

anus, a recess into which it is impossible to be sure the antiseptic has thoroughly reached. The streaks corresponding to such passage of the needle showed growth, whilst the others did not. This mistake was avoided in the control experiments.

The following control experiments were carried out:

The perianal skin was untreated in 6 cases. Result: Growth in all four streaks in all cases.

The perianal skin was treated with iodine in 10 cases. The skin was painted with 2 per cent. iodine solution in rectified spirit one hour beforehand and again painted immediately before making the cultures—three streaks only to each case.

Result:

No growth at all in	...	...	1 case
Growth in all three streaks in	...	...	3 cases
Growth in two streaks in	...	...	3 "
Growth in one streak in	...	...	3 "

The very marked superiority of violet-green over the commonly used iodine is strikingly demonstrated.

For further experimental proofs of the superiority of the violet-green mixture as a means of effecting both thorough and rapid sterilization of the skin we are indebted to the observations of Drs. J. Walter McLeod and R. E. Bevan Brown (unpublished).

The method which these workers adopted was to cut a portion of skin from an amputated limb into portions, which were then placed in sterile Petri capsules. A loopful of a dense emulsion of bacterial culture, faeces, etc., was smeared on the centre of each piece and the surface was allowed to dry. Then the antiseptic was applied either by dropping it on to the surface or by laying on the skin a small piece of lint soaked in the antiseptic solution. At the end of the period of application excess of antiseptic was washed off with spirit and the latter was allowed to evaporate; after the surface had dried, a loopful of sterile peptone water was vigorously rubbed over the treated surface, and the loop was then used to inoculate the test medium. By the application of violet-green, skin inoculated with emulsions of faeces or of soil was completely sterilized, as tested both in aërobic and anaërobic cultures, after twelve to fifteen minutes; *B. tetani* and two strains of *perfringens* type were also killed in fifteen minutes. A 2½ per cent. solution of iodine in spirit was equally effective under similar conditions; but when iodine in 1 per cent. strength was tested on *B. perfringens* it was found to be a less efficient antiseptic than violet-green. The superiority of violet-green was also strikingly apparent in the case of certain resistant organisms; thus, a sporing aërobic bacillus of a type akin to *B. subtilis*, which was very resistant to sterilization by heat, was not killed after ten minutes' application by such practically impossible antiseptics as a saturated solution of iodine in chloroform, 33 per cent. bromine in chloroform, formaldehyde (40 per cent.), liquefied carbolic acid, 5 per cent. hydrochloric acid in saturated watery solution of corrosive sublimate, or 10 per cent. nitrate of silver; 5 per cent. picric acid in spirit, 10 per cent. lysol, 2 per cent. hypochlorous acid, 15 per cent. nitric acid in spirit, also failed to effect sterilization in five to ten minutes; strong tincture of iodine applied for one hour had no obvious effect on this organism, but after twelve hours' application produced sterility. On the other hand, the violet-green solution sterilized the skin after acting for fifteen to thirty minutes.

Streptococci and staphylococci are among the most susceptible organisms to these dyes, hence the above results apply *a fortiori* to those organisms.

REFERENCE.

¹ Browning, *Applied Bacteriology*, London, 1918.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

MYOPIA AND MYOPIC ASTIGMATISM IN RELATION TO THE GLARE OF MESOPOTAMIA.

DURING at least nine months of the year the glare experienced in Mesopotamia is a very real trouble. It is with a feeling of great relief that the first rain is greeted; it comes in December and reduces the glaring white of the soil to a muddy brown colour. The country round Basra consists of the river, the Shatt-al-Arab, with a belt of palm trees of varying depth, and then the desert. The date palm is practically the only tree in this part of the country, and its fruit is the principal wealth of the land, but it is an unsatisfactory tree for giving shade, and is usually so covered with dust as to have a greyish colour which gives no rest to the eyes.

The troops are supplied with glare protectors fitted with a green-tinted glass. There can be no question of the comfort that these afford and of the feeling of coolness

experienced on putting them on. Some medical men have asserted that the wearing of glare protectors is as important a prophylactic against heat-stroke as a sun helmet. This, I think, is far too positive a statement. It is generally accepted, after the experience of last summer, which was an unusually severe one, that when a man who has not unduly exposed himself to the sun is attacked by heat-stroke of the apoplectic form he is at the time suffering from some form of toxæmia. In this area the cause of the toxæmia was usually the early stages of sandfly fever or malaria, but alcoholism and even constipation were often the underlying factor.

