

Figs. 2 and 3. The splint is first secured to the palmar aspect of the fingers by a narrow band of adhesive plaster which passes over the back of the proximal phalanges only. It is often advisable to protect the back of these

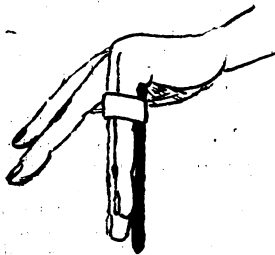


FIG. 2.

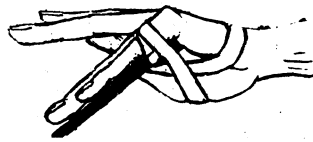


FIG. 3.

phalanges by a layer of lint. During this application the metacarpo-phalangeal joints are kept flexed, so that the splint is prevented from rising too far up the palm. A second band of strapping is fixed, over the first, on the back of the phalanges, the two ends cross in the palm and wind round the side of the hand, so that extension of the metacarpo-phalangeal joints is impossible.

Previous to the application of the splint it is necessary to put on the band of strapping advocated by Colin Mackenzie to prevent abduction of the thumb. This is not shown in the figure. The effect of this splint is to give correct position, to prevent extension of the proximal phalanges or flexion of the mid and distal ones, that is, the deformity that occurs. The movements lost—flexion of the proximal and extension of the two distal phalanges—are free to occur as the muscles recover. No muscle is entirely prevented from functioning, as there is some little play allowed, but no harmful movement can occur.

In a high ulnar nerve case, with involvement of the flexor carpi ulnaris, an additional splint is needed. This consists of a Jones's cock-up splint, but it is applied not, as is usual, to the anterior, but to the posterior aspect of the forearm and hand, and acts therefore as a cock-down splint, keeping the wrist in some degree of flexion. It is secured to the limb by two bands only; one passing just above the wrist and one higher up the arm. The hand is free to flex fully but not to extend.

The associated physical treatment advocated is based on Colin Mackenzie's work, and has this advantage, that the treatment requires little apparatus and can be given little and often, for, except at the outset, when the patients are learning the exercises, they can be treated in classes three or more times daily.

The patient is instructed what not to do. "Never dorsiflex the wrist. Never fully abduct the thumb. Never fully extend the proximal, and never flex the mid and distal phalanges."

In treatment the cock-down splint is unbuckled and removed with the arm pronated and the wrist flexed. The wrist is alternately actively flexed and partly extended. The dosage of exercise is determined by the behaviour of the flexor carpi ulnaris and stops short of fatigue. The progression of exercise is secured by allowing increased range of movement, increasing the number of movements made, and by increasing the work done by the muscle against gravity. This last effect is obtained by gradually changing the position of the forearm in which the exercise is performed. Full supination is the position from which the final exercise of wrist flexion is made in each treatment, provided of course that the muscle is fit for this. Each day, however, the first movements are made from the position of pronation.

The band that holds the thumb in adduction is then removed, the forearm supinated, and without allowing any real abduction of the thumb, the patient adducts as strongly as he can and then relaxes merely. Progression is secured as before, by allowing increased range and number of movements and by working round to the position of full pronation. As the case progresses the band is applied more and more loosely, but is removed only when complete recovery has occurred.

The strapping that limits the movement of the metacarpo-phalangeal joints is removed, and a band of webbing is buckled round the hand to prevent any inadvertent abduction of the thumb. The forearm is pronated, the wrist held straight. Flexion of the fingers at these joints is

then practised, first with the forearm pronated. Progression of position is to full supination.

In order to exercise the power of extension of the middle and distal phalanges, the exercise is at first done in the splint and the splint removed only for purposes of cleaning and readjustment, and perhaps in order to make sure that no neuritic stiffening of the fingers is occurring. Later, however, the splint is removed, and the proximal phalanges held by the patient, while the two others are actively extended and more or less flexed. The progression of position is from full supination to full pronation of the forearm. Adduction and abduction of the fingers is then practised.

The bands and splint are then reapplied. The patient is instructed to perform the exercises while his hand is in the splints as occasion offers. The use of this apparatus, which involves a minimum of interference with the functions of the limb, should be continued until nearly complete recovery occurs. This method of treatment gives the quickest results, and is the most correct I know psychologically and myologically. In its practice is based on accepted principles. Every one agrees that voluntary movement of a muscle is of greater therapeutic value than is electrical stimulation, but commonly in practice the latter is used as if it were more important than the former.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

VACCINES AND SERUMS SUPPLIED TO THE ROYAL NAVY FROM THE R.N. MEDICAL SCHOOL, R.N. COLLEGE, GREENWICH.

PREVIOUS to 1916 the greater part of the vaccines required were received from the inoculation department of St. Mary's Hospital, through the courtesy of Sir Almoth Wright; since then the undernoted quantities have been prepared in the laboratories of the medical school by the naval staff, assisted by a civil bacteriologist who joined for the war from Armstrong College, Newcastle.

Typhoid vaccine	5,400 c.cm.
Paratyphoid vaccine	21,500 c.cm.
Triple typhoid vaccine (Naval formula)	247,700 c.cm.

The triple vaccine is a mixture of *B. typhosus*, *B. paratyphosus* A, and *B. paratyphosus* B, heated to 55° C. for half an hour, and 0.5 per cent. phenol then added.

Cholera vaccine	8,600 c.cm.
Prepared from several strains of Balkan origin.	

Antisepsis vaccine	48,400 c.cm.
A mixed polyvalent vaccine containing streptococci and staphylococci.	

Influenza vaccine	144,000 c.cm.
A mixed polyvalent vaccine containing <i>B. influenzae</i> , streptococci and pneumococci.	

Melitensis vaccine	1,380 c.cm.
Staphylococcic vaccine	910 c.cm.

All antitoxins and serums prepared elsewhere were issued to the various divisions, dépôts, and ships from the school:

Tetanus antitoxin	14,800 doses.
Diphtheria antitoxin	2,400 "
Antidysentery serum	2,800 "
Antistreptococcic serum	1,250 "
Antimeningococcic serum	5,000 "

And others in smaller quantities.

During 1917 and 1918, 30,900 c.cm. of triple typhoid vaccine was prepared at the R.N. Hospital, Malta, and distributed locally to the fleet in the Mediterranean.

P. W. BASSETT-SMITH, C.B., C.M.G.,
Surgeon Captain R.N.

THE TREATMENT OF THE WAR PSYCHO-NEUROSES.

