

As to the cases in which amyl nitrite has the reverse effect, and produces a lowering of the scale, in some cases abolishing a diastolic murmur, we speak with more diffidence, yet it is extremely suggestive that this reversal of the usual effect has been witnessed for the most part in cases in which aortic regurgitation was undoubtedly present, and where consequently the murmur may have owed its origin to a different cause (Flint murmur).^{*} Whether it will prove ultimately that the test serves to differentiate the Flint murmur remains for the future to decide; so far as military diagnosis is concerned, it is a point of lesser importance; the point for which publicity is desired is the usefulness of the drug in bringing out clear presystolic murmurs in cases in which mitral stenosis is suspected but not proved.

A PYLON, OR TEMPORARY ARTIFICIAL LEG.

BY

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AFTER amputation through the thigh or leg there is, as is well known, progressive diminution in the girth of the stump, owing to muscular wasting; consequently the "bucket" of an artificial leg, which fits accurately at the time of fixing, will in a few weeks become loose.

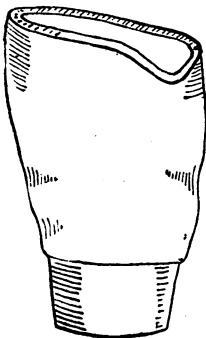


FIG. 1.—Plaster cast of stump (hollow).

It occurred to me that the bucket for a temporary leg might be made of papiermâché, which could be broken up and replaced or remoulded, if necessary, periodically, until the stump reached its minimal circumference.

It was believed also that by arranging for the end of the stump to be subjected to graduated pressure by padding the floor of the bucket, the weight-bearing power of the stump would be improved.

The main principles of the leg were explained to Mr. J. D. Danson, technical instructor in the curative workshops, Alder Hey, and as a result of his expert advice and experiments the temporary artificial leg here described was made.

An accurate cast of the stump, up to a height of 15 in., if available, is taken in plaster-of-Paris (Fig. 1); on to this plaster cast a layer of soft felt is sewn (Fig. 2); this in turn is covered with a layer of papiermâché, about $\frac{1}{8}$ in. thick. (The papiermâché is made by boiling in water disused tram tickets, paper, etc., straining, and mixing



FIG. 2.—Cast covered with felt and papiermâché.

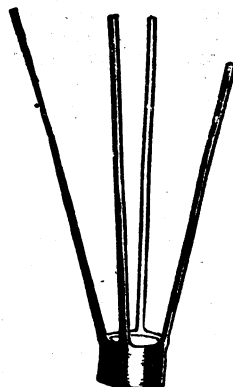


FIG. 3.—Metal rods which support the papiermâché.

with whiting and glue.) A wooden base is fitted to the floor of the bucket thus formed, the paper bucket is then reinforced by four light metal bars, which are welded at their lower ends into a tube, into which is fitted the wooden peg (Fig. 3). If the bucket is made to fit a stump below

^{*} Thus out of ten cases of aortic disease in which a presystolic or diastolic rumble was audible at the apex, suggesting stenosis, the murmur cleared entirely under amyl nitrite in five instances.

the knee, the leg has a hinge-joint at the knee, to allow either a partial or complete range of movement at that joint (Fig. 5).

The leg provides an accurately-fitting bucket for the stump. It can be fitted as soon as the stump is healed, and

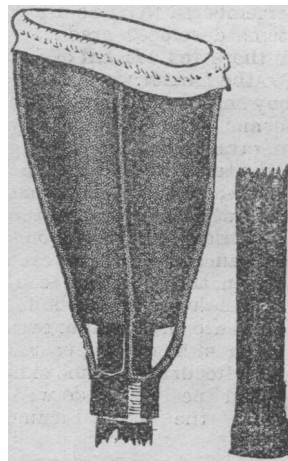


FIG. 4.—Complete pylon (for thigh stump).

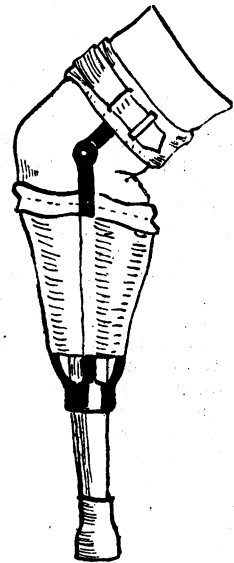


FIG. 5.—Pylon for leg with knee hinge.

the use of crutches and the consequent risk of crutch-palsy obviated. The leg is not to be too light, so that the muscles may receive adequate training. The patient is early familiarized with the wearing of a bucket and also with the gradual transmission of his weight to the end of the stump; he can regulate the pressure by adjusting the thickness of the pad at the bottom of the bucket. The cheapness of the material permits of the renewal or remoulding of the bucket at a trifling cost.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

THE FARADIC CURRENT FOR THE IDENTIFICATION OF MUSCLES DURING OPERATION.

