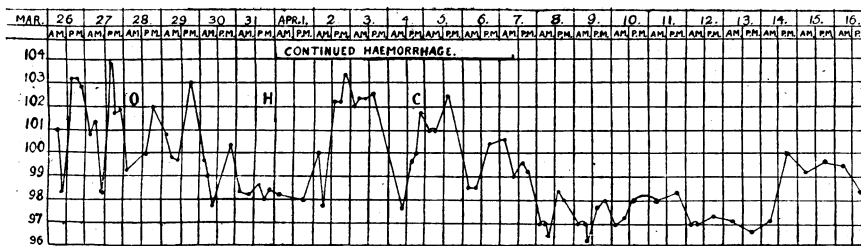


CHART 2.—Pte. W. W. O = Operation. H = Severe haemorrhage. C = Cyllin, iodoform, and olive oil begun.

continued to a considerable extent. The temperature, which had fallen after the operation, rose again to 102° on April 2nd. As the condition was obviously one of intrathoracic sepsis, injection of the cyllin and iodoform mixture was begun and continued, with the result shown on Chart 2. The haemorrhage ceased, and there was no further rise of temperature until April 14th, when the patient had a slight rise of temperature accompanied by slight haemorrhage lasting about two days, after which recovery was uneventful. The patient is now very stout and well.

We have since seen a third case of intrathoracic sepsis following a gunshot wound, in which the use of this mixture has been of great value.

REFERENCE.

¹ *Practitioner*, April, 1912.

MUTTON BIRD OIL.

BY

LIEUT.-COLONEL J. S. PURDY, D.S.O., M.D., C.M.ABERD.

D.P.H.CAMB., F.R.S.E., A.A.M.C.,

FELLOW ROY. SAN. INST., METROPOLITAN M.O.H., SYDNEY.

As cod-liver oil is difficult to obtain in sufficient quantities it may be of interest to know that the oil extracted from the sooty petrel is not only an excellent substitute, but, in the opinion of some, more effective in the treatment of bronchitic conditions and phthisis.

The sooty petrel, which is known in New Zealand and Australia as the mutton bird, spends nine months of the year in the Antarctic, and, consequently, must be so constituted as to stand extreme degrees of cold. The birds arrive in enormous numbers at their breeding places on Stewart Island, to the south of New Zealand, and on the islands in Bass Straits. The chief islands on which they breed are Chapple Island, Hummocky Island, Tin Kettle Island, and the other small islands near Flinders Island and Cape Barren Island. These birds arrive on the same day every year, and depart in flocks at the end of their period of migration.

The female lays only one egg, which is hatched by the parents sitting in turn. The young birds are fed by the parents with marine life collected from far at sea. When about six weeks old, the young, which are found in burrows similar to rabbit holes, are taken by the residents and half castes who visit these islands for the mutton bird season. The young bird is lined with fat, which is expressed as oil. The birds are then gutted, salted, and smoked, and used to be sold in Tasmania and New Zealand at a retail cost of 1½d. to 2d. each, and in Sydney at 6d. each. Recently a certain number have been tinned for export; some have reached the western front, and have been much appreciated as an article of diet.

In 1900, whilst in practice in The Hutt, New Zealand, I found at Porirua and Otaki, in the Maori Pahs, that natives suffering from consumption in some cases put on flesh during a tangi, which is something akin to an Irish wake. At these times the natives consumed large quantities of mutton birds.

At Tawa Flat, where some Norwegians had settled, I induced two of the settlers, who were suffering from phthisis and did not object to the fishy taste of the mutton bird, to eat one mutton bird a day, and found after some months that there was a considerable increase in weight. I published a paper in 1900 in the *Australasian Medical Gazette* advocating the feeding of cases of phthisis with mutton birds. In 1910, on going to Tasmania as chief health officer, I found on the west coast of Tasmania

a chemist at Zeelian who was putting up an emulsion of mutton bird oil and almond oil, which had earned a considerable repute for the treatment of bronchitis and phthisis.