The point which I wish to bring forward is that persons with myopia, and especially with myopic astigmatism, suffer to a very marked extent from the glare, often to such an extent as to render them useless for any outdoor employment. Men with high degrees of myopia in this country are of little use. Even with glare protectors over their correcting glasses or with tinted lenses, they cannot cope with the conditions.

I will report one case of rather exceptional severity, though cases of a similar nature but of less severity came to the eye department at Basra.

Pte. S. stated (May 21st, 1917) that on the previous day, when coming out from church into the sun, he suddenly saw colours and then became blind. He was taken indoors, and in a few minutes he recovered his vision. Shortly after this he went again to the parade ground, when his sight went in a similar manner and has not returned.

On examination, the vision of the right eye was only bare perception of light, and with the left he could count fingers at a few feet. There was some slight conjunctival injection and considerable photophobia. Both pupils were equal and reacted normally. The eyeballs were somewhat tender to pressure, but the tension was normal. He was wearing -7 D. spher. before both eyes. His refraction worked out at -6 D. spher. -2 D. cylinder axis horizontal for both eyes. The fundus of each eye showed a typical myopic appearance with large temporal crescents, but no active disease was seen. The media were clear.

He was admitted to hospital on the same day, put to bed in a dark a corner of the ward as possible, and given a strichnine mixture three times a day. By the end of a week the photophobia and conjunctival injection had disappeared, and the vision had returned completely. He was subsequently evacuated to India.

I am indebted to Lieut.-Colonel Gee, I.M.S., in whose hospital the ophthalmic department is situated, for permission to publish this case.

P. G. DOYNE, F.R.C.S., Captain R.A.M.C.T.,
Ophthalmic Specialist Base, M.E. Force.

PADDING THOMAS EXTENSION SPLINTS BY PARAFFIN WAX.

I WISH to bring under the notice of surgeons using the Thomas extension leg splint a rapid method of padding the groin ring. It consists in first padding the iron ring in the usual way by winding on to it strips of carpet felting about 1½ in. in width. Each layer as it is wound on is sewn with thin thread to prevent it unrolling or shifting its position, and each successive layer is sewn through to the preceding one. The last quarter of an inch of the padding should be flannel or flannelette sewn in the same manner, and continued until the padding is of the required size and shape.

The whole ring is now immersed in melted paraffin wax, or this is poured over it hot until it permeates the whole padding. When dry and hard all excrescences can be shaved off and the waxed surface rubbed smooth. No leather or other covering is used. It is greasy but clean and does not stick to the skin, and is impervious to moisture. The heat of the body keeps the padding in a soft resilient state, and it moulds itself slightly to the body. If soiled it can be washed, or scraped, or shaved to clean it.

R. LANE JOYNT,
Lieut.-Colonel R.A.M.C.

RECURRENCE OF BILIARY OBSTRUCTION BY GALL STONE AFTER REMOVAL BY OPERATION: ACUTE PANCREATITIS: DEATH.

A VERY stout man, aged 53, was admitted to the Royal Infirmary, Glasgow, under my care, on November 26th, with distension of the abdomen, which was tender all over; the bowels had not acted for six days. Tenderness to pressure was most marked over the right hypochondriac

region. The patient was slightly jaundiced, and the stools passed after admission were clay-coloured. He gave a history of having had a shock a year prior to admission, the whole right side being paralysed for a time. He recovered from this, but the action of the bowels was very irregular from that time onwards. A few days prior to admission he passed a large gall stone.

The ordinary cholecystostomy operation was performed, three large and rather soft stones being removed. Care was taken both by palpation and passing a long probe along the duct to ascertain that no stone or other obstruction was left behind. A large tube was left in the gall bladder, from which a copious flow of green bile was discharged; the jaundice disappeared, and the motions were now bright yellow in colour. The patient was thus very well for several days after the operation, and the flow of bile in both directions, was abundant.

Shortly after the administration of a liver pill containing acid sodium oleate, etc., he again complained of pain in the region of the liver—much more severe, on this occasion; he became markedly jaundiced, and the stools were clay-coloured once more. He died shortly after.

On *post-mortem* examination a stone was found impacted in the papilla of the common duct, which projected prominently into the duodenum. The liver was soft and fatty. There was marked acute pancreatitis, due probably to the blocking of the duct by the gall stone, and extensive fat necrosis.