IN certain operations difficulty may be experienced when searching for structures which lie between separate muscles; for instance, in ligaturing the ulnar, radial, or anterior tibial arteries or in dealing with their corresponding nerves. Such operations are more common than usual now in consequence of war injuries, and the difficulty in defining the limits of two adjoining muscles is increased by scar tissue which naturally lies in the line of the operation.

Such operation can be much simplified by the use of the faradic current. This may be applied locally to the surface of one or other muscle before the fascia is divided or even before the skin incision is made, or it may be applied to the nerve above the field of operation if the muscles have a separate nerve supply. The current may be applied so as to give a series of twitches or the muscle may be kept in a state of contraction as long as is needed. Not only does this show the limits of each muscle, but it also makes the separation of the muscles easier if one is kept contracted while the other remains flaccid.

I recently had the opportunity of using this method in a case of bullet wound of the middle of the forearm in which the subsequently formed scar tissue had involved the ulnar nerve, causing typical ulnar paralysis and anaesthesia. On cutting down to the fascia in the line of the nerve no distinction could be made out between the flexor carpi ulnaris and the flexor sublimis digitorum; these muscles were also bound together by scar tissue. On applying the electrode to the ulnar nerve behind the elbow the flexor carpi ulnaris was at once defined, and, after the fascia was divided, there was no difficulty in

separating this muscle from the flexor sublimis digitorum, and the nerve was found and cleared from the scar which was compressing it.

All that is required is a small coil with battery and something to use as a sterile electrode in case it is wanted to stimulate the surface of muscle; the ordinary electrode suffices if the nerve is to be stimulated. Only a weak current is needed.

T. H. FOULKES, M.R.C.P., F.R.C.S.,
Lieut.-Colonel I.M.S.

THE EFFECTS OF ELECTRIC ARC WELDING UPON THE EYES AND SKIN.

My attention was first drawn by a tramway engineer to certain effects upon the eyes and skin produced by electric arc welding. He was using the process for welding broken rails *in situ* to save labour and time. The mechanical results were excellent, but he noticed that the workmen, himself, and visitors who came to see the process were affected adversely. Briefly, the symptoms were intense lacrymation and eye tenderness. "The eyes felt as if the lids had been sandpapered." The conjunctivae were much injected. The symptoms did not come on until some hours after exposure, or until the eyes were closed. With repeated exposures the eyes appeared to become accustomed to the light. Reddening of the skin exposed, followed by smarting and peeling, also were noticed. With repeated exposure the skin became "sunburnt."

On my visit I noticed (1) that the light was intensely strong and white; (2) that a considerable amount of gas, smelling like ozone, was generated; (3) that much very fine carbon dust was blown about; (4) that the heat was great. An x-ray plate, enclosed in two light-proof envelopes, was fogged evenly all over, in spite of lead discs closely held by clips against it.

The cause of the conjunctivitis seems to be the intense light, and not dust, as the eyes were protected by glass. The presence of ultra-violet or N rays I do not think probable. Some form of secondary ray may be given off by the molten metal, but of this I am not competent to judge. The matter appears worthy of full investigation.

Southampton.

OSCAR HOLDEN, M.D.

ACUTE YELLOW ATROPHY IN SYPHILIS.

I READ with deep interest in the BRITISH MEDICAL JOURNAL of January 19th a paper on this subject by Professor Stuart McDonald.

As I have been in France for the last three years my notes are not at hand, but I would like to mention a very important fact regarding his suggestion "that acute yellow atrophy may result as a direct consequence of treatment by 'salvarsan' preparations." As Professor McDonald says, acute yellow atrophy is one of the rarest diseases to be met with in medicine, a statement with which all physicians will agree. I have personally conducted over 6,000 *post-mortem* examinations in a hospital and asylum experience in the last thirty years, and I have only met with seven cases of acute yellow atrophy, all of which have been recorded. In all these cases there was a definite history of recent syphilitic infection, and in only two of them had there been any mercurial treatment. All the cases occurred in adults between the ages of 20 and 43, four being males and three females.