On visiting the islands in Bass Straits with the then Governor of Tasmania, Sir Harry Barron, Sir Elliott Lewis, the Premier, and other members of the Ministry and Government officials, I found that the mutton bird was one of the principal articles of diet among residents of the islands. Later, in 1913, I was marooned on these

islands for six weeks, whilst investigating an epidemic of what I diagnosed as atypical measles simulating scarlet fever, but what Dr. Wetter of the Mawson Expedition diagnosed as atypical scarlet fever simulating measles; my chief article of diet, as of the others, was mutton birds, and I found a progressive increase in weight.

On behalf of the Tasmanian Government, the Commissioner of Police, Colonel J. E. C. Lord, D.S.O., made a special report on the mutton bird industry. As a result, I understand that improved conditions have been introduced into the islands and that these birds are sufficiently protected to prevent any serious diminution in their numbers.

The supply of oil from this source is considerable and would be a valuable addition to the medicinal oils at the present time.

Another point of interest about this industry is that, until a German agent intervened, the feathers, owing to their oily state, were found to be a nuisance, but previous to the war were actually exported to Germany, where they were treated and used in the making of cushions and pillows.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

PERICARDIAL KNOCK.

A FEW days before the appearance of Colonel S. Maynard Smith's article in the *JOURNAL* of January 19th, p. 78, I was called to see a boy who had been accidentally shot in the head and left side of the chest when rabbiting.

About an hour before he died a loud cardiac "click" developed which was synchronous with the heart systole and could be heard distinctly six or eight feet away. It bore no relation to the respiratory movements, as the respiration was Cheyne-Stokes in character and the sound persisted during the period of apnoea. The simile of the click in the ear-piece of a telephone when the lever is

raised illustrates it very well. During the last fifteen minutes of life the heart became very feeble and irregular and the "click" disappeared. I was very interested to read Colonel Maynard Smith's explanation of the phenomenon, as I was quite unable to account for it. A *post-mortem* examination was not ordered by the coroner, so no further investigations could be made.

Ilminster.

W. P. HENLEY MUNDEN, M.D.Lond.

A SERIES OF CASES OF TYPHUS FEVER.

OSLER points out that a remarkable feature of typhus fever is that a few cases may occur in any locality; this has led some to believe that it can originate spontaneously. Recent experience of seven cases during a few weeks in a mining village, separate from any seaport town or contact with any military barracks, tends to corroborate this opinion, and also the view that the virus becomes reinforced as the epidemic increases, the prominent symptoms of typhus showing only in the later cases.

The first case in the series here reported was anomalous. The patient had all the symptoms of influenza, but by the fourth day a slight haemorrhagic rash had come out on the arms; the throat and mouth were very dry, the tongue baked, and later a fungus-like growth filled the roof of the mouth. Swallowing became impossible, and I suspected an acute suppurative condition of the oesophagus. The pulse at the wrist was imperceptible and vomiting very prominent. The second case showed early prostration, with high temperature, delirium, and cardiac failure by the fourth day, when there was a rash all over the body, but not typical. The third patient had all the above symptoms; the rash was more typical but was not present on the face. This patient developed bronchopneumonia. She lay on her back in muttering delirium with the typical flushed face of typhus.

The other cases became more typical; the rash came out first on the extensor surfaces of the arms and lumbar region of the back, and gradually covered all the body, the face and even the ears being well covered by the fourth day. The rash resembled rubella, but there was typical subcuticular mottling. The rash looked as though one were looking through a dim glass at it. Epistaxis was present in one case and retention of urine in another; the conjunctivae were injected in the last two cases. A specimen of blood from two of the patients was very dark and fluid; in fact, I had difficulty in stopping the oozing in one case. The blood gave a positive Widal reaction in three cases and a partial agglutination in two other cases.

The early dry and dirty tongue and throat, together with the early prostration and cardiac failure, made me suspect typhus fever even when the rash was not typical. The cases had no distinct odour. In all the onset was abrupt; constipation was present during the whole illness, which terminated in a crisis about the twelfth or fourteenth day. The patient who developed bronchopneumonia and typical flushed face died.