DR. MIDDLEMISS (December 21st, 1918, p. 700) in commenting on the paragraph under the above heading (BRITISH MEDICAL JOURNAL, December 7th, 1918, p. 634) asks: "Do we as a matter of fact find that the patients are unable to recall the emotional disturbance which has led up to the present disorder?" and answers: "Unwilling they may be, but not, I contend, as a rule unable."

It is impossible to answer this question without analysing a large number of cases and finding out how many patients have actually forgotten important emotional experiences, and it is plain that Dr. Middlemiss has not followed this procedure. I would agree that in most cases the patients are able, though unwilling, to recall what they think is the whole of their emotional experience, but my own results have convinced me that forgotten experiences are the rule in psychoneurotic patients, the man himself being ignorant that he has forgotten anything, as exemplified by the following cases:

Case 1.—A. B. states that he was blown up by a shell, lost consciousness, and found himself at a casualty clearing station. In the hypnoidal state he remembered being blown into a shell hole, becoming dazed, then going over the top again, fighting all day, returning to camp at night, reporting sick and going on to the casualty clearing station.

Case 2.—B. C., amongst other symptoms, complained of having repeated terrifying dreams for the last two years, of "something heavy lying on top of him." In the waking state he was unable to connect this with any experience, but in a hypnoidal state he recalled being under shell fire for five hours with his dead horse lying on top of him. After this revival the dream did not recur.

Case 3.—C. D., whenever standing in a queue, "came all over faint, with palpitation of the heart and a fear of impending death," and had to fall out. He could not trace this feeling back to any context, but in the hypnoidal state he recalled being in single file when his chums in front and behind were both killed, and he had to go on through the barrage; after this revival he could stand in a queue without emotion.

These cases are not curiosities but commonplaces; those who have not looked for a thing have no right to deny its presence.

E. PRIDEAUX,
Captain R.A.M.C.

Ewell War Ho-pital.

Reports of Societies.

TROPICAL DISEASES IN THE BALKANIC WAR ZONE.

At a meeting of the Royal Microscopical Society on December 18th, 1918, Mr. J. E. BARNARD, President, in the chair, Lieut.-Colonel ALDO CASTELLANI, M.D., M.R.C.P. (Italian army), read a paper in which he said that tropical diseases were quite common in the Balkanic zone. The most important and the commonest was often of a very malignant type, and might simulate many other diseases. Next to malaria the amoebic and bacillary dysenteries were the most common affections. Cholera and paracholera were rare, but attention was called to a peculiar choleraic type of bacterial dysentery, and to a type of diarrhoea, closely resembling the famine diarrhoea observed in India, seen in Serbian soldiers who had suffered terribly from starvation during the Albanian retreat.

Of camp jaundice, which was common, two varieties could be distinguished: (1) A very severe type, haemorrhagic, with high fever lasting ten to twelve days, showing occasionally a relapse—true icterus castrensis gravis—rare. (2) A mild type, icterus castrensis levis, often afebrile, very common. The severe type was of spirochaetal origin, and it was probable that many cases of the mild type were also spirochaetal. Fevers of the enteric group were fairly frequent, but did not assume an epidemic type. Paratyphoid and similar fevers due to intermediate germs were not rare. Mixed infections, such as "typhoid-paratyphoid A," or "typhoid-paratyphoid B," or "paratyphoid A-paratyphoid B," were of somewhat frequent occurrence, and Colonel Castellani had observed two cases of triple infection—"typhoid-paratyphoid A-paratyphoid B." The diagnosis was based on haemocultures. As a prophylactic the Serbian army had officially adopted Colonel Castellani's tetravaccine, typhoid-paratyphoid A-paratyphoid B-cholera. Malta fever was rare in Macedonia and the interior of the Balkanic zone, but was more frequently met with on the coast and in the islands.

Kala-azar did not occur in adults, but many cases of the infantile type were seen in certain islands of the Adriatic and Aegean Seas.

Relapsing fever was quite common; the best results were obtained by using a combined salvarsan-tartar emetic treatment.

A terrible epidemic of typhus fever raged in 1914-15, but was now rare. Trench fever was occasionally met with.

Pappataci fever was extremely common in certain parts of the Balkans, especially in the late summer and early autumn. Broncho-mycosis and broncho-spirochaetosis were far from rare. Pellagra was quite common in several districts of Macedonia. Certain tropical skin diseases were frequently met with. The following caused great discomfort in summer and were often wrongly diagnosed: Dermatitis interdigitalis epidermophytica or "mango toe," tinea cruris or "dhole itchy," prickly heat, and various types of tropical pyosis. Among Macedonian peasants in 1915 cases were seen of ulcus tropicum, oriental sore, ulcus infantum, blastomycosis, sporotrichosis, and numerous cases of trichomycosis, and of intertrigo saccharomycetica and various other hyphomycetic affections. Two cases of madura foot were reported, two of keratoma plantare salcatum, and one typical of ainhum.

Reviews.

THE EARLY TREATMENT OF WAR WOUNDS.

THIS book on *The Early Treatment of War Wounds*, by Colonel H. M. W. GRAY of Aberdeen, will be read with great appreciation by those medical officers who have been fortunate enough to work in forward areas, and with great interest and profit by those whose duty has kept them at the base or in England. No one who has not spent some time at the front can realize the amount of forethought that has been given to ensure that the recently wounded man is conveyed with all possible dispatch to the casualty clearing station, nor the details of the preliminary treatment in the aid posts, advanced dressing stations, and ambulances to maintain warmth and to prevent pain and shock, so that the patient may arrive in the best possible condition.

It is now acknowledged, although full recognition of the fact was slow in coming, that early and complete excision of the lacerated tissues in a gunshot wound is the surest preventive of acute infection and gas gangrene; to Colonel Gray and his co-workers in the Third Army should be given the credit of this early treatment. Taking this proposition as his main basis—that operation must be performed in the pre-inflammatory stage of the wound and that the removal of all lacerated tissue must be radical. Colonel Gray evolves definite principles by which this can be carried out in individual cases, and lays down indications which his vast experience in the treatment of wounds permits him to state in decided terms. Whilst the difficulties in treatment in battle periods, when large numbers of wounded come down as compared with "peace times," are fully appreciated, a high ideal of treatment is aimed at, so that the general standard of work shall remain good. The author rightly insists that the future of a limb, or even a life, depends largely upon the efficiency of the treatment commenced in advanced units to ensure that the patient may arrive at the casualty clearing station in such a condition that operation is not delayed. Perhaps the most striking example of this is seen in the early treatment of fractured femur. Whereas in the earlier part of the war the mortality of cases of fractured femur was 50 per cent. in the casualty clearing stations, it dropped during the severe fighting in the spring of 1917 to 15.6 per cent.; previous to this battle the method of application of the Thomas splint was widely demonstrated so that it could be applied in forward areas, with the result that pain and shock were enormously diminished. Could anything bear greater testimony to the forethought of the consultant surgeons to the armies and the value of the advice they gave? No small share of it was due to Colonel Gray.

