

adduced evidence showing that the virus of this disease belonged to the group of filter passers.

#### *Trench Fever.*

The virus isolated in trench fever consists of minute coccus-like bodies, grouped in pairs, with the opposing surfaces flattened, and varying in size from  $0.3\mu$  to  $0.5\mu$ . It is Gram-positive and stains readily if the film preparations are washed in ether before the stain is applied. It passes through Berkefeld N and V filters, and also through Massén porcelain filters, and can be cultivated from such filtrates. It resists heating to a temperature of  $56^{\circ}\text{C}$ . for thirty minutes, and it is an anaërobe.

This organism has been recovered by culture from the blood in 11 out of 15 cases of trench fever examined during the pyretic stage, and in 3 out of 8 cases examined when apyretic. It was not found in over 40 control cases where blood culture with the same technique was carried out. A similar organism was recovered from four separate supplies of infected louse excreta kindly supplied to us by Sir David Bruce.

It was not found in thirty-one specimens of excreta from batches of clean lice.

The culture obtained either from the blood of man, or from louse excreta, when inoculated by scarification into man, produces a mild illness, and the organism can be recovered from the blood by culture during such illness, and also from clean lice fed on the patient during the illness.

#### *Influenza.*

The virus isolated in cases of influenza consists of very minute rounded coccus-like bodies, varying from  $0.15\mu$  to  $0.5\mu$ . It is Gram-positive, and passes through Berkefeld N and V filters and Massén porcelain filters. It is an anaërobe, and resists heating to  $56^{\circ}\text{C}$ . for thirty minutes.

It has been isolated by culture from the blood in 6 out of 9 cases examined, from the sputum in 6 out of 6 examined, from pleural fluid in 4 out of 4 examined, and from the cerebro-spinal fluid in the only case so examined. It has also been isolated from the lymphatic glands *post mortem* in the only two cases examined. This organism can not only be grown from the blood, and from exudates, but it can also be seen in stained films prepared from exudates—for example, sputum, pleural fluid, cerebro-spinal fluid.

The culture (second generation), when inoculated into animals subdurally or intravenously, produces illness in guinea-pigs and monkeys, and on *post-mortem* examination the following lesions have been found: Extensive lobular pneumonia with haemorrhages, some nephritis, myocardial and hepatic lesions, such as extreme congestion, interstitial haemorrhages of small size, and fatty degeneration. Passage experiments done from such animals when slightly ill, by injecting their blood, bile, etc., into healthy animals, causes in these more severe and even fatal illness, and *post mortem* the same lesions are found. The organism has been recovered by culture from the tissues of such experimental animals.

#### *Nephritis.*

Up to the present time (January, 1919) only one variety of nephritis has been investigated—that is, that characterized by the presence of pyrexia and haematuria at the onset.

The virus isolated in such cases of nephritis consists of a round coccus-like body varying from  $0.3\mu$  to  $0.6\mu$  in size, and in culture often occurring in the form of short chains of four individuals. The same organism may be seen in urinary sediments either singly or in pairs. It is Gram-positive, and passes through Berkefeld N and V filters, and also through the Massén porcelain filter. It is an anaërobe, and resists heating to  $56^{\circ}\text{C}$ . for thirty minutes.

It has been isolated from the blood in 6 out of 9 cases examined, and from the urine in 7 cases. The culture (second generation), when inoculated into animals, produces nephritis in monkeys and guinea-pigs. In monkeys this can be determined not only by *post-mortem* examination, but also clinically, since the urine contains blood, albumin, and casts. In both guinea-pigs and monkeys extensive lesions, glomerular and tubular, are found on microscopic examination. In severe cases pulmonary lesions are also present.

The organism has been recovered by culture from the tissues of the animals experimentally inoculated.