Whatever the exact etiology of this fatal disease may prove to be, it seems certain that syphilis plays the most important part, but I cannot see any justification at present for associating it in any way with treatment by salvarsan—by far the best means we have to-day for the treatment of recent infections—and I am sure that Professor McDonald does not wish to convey that impression.

NATHAN RAW, C.M.G., M.D.,
Senior Physician, Liverpool Hospital, France.

"IRRITABLE HEART."

My experience of the class of cases discussed by Dr. Lewis (p. 363) was gained at a Mediterranean station, where we dealt with the men in an earlier and less selected state than that in which they would come under his care. Here we had gathered together all the cases classed as D.A.H.

out of a big camp. Most had served at Salonica, Gallipoli, or Egypt. Very many had had malaria.

After careful examination they were all collected in separate marquees and placed under a physical instructor, and each morning were given gentle physical exercise for a period of ten minutes, the pulse, respiration, and temperature having previously been taken. At first the medical officer in charge of the cases was present during the entire period of drill, and made careful notes of any cases which did not seem to stand it well. After drill the men lay down for at least ten minutes; the pulse and respiration were taken first after the exercise, and again after three minutes' rest. After seven days' training in milder exercises the whole squad was examined, and those who regained their normal respiration and pulse after three minutes' rest were promoted to more complicated exercises. After a further week those who were improving were made to do a combined exercise for double time.

Thus three classes were kept going, and at least once a week the medical officer examined every case carefully to ascertain if he were fit for the longer and more severe exercise. I also gave the men an extra ration of sugar, which appears to have a synergizing effect on the cardiac muscle.

To summarize results, we found after treatment:

1. 70 to 90 per cent. of the cases labelled "D.A.H." were fit for at least light duty, and of these 20 to 30 per cent. were fit for ordinary duty.

2. A very large proportion of all the cases were fit for ordinary base duties.

3. The only real practical test of the fitness for duty of a man labelled "D.A.H." is the time in which, after a given exertion, he regains his normal pulse and respiration rate. If this be under three minutes he may be regarded as fit for at least light duty.

4. Mere rapidity of pulse may be ignored as of no necessary pathological significance.

5. Many of the cases called "D.A.H." are due to excessive thyroid activity, and not to any cardiogenic conditions. The drill or gymnastic treatment seems to point to this, for it invariably aggravates this condition. It does not follow they are unfit for duty.

6. Ordinary treatment of D.A.H. cases in ordinary hospitals, after, perhaps, a couple of weeks' rest in bed, is not merely useless, but harmful, unless some form of gymnastic exercise be added.

J. C. McWALTER, M.B., F.R.F.P. and S.Glasg.

GALYL IN MALTA FEVER.

So far as I know, the treatment of Malta fever by galyl or salvarsan has not yet been recorded. The two following cases are therefore worth reporting:

CASE I.—A strong healthy man, aged about 35, in easy circumstances, with a comfortable home and perfectly sanitary surroundings, and not overworked, had suffered for about four years from attacks of fever at varying intervals; occasionally the interval was three months, but often as little as one month. The fever usually reached 102° F., but sometimes even 104°. Though Malta fever was suspected early in the course of the case, blood tests made by several bacteriologists did not confirm this suspicion, and only after about two years was a positive Malta fever reaction obtained. Inoculation with sensitized Malta fever vaccine was then carried out most conscientiously for more than a year. At times the inoculation seemed to be helping, but progress was very slow and uncertain.

About October, 1916, severe attacks began again in spite of the inoculation, and returned every month. The patient had lost a serious amount of weight, was weak and languid, and felt hardly able to conduct his business. On January 6th, 1917, I gave him an intravenous injection of 0.3 gram of galyl dissolved in 3 ounces of freshly distilled water. Since then there has been no return of fever, the lost weight, strength, and energy have all been regained, and the patient is to-day, ten months after the injection, in perfect health.

CASE II.—An elderly hard-working man consulted me for intractable lumbago and sciatica of about nine months' duration. His local doctor had diagnosed Malta fever, and had treated him with many drugs but without avail. A blood test confirmed the diagnosis. On July 4th, 1917, I gave him 0.3 gram galyl intravenously, and he returned home two days after. When next I saw him, early in October, he told me the treatment had been a great success, all his pain had disappeared within a few days, and he was soon able to walk about and do his work as usual.