It would appear almost certain, both from the results of the careful examination made at the operation, and the free flow of bile both into the bowel and through the tube after the operation, that the stone found *post mortem* came down from one of the bile ducts of the liver, whence, probably, it had been dislodged by the action of the pill. The stone blocking the ampulla of Vater was responsible for the return of jaundice and clay-coloured stools, while it also probably caused a flow of bile along the pancreatic duct thereby setting up the pancreatitis from which the patient died.

JOHN A. C. MACEWEN, M.B., C.M.,
Acting Surgeon, Glasgow Royal Infirmary;
Visiting Surgeon, Glasgow District Hospitals.

A CASE OF ADENOMA OF THE UMBILICUS.
A boy, aged 5, who had, since birth, in the lower half of the umbilicus, a red, raspberry-like tumour, which had persisted in spite of pad pressure and applications of ointments and powders, presented when first seen a red, smooth, oval tumour at the lower border of the umbilicus; its longest diameter was half an inch; it projected one-eighth of an inch above the level of the skin. Except for very slight moisture, there was no secretion from the tumour.

Operation.—The tumour was diagnosed to be an adenoma. The umbilical skin was everted with toothed forceps, and the growth, with a ring of surrounding skin one-eighth of an inch in width, was excised. A probe failed to demonstrate any sinus or canal, but at one spot passed through the thin connective tissue into the peritoneal cavity. A mattress suture approximated the sides of the everted umbilicus. Recovery was uneventful.

Pathological Report.—The following is Captain W. L. Pethybridge's report on his microscopical examination of the tumour:

On longitudinal section, the growth is seen to be an adenoma, attached to a fibrous stalk. At the point of junction of the two parts is a constriction the cavity of which is occupied by squamous epithelium, which also extends for a short distance over the free surface of both the adenoma and the stalk. The glands of the adenoma are tubular, are lined with columnar epithelium, and resemble the glands of the small intestine. They open on the free surface of the tumour. Beneath the glands are bands of unstriped muscle fibres. In places there is some round cell inflammatory exudation.

Remarks.—The condition is one of the abnormalities which result from incomplete obliteration of the vitelline duct, of which the best known is the Meckel diverticulum. In cases such as the above a short piece of the vitelline duct, where it passes through the umbilicus, fails to become obliterated. As the umbilicus closes in, the shallow funnel becomes everted and forms a red velvety tumour, the covering of which is practically intestinal mucosa.

C. HAMILTON WHITEFORD, M.R.C.S., L.R.C.P.
Plymouth.

Reports of Societies.

MOUTH INFECTIONS IN RELATION TO INTESTINAL INFECTIONS.

At a meeting of the Section of Odontology of the Royal Society of Medicine, on May 6th, the President, Mr. J. H. BADCOCK, being in the chair, Dr. NATHAN MUNCH read a paper on infections of the mouth in their relation to those of the gastro-intestinal tract. Almost every organism, he said, which had been identified in the bowel in health or disease had been found also in the mouth or in the food ingested through the mouth. At all times any factor such as alteration in diet, digestion, or motility which changed the conditions in the intestines modified also the bacterial balance. When acidity was excessive the duodenum and jejunum were sterile or contained small numbers of strongly acid-resisting yeasts. When gastric hydrochloric acid was very low the number and variety of jejunal organisms were greatly increased. At lower levels stagnation allowed the destruction of the majority of these bacteria by the minority, which found the environment fitted to their free multiplication. Parasitic strains of bacteria, arising from dental defects and swallowed, might infect the mucosa and prolong constitutional disease for years after the restoration of the mouth to health, as occurred in rheumatoid arthritis. The causal bacteria of chronic intestinal infection could live on living or dead tissue; when conditions in the tissues were adverse they continued as saprophytes on the surface; when the exudates and residues were unsuitable for growth, the race was continued amongst the tissues, so that infection continued until both environments became unsuitable at the same time. This rarely occurred spontaneously, and natural cure was uncommon. Infection, either in the mouth or intestine, depressed the general tone and favoured increased invasion at the other focus. Hence improvement was effected in buccal infections by treatment of the bowels, and vice versa. One of the commonest micro-organisms to establish chronic infective foci simultaneously in the mouth and intestines was *Streptococcus pyogenes longus*. In comparison with bacteria of the *B. coli* group the numbers of streptococci were small, but in disease they might increase greatly until they became the predominant colonic aërobines, in extreme cases replacing the colon bacillus almost completely.