The earlier chapters are devoted to the treatment of cases at the regimental aid posts and advanced dressing stations, and contain a wealth of detail and instructions as to the maintenance of warmth and rest and the prevention of pain and shock. Herein are described the general arrangements and the working of a typical casualty clearing station. The author fully appreciates the necessity

The Early Treatment of War Wounds. By Colonel H. M. W. Gray, C.B., C.M.G. London: Henry Frowde, and Hodder and Stoughton, 1919. (Post 8vo, pp. xv + 299; 25 figures. 10s. net.)

cesspools may be installed if arrangements can be made for emptying and cleansing them. Excreta from single or double cottages, or in large quantities, as from groups of cottages having a plentiful supply of water, could be biologically treated and the effluent passed into or upon the land, or into a ditch, or temporarily retained in tanks upon allotments for use in dry weather.

Finally, it is said that for the present it will be necessary to undertake the repair of old houses, especially in manufacturing areas, where at the present time there is often scarcely a habitable house of any size unoccupied. The shortage is so great that under any practical scheme the number of houses completed in each of the three following years will only make up the shortage and not leave a house vacant. Further, in order to supply the ordinary give and take of people requiring to move from one district to another there ought always to be 5 or 10 per cent. of houses unoccupied. This means that it must be five or six years before it will be safe to demolish any of the existing houses in most urban districts. It is said that every house ought to be repaired and kept in as good condition as possible during the next ten years, because it will be impossible to build except at a high price, and materials will be difficult to obtain. Houses should only be condemned when the surrounding conditions make it impossible to keep them fit for occupation.

SANATORIUM TREATMENT FOR TUBERCULOUS EX-OFFICERS AND MEN.

IN modification of previous Army Council Instructions a new Instruction has been issued regarding the admission to sanatoriums of officers and nurses who retire from the army on account of tuberculosis. If the disease is decided by the Ministry of Pensions to be attributable to or aggravated by military service, officers and nurses will be eligible for treatment, whether they are insured or not under the National Insurance Acts. In such cases the Ministry of Pensions will arrange for admission to a sanatorium, and will defray the cost of treatment, less a deduction from the allowance payable to the officer or nurse.

A memorandum (233 A/I.C.) has been issued to Insurance Committees by the English Insurance Commissioners, with reference to new arrangements for the provision of residential treatment for tuberculous discharged soldiers, etc. Under these arrangements, which came into operation on January 1st, 1919, the whole cost of treatment provided in accordance therewith, so far as it is not made out of insurance funds, will be defrayed by the Exchequer. For the purpose of arrangements between an Insurance Committee and a local authority undertaking a scheme for the area, the Commissioners and the Local Government Board have prepared a model agreement under which it is contemplated that the Committee's payment should be made on the basis of a weekly payment per patient, the rate being subject to the approval of the Commissioners and the Board. The cost of all residential treatment provided for discharged persons will be defrayed from a special fund entitled "The Discharged Soldiers' Sanatorium Fund."

It will be observed that the Army Council Instruction deals only with the case of tuberculous military officers and nursing sisters, while the Insurance Commissioners' memorandum refers to discharged soldiers, sailors, and women of the auxiliary services. It is worthy of note that twelve months ago a conference of representatives of the City Corporation and metropolitan borough councils unanimously expressed the opinion that the time had arrived when the unsatisfactory overlapping system existing with regard to the treatment of tuberculous persons in London should be abolished by the formation of one central authority to be responsible for the administrative control of all matters concerning tuberculous persons, whether insured or uninsured.

IN a communication to the Paris Société de Biologie Bruntz and Spillmann suggested that trench foot is due to an insufficient amount of vitamins in the diet.

THE *Journal of the American Medical Association* of December 7th states that in a communication made to the Editor last March, Mr. George E. Vincent, president of the Rockefeller Foundation, suggested the publication of a Spanish edition, so that the journal might be available to medical readers in Central and South America. The Board of Trustees has approved the proposal. The first number is to appear in January.

NEW YEAR HONOURS.

THE following is a continuation of awards and promotions for valuable services rendered in connexion with the war:

K.C.B.

Lieut.-General Thomas Herbert John C. Goodwin, C.B., C.M.G., D.S.O., K.H.S., A.M.S.
Major-General George J. H. Evatt, C.B., M.D.

K.C.M.G.

Major-General William Watson Pike, C.M.G., D.S.O., A.M.S.
Temporary Colonel John Atkins, C.M.G., A.M.S.

K.B.E.

Colonel (temporary Major-General) Samuel Hickson, C.B., A.M.S.
Colonel Harry Edwin Bruce Bruce-Porter, C.M.G., A.M.S. (T.F.).
Colonel William Hale White, R.A.M.C., chairman and consultant, Queen Mary's Royal Naval Hospital, Southend.
Temporary Colonel Sir Almroth E. Wright, C.B., F.R.S., A.M.S.
Temporary honorary Colonel John Lynn Thomas, C.B., C.M.G.
Dr. Edward Napier Burnett, chairman of the Economic Committee of the Army Medical Department, War Office.
Dr. George Archdall Reid.

C.B.

Temporary Colonel Arthur George Phear.
Temporary Lieut.-Colonel Herbert Lightfoot Eason, C.M.G., R.A.M.C.
Captain and Brevet Major (temporary Colonel) Robert Ernest Kelly, R.A.M.C. (T.F.).

C.M.G.

Colonel Hugh A. Chisholm, C.A.M.C.
Colonel Eugene J. O'Neill, D.S.O., N.Z.M.C.
Temporary Colonel (honorary Surgeon-General) Charles Snodgrass Ryan, A.A.M.C.
Lieut.-Colonel (temporary Colonel) Samuel Arthur Archer, R.A.M.C.
Lieut.-Colonel (temporary Colonel) Evelyn Pierce Sewell, D.S.O., R.A.M.C.
Lieut.-Colonel (acting Colonel) Harry Arthur Leonard Howell, R.A.M.C.
Lieut.-Colonel Charles Hilton Furnivall, R.A.M.C.
Lieut.-Colonel Frank Marshall, A.A.M.C.
Lieut.-Colonel Claude Buist Martin, R.A.M.C.
Lieut.-Colonel John Weir West, R.A.M.C.