These three diseases are those that have been most

studied as yet, but organisms of the same group, although differing from one another, have been recovered by culture in a number of other diseases of obscure etiology. In most of these no adequate experimental work has been possible up to the present, and in others it is incomplete owing to insufficient time having elapsed to establish results with certainty. Amongst the more important diseases where true "filter passing" organisms have been isolated by culture from the blood, and seen in suitably stained films, mumps, measles, rose measles, and typhus may be mentioned. In mumps four cases have been examined, and all gave the same positive result. Two cases of typhus have been examined, but as yet it has only been possible to get material from one each of measles and rose measles.

An organism allied apparently to that of polyneuritis has been isolated from brain tissue in cases of encephalitis lethargica, both from material obtained from England, and also from cases observed in the army in France. A considerable amount of histological work has been done on the lesions present in animals (monkeys) successfully inoculated with these cultures. These results will be published later.

If the organisms found in polyneuritis and encephalitis are excluded, all the others have many points in common and possibly belong to one group. Although exceedingly small, they present individual differences in their morphology and in their mode of growth in culture. These details must be reserved for fuller and later publication.

Etaples, Jan. 21st, 1919.

## Memoranda:

### MEDICAL, SURGICAL, OBSTETRICAL.

#### THE TREATMENT OF THE WAR PSYCHO-NEUROSES.

IN a memorandum under this heading (January 11th, 1919, p. 42) Captain Prideaux states that forgotten experiences are the rule in psychoneurotic patients, and infers that the symptoms are in all cases to be attributed to these latent experiences, their ultimate cure being brought about by their "revival" or reassociation with the general content of consciousness. In support of this contention he quotes three cases.

Case I illustrates the fact that it is possible under a mild degree of hypnosis to restore the memory of past experiences, a sufficiently interesting fact, but one which is well known and generally accepted, and hardly relevant to the points at issue.

Cases II and III, on the other hand, show the relation of a special symptom to a forgotten experience, and, so far as they go, would appear to confirm Captain Prideaux's theory.

It would be interesting to know from what, if any, additional symptoms Cases II and III suffered, and if these also were to be referred to a forgotten incident, either the one quoted or some other not identified. It is at least remarkable that other observers who have examined a large number of cases of a similar type have been equally successful in their results, and this without invoking the particular agency he favours, and indeed in many cases by working on apparently diametrically opposite lines. I am ready to believe that "forgotten experiences are the rule in psychoneurotic patients," but I am not sure that it is not equally true of normal individuals. I am prepared to believe, moreover, that individual symptoms in a given case are definitely related to a specific but forgotten incident, but when I am asked to accept this as the principle underlying all or even the majority of the psychoneuroses I must demur.

My purpose, however, is to plead for a more catholic acceptance of the various forms of psychotherapy, and especially for a consideration of the individual cases on their merits. One may have a prejudice in favour of hypnotic or waking-suggestion, the explanatory method of Dubois, psycho-analysis, or what you will. Experience has shown that each and all have their uses and their special application. For in the domain of the psychoneuroses, if anywhere, is it true that one man's meat is another man's poison. Moreover, the discarded system of yesterday leads by a natural evolution to the accepted theory of to-day, and, apart from its quota of "cures," is to that extent justified. But for Mesmer, Braid would never have written his famous treatise on *Neuypnology*, in which

He showed that the effects produced by so-called animal magnetism were entirely subjective; and but for the classical encounter between Charcot and the Nancy school we might still be regarding hypnotism as a disease of the nervous system. Even Freud availed himself of the hypnoidal state in his early investigations in psycho-analysis if only as a means to an end. Dejerine and Gauckler amongst recent writers have exemplified the truly philosophic attitude of mind towards these questions. By their lucid and convincing account of the share of the emotions in the genesis and fixation of obsessions, and morbid mental states alone, they would have earned our gratitude.