Among the factors favouring streptococcal growth in the digestive tract local delay was the most important. With a delay of six hours, fast-growing cocci increased four-thousandfold. Considering the lower ileum and colon only, deficient assimilation of food in the upper parts of the digestive tract was the second essential factor. The more easily digestible the food and the greater the efficiency of mastication, the poorer were the residues upon which the ileo-colonic flora could rely. The products of meat proteolysis induced much more rapid growth than did the products of casein digestion. Although a rich nitrogenous basis was required for streptococcal growth, the presence of carbohydrate was needed for its dominance over members of the *B. coli* group.

The harmful influences determining the first departure from health were those which gave rise to chronic intestinal stasis, and thereby produced secondary foci of stagnation. The densest stream of harmful streptococcal strains flowed from the mouths of patients suffering from infections of the teeth, gums, tonsils, nose, and pharynx. From centres of saprophytic growth in the chyme of the ileo-caecal region long-chained cocci invaded the mucous membrane, and so opened up new channels for their dissemination in the tissues, where they continued life as parasites, exchanging their strife against rival bacteria for one against the defensive processes of the body. Mouth infection again aided them by inducing negative immunity phases from time to time, and thus allowing them greater opportunity of establishing themselves in the mucosa, and they then spread upwards and downwards. Organisms streamed from the infected mucosa along the lymphatics to the neighbouring glands. Alimentary and systemic infections with streptococci, often glycophilic in nature, were associated with a great variety of minor and major gastro-intestinal disturbances, muscular rheumatism,

He protested against the proposal of the Public Services Commission for an advance in the pay of the I.M.S., considering that the number of its members in civil employ shut out native talent and made the civil population dependent on a service which might be called upon to do military duty at any time. He did not share the apprehension that all the services in India would suffer in popularity if British officers and their wives had to resort to Indian doctors. As to the necessity of maintaining a war reserve, he said that he had ascertained from young Indians in the medical colleges that they would be quite willing to support any proposal the Government might make to impose on all officers in civil employ the obligation to undergo military training and to be liable for military service. The private medical profession in India had readily responded to the calls made upon it during the present war. The I.M.S. had done wonders for India, but should not be allowed to dominate the civil population and to keep the children of the soil out of what was rightly theirs.

Surgeon-General Edwards, who has succeeded the late Sir Pardey Lukis as Director-General I.M.S., in his reply, said that acceptance of the resolution would be tantamount to the abolition of the service, which had done work of the greatest value, not only to India, but to the world at large. He spoke of the work done with regard to the malaria parasite, to cholera, amoebic dysentery, prostatic surgery, and eye surgery; with regard to kala-azar and ankylostomiasis, to snake venom, and as to goitre. He then referred to the magnificent educational work done by the I.M.S., and added that if expert professors were to be specially engaged they must be offered much higher salaries and would not have the intimate knowledge of Eastern diseases which officers of the I.M.S. possessed. It must be remembered that very few I.M.S. officers made from £1,000 to £2,000 a year by private practice. Some 400 I.M.S. men held civil posts in India in peace, but a distinguished Indian medical man had informed the Bengal Legislative Council that over 30,000 doctors were required there. At present there were only 2,000 on the medical register, and of these some 40 were I.M.S. men. Could this small band be said to be standing in the way of the aspirations of Bengal practitioners? To cut India adrift from intimate medical contact with progressive Western countries, which would be the outcome of the resolution, would be a short-sighted policy. On the other hand, he was strongly in favour of a Provincial Civil Medical Service; such services existed, but they ought to be greatly enlarged, especially in their public health departments, and the old-fashioned name of "assistant surgeon" dispensed with and the hideous name "subassistant surgeon" forgotten. As the Indian Medical Service was the war reserve, appointments must be reserved for its members in the provincial medical services. That was practically what was now being done. If military medical officers were to be kept fully employed in peace, less than half their number would be amply sufficient to carry on routine military duties. It was asked why this was not done in the R.A.M.C. The answer was that it would be done if the British army in peace were stationed in England and if there existed a civil medical service into which its surplus officers could be drafted. But the British army was scattered all over the world; most of the R.A.M.C. officers would prefer to have more professional work in peace time. The Indian Medical Service had lately ceased to attract medical men of the highest attainments, either British or Indian; it must therefore be mended or ended, and he unhesitatingly maintained that in the interests of India it ought to be mended. If first-class men were required they must be sought in the open market and paid their market value, and he trusted that none but the best would be considered good enough for India. With regard to the third part of the resolution, military assistant surgeons would in future be required to take a qualification recognized in Great Britain. In conclusion, he said that the Government of India had under consideration the complete reorganization of both these services and was not prepared to make any definite pronouncement of policy at the present moment.