A line of treatment cannot be based upon two cases, but the results in these are sufficiently striking to suggest that salvarsan or galyl should take a prominent place in

the treatment of Malta fever. Case 1 is especially noteworthy, for in spite of the very favourable conditions under which the patient lived, and in spite of frequent and prolonged holidays at the coast (the oldest Kimberley remedy for "camp fever," a good percentage of which we now believe to have been Malta fever), he was no whit better at the end of four years, and the effect of the galyl was immediate, and so far seems to have been permanent. Any one has had to deal with Malta fever will realize what an immense help a remedy which acts quickly, and gives a permanent cure, would be in this tedious disease, so aptly called "sluipende koors" (sneaking fever) by the Dutch farmers.

E. OLIVER ASHE, M.D.Lond., F.R.C.S.Eng.,
Surgeon to Kimberley Hospital.

Reports of Societies.

HYPOTONIA AND TROPHIC CHANGES.

At a meeting of the Section of Neurology of the Royal Society of Medicine, on January 24th, Captain GEORGE RIDDOKH contributed a paper on muscular hypotonia and changes in nutrition associated with lesions of the posterior columns of the spinal cord and the posterior roots. Defining reflex muscular tone as postural contraction (Sherrington), he pointed out that tonus was found in those muscles which maintained the animal erect; it depended upon a reflex system excited by afferent impulses arising during tension and stress from muscles and tendons. The controlling centres of this system were situated in the mid-brain, pons and medulla. The activities of this system were adjusted through impulses from the labyrinth and by the cerebellum. The peripheral fibres ran in the deep muscular nerves. Hughlings Jackson taught that rigidity of the affected limbs in cases of hemiplegia was due to unantagonized cerebellar influences. The activities of this reflex mechanism might be entirely unconscious. Head and Thompson stated and emphasized that "sensation may never be evoked until some disturbance of equilibrium produces impulses which, passing up sensory paths, reach the highest centres concerned with sensation." Their findings suggested the close association through collaterals of the posterior columns and the afferent cerebellar tracts. Whenever hypotonia followed lesions of the posterior columns, it was always associated with defective appreciation of space; but in hypotonia resulting from lesions of the posterior roots, at a level where all sensory impulses were still in their primary grouping, all aspects of sensation were affected, and the area of sensory loss was determined by the number of the roots involved. Captain Riddokh quoted instances of cases to show that by an investigation of the condition of sensation in the affected parts the level and the extent of the lesion giving rise to the hypotonia could usually be determined. He described some of the trophic and vasomotor changes frequently observed in the affected hands after injury to the posterior columns of the spinal cord in the region of the cervical enlargement; in character these changes closely resembled the associated trophic and vasomotor changes found in cases of causalgia of the median nerve. From the sensory picture of the hands he adduced that trophic and vasomotor changes of this type were due to damage to the posterior roots involving the "visceral" afferent sympathetic fibres belonging to the sympathetic nervous supply of the hand, and not to any injury of the spinal cord. The afferent fibres of the sympathetic involuntary nervous system probably had more or less the same regional distribution as the efferent fibres, and passed into the spinal cord by the segmentally corresponding posterior nerve roots. Such facts might explain the minimal nutritional and vasomotor changes in the legs and feet after injury to the lower lumbar and sacral posterior nerve roots, where hypotonia was present and sensation was definitely affected but not completely abolished.

TRINITROTOLUENE POISONING.

At a meeting of the Section of Epidemiology and State Medicine of the Royal Society of Medicine, held on April 12th, the President (Dr. G. S. BUCHANAN) in the chair, Dr. W. J. O'DONOVAN (Chief Medical Officer, Welfare

