

treatment according to orders was only 13, comprised as follows:

Uncomplicated failure	...	7
Complicated (bubo 1, epididymitis 5)	...	6

Up to early September, that is, with 498 cases, cure was determined by the absence of subjective symptoms combined with a dry urethra or merely a clear watery secretion observed on massage and expression in the early morning before the patient had passed water.

Since that date the decision on physical signs as to cure of the remaining 244 cases has been supported by the microscope. Unfortunately, owing to the difficulty in obtaining counterstain, only the smears relative to 184 of the cases were stained by Gram's method. Smears of all these 184 cases were taken before water was passed on the mornings after the first, the third, and the fifth day of treatment, with the following results:

Number in which Gonococci were Found.		
In smear taken on morning after the first day	...	148
In smear taken on morning after the third day	...	23
In smear taken on morning after the fifth day	...	1
(This case was considered a failure, and is included in the 7 uncomplicated failures mentioned above as having been evacuated to venereal hospital.)		

Further, with this series of cases confirmed by the microscope, advantage was taken of an order to the effect that men cured of gonorrhoea would be retained in the dépôt for an observation period of nine days after cure. All 183 cases were examined and smears taken on the third, the sixth, and the ninth days of this period, and in no single instance was a return of the physical signs observed or were gonococci found.

#### Relapse.

Unfortunately I have been unable to trace my cases beyond twenty-four hours after their arrival at the dépôts to which they have been marched out. Nevertheless, it is worthy of note that, whilst it is an A.A.M.C. order that all men will be medically examined within twenty-four hours of marching into a dépôt and disabilities found reported, I have received official intimation of only nine of my cured cases having relapsed. Most of my cases proceeded to France, and the question of a fresh infection would have to be considered.

#### Advantages of the Method.

Apart from the encouraging results, only seven uncomplicated failures in 742 cases (183 out of 184 proved by at least four negative smears in each case), the method has in addition the following advantages:

1. The ease and simplicity with which it can be carried out.
2. It is comfortable and soothing to the patient, alleviating the sensation of wanting to pass water, and there is much less tendency to painful erections which characterize the condition under irrigation methods.
3. It reduces irrigation and syringing during the acute purulent stage to a minimum, and thus lessens the risk of driving the infection into the posterior urethra or further.
4. It does away with the leakage of the discharge at the meatus and thus obviates the possibility of troublesome balanitis. This condition did not occur once in my series of cases.
5. On withdrawal a definite pattern on the pack or the adherence of mucus or shreds will often indicate local areas of disease.
6. It has an economic advantage over other methods, much less silver solution being required.

I am of opinion that by specially designed speculum or introducer, infection of the posterior urethra could be treated to advantage in similar manner.

ACCORDING to a bulletin published by the Health Department of Chicago, among the ten principal cities of the United States, Pittsburgh had the lowest death-rate from tuberculosis for the year 1917, the rate being 147.05 per 100,000 of population. Chicago stands second with a death-rate of 148.37 per 100,000. Next come Detroit with 160.66, Boston with 170.87, New York with 176.75, Cleveland with 174.7, Los Angeles with 199.42, St. Louis with 202.95, and Baltimore with 236.61.

## Memoranda:

### MEDICAL, SURGICAL, OBSTETRICAL.

#### TREATMENT OF INFLUENZA AND INFLUENZAL PNEUMONIA.

In view of the recrudescence of influenza, and especially of cases complicated with pneumonia and bronchopneumonia, I beg to suggest methods of treatment which I found satisfactory in a large majority of cases.

In cases of influenza, even if severe, I prescribe the following:

R. Sodii salicylas (B. W. and Co.)	...	gr. vij-x
Sp. ammon. aromat.	...	m x
Sp. chloroformi	...	m x
Tr. belladon.	...	m v-vij

Every four hours.

The belladonna has an excellent effect in removing the frontal headache. If there is an irritable cough, I add to the dose 5 minims of antimonial wine. Under this treatment cases usually pursue a normal course. The state of the bowels must of course be attended to, and the patient kept in bed for forty-eight hours after the temperature becomes normal.