D.S.O.

Major (acting Lieut.-Colonel) John Evans, R.A.M.C. (T.F.).
Major Ernest Edward Austen, 28th (C. of L.) Battalion London Regiment, attached R.A.M.C.
Major Leonard Avery Avery, R.A.M.C. (T.F.), attached 1/1st Royal Bucks Hussars (Yeomanry).
Captain (acting Lieut.-Colonel) Ralph Alexander Broderick, M.C., 1/2nd Battalion South Midland Brigade Field Ambulance, R.A.M.C. (T.F.).
Temporary Captain William Mackenzie, R.A.M.C., 9th Battalion South Staffordshire Regiment.

C.B.E.

Colonels: Thomas H. M. Clarke, C.M.G., D.S.O., A.M.S., George Dausey-Browning, A.M.S., George Devey Farmer, C.A.M.C., Richard Jennings, K.H.S., late A.M.S., Henry Carr Maudsley, C.M.G., A.A.M.C., and John Stewart, C.A.M.C.
Temporary Colonel Charles Coley Choyce, R.A.M.C.
Lieut.-Colonels (temporary Colonels) Cathcart Garner, R.P., late R.A.M.C., Graham Patrick Dixon, A.A.M.C., and Murray McWhae, C.M.G., A.A.M.C.
Lieut.-Colonels: Charles W. Cathcart, R.A.M.C. (T.F.), Sir Joseph Fayrer, Bt., R.A.M.C. (T.F.), and Henry John McLean, N.Z.M.C.
Temporary Lieut.-Colonel Edward Newbury Thornton, O.B.E., S.A.M.C.
Acting Lieut.-Colonel Francis Frederick Muecke, R.A.F.
Major (temporary Lieut.-Colonel) Wm. Marshall Macdonald, N.Z.M.C.
Major (honorary Lieut.-Colonel) Martin William Flack, R.A.F.
Major Henry John Neilson, late R.A.M.C.
Temporary honorary Major Henry S. Souttar, R.A.M.C.

O.B.E.

Colonel William Henry Bull, V.D., A.M.S., T.F. Res.
Brevet Colonel Charles John W. Tatham (ret. pay), late R.A.M.C.
Lieut.-Colonels (temporary Colonels): Harold Percy Waller Barrow, C.M.G., D.S.O., R.A.M.C., Robert Fowler, A.A.M.C., and Alfred Bertram Soltan, C.M.G., R.A.M.C. (T.F.).
Lieut.-Colonels: John Patrick Abye-Curran, R.A.M.C., Charles Bickerton Blackburn, A.A.M.C., Michael Boyle, R.A.M.C., Percy Gordon Brown, C.A.M.C., Edward Oliver B. Carbery, R.A.F., J. E. Hodgson, R.A.M.C., John Robert Mallins, late R.A.M.C., Peter Mitchell, R.A.M.C. (T.F.), Hugh Edwin Munroe, C.A.M.C., Richard Raikes, C.A.M.C., George Elliot Frank Stammers, R.A.M.C., John Colvin Storey, A.A.M.C., Bertram Milne Sutherland, A.A.M.C., William

George Dismore Upjohn, A.A.M.C., Frederick Edward Apthorpe Webb, R.A.M.C.(T.F.), and Charleton Yeatman, A.A.M.C.

Majors (temporary Lieut.-Colonels): John Gray, R.A.M.C.(T.F.), Frank Alexander McCammon, M.C., R.A.M.C., Alfred Fay MacLure, A.A.M.C., H. William Greenwood Sutcliffe, R.A.M.C.(T.F.).

Majors (acting Lieut.-Colonels): Wm. Francis Ellis, R.A.M.C., John William Mackenzie, R.A.M.C.(T.F.), Thomas Barton Unwin, R.A.M.C.

Majors: Francis Teulon Beamish, A.A.M.C., Henry d'Arnim Blumberg, T.D., R.A.M.C.(T.F.), Andrew Seymour Brewis, N.Z.M.C., William Bruce, N.Z.M.C., John Frederick Burgess, C.A.M.C., Joshua John Cox, R.A.M.C.(T.F.Res.), William Dyson, R.A.M.C.(T.F.), David Moore Embelton, A.A.M.C., Niel Hamilton Fairley, A.A.M.C., Charles Napier Finn, A.A.M.C., William Rickards Galwey, M.C., R.A.M.C., Farquhar Gracie, R.A.M.C.(T.F.), Robert James McEwan, C.A.M.C., Brefney Rolph O'Reilly, M.D., R.A.F. (Canadian Local Force), Harold Orr, C.A.M.C., Frank Harold Stephens, R.A.F., Gerald Charles Taylor, R.A.M.C.(T.F.), Frederick Beaumont Treves, R.A.M.C.(T.F.), George Charles Willcocks, M.C., A.A.M.C.

Temporary Major (acting Lieut.-Colonel) George Douglas Gray, R.A.M.C.

Temporary Majors: William Stewart Dickie, R.A.M.C., Thomas Martin Frood, R.A.M.C., and Maurice Grey Pearson, S.A.M.C.

Brevet Major George William Ellis, R.A.M.C.(T.F.).

Temporary honorary Major Thomas Houston, R.A.M.C.

Captain (temporary Lieut.-Colonel) Philip Sefton Vicker-man, R.A.M.C.(S.R.).

Captains (acting Lieut.-Colonels): Francis Ley Augustus Greaves, R.A.M.C.(T.F.), Thomas Blakeway Wolstenholme, R.A.M.C.(T.F.), and Frank Worthington, D.S.O., R.A.M.C.

Captain (temporary Major) Harold Cotterell Adams, R.A.M.C.(T.F.).

Captains (acting Majors): Thomas Yuille Barkley, R.A.M.C.(S.R.), Charles Botterill Baxter, R.A.M.C.(T.F.), Harold Burrows, R.A.M.C.(T.F.), Sydney James Clegg, R.A.M.C.(T.F.), William Henderson Davison, R.A.M.C.(T.F.), Walter Barham Foley, R.A.M.C.(S.R.), James Roberts Goodall, C.A.M.C., Thomas Watson Hancock, R.A.M.C.(T.F.), Thomas Douglas Inch, M.C., R.A.M.C., Lachlan Martin Victor Mitchell, R.A.M.C.(T.F.), Julian Taylor, R.A.M.C.(T.F.), William Warwick Wagstaffe, R.A.M.C.(S.R.), Alexander Pirie Watson, R.A.M.C.(T.F.), and Joseph Douglas Wells, R.A.M.C.(T.F.).