and Health Section, Ministry of Munitions) read a paper on the epidemiology of trinitrotoluene poisoning, which was in effect a continuation of a chapter in preventive medicine begun at a meeting of the society in January, 1917. Dermatitis, gastritis, and toxic jaundice produced by T.N.T. were described, and stress was laid on the necessity of regarding all cases of purpura or of uterine bleeding with the gravest suspicion, as these symptoms might represent the onset of aplastic anaemia. Thirteen cases of these grave anaemias were known to have occurred and only one was alive. Toxic jaundice was now rare and the death-rate had fallen considerably. In stamping out toxic jaundice, and with it the large amount of minor illness due to T.N.T., the co-operation of the engineers was invaluable. Clean working was the cardinal rule, and automatic working was the only way of securing this with thousands of unskilled female workers. The various processes in which T.N.T. absorption might occur were illustrated by photographs, and the various types of automatic machinery that had largely helped to eliminate hand contact were shown in the same way. Casein varnish had not proved a success in practice; respirators were of little or no service, and the use of gloves, except for hot or rough work, was discouraged; workers could not keep the interior of gloves free from T.N.T., and a poultice of T.N.T. on a hot hand was the ideal way to secure absorption. Attention was drawn to the variability of the incidence of the effects of T.N.T. at the same factory; this suggested that the pathological ill effects might be coincident, but were not necessarily dependent on one another. The way in which factories were separately attacked after periods of freedom and the absence of fresh cases under constant working conditions suggested that two factors came into play—first, the toxic effect of T.N.T., and secondly, possibly portal infection. The work of Opie on the production of experimental cirrhosis of the liver in animals, and a recent paper by Dr. Stuart McDonald¹ on acute atrophy of the liver after the administration of salvarsan, lent support to this view, but the question remained open. Attention was drawn to a publication by the late Mr. Simeon Snell in the BRITISH MEDICAL JOURNAL of March 3rd, 1894, dealing with poisoning by dinitrobenzol, and it was shown how closely parallel were his recommendations to those of the T.N.T. Committee appointed by Dr. Addison when Minister of Munitions; it was not known, however, that any cases of neuritis or of amblyopia due to T.N.T. had occurred. The chief precautionary measures—alternation, periodic medical examination, clean working, and ventilation—were explained and detailed references were made to managerial, explosive, and wages aspects with which these points are bound up. Recognition was paid to the services of the T.N.T. factory medical officers, working continuously for months in isolated areas with none of the amenities of ordinary medical life.

The paper was discussed by Dr. LEGGE (Home Office), Dr. COLLIS (Ministry of Munitions), Lieut.-Colonel O'REILLY, R.A.M.C., Dr. CHRISTINE PILLMAN, and Dr. MACNALLY.

Reviews.

COUCHING FOR CATARACT: ITS DANGERS.

THE operation of couching for cataract is one of the most ancient procedures known to surgery, the earliest description of the method being that given by Celsus, a contemporary of Christ's. Besides its antiquity it is perhaps one of the operations which is most frequently performed for the relief of cataract, since this degeneration of the eye is so common in India, and the nature of the operation lends itself readily to the practice of wandering native practitioners. Further, it is not so long ago that the operation was practised in Western countries. For all these reasons Colonel ELLIOT's book on *The Indian Operation of Couching*¹ is of great interest, for he deals with the nature and results of the operation, particularly at the hands of untrained and often quite ignorant and primitive folk

¹ BRITISH MEDICAL JOURNAL, January 19th, 1918.

² *The Indian Operation of Couching for Cataract*; incorporating the Hunterian Lectures. By Robert Henry Elliot, M.D.Lond., Lieut.-Colonel I.M.S.(retired). London: H. K. Lewis. 1917. (Roy. 8vo, pp. 94; 45 figures. 7s. 6d. net.)

trustworthy, and conscientious official no society every had. Never, especially of late years, blessed with robust health, he always considered the welfare of the Association far before his own health and pleasure. A month or so ago he was too unwell to come to the office for a time, and had he not interrupted his convalescence by coming to the office and so exposing himself to the continual piercing winds we might not have had to deplore his loss. I have been closely associated with him for many years in the work of the Association, and often in anxious circumstances, as when our overdraft at the bank increased and attained the sum of £55,000. It was finally cleared off at the beginning of 1917, and this happy condition was partly due to the industry and foresight of our Financial Secretary. Personally I have been associated with him for ten years, and I greatly deplore his loss. He was proud of the Association, and those members of the Association with whom he came most in contact were proud of him.