Sir William Vincent, speaking on behalf of the Government, paid a high tribute to the work done by the I.M.S., not only for India, but for the peoples of other parts of the world. Mr. Sastri was anxious that a larger number of Indians should enter the service; 40 per cent. of the candidates who passed at the 1914 examination were Indians. Referring to Mr. Sastri's statement as to the willingness of Indian medical men to act as a war reserve, he said that many subassistant surgeons who by the terms of their engagement were liable for military service,

had resigned when called upon to fulfil their obligation. Dealing with the proposal to reject the recommendation of the Public Services Commission to improve the pay of the I.M.S., Sir William Vincent said that the difficulties which existed before the war in obtaining recruits would be enhanced after it, and he declared that the Government of India declined to bar itself from maintaining the high qualifications for a medical service which had conferred almost inestimable benefits on the country. At the conclusion of the discussion the resolution was rejected by 38 votes to 15.

The Indian Budget for 1918-19 was presented at a meeting of the council on March 1st; the main features were a surplus of nearly six million pounds sterling and the announcement that there would be no alteration in taxation. There had been an increase in revenue under nearly every principal head, the only marked exception being opium, which showed a decline of £320,000.

Surgeon-General W. R. Edwards, C.B., C.M.G., has been appointed an additional member of the Legislative Council of the Governor-General, and has been awarded a good service pension of £100 per annum, with effect from April 1st, 1915.

Universities and Colleges.

UNIVERSITY OF GLASGOW.

At a meeting of the General Council last week the Rev. Dr. John Smith, convener of the Business Committee, said that it recommended the council to approve the desire of the university lecturers and assistants for improvement in representation, status, and remuneration, and to ask the University Court to take the request into early and favourable consideration. This proposal was unanimously accepted. Speaking on the minute dealing with the Carnegie Trust, the convener drew attention to the fact that the percentages of leaving certificates gained by new applicants during the last six years were as follows: 74.5, 87.1, 87.6, 91.2, 91.3, and 92.4. The increase, he said, showed the real need for the new university ordinance governing the admission to universities; it would, he hoped, soon receive approval. Finally, he observed that of the 192 names in the obituary list for 1917, 100 were of men who had given their lives in the service of the country.

THE ROYAL COLLEGE OF PHYSICIANS OF LONDON.

AT an extraordinary comitia on May 9th, the President, Dr. Norman Moore, occupying the chair, the following gentlemen, elected to the Fellowship at the last comitia, were admitted:

Walter Broadbent, M.D.Camb., Hugh James Moore Playfair, M.D.Lond., Frederick Lucien Gole, M.D.Oxf., Archibald Montague Henry Gray, M.D.Lond., Alfred Ellington Stanfield, M.D.Camb., William Whiteman Carlton Topley, M.B.Camb., Charles Hubert Bond, M.D.Edin., Percy William Bassett-Smith, C.B., Sir Walter Morley Fletcher, M.D.Camb., F.R.S., Sir George Newman, K.C.B., M.D.Edin.

It was resolved, on the recommendation of the Censors Board, that the licence to practise physic be restored to Mr. Edmund Lyall Haynes.

The President announced that the "Twilight Sleep" Committee had been constituted as follows: Dr. H. R. Spencer, Dr. G. Blacker, Dr. J. S. Fairbairn, Dr. H. Williamson, and Dr. H. R. Andrews.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

AN ordinary council was held on May 9th, when Major-General Sir George Makins, G.C.M.G., A.M.S., President, was in the chair.

Bradshaw Lecture.—Mr. D'Arcy Power was appointed Bradshaw lecturer for the ensuing year.

Issue of Diplomas.—Diplomas of membership were granted to 102 candidates found qualified at the recent examinations.

Presenting of Bust of John Scott.—This bust, by Chantrey, of John Scott, F.R.C.S., a member of the Council of the College from 1844 to 1846, was presented by Sir L. A. Selby-Bigge, K.C.B.