JOSEPH STARK, L.R.C.P., L.R.C.S.Edin.

Winchburgh, West Lothian.

PENETRATING GUNSHOT WOUND OF THE ABDOMEN IN CIVILIAN PRACTICE.

A PARTY of boy scouts were practising rifle shooting at a miniature range on November 18th, 1917. When E. M., aged 15, who was in charge of the party, was changing the targets at about 1 p.m., another scout fired and hit E. M. in the abdomen. He was admitted to the Reigate and Redhill Hospital at 2.45 p.m. His condition on admission was fair, though he was blanched and somewhat collapsed. The pulse was 130. There was a bullet wound $1\frac{1}{2}$ in. to the left of the upper border of the umbilicus.

He was immediately taken to the theatre and the abdomen opened. The peritoneum was found to be full of blood; two mesenteric vessels were seen to be bleeding, and there were two perforations of the small intestine. The mesenteric vessels were tied. The perforations, which were in the coil of intestine immediately above the coil in which the mesenteric vessels were divided, were side by side, $\frac{1}{4}$ in. from one another. This coil of intestine was pleated to enclose both perforations with two layers of Lembert sutures. A small slit in the mesocolon was stitched up. The bullet was not seen. A big tube was

put into the pelvis, the original wound excised, and the abdomen stitched up. Some subcutaneous transfusion was required during the operation. With the exception of paralytic diarrhoea lasting for three days there were no complications, and the case has now been discharged as cured.

I am greatly indebted to Mr. Pegg and Dr. Crichton (late R.A.M.C.) for their kind assistance, and to Dr. Chave, who subsequently localized the bullet by *x* rays, lying against the body of the left ilium.

Reigate.

A. R. WALTERS, M.R.C.S., L.R.C.P.

Reports

ON

MEDICAL AND SURGICAL PRACTICE IN HOSPITALS AND ASYLUMS.

GENERAL MILITARY HOSPITAL, EDMONTON.

A CASE OF INTESTINAL OBSTRUCTION DUE TO BURIED SWABS.

(By D. M. HUGHES, M.B.Lond., F.R.C.S.Eng., Major R.A.M.C., Officer-in-Charge, Surgical Division.)

PRIVATE M., aged 21, was admitted to hospital with the following notes on his field card: "Wounded November 14th, 1917, right side of back. Laparotomy November 15th, foreign body extracted from the liver to the right of the gall bladder, having passed through the upper pole of right kidney. No intestinal injury found." On admission to Edmonton, on November 30th, the patient was quite convalescent, and taking ordinary diet.

On December 15th he was seen by me on account of vomiting and pain which had come on suddenly the previous night. The abdomen was flaccid except in the middle portion of the abdominal scar—a very long and beautifully healed incision extending nearly from the ensiform to the pubes. Behind the umbilicus, however, there was a rigid area too tender to permit of deep palpation. Elsewhere free manipulation was possible, and nothing abnormal found. The vomit was faeculent, and the pain spasmodic, rising to a climax and suddenly ceasing, though the intervals between the spasms were clearly becoming shorter. Temperature 97° F., pulse 112. The symptoms were so unequivocally those of intestinal obstruction that immediate operation was decided upon.

Ether was administered by Lieutenant Simon, and with the assistance of Dr. F. W. Carter an incision six inches long was made through the old scar; the intestine and omentum, the latter especially, were found adherent to the abdominal wall in the line of the incision; they were readily separable. A collapsed coil of intestine rapidly passed through the fingers ended in a globular mass of agglutinated intestine and mesentery the size of a large orange. Coils of dilated and injected intestine obscured the mass, but the dilated bowel was easily traced into it. The unravelling of the mass was difficult, as it had to be done in the depths of the abdomen among dilated coils. Moreover, the adhesions between the coils were completely organized, had to be separated with the knife, and hence bled freely. Two perforations were thus encountered (probably caused) and were treated with purse-string sutures, slight faecal soiling inevitably occurring. As the mass was unravelled the core was seen to be formed by two grey-green swabs smelling strongly of faecal matter. The intestine set free from its adhesions measured about 12 in. in length, and was brought out of the abdomen and examined, bare areas being covered by cross stitching. A stab wound in the middle line above the pubes liberated a quantity of blood-stained fluid, and a large cigarette drain was passed into the pelvis; the patient was immediately placed in the Fowler position; he left the operating table with a pulse of 144, but rapidly improved, and his further recovery was uneventful.