Captains: Rupert Briercliffe, R.A.M.C.(T.F.), Armando Dumas Child, R.A.M.C.(S.R.), David Livingstone Graham, I.M.S., John Inglis, R.A.M.C.(T.F.), Raymond Johnson, R.A.M.C.(T.F.), Arthur Ernest Jury, R.A.M.C.(T.F.), Thomas Fuller Kennedy, R.A.M.C., Hugh Ernest McColl, R.A.M.C.(S.R.), John Campin Newman, R.A.M.C.(T.F.), Benjamin Alexander Odum, R.A.M.C., Andrew Picken, R.A.M.C.(S.R.), Jeffrey Ramsay, R.A.M.C.(T.F.), and John Sinclair White, R.A.M.C.(S.R.).

Temporary Captains (acting Majors): John Stanley Arkle, R.A.M.C., George Victor Bakewell, R.A.M.C., Richard Charles, R.A.M.C., John Harry Hebb, R.A.M.C., Wilfred George Mumford, R.A.M.C., Thomas Clark Ritchie, R.A.M.C., and Humphrey Bowstead Wilson, R.A.M.C.

Temporary Captains: James Connor M. Bailey, R.A.M.C., Amos Hubert Coleman, R.A.M.C., Noel Anthony Coward, R.A.M.C., James Anthony Delmege, R.A.M.C., Frank Holt Diggle, R.A.M.C., Robert Richard Elworthy, R.A.M.C., William Wood Forbes, R.A.M.C., Norman Stephen Gilchrist, R.A.M.C., attached R.A.F., Arthur Hyde Greg, R.A.M.C., Robert Douglas Laurie, R.A.M.C., Lancelot Raoul Lempriere, R.A.M.C., James Walter McLeod, R.A.M.C., Edward Irving Powuel Pellew, R.A.M.C., Charles W. Smith, R.A.M.C., and Kenneth Macfarlane Walker, R.A.M.C.

Temporary Lieutenant (acting Lieut.-Colonel) James Leatham Birley, R.A.M.C.

Temporary Lieutenant Kaikobad Rustonyf Madan, I.M.S.

Quartermaster and Major Aquila Clapshaw, R.A.M.C. (ret. pay).

Quartermaster and Captain (temporary Major) Joseph T. Packard, R.A.M.C.

Quartermaster and Captain John Damian Chapman, R.A.M.C. (T.F.).

Temporary Captains and Quartermasters: Harry Lancelot Etherington-Smith, R.A.M.C., and James Varley, R.A.M.C.

M.B.E.

Captain Joseph Green, R.A.M.C.(T.F.).

Temporary Captain John Newton Martin, R.A.M.C. Lieutenant (temporary Captain—acting Major) Reginald Anson Mansell, R.A.M.C.

Temporary Lieutenant John Ramsbottom, R.A.M.C.

Quartermasters and Captains: John Wingfield Willsher, R.A.M.C., and Richard C. Staples-Brown, N.Z.M.C.

Temporary Quartermasters and Captains: George Robert Spring, R.A.M.C., and Laurence Whittaker, R.A.M.C.

Temporary Quartermasters and Lieutenants: Walter James Baldwin, R.A.M.C., Frederick Wm. Cudmore, R.A.M.C., and Arthur Wm. Shreeve, R.A.M.C.

El Yuzbashi Halim Effendi Sulman Shoucair, Medical Corps, Egyptian Army.

Second Bar to Military Cross.

Captain Hugh Kingsley Ward, M.C., R.A.M.C.(S.R.), attached 2nd Battalion K.R.R.C., M.C. gazetted October 20th, 1916.

Bar to Military Cross.

Temporary Captain (acting Major) James Biggam, M.C., R.A.M.C. Captain Edwin John Bradley, M.C., R.A.M.C.(S.R.), attached 13rd (North Midland) Field Ambulance.

Military Cross.

Captain (acting Lieut.-Colonel) David Henderson Weir, R.A.M.C.(T.F.), attached 112th Field Ambulance.

Captain (temporary Major) Leslie Price Harris, R.A.M.C. (T.F.).

Captains (acting Majors): John Herd Beverland, R.A.M.C. (S.R.), attached 165th Ind. Combined Field Ambulance; William Roy Blore, R.A.M.C.(S.R.), attached 35th Field Ambulance; William Blacker Cathcart, R.A.M.C.(S.R.), attached 72nd Field Ambulance; Guy Oldham Chambers, R.A.M.C., attached Head Quarters Cavalry Corps; Leonard Milton, 24th (London) Field Ambulance, R.A.M.C.; Clarke Nicholson, R.A.M.C.(S.R.), attached 49th Field Ambulance; Arthur Patrick O'Connor, 11th Field Ambulance R.A.M.C.; Henry Edward Sutherland Richards, 21st West Lancashire Field Ambulance, R.A.M.C. (T.F.); Frederick Ernest W. Rogers, 23rd (Home Counties) Field Ambulance, R.A.M.C.(T.F.); Alfred Bernard Pavey Smith, 26th Battalion London Field Ambulance R.A.M.C.

Captains: Colin Anderson, 4th Australian L.H. Field Ambulance; Roderick Duncan Cameron, R.A.M.C.(S.R.); Mervyn Clement Cooper, R.A.M.C.(S.R.); Norman Harrison Dempster, N.Z.M.C., attached 3rd Battalion New Zealand Rifle Brigade; Ernest McMurchie Dunlop, R.A.M.C.(T.F.), attached 14th Battalion Worcester Regiment; Geoffrey Bede Egerton, R.A.M.C.(S.R.); Francis Henry Guppy, R.A.M.C.(S.R.), attached 8th M.A.C.; William Francis Theodore Haultain, R.A.M.C. (S.R.), attached 29th Lancers, I.A.; Norman John MacKay, A.A.M.C., attached 55th Battalion Australian Infantry; George Leslie Matthews, 1st (London) Sanitary Company, R.A.M.C.; Leonard James Sheil, R.A.M.C.(S.R.); Herbert Watt Torrance, R.A.M.C.(S.R.); Alexander Duncan Shanks Whyte, N.Z.M.C., attached 2nd Brigade Head Quarters, New Zealand Field Artillery; Leonard Henry Wootton, R.A.M.C.(T.F.).