If pneumonia or bronchopneumonia sets in, the latter so often double, my internal treatment is 5 to 7 grains of ammonium carbonate with 3 to 5 minims of tincture of strophanthus. If symptoms arise indicating fibrillary action of the right auricle, I add 5 minims of tincture of digitalis to each dose. I place most reliance, however, on the external treatment, which consists in the free application of turpentine. It is mixed with hot water, and flannels soaked in it are applied round the chest walls.

The solution must be strong enough to produce a glow and a tingling effect with some redness of the skin. The turpentine obtainable now is of poor quality; the quantity mixed with the hot water, therefore, must be increased.

Directly after applying the turpentine a well-fitting pneumonia jacket made of Gamgee tissue is put on. The turpentine fomentations must be repeated sufficiently often to keep up a glow on the skin.

If a good nurse is not available, the patient could be rubbed with warm turpentine, and the pneumonia jacket afterwards put on. Under this treatment the patients experience a great sense of relief; respiration becomes less laboured; the delirium so often present, especially in double pneumonia, subsides, and the patient sleeps better. Recovery often takes place in very critical cases. Turpentine capsules given internally do good, but patients often revolt against them after a few have been swallowed.

Bournemouth.

A. HUMPHREY DAVY, M.D., M.Ch.

## Reports of Societies.

### PERIODICITY OF MEASLES.

At a meeting of the Section of Epidemiology and State Medicine of the Royal Society of Medicine on February 14th, the President, Lieut.-Colonel E. W. GOODALL, R.A.M.C., in the chair, Dr. BROWNLEE gave an account of the results of an investigation into the periodicity of the epidemics of measles in the large towns.

#### The Method of the Periodogram.

He began with a brief description of the method of the periodogram analysis as applied to the discovery of periodicities in series of statistics. In general, if one periodicity only existed, ordinary inspection associated with a process of trial and error was quite sufficient to determine the periods accurately. As an example of this, sunspots were quoted. In certain towns, such as Aberdeen and Paisley, the only period for measles existing for very considerable stretches of years was quite obviously two-yearly, but when several periods existed, especially if one period were more important than a second, it was often impossible accurately to determine the second by mere inspection, while if three or more periods existed, inspection was useless. The method of the periodogram was essentially a method which examined all periods. The first person seriously to consider periodicity in disease was

however, that I am expressing the views of many colleagues who, like myself, are

February 24th.

"STUCK-IN-THE-MUD."

\* The reply of the Home Secretary to the question put in the House of Commons by Sir Watson Cheyne on February 20th will be found at p. 258.

## Universities and Colleges.

### UNIVERSITY OF CAMBRIDGE.

At a congregation held on February 22nd the degree of Doctor of Medicine was conferred upon E. D. Adrian and J. F. Taylor.

### UNIVERSITY OF LONDON.

A MEETING of the Senate was held on January 29th.

Dr. L. S. Dudgeon, C.M.G., late temporary Colonel A.M.S., will give a course of ten lectures at St. Thomas's Hospital on diseases met with in the subtropical war areas, on Wednesdays and Fridays, at 5 p.m., beginning on March 5th. The lectures, which are open to students of the university and to medical practitioners, will be illustrated by lantern slides, diagrams, and microscopical preparations.

The Lindley Studentship of £100 and the University Studentship in Physiology, value £50, will be awarded to students qualified to undertake research in physiology. Particulars can be obtained on application to the Academic Registrar.

### ROYAL COLLEGE OF SURGEONS OF ENGLAND.

AN ordinary council was held on February 13th, when Sir George Makins, President, was in the chair.

Diplomas of membership were granted to sixty-two candidates found qualified at the recent examination, and diplomas in public health to seven candidates found qualified by the Royal Colleges of Physicians and Surgeons.

A donation of fifty guineas was made to the War Emergency Fund of the Royal Medical Benevolent Fund.