If, therefore, the patient is highly suggestible and his mind is an open page waiting to be written upon, by all means persuade him "*for his good*"—there is nothing inherently indefensible in the process, even though the treatment is not directed, properly speaking, to his higher intelligence. Similarly, if a troublesome symptom is cured by hypnosis it must not be supposed that the whole personality has been altered, and it will not be surprising if the patient comes up six months later with a wholly different mental syndrome, which yields in turn to the same treatment. The explanatory method of Dubois, which was primarily addressed to the intelligence, fails in so many cases because man is largely a creature of the emotions, and Dubois's method failed to take sufficient account of the fact. It is none the less true that there are individuals in whom the rational appeal is the only successful one. Psychologists say that the emotions supply the dynamic energy of the mind, galvanize, as it were, the purely intellectual functions into activity, or more correctly, it is the affective element entering into every idea which gives it its purposive and creative value. This certainly appears to be borne out by experience. The psycho-analysts, on the other hand, attach equal weight to the emotions, but as pathogenic agents relegate them mostly to the plane of the subconscious. So that for them the springs of our actions or "connative tendencies" are hidden from us. They further inform us that we are not really such rational beings as we suppose, that, in vulgar parlance, we can always "find a reason" for our actions, but that the alleged reasons are frequently a sort of camouflage for our hidden desires. This they call the process of "rationalizing." I believe this to be partly true, but I do not think it takes sufficient account of the power of self-introspection which most people possess in some degree—perhaps to their detriment. What self-introspection does not reveal to us in moments of clear vision is generally elucidated by the disinterested efforts of friends and critics. This I believe to be quite the common experience. When the psycho-analyst further informs us that the act of forgetting is always purposive and significant—that, in short, we only forget the things we wish to forget—once again one's credulity is strained. Surely if there is such a thing as a normal process of memorizing or retaining an idea, presumably a failure of the memory function is as natural a phenomenon as, say, a digestive disturbance or a passing headache. Moreover, what becomes of the memory, as an instrument of the mind, if it is to be invested with an autonomy and purpose of its own?

So with all the various types of mental therapy, none of them can lay claim to an exclusive and special validity. For after all, it is the individual who counts and not the method; and if this be true of the patient it is at least equally true of the physician.

J. E. MIDDLEMISS,

Medical Officer to the Leeds Mental Deficiency  
Act Committee; late Lieutenant R.A.M.C.

#### GANGRENOUS CYSTITIS OF GONOCOCCAL ORIGIN.

WHILE serving in the Mediterranean about two years ago the following case came under my care for haematuria:

The patient, a skipper R.N.R., aged 27, stated that six months previously he had had an attack of acute gonorrhoea, and that the urethral discharge had never completely disappeared. He had treated himself from the commencement by urethral injections of potassium permanganate, and he had also taken the drug by the mouth. He admitted having caused himself considerable pain at times owing to the strength of the lotion used.

A fortnight before I saw him haematuria came on suddenly and without warning. The bleeding ceased in twenty-four hours. A fortnight later the haemorrhage had recommenced.

He then complained of having to pass urine every half-hour by day and twelve times during the night. Pain in the suprapubic region followed the act of micturition. His general condition was poor; frequency of micturition prevented sleep. The pulse was 90, and the temperature subnormal.

Rectal examination revealed no evidence of disease of the prostate, but palpation of the base of the bladder elicited some tenderness. There was also tenderness on pressure in the hypogastric region immediately above the pubes. He was passing bright red blood. For four days after the commencement of this second attack of haematuria there was no change in the local condition. Attempts to stop the bleeding by frequent irrigation of the bladder with solutions of silver nitrate of varying strengths failed; and it was therefore impossible to determine the cause of the haemorrhage by cystoscopy.

On the fifth day I was called up early in the morning to find the patient in great distress with blood pouring out of the urethra. The pulse was 100 and thready. The temperature, previously subnormal, had risen to 101°. The patient was transferred to the operating theatre, and under general anaesthesia I performed suprapubic cystotomy. On incising the anterior wall of the bladder I found the whole mucous membrane swollen and in places sloughing. Arterial blood was escaping from beneath these sloughs. The pathological condition was similar to that observed in any virulent infection of a mucous membrane where secondary haemorrhage occurs. The bladder was irrigated with silver nitrate solution (1 in 5,000), packed tightly with gauze and a drainage tube inserted. During the following forty-eight hours the general condition showed a slight improvement, and the bleeding from the bladder temporarily ceased. On the third day the temperature rose to 103°. Cough commenced, and the breath was offensive. A severe haemorrhage from the bladder occurred on the fourth day, and when removing the gauze packing large sloughs came away. After thorough irrigation with a strong solution of silver nitrate the bladder was repacked and morphine  $\frac{1}{2}$  gr. given hypodermically. From this time until death, five days later, the patient grew rapidly worse. His breath became very offensive, and there was consolidation of the bases of both lungs, but no expectoration. The temperature rose steadily to 104°. The respirations varied between 40 and 48, and the pulse between 100 and 120. Examination of the fluid from the bladder, a mixture of urine, blood and slough, made by Surgeon Lieut. Commander R. Willan, R.N., demonstrated the presence of the gonococcus.