The case is of interest from the effort made by nature to encapsule the swabs. Usually this devolves upon the omentum, but presumably the omentum being small and denied access to the offending swabs by reason of adhesions to the line of the previous abdominal incision, the encapsulation of the foreign body was carried out by the coiling of the intestine about it.

the officers from the base, followed by General Wilberforce and the D.D.M.S. About seventy-five of our Sisters, in their caps and white veils, lined up at No.— General, then they took their ambulances, met us at the graveside, and again lined up. They were there at the special request of the commandant, and added much to the impressiveness of the ceremony. Colonel Adams made at the open grave the finest prayer to which I have ever listened. We watched the grave being rapidly filled in, and it was perfectly covered with the floral contributions which came from everywhere.

The day of the funeral was a beautiful spring-like day; none of us wore overcoats. You know the haze that comes over those hills at W—. I felt so thankful that the poet of "Flanders Fields" was lying out there in the bright sunshine in the open space he loved so well, instead of being cramped in that miserable city graveyard which he hated so much. I know this is only sentiment, but sentiment counts after all in this world-war.

JAMES SPOTTISWOODE CAMERON, M.D. EDIN.,

FORMERLY M.O.H., LEEDS.

We regret to record the death, at the age of 73, of Dr. J. Spottiswoode Cameron, late M.O.H. for Leeds, which occurred on January 30th after a long illness. He received his medical education at the University of Edinburgh and graduated M.B. in 1868 and M.D. in 1870. His first appointment seems to have been that of resident dispensary medical officer at the Bradford Infirmary. In 1877 he became M.O.H. for Huddersfield; it was one of the first towns to adopt the compulsory notification of infectious diseases, and the system was introduced during Dr. Cameron's term of office; he was also physician to the Huddersfield Infirmary. In 1889 he was appointed M.O.H. for Leeds, a position which he retained until his health failed three years ago. He thus held this important appointment for twenty-six years and during that time did much to transform Leeds from one of the most backward towns, in a sanitary sense, to one of the most advanced; the main problem was created by the existence of a large area of slum property. He was a steadfast opponent of the evil principle of building industrial houses back to back, but local opinion was too strong and he had to give way on this point in many parts of the area. Nevertheless, he was able to accomplish a great deal, and the progress which has been made may be dated from 1895, when an area of 56 acres comprising 555 properties was scheduled under an improvement scheme undertaken by the municipality. During his administration the water carriage system of sewage was made general and infectious disease hospitals were erected. The efficiency of his work may perhaps be judged by the single fact that the death-rate of Leeds fell from an average of 22 per 1,000 to 15 per 1,000.

Dr. Spottiswoode Cameron was a member of the British Medical Association, and at one time took an active share in its work. He served on the old Parliamentary Bills Committee and also on the central Council; he was, in addition, vice-president of the Section of Public Medicine at the annual meeting in London in 1895. His published writings include books on the working of the Infectious Diseases (Notification) Act, on cholera and on nuisances and insanitary conditions, as well as a popular work on healthy houses; but his most important writings are contained in his annual health reports for Leeds. He was for many years a frequent contributor to our columns, and his wide knowledge of public health law and administration and his breadth of view and public spirit were much appreciated.

Dr. Cameron leaves a widow, a daughter, and two sons, one of whom is serving in the army, and the other in the Sudan Government service.