Temporary Captains (acting Majors): John Gibson, 98th Field Ambulance, R.A.M.C.; Ernest Leon Maunsell Hackett, 8th Field Ambulance, R.A.M.C.; George Bedingfield Holroyde, R.A.M.C.

Temporary Captains: Richard John Aherne, R.A.M.C., attached 9th Battalion North Staffordshire Regiment; Angus Buchanan, 49th Field Ambulance, R.A.M.C.; Charles Francis Drew, No. 9 Field Ambulance, R.A.M.C.; Gordon John C. Ferrier, R.A.M.C., attached 129th Ind. Combined Field Ambulance; Alexander Hepburn Macklin, R.A.M.C., attached 11th Battalion, West Yorkshire Regiment; Harry James Rae, R.A.M.C., Charles Reginald Reckitt, R.A.M.C., attached 26th Brigade, Royal Field Artillery; Francis Charles Robbs, R.A.M.C., attached 1st Battalion, Royal Irish Regiment; Stanley Parke Stoker, R.A.M.C., attached 16th Battalion, West Riding Regiment (T.F.); John Wylie, R.A.M.C., attached 6th Battalion, East Yorkshire Regiment.

Temporary Lieutenant Burjorji H. Kamakaka, I.M.S., attached 1st Battalion, 123rd Outram's Rifles, I.A.

Quartermasters and Captains: Thomas Barclay, 13th Canadian Field Ambulance, C.A.M.C.; Thomas Barradell, 1st North Midland Field Ambulance, attached 1st Northumbrian Field Ambulance, R.A.M.C.(T.F.); William Goodly, 136th Field Ambulance, R.A.M.C.

Temporary Quartermaster and Lieutenant James Moore, 16th Field Ambulance, R.A.M.C.

Kaisar-i-Hind Medal.

John Dodds Price, officiating Civil Surgeon, Nowgong, Assam.

Royal British Red Cross.

The Order of the Royal British Red Cross has been conferred upon a large number of the various nursing staffs for valuable services rendered.

PROMOTIONS.

To be Major-General: Colonel (temporary Major-General) J. Thomson, C.B., A.M.S.

To be Brevet Colonels: Lieut.-Colonels (temporary Colonels) R. S. H. Fuhr, C.M.G., D.S.O., R.A.M.C.; E. E. Powell, D.S.O., R.A.M.C.; A. G. Thompson, C.M.G., D.S.O., R.A.M.C. Lieut.-Colonels P. S. O'Reilly, C.M.G., R.A.M.C.; Sir J. G. Rogers, K.C.M.G., D.S.O., ret. pay (late A.M.S.).

To be Honorary Colonel: Lieut.-Colonel W. H. W. Elliot, D.S.O., ret. I.M.S.

To be Brevet Lieut.-Colonels: Major (temporary Colonel) D. Rorie, D.S.O., R.A.M.C.(T.F.). Majors (temporary Lieut.-Colonels) J. A. Anderson, R.A.M.C.; J. G. Bell, D.S.O., R.A.M.C.; R. A. Bryden, D.S.O., R.A.M.C.; P. J. Hanafin, D.S.O., R.A.M.C.; H. S. Peeke, R. of O., late R.A.M.C. Major (acting Lieut.-Colonel) A. W. Gibson, R.A.M.C. Majors W. H. G. H. Best, R.A.M.C.(S.R.), and G. F. Sheehan, D.S.O., R.A.M.C. Temporary Majors F. S. Brereton, ret. (late R.A.M.C.); G. P. Humphrey, R.A.M.C.

To be Brevet Majors: Captain (acting Colonel) W. G. Wright, D.S.O., R.A.M.C. Captains (temporary Majors): R. E. Barnsley, M.C., R.A.M.C., A. A. Jubb, R.A.M.C.(T.F.), and M. J. Williamson, M.C., R.A.M.C. Captains (acting Majors): W. F. Christie, R.A.M.C., A. T. J. McCreery, M.C., R.A.M.C., L. W. O. Taylor, R.A.M.C.(S.R.), and W. L. Webster, R.A.M.C. Temporary Captains: P. H. Bahr, D.S.O., R.A.M.C., R. Bruce-Low, R.A.M.C., S. P. Hodgkinson, R.A.M.C., W. J. Tulloch, R.A.M.C.

DR. ROBERT WALKER, formerly surgeon to the Carlisle Dispensary, has died at his residence at Paignton, South Devon, in his 85th year. He received his medical education at Edinburgh, and took the diplomas of L.R.C.P. and S. Edin.; he became F.R.C.S. Edin. in 1873. After practising in Shetland for a few years he settled in Carlisle, where he practised until in 1895, on grounds of health, he went to Covelly. A few years ago he retired. He was specially interested in surgery, and did much operative work during his thirty years' tenure of office as surgeon to the Carlisle Dispensary. He took an active part in the work of the Cumberland and Westmorland (now the Border Counties) Branch of the British Medical Association, and made several contributions to its proceedings. He founded the Carlisle Chess Club, and was himself a skilled player, being able to play three games blindfold at one time. He was twice married, and his son by his first wife is Mr. Miles Walker, D.Sc., professor of electrical engineering in the University of Manchester. By his second wife he had five children, one of whom, Dr. Frederick Walker, is bacteriologist to the 19th General Hospital, Alexandria.

DR. O'CONNELL JOHN DELAHAYDE, who died in Dublin recently after a short illness, was educated at the University of Dublin, and took the diplomas of L.R.C.P. and S. Ireland in 1877, M.R.C.P.I. in 1883, and F.R.C.S.I. in 1900. Before his retirement from active work he had held the office of medical officer to No. 2 North City Dispensary for thirty-three years, and was held in great esteem in the district in which he practised so long.

LIEUT.-COLONEL ROBERT GRAY, Bengal Medical Service (retired), died at Aberdeen on December 28th, aged 85. He was educated at King's College, Aberdeen, where he graduated M.A. in 1853 and M.B. in 1859. He entered the I.M.S. as assistant surgeon on July 27th, 1859, and became surgeon on July 27th, 1871, surgeon-major on July 1st, 1873, and brigade-surgeon on June 3rd, 1887, retiring with an extra compensation pension on April 3rd, 1891. After four years' military duty he took up civil employment in the Punjab in 1863, and, after serving in various civil surgeoncies for twenty years, was appointed Inspector-General of Prisons in September, 1884, and held that post till his retirement.

Universities and Colleges.