Dr. HASLIP, who has been Treasurer of the Association during the last two years, and Chairman of the Committee of the Medical Insurance Agency since 1909, adds the following personal tribute:

The death of Mr. Elliston, our Financial Secretary, must have come as a great shock to many of our members, as it was to myself, for the last report received of his illness was so favourable that we had hoped he was out of danger. However, this was not to be, and we have all to mourn a loyal colleague and a most devoted and faithful officer of the Association. My predecessor, Dr. Rayner, can speak of Mr. Elliston's services during the strain on the finances of the Association by the rebuilding of our premises and in the period after the introduction of the Insurance Act. Although my knowledge with regard to his business capacities extends over the same period, I can write better of my further appreciation during the time I have been practically in daily contact with him; I can substantiate all Dr. Rayner has said, for it has been due to his foresight and knowledge that we have been able to cope with the difficulties which have constantly recurred during this period of war; they have been very perplexing and worrying. When we remember the rise in the cost of printing, the great increase in the price of paper and the difficulty in obtaining an adequate supply, and the fact that our interests have been twice affected by enemy action—involving on the last occasion the destruction of a considerable quantity of paper—the anxieties caused to our late Business Manager will be understood.

As to Mr. Elliston's services to the Medical Insurance Agency, I have no hesitation in saying that it has been entirely due to him that so great a success has been achieved. Started from a small beginning and with modest expectations, we were able in the early years to give £50 to medical benevolent funds, and were highly gratified by this result; but last year, 1917, the committee was able to devote the sum of £1,000 to charitable purposes; the early prognostications of our secretary were thus confirmed, and I know that this gave him great satisfaction, for he saw that an annual contribution such as this would become powerful in helping to bring about the proper co-operation of our various medical charities, which was the great object of his ambition, for, being a practical business man, he knew that by this arrangement further benefit would be derived by the profession. I consider that this great success will always be a memorial of his services to the profession.

Personally I know I have lost a true friend and colleague and one it will be very difficult to replace. By his death we of the Association I am convinced have not only lost an officer who was a courteous gentleman, always ready to give his advice and assistance to members, but a good financial adviser possessing great foresight and sound sagacity. We shall have every reason to mourn the loss of Guy Elliston.

The Editor, who has been closely associated with Mr. Elliston throughout the whole of his service with the Association, begs leave to add a few personal words. Elliston did not appear at his best on public occasions; it was necessary to watch his work from day to day to know how valuable his services were to the Association, and with what honesty and zeal he gave his best to it through nineteen years, in which he encountered and surmounted

many difficulties. He was thorough and conscientious in all his work. He had so intimate a knowledge of finance, and moved so easily among figures that he did not always find it easy to understand the difficulties of the less expert. For this reason his first presentation of a new subject might fail to carry conviction, but discussion showed that the points were quite clear in his own mind, and that all that was needed was a fuller statement in which assumptions that had seemed to him obviously true were set out and explained. He was always looking ahead, and again and again, during the last four years especially, his forecast was justified by the event. A more loyal colleague never breathed.

The funeral took place at Ipswich on April 17th. The British Medical Association was represented by the Chairman (Dr. J. R. Staddon) and the Honorary Secretary (Dr. F. Fowler Ward) of the South Suffolk Division, and by Dr. James Neal, the Deputy Medical Secretary. Amongst the floral tributes was a wreath from Dr. G. E. Haslip, the Honorary Treasurer of the Association, another from the officers of the Medical Secretary's department and the BRITISH MEDICAL JOURNAL, and a third from the clerical and printing staffs of the Association.

W. M. CROWFOOT, M.B., F.R.C.S.ENG., CONSULTING SURGEON TO THE BECCLES HOSPITAL.

The death of Dr. William Miller Crowfoot, of Beccles, on April 6th, at the age of 80, removes one of the most distinguished members of the medical profession in East Anglia. For more than a century the Crowfoots of Beccles, father and son, have been held in the highest esteem by their professional brethren far and near.

Dr. William Crowfoot received his medical education at St. Bartholomew's Hospital, where he had a distinguished career, winning many medals and scholarships at the University of London. After receiving the qualifications M.R.C.S. and L.S.A. in 1858, and the M.B. degree in the following year, he joined his father in practice. In 1890 he was elected a Fellow of the Royal College of Surgeons. Dr. Crowfoot took an active part in local affairs. He was a keen supporter of the volunteer movement of 1860, retiring with the rank of honorary lieutenant-colonel, and was a justice of the peace for the County of Suffolk. Dr. Michael Beverley, who was associated with Dr. Crowfoot professionally for more than fifty years, writes of his popularity in the medical circle at Norwich, and of his high social and scientific qualities. To the proceedings of medical meetings there he often contributed valuable papers, and his address as president of the East Anglian Branch of the British Medical Association many years ago was a signal success. Dr. Crowfoot was an enthusiastic naturalist, with a special leaning towards botany, and he took a keen interest in archaeology. The funeral took place on April 10th.