We regret to record the death on January 25th, at the age of 54, of Dr. THOMAS FRANK RICKETTS, medical superintendent of the Park Hospital, Hither Green, and the leading authority on small-pox. He was educated at Cheltenham College and Guy's Hospital. He obtained the diplomas M.R.C.S., L.R.C.P. in 1889, the D.P.H. in 1892, and M.R.C.P. Lond. in 1899; the B.Sc. degree of the University of London in 1886, the M.B. and B.S. in 1890, and the M.D. (qualifying for gold medal) in 1891. Entering the service of the Metropolitan Asylums Board he was

appointed in 1892 medical superintendent of the hospital ships for small-pox, on the Thames, near Dartford; and later of the small-pox hospital at Joyce Green near the same place, and of the River Ambulance Service. In 1915 he became medical superintendent of the Park Hospital. As this long period (twenty-three years) in charge of small-pox hospitals included the epidemic of 1893 with about 2,500 cases, and that of 1901-1902 with about 10,000 cases, and also much diagnosis work at the receiving stations in London, it is obvious that the experience of Dr. Ricketts on this subject was enormous. What made his diagnosis unchallengeable was that he brought to his work a scientific mind of the finest calibre which made difficult work look easy. The extreme difficulty of making a correct diagnosis of every one of many thousands of cases presented as small-pox, in all varieties of place and time, is a commonplace. Dr. Ricketts's skill was almost uncanny. His work in this field was brilliant, and conducted with gentle decision and modesty. His scientific fame rests on the fact that he brought the varied points which bear on the diagnosis of small-pox into their true proportion and within the comprehension and power of the ordinary man. In his classical monograph, *The Diagnosis of Small-pox*, to which Lieut.-Colonel J. B. Byles, R.A.M.C., contributed the photographs, Ricketts displays much acute observation and reasoning, and shows that the key to the diagnosis is the distribution of the rash, this phenomenon being nearly always reliable for yielding a correct interpretation. Dr. Ricketts's great services to the public of London, and indeed to the whole country, have never been generally known. He predicted with accuracy the heavy London epidemic of 1901-1902, and to him more than to any other single individual is due the prevention of a real disaster for London, and the saving of many thousands of lives. He it was who indicated the correct measures to be taken and the men to be employed to cope with a very ugly outbreak. He was admired as a master-mind, respected for his courage and common sense, attractive by reason of his sense of humour and correct opinions, and loved as a friend.

Dr. DOROTHY EILEEN PRATT, assistant county medical officer for Hampshire, who died suddenly on January 10th, was the eldest daughter of Mr. Henry Pratt, V.D., of Exeter. She received her medical education at the School of Medicine for Women, Edinburgh, and graduated M.B., C.M. Edin. in 1898, taking the M.D. and M.Ch. degrees in 1912. She had served as superintendent of the State Hospital for Women and Children, Srinagar, assistant medical officer to the Plaistow Fever Hospital, medical inspector of schools under the Kent County Council, and assistant tuberculosis officer for Lambeth. She took a great interest in surgery and was the author of a report on two unusual cases of abdominal tumours published in the *Indian Medical Gazette* of 1912. She was a member of the British Medical Association.

Universities and Colleges.

UNIVERSITY OF ST. ANDREWS.

The following degrees were conferred on January 19th:

M.B., Ch.B.—Kathleen I. David, W. A. Fraser, Dora M. Walker.

UNIVERSITY OF LIVERPOOL.

The Diploma in Public Health has been awarded to G. W. Procter.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.

At an ordinary meeting on January 31st, when the President, Sir Frederick Taylor, was in the chair, Drs. Stanley Arthur Bull (New Zealand), Oliver Horsley Gotch (London), W. Hillgrove Leslie McCarthy (London), and W. Marshall Macdonald (New Zealand) were admitted Members. Licences to practise were granted to eighty-one candidates and diplomas in public health to two.

Drs. W. H. Hamer, A. F. Voelcker, F. F. Caiger, and Raymond Crawford were elected councillors.

The President was asked to nominate a committee to report upon the question of a Ministry of Public Health, and a memorandum upon the subject from the Royal College of Physicians of Edinburgh was received.