#### Post-mortem Examination.

The whole of the mucous membrane of the bladder was one large slough and in places the muscular wall had become gangrenous. The lower lobes of both lungs were also gangrenous, and the stench was horrible. Unfortunately, through an error, investigation of the bacteriology of the diseased lungs was not made, but clearly the patient died of gonococcal septicaemia. All the other organs of the body were healthy.

Infection of the bladder is one of the rarer complications of gonorrhoea; a remarkable fact, since the posterior urethra and prostate are frequently involved in this disease; nor is it easy of explanation, when one remembers that the gonococcus finds its habitat in the submucous tissues of the urethra, which are continuous with those of the bladder. Whatever the explanation may be, experience has shown that when cystitis does occur there is a history of too drastic treatment of the local condition. In this case the patient, foolishly treating himself, had used too strong injections. In Thomson Walker's treatise on genito-urinary surgery the author refers in the chapter on cystitis to exfoliation of the mucous membrane of the bladder in very virulent infections, and states that the necrosed membrane may be passed as a cast of the bladder.

A. CLIFFORD MORSON, F.R.C.S. Eng.,  
Temporary Surgeon Lieutenant R.N.

## Reports of Societies.

### MEDICAL ASPECTS OF AVIATION.

A LECTURE on medical aspects of aviation was delivered before the Royal Aeronautical Society on January 15th by Lieutenant L. E. STAMM, M.D., R.A.F., the chair being taken by Lieut.-General Sir ALFRED KEOGH.

In dealing with the conditions of the air involving strain on the physical functions of the body, the lecturer pointed out that these were chiefly height, centrifugal force, and equilibrium, and emphasized the fact that these stresses and strains not only demanded healthy organs, such as heart and lungs, but above all a sound controlling nerve mechanism. Various tests had been devised (for which credit was chiefly due to Lieut.-Colonel Flack) by which pilots could be examined on the ground for their capacity to withstand these strains, and they were specially directed to testing this controlling nerve mechanism as well as the organs themselves. Dr. Stamm's own work had been the

on the death of Mr. Bright, Sir James desired again to bring forward Lord Randolph Churchill, but his proposal met with strong opposition. He had never taken kindly to the alliance with the Liberal Unionist Party, and resigned his presidency of the Conservative Association in 1889. He received the honour of knighthood in 1885. He leaves a widow and two sons, one of whom is Lieut.-Colonel J. H. Sawyer, administrator of the 1st Southern General Hospital, assistant-physician to the General Hospital, Birmingham, and assistant to the chair of medicine in the University.

We regret to record the death, which occurred last autumn, of Dr. JOSEPH SYLVESTER GALIZIA, of Sliema, Malta, a member of council of the Malta Branch of the British Medical Association. Dr. Galizia obtained the M.R.C.S. and L.R.C.P. diplomas in 1893, and afterwards graduated M.D. in the University of Malta. He practised many years in Malta, where he was one of the leading practitioners in the island and enjoyed a high reputation as a surgeon. He was junior surgeon to the local civil hospital and examiner in surgery and anatomy at the university. For several years he had held the position of honorary secretary and treasurer of the Malta Branch. His death from influenza, contracted in the discharge of his professional duties, is deeply felt by his colleagues and friends, who held him in high regard for his exceptional qualities of mind and heart.