UNIVERSITY OF LONDON.

At a meeting of the Senate held on December 18th, 1918, the title of Professor of Bacteriology in the University of London was conferred upon Dr. J. W. H. Eyre (Guy's Hospital Medical School), who has also received the status and designation of appointed teacher.

Dr. S. Russell Wells has been appointed the representative of the university upon the General Medical Council, in succession to Sir Frederick Taylor.

Sir Seymour Sharkey has been elected chairman of the Graham Legacy Committee for 1918-1919; Dr. A. E. Boycott, F.R.S., has been reappointed Director of the Laboratory, and Dr. C. Bolton, F.R.S., reappointed acting director during absence of Dr. Boycott on military duty. The annual report of the committee presented to the Senate gave particulars of the general progress of the laboratory, the researches carried out, and the grants to workers.

UNIVERSITY OF EDINBURGH.

THE report for the academic year 1917-18 gives particulars of the work done and the changes that have occurred. The facts have been recorded from time to time in our columns, and it may suffice here to state that the total number of matriculated students was 2,091 (1,339 men and 752 women). The number in the Faculty of Medicine was 1,147 (823 men and 324 women, an increase of 84 upon the number of women for the previous session). Of the students of medicine 51 per cent. belonged to Scotland, 17 per cent. to England and Wales, 26 per cent. to British Dominions, Colonies and Dependencies (one-fourth from India), and 25 to foreign countries. It is expected that the number of students attending the courses will be greatly increased in the spring term, and it is hoped that by relaxation of preliminary requirements and the provision of special courses of instruction, the case of the returning student may be adequately and even generously dealt with. A greatly increased financial burden has fallen upon the university; the Treasury had promised a grant of £6,500 out of the sum provided by the estimates for the current year in respect of loss caused by the war.

UNIVERSITY OF ABERDEEN.

THE following candidates have been approved at the examination indicated:

M.B., CH.B.—J. G. Smith (with second class honours), P. S. G. Cameron, Marjory J. Duftou, Anne Simpson.

Medico-Legal.

A CHARGE OF "DOPING."

At the Thames Police Court on January 6th the hearing was concluded of a case in which three persons were charged with being concerned in "doping" a Russian subject to make him unfit for military service. The accused were Marcus Woolf Cohen, M.B., a medical practitioner, and Leah Myers, his dispenser, both of Commercial Road, and a man named Bell, a hairdresser. Dr. Cohen was alleged to have given a false medical certificate preparatory to the commission of the offence; Myers was charged with supplying a preparation, and Bell with injecting it to produce symptoms of diabetes. For the prosecution it was alleged that Bell told the Russian he could "keep him out of the army for £50," and introduced him to Dr. Cohen at the latter's surgery. Later the man was again taken to the surgery, and in the absence of Dr. Cohen, Bell injected into him a thick, yellow liquid, saying it would produce sugar. Bell then took the man with an introductory note from Dr. Cohen to a West End specialist, who certified that in his opinion he was suffering from diabetes. It was alleged further that subsequently the Russian was again taken to the surgery by Bell, who made another injection with liquid from a phial supplied by Myers. The Russian, when examined by a medical board, was found to be normal, but was placed in Grade 3 on grounds of policy, and was afterwards arrested. Dr. Cohen, giving evidence, denied the charge. He had treated the Russian as a patient for chest trouble, and Bell brought him to the surgery saying he wanted an examination in order to ascertain his medical standing for military service. In Bell's absence witness examined the urine, which gave a qualitative sugar reaction, and he suggested that the patient should have an independent examination by a specialist. He was paid a fee of one guinea, and received no other money from the Russian or from Bell in connexion with the case. Dr. Ambrose of Whitechapel Road testified to Dr. Cohen's high character and professional repute, and Sir E. Marshall Hall on his behalf said it was inconceivable that he should risk ruin in this way for the sake of a guinea fee. The magistrate found Dr. Cohen and Bell guilty, and sentenced the former to six months' imprisonment with a fine of £100 and £20 costs, or, in default of payment, fifty-one days' further imprisonment; the latter was sentenced to five months' imprisonment with hard labour, and ordered to pay a fine of £30 and £5 costs, or sixty-one days' additional imprisonment in default. Myers was discharged.

On the following day it was announced at the police court that Dr. Cohen had entered into sureties, in the sum of £500 each, to prosecute an appeal against his conviction at the next quarter sessions, and that he had been released from custody.

The Services.

TERRITORIAL DECORATION.

THE Territorial Decoration has been conferred upon the following officers of the R.A.M.C.(T.F.): Major Henry Skelding, Major Arthur Roberts (attached 6th Reserve Brigade, R.F.A.), Major Ernest B. Waggett (3rd London Field Ambulance), Lieut.-Colonel Charles J. Deysn (2nd South Midland Mounted Brigade Field Ambulance), Major James P. Brown, D.S.O. (34th Ambulance Train), and Lieut.-Colonel Peter Mitchell (1st Scottish General Hospital).

Medical News.

THE late Sir Alexander Christison, Bt., left £24,649.

A DISCUSSION on the etiology, prevention, and non-operative treatment of adenoids will be opened at a meeting of the Section for the Study of Diseases in Children of the Royal Society of Medicine on January 24th, at 5 p.m., by Drs. Harry Campbell and Edmund Cautley.

SIR RICKMAN J. GODLEE will deliver at University College, on January 22nd, at 5.30 p.m., the first of five lectures, arranged in co-operation with the London County Council, on surgery, ancient and modern, with special reference to Lister and Pasteur.

PROFESSOR ARTHUR KEITH, F.R.S., will deliver a course of six Hunterian lectures on phases in the life and work of John Hunter, at the Royal College of Surgeons of England, beginning on Monday, January 20th. The lectures, which will be illustrated by Hunterian preparations, drawings, and records, will be given at 5 p.m. on each day.

THE whole of the new number of *Brain* (Vol. XLI, Part II), just issued, is occupied by a long article on sensation and the cerebral cortex, by Dr. Henry Head, F.R.S. We hope to refer to the article more at length in a later issue.

DR. W. A. BULLOUGH, M.Sc., acting medical officer for the West Riding of Yorkshire, has been appointed medical officer of health under the Essex County Council in succession to Dr. J. C. Thresh, who has resigned.

M. CLEMENCEAU has been elected an honorary president of the General Medical Association of France. This is the first instance in which such a distinction has been bestowed. In expressing his deep sense of the honour done him the French Premier said: "Although I have long ceased to be one of you except in name, I none the less take a great interest in your work, which is useful beyond all others."