List of Members.—The Secretary reported that the list of members published in the College *Calendar* contained the names of some 2,224 members who were not registered under the Medical Acts of the United Kingdom, and that, while some could be traced as resident in the colonies and abroad, there were many whose addresses were not, and for some years had not been, known. The names of all members admitted before 1870 whose addresses cannot be ascertained (in number about 1,033), will be placed in a separate list, and such list will be omitted from the *Calendar* for 1918-19.

AT the annual meeting of the Rockefeller Foundation additional gifts for war work to the amount of £37,470 were announced. Of this sum, £25,000 is to be applied to continue the war demonstration hospital of the Rockefeller Institute and £10,000 is allotted to the National Research Council of the Council of National Defence.

Obituary.

MAJOR T. HAROLD HUNT, R.A.M.C.(T.F.), died at Halifax on April 29th, aged 48. He was the son of the Rev. T. H. Hunt of Southport, and was educated at Owens College, Manchester, and the Yorkshire College, Leeds. He graduated M.B.Lond, with honours in 1895, B.S. in 1896, and M.D. in 1898. After serving as house-surgeon to the Leeds General Infirmary and at the Royal Halifax Infirmary he started practice in Halifax. In 1904 he was appointed to the staff of the Royal Halifax Infirmary and medical officer to the Halifax School Board. Later he was appointed medical officer in charge of the Bermer-side Open-air School and Convalescent Home. He took a great interest in the School for Defectives at Halifax, one of the first three established in England. In 1915 he was appointed to the staff of the St. Luke's War Hospital, Halifax, with the rank of major, and the strain of this arduous work made great demands on a not very strong constitution. A colleague writes that there can be little doubt that Major Hunt died as the result of his military service. He was at the Royal Infirmary and the military hospital on April 28th but was compelled to return home, and within a few hours an acute attack of pneumonia developed which proved fatal early on April 29th. He was a member of the Halifax Division of the British Medical Association. He was buried with full military honours.

LIEUT.-COLONEL THOMAS WILLIAM O'HARA HAMILTON, C.M.G., R.A.M.C.(ret.), died at Colchester on April 22nd, aged 57. He was the son of Colonel T. Hamilton of Malden, Surrey, and was educated at Trinity College, Dublin, where he graduated B.A. in 1880, and M.B. and B.Ch. in 1881. Entering the army as surgeon on February 3rd, 1883, he became surgeon-major on February 3rd, 1895, and lieutenant-colonel on February 3rd, 1903, retiring on November 4th, 1911. He served throughout the South African war from 1899 to 1902, was present in the advance on Kimberley, including the actions at the Modder River and at Magersfontein, in operations in the Orange River Free State, including the actions of Paardeberg and Wittebergen, and in the operations in Cape Colony, and received the Queen's medal with three clasps, the King's medal with two clasps, and the C.M.G.

DEUTY SURGEON-GENERAL JAMES HENRY LOCH, Bengal Medical Service (retired), died at Guildford on April 9th, aged 85. He was the son of Rear-Admiral Loch, was born on September 21st, 1832, and educated at Edinburgh University, where he graduated M.D. in 1853. Entering the I.M.S. as assistant surgeon on December 20th, 1854, he became surgeon in 1866, surgeon-major in 1873, brigade surgeon, when that rank was first instituted, on November 27th, 1879, and D.S.G. in 1884. He retired on January 1st, 1889. He served in the Indian Mutiny in 1857-58; in the operations of the Oudh Field Force from January to June, 1858, taking part in the relief of Azingarh and in the pursuit of Koer Singh, and received the Mutiny medal.

Medical News.

A NUMBER of Italian professors are about to pay a visit to the universities of Great Britain.

LORD LEVERHULME has been elected president of the Royal Institute of Public Health.

A NEW electro-therapeutic and massage department at the Great Northern Central Hospital, Holloway Road, has been completed, and is prepared to deal with 10,000 attendances a year.

THE library of the Royal Society of Medicine will be closed on Saturday, May 18th, and Monday, May 20th, but members of the R.A.M.C. and other medical services will be admitted.

AN American Congress on Infancy will be held at Monte Video under the patronage of the Republic of Uruguay in December, 1918 (19th to 22nd). Representatives of all the countries of America will take part in the proceedings. The president is Dr. L. Morquio.

DR. G. J. MURIEL, who has resided in Whitehaven for fifty years and is consulting surgeon to the Whitehaven and West Cumberland Infirmary, has been appointed to the Commission of the Peace for the county of Cumberland. He was president of the Border Counties Branch of the British Medical Association in 1898-99.