DR. GEORGE WILLIAM MOULD, who died recently at his home at Llandrillo-yn-Rhos, Colwyn Bay, was born at Sudbury, Derbyshire, in October, 1838, the son of Thomas Mould of Dove Bank. He was educated at Queen's College, Birmingham, and obtained the diplomas of M.R.C.S. Eng. in 1858 and L.S.A. in 1862. After holding the post of house-surgeon to the Lancashire County Asylum, Prestwich, he obtained the appointment of medical superintendent at Manchester Royal Lunatic Hospital, Cheadle, to which institution he was subsequently appointed consulting physician. He was also lecturer on and examiner in mental diseases at Victoria University, Manchester. He held the office of president of the Medico-Psychological Association in 1880, and was president of the Section of Psychological Medicine of the annual meeting of the British Medical Association in Manchester, 1902.

PROFESSOR GEORG GAFFKY, director of the Institute of Hygiene at Giessen, died recently at the age of 68. He graduated at Berlin in 1873, and entered the Prussian army as a medical officer. In 1880 he was attached to the Imperial Health Office, of which he became a member in 1885. He accompanied Robert Koch on his expeditions to Egypt and India for the investigation of cholera in 1883-4, and he was head of the commission sent by the German Government to India in 1897 to investigate plague. In 1888 Gaffky was appointed professor of hygiene in the University of Giessen, of which he was rector in 1894-5. Besides a number of reports and monographs on cholera he published researches on the etiology of typhoid fever, enteritis following the use of uncooked milk, and many other subjects.

## Universities and Colleges.

### UNIVERSITY OF OXFORD.

At a congregation held on January 23rd the degree of Bachelor of Medicine was conferred on R. W. Lush and J. F. West.

### ROYAL COLLEGE OF SURGEONS OF ENGLAND.

#### FIRST EXAMINATION FOR THE FELLOWSHIP.

SURGEONS, who hold or have held Commissions in His Majesty's Forces during the war, and who have done commendable surgical work during such service, may be admitted to the First Examination for the Diploma of Fellow on special conditions, as follows:

1. The subjects of the examination will be anatomy and physiology. The examination will be partly written and partly *viva voce*; the questions asked will have a direct bearing on practical surgery, and will not include morphology, embryology, histological or chemical methods, or practical examination in the use of the apparatus of the physiological laboratory.

2. A candidate must be a Member of the College, or a graduate of medicine of a university recognized by the College.

3. He must fill up a form of application provided for the purpose, to be obtained from Mr. F. G. Hallett, O.B.E., Examination Hall, Queen Square, Bloomsbury, W.C.1.

4. To this application should be attached evidence regarding his work from those under whom he has served.

5. The application, when submitted, will be considered by a committee of the Council of the Royal College of Surgeons, which will decide whether it be granted or not.

6. In the event of the application being granted, the candidate will be admitted on one occasion only to the special examination.

The first of these special examinations will be held in May, and the second in November of the current year. A third special examination will be held some time in the year 1920.

Candidates who wish to be admitted to the special examination in May, 1919, should submit their applications for admission at an early date if possible, and in any case not later than April 9th.

## Medical News.

THE *Gazette des Hôpitaux*, which ceased to appear at the beginning of the war, has now resumed publication.

His Majesty the King of the Belgians has conferred the distinction of Chevalier de l'Ordre de Léopold upon Dr. A. George Bateman, of London, for services rendered to Belgium during the war.

SIR SAMUEL SCOTT, Bt., M.P. for St. Marylebone, has consented to introduce the Nurses' Registration Bill, drafted by the Central Committee for the State Registration of Nurses.

DR. CARREL, who has been in charge of the special French military hospital at Compiègne for four years, is returning to America to resume his post in the Rockefeller Institute.

THE annual dinner of the Hunterian Society will be held at Cannon Street Hotel, on Wednesday, February 5th, at 7 p.m., the President, Dr. Langdon Brown, in the chair. The annual oration will be delivered by Mr. Hugh Lett on Wednesday, February 12th, at 9 p.m., at the Rooms of the Royal Society of Medicine. The subject is "John Hunter and his influence on urinary surgery." All members of the profession are invited to be present.