Universities and Colleges.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

A QUARTERLY Council was held on April 11th, when Sir George Makins, G.C.M.G., C.B., President, was in the chair.

It was decided not this year to present a report to the Fellows and Members, nor to hold the annual meeting of Fellows and Members.

The subject for the Jacksonian Prize for the year 1919 is the investigation and treatment of injuries of the thorax received in war. The John Tomes Prize for 1915-17 was awarded to Mr. Joseph George Turner, Fellow and Licentiate in Dental Surgery of the College, for his work on the subject of dental pathology. Miss Edith Marjorie Rooke, of the London School of Medicine for Women, was appointed to the Begley studentship.

The following Members of twenty years' standing were elected Fellows: Sir Alan Reeve Manby, M.V.O., Colonel Sir Robert Jones, C.B., A.M.S., Inspector of Military Orthopaedics.

THE Local Government Board has issued an order empowering county councils and borough councils to arrange for the provision of serum for the treatment of cases, or suspected cases, of cerebro-spinal fever, together with the necessary apparatus for administration, and for the examination of suspected cases and contacts. The order applies to every administrative borough in England and Wales, and is in force as from April 1st, 1918. Its object is to secure the prompt gratuitous provision of antimeningococcus serum for the use of medical practitioners in each area.

Medical News.

Dr. G. F. SYDENHAM, of Dulverton, Somerset, has been appointed a Justice of the Peace for Somerset.

The bill of the Decimal Association for a decimal coinage in this country has been approved by the Associated Chambers of Commerce, and will be introduced into the House of Lords by Lord Southwark.

MAJOR SIR ROBERT ARMSTRONG-JONES, R.A.M.C., will read a paper on mental effects of the war and their lesson in social and medical reconstruction, at the Royal Society of Arts, John Street, Adelphi, on Wednesday, when Lord Sydenham will take the chair at 4.30 p.m. All interested in the subject are invited.

At a meeting of the Edinburgh and Leith Medical War Committee, on April 10th, a resolution was adopted unanimously disapproving of the apparent intention of the Government in the new Military Service Bill to treat members of the medical profession on a different footing from other classes by making them liable for service to the age of 56 years. The resolution was approved at another meeting of medical practitioners in Edinburgh on April 12th.

At a meeting of the Irish Committee on April 4th, Dr. Giusani in the chair, a resolution was unanimously passed offering the support of the committee to the Enniskillen Poor Law medical officers in their efforts to secure adequate salaries from their guardians. At a meeting of the Irish Medical Committee, presided over by Dr. E. C. Thompson, D.L., a resolution was passed expressing the sympathy of the meeting with the Enniskillen dispensary doctors who resigned their offices when the guardians had refused three applications to increase their salaries.

DR. ADDISON, Minister of Reconstruction, in reply to a deputation from the Joint Standing Committee of Industrial Women's Organizations and the Labour Party, urging the immediate establishment of a Ministry of Health, stated that just before Easter he concluded the negotiations in which he had been engaged for some months at the Prime Minister's request. As soon as the national crisis became less acute he hoped to present his proposals to the Government. If it were decided before long to establish a Ministry of Health, he anticipated that the measure which Parliament would be asked to sanction would receive the whole-hearted approval of those whom the deputation represented.