Dr. W. S. A. Griffith was reappointed to represent the College on the Central Midwives Board for the period of one year from March 31st, 1919, and Mr. G. Bellingham Smith the representative of the College on the Managing Committee of the British Hospital for Mothers and Babies, Woolwich.

Sir Charles Ballance was appointed Bradshaw lecturer for the ensuing year.

#### *First Examination for the Fellowship: Amended Regulation.*

In the first of a series of regulations recently made in connexion with this examination (**BRITISH MEDICAL JOURNAL**, February 1st, p. 145), the words "who hold or have held commissions" were deleted from the previous form, and the amended rule ran as follows:

"Notice is hereby given that surgeons who have done commendable surgical work in connexion with His Majesty's Forces during the war, may be admitted to the first examination for the diploma of Fellow on special conditions." (The word "surgeons" includes men and women.)

#### *Election of Fellows into the Council.*

A meeting of the Fellows will be held at the College on Thursday, July 3rd next, for the election of two Fellows into the Council in the vacancies occasioned by the retirement in rotation of Sir Berkeley G. A. Moynihan, and by the death of Mr. L. A. Dunn.

#### **FIRST EXAMINATION FOR THE FELLOWSHIP.**

JUSTICE (B.E.F.) writes: I see in your issue of February 1st a notice by the Royal College of Surgeons of England of a special examination for the Primary Fellowship in May, 1919. The examination is for those "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." The notice continues by saying that "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."

The medical officers to whom these special regulations apply are those who have been lucky enough to have had opportunities of gaining surgical experience and to have escaped the majority of the risks of war during the past four years, because they must have done their work either at hospitals in England, base hospitals, or casualty clearing stations with one of the Expeditionary Forces. The medical officers who have served with battalions or field ambulances are obviously unable to enter for this special examination because, through no fault of their own, they have had no opportunity of gaining surgical experience or of doing "commendable surgical work."

These latter, if they want to take the Primary Fellowship examination, will quite rightly have to do so under the usual peace-time conditions.

Why does the College give this section of medical officers such privileges when through their good fortune during the war they already have such a great advantage over their *confrères*

of the "forward area"? I appeal through your columns to all the members of the medical profession who have any idea of justice to exert their influence to prevent this very unfair special examination from being held. As I am not yet demobilized I enclose my card.

## Obituary.

A. M. PATERSON, M.D. EDIN., F.R.C.S. ENG.,

LIEUTENANT-COLONEL R.A.M.C.,

Professor of Anatomy, University of Liverpool; Assistant Inspector Special Military Surgery.

THE death of Professor Paterson, which took place rather suddenly on February 13th, has caused deep regret to all who knew him. Four days previously, in the course of his military duties, he had returned from London feeling indisposed; bronchopneumonia supervened, and he passed away.

Andrew Melville Paterson was born in Manchester in 1862, and was the son of a Presbyterian minister. He received his general education at Manchester Grammar School, and afterwards studied at Owens College. He graduated M.B., C.M. Edin. in 1883 with first-class honours, and in 1886 became M.D., receiving the Gold Medal for his thesis on the spinal nervous system of mammalia. At the outset of his medical studies Professor Paterson was irresistibly attracted to anatomy. He held successively the post of a demonstrator of anatomy in the University of Edinburgh, and demonstrator of anatomy at Owens College.