THREE Hunterian lectures will be delivered before the Royal College of Surgeons of England next week: on Monday by Mr. A. J. Walton, assistant surgeon to the London Hospital, on the surgery of the spinal cord in peace and war; on Wednesday by Mr. David Ligat, acting assistant surgeon to the Middlesex Hospital, on the significance and surgical value of certain abdominal reflexes; and on Friday by Mr. Gordon Taylor, assistant surgeon to the Middlesex Hospital, on abdominal injuries of warfare. The lectures will be given at 5 p.m. each day.

A COURSE of Imperial Studies Lectures on physiology and national needs will be given at King's College, London, on Wednesdays. The first lecture, on physiology and the food problem, will be given by Professor Halliburton on February 5th; the second, on physical training of the open-air life, by Dr. M. S. Pembrey on February 12th; the third, on vitamins, by Professor Hopkins on February 19th; the fourth, on scurvy, by Professor Harden on February 26th; and the fifth, on physiology and the study of diseases, by Professor Noël Paton on March 5th. The lectures will be given at 5.30 p.m. on each day.

AN account was given last week (p. 109) of the general terms of the bill for compulsory notification of pulmonary tuberculosis in France. The text, which is now available, appears to imply that a special authority is to be set up to receive the notifications and to provide for the treatment of the patients and the disinfection of their houses. It is estimated that 50,000 beds will be required in 500 new institutions, and that the grant in aid to the patients' dependants will amount to nearly a million sterling a year.

AT a meeting of the executive subcommittee of the Medical Parliamentary Committee, held on January 24th, it was announced that Sir Henry Morris had resigned the chairmanship on private grounds, and that Sir W. Watson Cheyne had been unanimously elected to succeed him. Sir Watson Cheyne, on taking the chair, remarked on the necessity of defining the objects of the committee, and of making its constitution representative. After discussion a statement was adopted indicating the programme of the committee.

THE Royal Sanitary Institute will hold a conference on post-war developments relating to public health on March 13th, 14th, and 15th. The following subjects will be brought forward for discussion: City hygiene in relation to employment; housing for city clerks and similar workers; public health aspect of tuberculosis; public health work and propaganda; welfare work in factories; child welfare work.

CAPTAIN J. R. DE LAMAR, an American mine owner, has left £2,000,000 to be distributed among the Harvard and Johns Hopkins Medical Schools and the College of Physicians and Surgeons of Columbia University, New York. The bequest is to be applied for purposes of medical research into the causes of disease and the principles of correct living.

SIR LAZARUS FLETCHER, F.R.S., who has held the office of Director of the Natural History Museum since 1909, will retire on March 3rd under the age rule. The first occupant of the office was Sir Richard Owen, who was appointed in 1856, after having worked for thirty years in the museum of the Royal College of Surgeons. In 1884 he was succeeded as director by Sir William Flower, who had previously been for twenty-three years curator of the museum of the Royal College of Surgeons. When, owing to failing health, Flower retired from the directorship of the Natural History Museum in 1898, he was succeeded by Sir Ray Lankester, who held the appointment until 1909, when Sir Lazarus Fletcher was appointed.

THE Conjoint Board of Scientific Societies has published at the house of the Royal Society, London, W.1, a diary of forthcoming meetings, and also a broadsheet of meetings from January 27th to February 8th. The constituent societies, which number fifty-four, include the Royal College of Physicians of London, the Royal College of Surgeons of England, the Physiological Society, the Pharmaceutical Society, the Royal Society of Medicine, the Biochemical Society, and the Society of Public Analysts. The list of these societies gives the name of the president and the address. Announcements of meetings should be sent to Professor R. A. Gregory, Nature Office, St. Martin's Street, London, W.C. 2.

THE annual meeting of the American Medical Association will be held at Atlantic City in June this year. It is to be a "victory meeting," and delegates from all the allied countries are invited to attend. It has the approval of the Secretary of War and will have a semi-governmental character. There will be conferences between representatives of the medical departments of the United States Government and the foreign delegates as to the good results derived from the experience of the various countries in medicine and surgery, especially in their military aspects. The establishment and maintenance of co-operative inter-allied graduate study and research will be discussed.