THE first number of a *Review of War Surgery and Medicine* was issued from the office of the Surgeon-General of the United States Army in March, 1918. It is to appear monthly, and to be devoted to abstracts of medical literature relating to the war.

AN appeal, signed by the Rev. W. J. Barton and Mr. Edred M. Corner, M.S., F.R.C.S., honorary secretary of the Old Epsomian Club, is made for funds to rebuild the nave of the chapel of Epsom College in harmony with the chancel, and to place in it a suitable memorial bearing the names of the old boys and masters who have sacrificed their lives in the war.

THE American *Journal of Ophthalmology* has been amalgamated with the *Annals of Ophthalmology*, the *Ophthalmic Record*, *Ophthalmology*, the *Ophthalmic Year Book*, *Ophthalmic Literature*, and the *Anales de Oftalmología*. The new publication, which will appear monthly, owes its existence largely to the efforts of Dr. Edward Jackson, of Denver, Colorado, who is its editor. The first number appeared in January, 1918.

IN the Probate Court on May 13th leave was given to presume the death of Sir Marc Arnaud Ruffer, M.D., C.M.G., who, while engaged in Red Cross work, was on board H.M. transport *Arcadian* when she was torpedoed and sunk by a U-boat near the Island of Milos on April 15th, 1917. An obituary notice appeared in the JOURNAL of May 5th, 1917, p. 602.

THE Medical Committee of the Royal Hampshire County Hospital, Winchester, after full consideration, have come to the conclusion that the grant of 5s. 6d. per man per diem offered by the Ministry of Pensions to the hospital for the maintenance of war pensioners will only just cover such maintenance. They feel that the medical treatment of these patients, which is a matter of great national importance, should be paid for by an adequate and direct remuneration of the staff, and that this should be on an entirely separate basis from that of maintenance.

MM. CHABONIER AND BLETON communicated to a recent meeting of the Société de Biologie in Paris certain observations they had made of the frequent occurrence of polyarthritis in the course of the treatment of patients with arsenobenzol (especially 914). The joints remained painful for three or four weeks. A similar condition of polyarthritis was observed to occur in a certain number of non-syphilitic cases treated with arsenobenzol; the condition would therefore seem to be attributable to the drug.

Letters, Notes, and Answers.

THE postal address of the BRITISH MEDICAL ASSOCIATION and BRITISH MEDICAL JOURNAL is 429, Strand, London, W.C.2. The telegraphic addresses are:

1. EDITOR of the BRITISH MEDICAL JOURNAL, *Atiology*, Westrand, London; telephone, 2631, Gerrard.
2. FINANCIAL SECRETARY AND BUSINESS MANAGER (Advertisements, etc.), *Articulate*, Westrand, London; telephone, 2630, Gerrard.
3. MEDICAL SECRETARY, *Medisecra*, Westrand, London; telephone, 2634, Gerrard. The address of the Irish Office of the British Medical Association is 16, South Frederick Street, Dublin. The address of the Central Medical War Committee for England and Wales is 429, Strand, London, W.C.2; that of the Reference Committee of the Royal Colleges in London is the Examination Hall, 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.

MEDICAL SICKNESS AND ACCIDENT SOCIETY.

AN OLD MEMBER writes: I have just read in the JOURNAL of May 11th, p. 538, the report of the annual meeting of the above society, and I consider a great injustice was done to old members by the passing of a resolution (at the instigation of the committee) stopping the payment of the usual bonus, after 1918, to those members who attain 65 in the sickness branch—the mainstay of the society—whilst it was agreed to pay a bonus to the life assurance branch. Considering the fact that the committee, in their printed rules, objects, and special reasons for joining the society, have made special stress on the payment of a bonus, I think it is "unjust" to say the least, to suddenly stop it, and it is especially unfair to those who have been members for over twenty-five or thirty years, and naturally have looked forward to receive their well-earned bonus. According to the opinions of the late secretary, Mr. Addiscott, and Mr. Cresford, the actuary, in their report for 1903, they considered it to be "inequitable" to those members shortly reaching the age limit not to receive some benefit of the existing surplus. In these days of war stress it is doubly hard to act in this unfair manner, especially when the society is in a good financial position. I am glad there were present some members who disagreed with the recommendation of the committee, and who voiced their opinions, but who were outvoted.