In 1888 he was appointed to the newly-founded chair of anatomy in University College, Dundee, and held that post with distinction until in 1894 he was elected to the Derby chair of anatomy in the University of Liverpool, which he held at the time of his death. Under his guidance the anatomical school of the university made great progress, and the anatomical department was so greatly developed under his care that it may be described as his best memorial. He was untiring in making complete the teaching arrangements for the subject of which he was so brilliant an exponent. As a lecturer Professor Paterson made the "dry bones of anatomy live," and as a blackboard delineator was unrivalled. Indeed, it may be said he built up the subject matter of his lectures by rapid and graphic illustration before the eyes of his hearers. A good disciplinarian, he riveted the attention of the students by his force of character and his pictorial ability, and made his lectures always interesting and attractive. Professor Paterson was dean of the medical faculty from 1896 to 1903, and he played a prominent part in the development and arrangement of the structural additions to the university. In 1903 Professor Paterson as Hunterian Professor delivered three lectures on the development and morphology of the sternum, based on the results of his own researches carried out in the midst of his multifarious duties. In 1910 he was elected a Fellow of the Royal College of Surgeons of England. He was an examiner in anatomy at the Universities of Oxford, Cambridge, Durham, and London, for the Indian Medical Service, and for the Conjoint Board in England. He took a great interest in the establishment of the Liverpool Dental Hospital, and as treasurer was most indefatigable in raising funds for its maintenance. He always regretted that dentistry had not remained, as the other specialties, an integral part of medicine. Professor Paterson was the author of many anatomical papers, and was a past president of the Anatomical Society, contributed to Cunningham's *Text-book of Anatomy*, and wrote a *Manual of Embryology*.

At the beginning of 1917 Professor Paterson became assistant inspector of military orthopaedics, and as chief of staff to Major-General Sir Robert Jones was strenuously occupied up to the time of his death. A man of unbounding energy concentrated in not too strong a body, Professor Paterson could not remain inactive, and there is no doubt that his military duties hastened the end. Professor Paterson sought recreation in golf, and was a past captain of the Royal Liverpool Club.

In discussion he was forceful, a clear speaker and to the point, socially genial, and in matters in which he was deeply interested at times uncompromising in his views.

The funeral service took place at Mossley Hill Church, where representatives of the university, prominent citizens, and numerous friends were assembled to pay their tribute

as Professor Blanchard, and there was no French orator who could carry his audience with him so easily and so enthusiastically as Professor Blanchard; the merest tyro of a French linguist could understand and follow him. His personal appearance, his gestures, his voice, and his simple logical language were a treat to witness and to hear. He made many visits to this country, and was always a welcome guest in houses and at social gatherings, and it is with feelings of great regret that we know we shall see him no more.

We regret to see the announcement of the death from influenza of Professor Chantemesse, the incumbent of the chair of hygiene in Paris, and well known as an authority on infectious diseases.

DEPUTY INSPECTOR-GENERAL GEORGE BELL MURRAY, R.N. (retired), died at Moffat on February 4th, aged 76. He was educated at Edinburgh University and in the medical school of the Edinburgh Royal College of Surgeons. He took the diplomas of L.R.C.P. and S.Edin. in 1865, and entering the navy as assistant surgeon attained the rank of fleet surgeon on September 16th, 1888, and retired with the honorary rank of D.I.G. on December 24th, 1897. He received a Greenwich Hospital pension on February 28th, 1914. He served in the Zulu war of 1879 with a battalion of Royal Marines.

## Medical News.

THE annual meeting of the Royal Medical Benevolent Fund will be held at 11, Chandos Street, W.1, on Tuesday, March 11th, at 4.15 p.m.

SIR NESTOR TIRARD has been appointed consulting physician to King's College Hospital, and has been elected Emeritus Professor of Medicine by the Council of King's College, London.

WE regret to record the death, on February 24th, of Dr. William Stephenson, Emeritus Professor of Midwifery in the University of Aberdeen, in his 82nd year, and hope to publish a short biography in a subsequent issue.

THE National Birth Rate Commission has appointed a watching committee of the Ministry of Health Bill, which includes Colonel C. J. Bond, C.M.G., A.M.S., and Dr. Amand Routh as two of the representatives of the Mothers' Union.

DR. T. A. HENRY, late superintendent of the laboratories at the Imperial Institute, London, has been appointed director of the Wellcome Chemical Research Laboratories, London. Dr. F. L. Pyman, the former director of these laboratories, has accepted the professorship of technological chemistry in the Manchester Municipal College of Technology, and in the University of Manchester.

At its meeting on February 24th, 1919, the Executive Committee of the General Medical Council considered the advisability of withdrawing the temporary alterations in the *British Pharmacopoeia* published in the *Gazettes* of July 27th, 1917, and March 29th, 1918, arising out of the scarcity during the war of sugar, glycerin, and certain oils and fats. It decided to revoke the alterations and amendments, which will be withdrawn on and after April 30th, 1919.