AN Army Council Instruction has been issued drawing the attention of all concerned to that portion of Paragraph 26 of the Regulations for the Army Medical Service dealing with the custody and safe keeping, under lock and key, of drugs of a poisonous character. These should not be stocked in excess of actual requirements. Careful supervision to prevent improper expenditure should be observed in regard to the usage, issue, and dispensing of all hypnotic and poisonous drugs, especially cocaine, cocaine hydrochloride, heroin (diamorphine hydrochloride), morphine and its salts, opium and its preparations, veronal (barbitone). This instruction applies also to the medical branch of the Royal Air Force.

IN the JOURNAL of November 9th, 1918, p. 517, we published the findings of the Departmental Committee on Anthrax, appointed by the Home Secretary in 1913 to inquire into the danger of infection from anthrax in the manipulation of wool, goat hair, and camel hair. The Committee's report insisted that the prevention of anthrax must be treated as a world-problem if finality was to be reached. Owing to the impracticability of providing by regulations for disinfection in factories, the Committee recommended that it should be permitted only at central disinfecting stations set up for this sole purpose. The Home Secretary has now appointed a committee to establish a trial disinfecting station as recommended by the Departmental Committee, to carry out disinfection in it, and to make recommendations as to the construction, equipment, and working of other disinfecting stations to be erected. The chairman of the committee is Sir William Middlebrook, who succeeded Sir Thomas Whittaker as chairman of the Departmental Committee on Anthrax. The secretary is Mr. G. E. Duckering, to whom communications on the subject should be addressed at 72, Bridge Street, Manchester.

## Letters, Notes, and Answers.

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

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, *Antiology*, *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.

### QUERIES AND ANSWERS.

L.R.C.P.S. asks to be referred to information and statistics as to the after-results of trephining in epilepsy.

M.O.H., who has never driven a car, asks for advice in the choice of a type for country use; it must afford good protection from the weather.

"ENQUIRER" would be glad to know the address, and if possible any further particulars, of a good class sanatorium situated in a warm dry climate, suitable for a phthisical patient who also suffers from extensive bronchitis during the winter months.

### LETTERS, NOTES, ETC.

DR. H. CARRE-SMITH (London, W.) thinks that some readers will be glad to know that Messrs. Suttley and Silverlock of 92, Blackfriars Road, S.E.1, have brought out at his suggestion a form for ordering stimulants in cases of illness.

### HISTORICAL ACCOUNT OF TONSILLECTOMY.

OUR attention has been called by a correspondent to the fact that a communication with the above title, by Dr. E. E. Violet Glover, which was submitted to us as an original article and published in the JOURNAL of December 21st, 1918, is taken almost word for word from Morell Mackenzie's *Diseases of the Throat and Nose*, vol. i, published in 1880. We have investigated the matter, and have given Dr. Glover an opportunity of furnishing an explanation. In the course of a letter, dated January 22nd, she makes the following statement:

"I intended to send you one of my original articles, of which I have a number, as well as several epitomes of famous books, and I enclosed one with a covering letter. One of my friends, however, suggested I should insert a series of articles—starting with some sort of historical account, and as I had a short précis (one of several) by me, on his advice I forwarded the 'Historical' Account. This was got out a long time ago, and I had no idea from where I had got it as I am a member of several libraries, Mackenzie's name not being among a few references on the back of the script. I therefore substituted this account in the envelope, but I left the letter I had written, as I was pressed for time, and had forgotten I mentioned an original article."

In all medical writings a certain amount of reproduction from previous authors is allowable, provided due acknowledgement is made. We are glad to have Dr. Glover's assurance that in this instance the bodily lifting of material without indication of the source was due to inadvertence; but we greatly regret our unwitting share in the incident.

THE appointment of certifying factory surgeon at Hitchin (Hertford) is vacant.

### 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.