THE reports as to the prevalence of plague in Northern China have received explanation in a letter published in the *Times* from its Peking correspondent. It appears that in December information was received from missionaries in the district of Mongolia immediately north of the Shansi Province of China that pneumonic plague had broken out. The fact was confirmed by foreign and Chinese doctors sent to the spot. The epidemic spread into the northern part of Shansi and finally to a point 150 miles south-west of Peking, where it was close to the Chengtai Peking-Hankow railways, but owing to the precautions taken by the railway authorities no cases occurred on either line, although the infection also spread eastward to a point 100 miles north of Peking. It is hoped that the worst is over, but no certainty can be felt that the infection may not be lighted up in other regions. The origin of the present outbreak is at present unknown, but it is thought to be associated with the marmots of the Mongolian plateau. In his volume of reports on the North Manchurian Plague Prevention Service, which has just reached this country, the director, Dr. Wu Lien-Teh, who is a Cambridge graduate and a London student, gives much interesting information. Writing on October 26th he was able to say that plague had then been absent from Manchuria and Northern China for the seventh year in succession; but he noted that there had been an outbreak of pneumonic plague in Kansu, on the Tibetan border, which, however, was easily dealt with. With the assistance of Dr. Ebersson, a graduate of Columbia University, who arrived in Manchuria in May, 1916, special investigations had been made in the research department at Harbin in the hope of discovering a serum for pneumonic and septicaemic plague. Dr. Ebersson reported his results in the *American Journal of Experimental Medicine* in a paper on the nature of plague proteotoxins, and in another on the production of active immunity to systemic plague. One of the articles in the volume points out that while pneumonic plague is most dangerous in winter bubonic plague is more prevalent in the warm weather, and the behaviour of the disease during the present summer will be watched with interest and some apprehension. The importance of the rat as disseminator of the disease is fully recognized.

Letters, Notes, and Answers.

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

1. EDITOR of the BRITISH MEDICAL JOURNAL, *Atitology, 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, 8, Queen Square, Bloomsbury, W.C.1; and that of the Scottish Medical Service Emergency Committee is Royal College of Physicians, Edinburgh.

LETTERS, NOTES, ETC.

A VACANCY is announced for a medical referee under the Workmen's Compensation Act, 1906, for the Canterbury, Faversham, Ashford, and Tenterden and Cranbrook County Courts in Circuit No. 49. Applications to the Private Secretary, Home Office, by May 2nd.

ORAL SEPSIS.

MAJOR F. N. GRINLING, R.A.M.C.T.F. (Wolverhampton), writes that he has been struck, whilst acting as president of an invaliding board principally engaged in reviewing the cases of men already pensioned, by the large number invalided for neurasthenia, rheumatic and other affections, who were suffering from the effects of oral sepsis. In the majority of cases the documents give no evidence of previous recognition of this factor. This illustrates, he says, not only the inadequacy of dental treatment in the army, but also the futility of a National Insurance Act which makes no provision for such treatment.

J. G. H. writes to suggest that the frequency of pyorrhoea alveolaris amongst soldiers is due to the absence of fruit from their dietary.

THE VENEREAL DISEASES ACT, 1917.

IN the King's Bench Division on April 16th an appeal was heard in a case stated by two of the justices of Cannock, Staffordshire, with reference to a conviction by them under the Venereal Diseases Act, 1917. It appears from the report in the *Times* that a handbill offering to give advice on the treatment of venereal disease in the name of the Curtis Medical Laboratory (Ltd.), of Hill Street, Birmingham, was found on October 11th, 1917, to be affixed to the inside wall of a public urinal at Cannock. The prosecution was taken against James Walker, Harry Key, and Fred. Waite—Walker being a director, Waite manager and secretary, and Harry Key a shareholder in the company, the three being the only persons present at the last annual meeting of the company. The magistrates stated that from the evidence before them it was proved to their satisfaction that the three defendants named all took an active part in carrying on the said business of the company, and that the said bill advertising the same was posted on their authority and with their knowledge and consent. The magistrates convicted, and fined Walker £25, Key £50, and Waite £50. The appeal was made on the ground that there was no evidence that any of the three defendants had either committed the offence or aided and abetted in its commission, and that there was no evidence that any of them took any part in the business of the company. Counsel for the respondents were not called on. Mr. Justice Darling, who delivered judgement, said that the magistrates were quite justified in coming to the conclusion they did. The three defendants had individually violated the provisions of the Act of Parliament. Mr. Justice Avory and Mr. Justice Atkin concurred, and the appeal was dismissed with costs.

THE CAPACITY OF THE BLADDER.

DR. W. JOBBERS (Wolverhampton) writes: A primipara on the third day complained of pain in the lower part of the abdomen, and said she had not passed any water during the day, though the bowels were moved the day before. A catheter was passed and five pints of urine drawn off. The quantity was carefully measured.

SCALE OF CHARGES FOR ADVERTISEMENTS IN THE BRITISH MEDICAL JOURNAL.

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Advertisements should be delivered, addressed to the Manager, 429, Strand, London, not later than the first post on Wednesday morning preceding publication, and, if not paid for at the time, should be accompanied by a reference.

NOTE.—It is against the rules of the Post Office to receive *poste restante* letters addressed either in initials or numbers.