The President announced that the Harveian Oration will be delivered by Dr. Percy Kidd, the Bradshaw Lecture by Dr. Aldren Turner, and the Milroy Lectures by Dr. H. Kenwood during the present year, and that Dr. J. C. McVail had been appointed Milroy Lecturer for 1919.

Medical News.

THE Midwives (Ireland) Bill passed through its final stages last week.

DR. J. R. MASON has been elected an alderman of Newcastle-upon-Tyne. He has represented All Saints' Ward on the council for nearly twenty years.

THE London County Council has determined that the London lunatic asylums shall in future be designated mental hospitals, except in legal documents, where an alteration in the name would require an Act of Parliament.

THE London Insurance Committee has adopted a resolution welcoming the efforts of the Minister of Reconstruction to formulate a scheme for the immediate establishment of a Ministry of Health which would possess full maternity and infant welfare powers.

DR. MOND undertook to pay £62,000 as an endowment fund for the David Faraday Research Laboratory of the Royal Institution before 1926. His trustees have now anticipated the obligation, and have transferred £66,500 in 5 per cent. War Stock to the trustees of the laboratory.

A COURSE of four lectures on the electrical examination of the nervous system by Professor A. D. Waller, F.R.S., and Miss Mary D. Waller, B.Sc., lecturer on physics at the London School of Medicine for Women, began on February 6th at 5 p.m. in the Physiological Laboratory of the University of London, and will be continued on February 13th, 20th, and 27th, at the same hour.

THE Minister of Pensions has appointed an Advisory Council, consisting of thirteen surgeons, two engineers, and two limb makers, to advise on matters which may be referred to it with regard to the manufacture and supply of artificial limbs and appliances. Sir Charles Kenderdine, the new Director of artificial limbs supply to the Ministry, is the chairman of the Advisory Council, which held its first meeting on February 7th.

ACCORDING to a report of the results of the campaign against ankylostomiasis carried on in Costa Rica in 1916 by Dr. L. Schapiro under the auspices of the Rockefeller Foundation, the number of persons examined down to the end of the year was 83,921; of these 49,884 were found to be infected, of whom, 42,000 were cured.

THE twelfth award of the triennial Reuben Harvey memorial prize will be made on July 1st. The competition is open to all students of the various schools of medicine in Dublin and to graduates or licentiates of medical licensing bodies in Ireland of not more than three years' standing. Full particulars will be found in our advertisement columns.

GENERAL LEONARD WOOD, of the United States army, is not the only man who, beginning as a doctor, has become the head of an army. General Boriani, who commanded the Italian troops on the Asiago plateau, where in the face of heavy odds they successfully checked the advance of the enemy, was educated for the medical profession and for many years practised gynaecology.

NOTWITHSTANDING frequent bombardments the life of the University of Nancy has not been suspended. At the opening of the present academic year the French Minister of Public Instruction delivered an eloquent address in praise of the courage and public spirit of the teaching staff and the students. He then decorated the University with the Military Cross.

THE French Food Controller informed the Chamber of Deputies on January 28th that the uniform ration of 300 grams of bread by ticket which came into force in Paris and its suburbs on the following day was only a temporary expedient enforced at once to prevent food hoarding. It was intended by subsequent orders to supplement the allowance to persons who really needed a larger quantity.

AT the annual meeting of the Scottish Western Asylums' Research Institute in Glasgow, on January 29th, Dr. Oswald, physician-superintendent of the Glasgow Royal Infirmary, announced that with the help of an anonymous donor arrangements had been made for the endowment of a research scholarship in mental affections, of the annual value of £250, to be held at the Western Asylums' Research Institute. No appointment will be made during the continuation of the war.

M. GODART, Parliamentary Under Secretary for War in charge of the medical department of the French army, resigned unexpectedly last week because the Chamber refused to postpone the consideration of an interpellation with regard to an impostor who had succeeded in obtaining a medical commission. This person had contrived to get a certificate of competence as a surgeon from the Faculty of Lyons, for which city M. Godart is deputy. During a

brief but heated discussion certain deputies alleged that the war ministry was being imposed upon in a similar manner in other instances.