At a meeting of the council of the Medical Defence Union on February 20th, when Sir John Tweedy was in the chair, resolutions relating to the notification and prevention of venereal diseases were adopted. The first urged the medical profession to resist, because it would be a breach of confidence between patient and doctor, and would lead to concealment of disease. The second advised the profession to recommend patients to adopt the very simple and easily carried out measures of prophylaxis proved to be effective in the army and navy.

WHEN the beds reserved in St. Andrew's Hospital, Dollis Hill, for military cases are no longer required by the War Office the hospital will wholly resume the work for which it was chiefly founded—namely, the gratuitous medical and surgical treatment of gentlepeople of limited means, with nursing and maintenance at as moderate a charge as possible. The hospital is well situated, and is served by the Brondesbury and Willesden Green stations of the Metropolitan Railway from Baker Street. The administrator and treasurer of the hospital is Mgr. M. E. Carton de Wiart, Archbishop's House, Westminster, and the medical committee consists of Dr. Norman Moore, Mr. Gordon Watson, C.M.G., and Dr. W. P. S. Branson.

## 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*, *Attitology, Westrand, London*; telephone, 2631, Gerrard.
  2. FINANCIAL SECRETARY AND BUSINESS MANAGER (Advertisements, etc.), *Articulate, Westrand, London*; telephone, 2630, Gerrard.
  3. MEDICAL SECRETARY, *Mediscera, 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.

M.O.H., whose son has undergone amputation in the lower part of the left forearm for wound in action, asks for advice. The young man was about to enter the medical profession when the war broke out. His father asks for opinions as to the desirability of his now attempting to qualify.

### LETTERS, NOTES, ETC.

#### THE TREATMENT OF PNEUMONIA.

DR. J. BEARD, D.Sc. (Edinburgh) writes: As it is a matter of life and death to multitudes of people, and since the medical profession would appear to be quite helpless in face of this fell disease, I hope very earnestly that you will allow me to state the scientific conclusion at which some years ago I arrived concerning the proper treatment of pneumonia. For the grounds of my conclusion I refer any one interested to a paper of mine, "On the occurrence of dextro-rotatory albumins in organic nature" (*Medical Record*, March 29th, 1913; also in *Biologisches Centralblatt*, vol. 33, 1913), for the scientific grounds. A year or two before the recent war I was discussing with a medical friend certain cases of a tropical disease (malaria), which he had treated by means of injections of pancreatic ferments (Fairchild). At the time he was playing on the piano one of Brahms's pieces. "Of course," I remarked, referring to one case complicated by pneumonia (which he had not treated while the patient was suffering from the pneumonia), "the pancreatic ferments would cure pneumonia." He turned from the instrument and said: "We'll soon try that." This conversation took place at least five years ago, and so far as I am aware the promise has never been fulfilled. However, the death-rate from pneumonia is at present quite appalling, and it is my firm conviction that this death-rate would be considerably decreased, if not abolished, by the administration of, say, six injections of the trypsin-amylopsin powder (Fairchild). Intramuscular injections might suffice, but intravenous would be preferable. This treatment would not kill the patients, though in very many cases the pneumonia seems to have got into the way of doing so.

#### THE SAPPER'S LEAVE.

LIEUTENANT R. WARING TAYLOR, R.A.M.C., writes: When in York yesterday I saw the following telegrams:

"Chief of Police, Liverpool. Sapper — states mother seriously ill. Please confirm. Capt. — C.O. — unit. Reply paid."

"From Chief of Police. Sapper — confined yesterday. Both progressing favourably."

I thought that this slight touch of careless humour might be worth a corner in the *JOURNAL*. I did not hear whether he got the expected leave on the strength of his heroic effort.

THE following appointments of certifying factory surgeons are vacant: Shefford (Bedford), Woburn Sands (Bedford), Beaminster (Dorset), Teignmouth (Devon).

#### 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 *poste restante* letters addressed either in initials or numbers.