AT a recent sitting of the Society of Obstetrics and Gynaecology of Buenos Aires, Dr. Carlos Fonzo Gandolfo presented the draft of a bill providing for the payment of a monthly pension during a year to every indigent mother delivered in a maternity. This pension may be extended for a like term under the form of assistance for the child. The pension is to be withdrawn on the death of the infant or its mother, or if the child is entrusted to the care of persons not related to it, or if a change in the position of the parents should occur. The deaths under one year of age per 1,000 births number 156 in the Argentine. The rate in England and Wales ranged from 91 in 1916 to 108 in 1913.

Letters, Notes, and Answers.

ORIGINAL ARTICLES and LETTERS forwarded for publication are understood to be offered to the BRITISH MEDICAL JOURNAL alone unless the contrary be stated.

CORRESPONDENTS who wish notice to be taken of their communications should authenticate them with their names—of course not necessarily for publication.

AUTHORS desiring reprints of their articles published in the BRITISH MEDICAL JOURNAL are requested to communicate with the Office, 429, Strand, W.C.2, on receipt of proof.

In order to avoid delay, it is particularly requested that ALL letters on the editorial business of the JOURNAL be addressed to the Editor at the Office of the JOURNAL.

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, *Attitology, Westrand, London*; telephone, 2631, Gerrard.
 2. FINANCIAL SECRETARY AND BUSINESS MANAGER (Advertisements, etc.), *Articulade, 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.

QUERIES AND ANSWERS.

CAMPOR IN ACUTE BRONCHITIS AND BRONCHOPNEUMONIA. LIEUTENANT H. W. FREER, R.A.M.C., writes: I read with interest Dr. P. L. Giuseppe's memorandum on the value of camphor in acute influenzal bronchitis and bronchopneumonia (December 28th, 1918, p. 716). It would be useful to know the plan Dr. Giuseppe adopts for the administration of the camphor pills to an unconscious patient.

LETTERS, NOTES, ETC.

PREVENTION OF VENEREAL DISEASE.

INVESTIGATOR writes: Whatever opinions we may hold about "prophylaxis," there can be no harm in the spread of knowledge. Medical men should know that there is a sure preventive of venereal disease. If, immediately after intercourse, the penis and scrotum are steeped for several minutes in 1 in 1,000 solution of mercury perchloride, and several times at intervals a few drops are instilled from the finger-tip into the upturned urethra, all parts that can have been superficially infected by female discharges are surgically cleansed. If this is repeated immediately after each intercourse there is no danger of infection, except the very slight danger of mouth infection from the saliva.

SODIUM SALICYLATE IN INFLUENZA.

DR. L. DAVID (Colombo) states that the drug he found most useful during the epidemic of influenza in September and October, 1918, was sodium salicylate. In severe cases he gave

once daily, for two or three days, an intramuscular or intravenous injection—preferably the latter—of 2 to 3 drachms of a 20 per cent. solution of sodium salicylate, made by dissolving the pure salt in distilled water previously boiled and cooled. The drug, even in such large doses, did not cause any serious cardiac depression, and hæmaturia, hæmoptysis, epistaxis, bronchitis, pneumonia, pleurisy, jaundice, meningitis, otitis, peritonitis, hyperpyrexia, and other complications present in some cases, readily yielded to this treatment. Early treatment must be the rule, and the treatment must be continuous and uninterrupted until the patient is convalescent. In advanced cases with dyspnoea and dilated heart, salicylates will fail, and sodium or potassium bicarbonate may succeed.

MEDICAL RESETTLEMENT.

A CORRESPONDENT who signs himself "late R.A.M.C. Captain, Gallipoli and France," writes as follows with reference to the proposal of the Central Medical War Committee that preference should be given to ex-officers in making medical appointments of a military or national kind (BRITISH MEDICAL JOURNAL, January 4th, p. 17): "This theory is splendid, but what about practice? I enclose a letter I wrote to the Minister of Pensions, and the reply I received two months afterwards, which speak for themselves." Our correspondent's letter, dated October 1st, 1918, written on behalf of a number of medical men who have served in the R.A.M.C., requested the Minister of Pensions to publish the number of appointments of referees, in connexion with the discharged soldiers and sailors' scheme, made recently in Ireland, and the number of ex-service medical men who were successful candidates. The letter concluded: "We, who have voluntarily undergone the discomforts and dangers of life in the forward area in France and abroad, naturally feel somewhat hurt that the weight which was to be given to applications from medical men who had served, was not sufficient to gain us even one appointment in the Belfast area, and we would be interested to know if our comrades in other parts of Ireland fared any better." The reply on behalf of the Minister of Pensions dated December 2nd, 1918, was that the appointments in question were made by him after consideration of reports and recommendations of a selection committee specially appointed for the purpose: "Experience in the Royal Army Medical Corps, or in military or auxiliary hospitals, in the treatment of men injured in the present war was considered but was not decisive. In future appointments the Minister hopes to give more weight to it. Meanwhile he is unable to furnish the figure for which you ask."

A FASTING MAN.

THE death is announced at San Diego, California, of Dr. Tanner, whose endurance as a fasting man aroused much popular and scientific interest in Europe some thirty years ago. He kept his first fast of forty days in New York in 1880. Those who studied him during the exhibitions he gave were agreed that he did actually fast, and his power of resistance may have given courage to the physicians who on theoretical grounds introduced the starvation treatment of diabetes. Tanner at least proved that occasional complete abstinence from food for considerable periods need not undermine the constitution, for he lived to be 91.

THE NEW HOUSE OF COMMONS.

A PAMPHLET called *The New House of Commons* has been issued by Abdulla and Co., cigarette makers (173, New Bond Street, W. 1). It contains a list of the members elected and of their opponents, with the total number of electors on the register, and the votes cast for each candidate. It contains also a list of peerages created since the end of 1910. The lists are serious and useful, and the illustrations frivolous and amusing.

THE following appointments of certifying factory surgeons are vacant: Knutsford (Cheshire), Folkestone (Kent), Blackburn, North (Lancaster), Preston, East (Lancaster), Harrogate (Yorks).

WITH reference to the paragraph regarding Messrs. Cadbury's sweetened cocoa and milk powder, published on December 21st, 1918, p. 704, we are asked to state that under the Food Controller's Order it is not permissible to make chocolate with this preparation.

SCALE OF CHARGES FOR ADVERTISEMENTS IN THE BRITISH MEDICAL JOURNAL.

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