A MEETING of the West London Medico-Chirurgical Society was held at the West London Hospital on February 1st, Dr. A. J. Rice-Oxley being in the chair. Dr. Knyvett Gordon read a paper on the cancer problem and its clinical significance, illustrated by microscopic slides and coloured plates. Following the reading of the paper there was an interesting discussion, in which Dr. F. J. McCann, Major Jocelyn Swan, Mr. Aslett Baldwin, and others took part. Earlier in the evening Mr. P. Mackay from New Zealand exhibited an artificial hand and arm, which he had made for himself and since patented.

THE disease which causes what is called "contagious abortion" in cows is due to a bacillus which may infect cows which are not pregnant and also bulls, although the latter are not frequent disseminators. According to statements made by Dr. John McCall, Assistant Veterinary Officer of the Board of Agriculture, in a recent address to the Scottish Chamber of Agriculture, the disease is generally spread in the field by a cow which has aborted and has been allowed too soon to run with the others; it is spread also by the exposure at public auction of an animal known to have aborted. The disease is not serious in non-pregnant animals, and vaccination of the non-pregnant animal with living cultures of the bacillus renders it immune. Among between 2,000 and 3,000 animals so vaccinated in a single county during the last year or two less than 1 per cent. had aborted.

PLAGUE has never been endemic in Malta, but from time to time it has been imported, often with serious consequences. Dr. Bernard, M.O.H. of the island, has written a short report on the epidemiological investigation of certain cases of plague that occurred there in 1917. The disease broke out in March, but was localized quickly and rapidly suppressed. All the cases except one were males, their ages varying between 18 and 54 years. Four men died, and in three of them the nature of the disease was not recognized during life; one died at the Contagious Diseases Hospital at Gozo. The mortality rate was 50 per cent., well below the average. Most of the cases were bubonic in type. The ordinary sanitary precautions were adopted, and the disease was limited and prevented from spreading. Dr. Bernard is to be congratulated on the success he obtained in dealing with the outbreak.

IN a recent number of a Neapolitan medical journal (*La Medicina Pratica*, Naples, 1917, ii, 329) Professor A. Romano draws attention to a forgotten method of arresting epileptic convulsions described by the late Professor Baccelli as long ago as 1862. This consists in pressing the left thumb and index as an arch against the patient's temporal regions, while the right thumb makes counter-pressure in the hollow between the two complexus muscles over the cruciform tuberosity of the occipital bone. The method was improved by Solivetti, who directed that the left hand should make pressure in the frontal rather than the temporal region of the head, while the thumb and index of the right hand make counter-pressure beneath the occipital bosses. According to Professor Romano, this improved method of treatment will arrest the convulsions in 40 per cent. of cases of true idiopathic epilepsy; it is of no value in the case of other forms of epileptiform convulsions. The rationale of the method is obscure; Professor Romano thinks that it may act by cutting short the congestion of the base of the brain and of the medulla that has been supposed to be the immediate cause of the convulsions in true epilepsy.

LAST summer the Berlin Society for Race Hygiene presented a memorandum to the Reichstag in favour of making medical examination before marriage compulsory. The society urged that even before the war the process of the survival of the fittest had been seriously interfered with and that the war had destroyed a considerable portion of the most able-bodied males. Medical examination would lead to the early diagnosis, and possibly the cure, of conditions leading to sterility. The medical examiner would be bound by the rule of professional secrecy and would be authorized to communicate the result of his examination to the other party only when silence would mean concealment of evils. The society suggested that the certificates of fitness for marriage should be issued only by medical officers belonging to the applicant's place of residence. The certificate should deal only with the presence of diseases, or tendency to disease, notably mental and nervous disease and infectious disorders likely to be transmitted by marriage. The certificate should state whether the medical examination indicated the inadvisability of marriage.