

of men who would be so affected would be an act of simple justice, and would do much to remove the opposition which would be aroused from practitioners who would otherwise have reason to contemplate the future with grave concern.

The pensionable character of the service could be used to ensure that practitioners kept up to date in their knowledge. It is obvious that if the state pays, the state will establish some sort of supervision over the work done. Mere supervision, however, will not prove adequate; a man should keep pace with modern progress. Post-graduate courses should be available, and attendance of men should be encouraged. Up to the age of 50, or even later, men might attend such courses. In fact, a definite syllabus indicating a course of instruction might well be laid down by the authorities and the reward for attendance be an addition to the number of years' service, in the aggregate, not to exceed a number, say five to ten, but these additions should not justify a man retiring before 60 except on medical certificate. They would simply assist in increasing his pension when he had decided to retire.

There are many points in the above outline which have not been touched upon, particularly the question of control, but in view of the suggestion that local authorities should administer, and of the present policy decided by the Government that advisory councils shall be a feature in future medical administration, we think it inadvisable to enlarge upon the subject further than to suggest that a local medical advisory committee, representative of practitioners in the area and elected by them, should administer the scheme jointly with the approved committee of the local authority. This composite committee would be vested with the necessary powers and would work under regulations issued by the Ministry of Health. It is probable that minor disciplinary powers would be exercised by that committee, leaving matters of serious importance to be dealt with by the central body. In any scheme it should be arranged that purely medical matters should be dealt with by medical men.

NOTE.—Although we both are officially associated with the London Panel Committee, we desire, in order to avoid misunderstanding, to state that the above represents our personal views, and in no way those of the committee.

REFERENCE.

¹ Comyns Carr, Garnett and Taylor: *National Insurance*, p. 112.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

TREATMENT OF INFLUENZA BY LARGE DOSES OF SALICIN.

THE appended table shows the duration of 335 cases of influenza which have come under observation since October 29th, 1918, and also the number of hours from the estimated commencement of the illness (fever, etc.) within which treatment was commenced. Every one of the cases has been treated with doses of salicin, gr. xx, every hour for twelve hours, followed by gr. xx every two hours for the next twelve hours. The table shows fairly clearly that the earlier the patient can be got fully under the influence of the drug the shorter the period of fever and the more rapid the recovery. Every case which has been observed and treated since October 29th is included in the table. There was not one single complication in any one of them, and every one has recovered perfectly. The ages of the patients ranged from 77 to 7 years. In the case of young persons under 16 years of age the dose was reduced and given in the proportion of 1 grain per year an hour (that is, a child of 10 had gr. x every hour). But the best and quickest recovery of all these cases occurred in a child of 14 who, on maternal diagnosis, had ten doses of gr. xx before being seen. No bad effects whatever followed the administration of these large doses of the drug in any instance. About thirty individuals had more or less buzzing in the head, three had a red punctiform rash, and a larger number sudamina. Both the rash and the buzzing subsided at once as the drug was left off.

Every one of the patients was in a position to take proper care of himself or herself, and was kept strictly warm in bed until the temperature had been normal for at least twenty-four hours. Several old cases of valvular heart

Table showing Number of Hours after the first Symptom when Salicin was begun, and the Day on which the Temperature returned to Normal.

Hours.	Day on which Temperature returned to Normal.						Total Cases.
	2nd.	3rd.	4th.	5th.	6th.	7th.	
2 ...	11	6	4	3	1	0	15
4 ...	8	13	26	17	7	3	74
6 ...	18	29	38	17	10	5	117
8 ...	3	7	10	9	6	3	38
10 ...	1	4	8	3	1	2	19
12 ...	0	3	4	6	7	4	24
14 ...	1	1	3	7	3	4	19
16 ...	0	0	2	4	6	1	13
18 ...	1	0	0	3	0	2	6
Total ...	43	63	95	69	41	24	335

mischievous are included in the series. They recovered as quickly as any others, and suffered no inconvenience. As a rule those cases which commenced with very high fever (103.5° to 105°) seemed most amenable to the remedy, and came to an end more quickly than those which began with a more moderate temperature. There is no doubt whatever, as the bacteriologists have shown, that this November and February epidemic is quite different from the one which invaded us last July. Clinically the symptoms are more severe, and therapeutically the salicin treatment has not quite the same result. In all epidemics from that of 1889 up to and including that of July last practically every case treated with salicin, as set forth above, came to an end, without complication, in forty-eight hours at the latest. Since November the cases are not cut so short, but though symptoms persist in some instances for five, six, or seven days, yet every form of complication is avoided, and recovery is rapid, and with no bad after-effects. The only case out of the 335 which was at all troublesome was one of the "gastric" variety, in which diarrhoea and vomiting were persistent, and which ran for the full seven days. It is perhaps as well to point out that these cases follow in unbroken series upwards of 2,300 treated by the writer in the above-mentioned manner since 1889, every one of which has ended in complete recovery with no complication, and without a single death. The first series of 250 of these was published in the *Lancet* in 1891. The late Dr. T. J. MacLagan had the same results from the same treatment. He published his results at the time.

London, W.

E. B. TURNER, F.R.C.S.

THE WET PACK IN INFLUENZA.

THERE seems to be great variety of opinion as to the treatment of influenza. The general recommendations are: Rest in bed, good nursing, antipyretics, and heart stimulants. The only safe and reliable antipyretic is cold water, but I have not seen its use suggested. The cold wet sheet pack is at once a powerful and sure antipyretic and a valuable heart tonic.

Some years ago, during an epidemic of influenza, I adopted this treatment, and had the satisfaction of seeing all the patients recover with remarkable rapidity.

All that is required is a sheet wrung out of cold water, and two or three blankets. The Brand bath is another method of reducing temperature, but with the volume of water in this method the rapidity of elimination is apt to overcome the vigour of the patient. I prefer the wet sheet pack; it is more easily applied, and its action can be graduated in intensity according to the quantity of water used.

The duration of each pack should not exceed thirty to forty minutes, or until the sheet feels nearly as warm as the surface of the body. It may be repeated immediately once, or even twice if necessary. Before applying the wet sheet the face and neck should be bathed with cold water, and a wet cloth applied to the forehead.

W. C. PHILIP, L.R.C.P. and S.E.,

M.O. in charge Red Cross Clinic for Physical Treatment of Disabled Soldiers, London, W.

sentence from a letter received from one of the colleagues associated with him in his last work. "He was one of the finest characters I have ever met, and never in the six months that I knew him did I hear him say anything against any one."

One would like to think that it may, perhaps, be some small consolation to his widow and family to know that his brother officers will not readily forget their lost friend, and that a large number of them realize very clearly the great loss which the corps has suffered in the early passing of a man whose work had already stamped him as destined to rise high in the line to which he had devoted himself so whole-heartedly.

WILLIAM STEPHENSON, M.D. EDIN., LL.D. ABERD.,
Emeritus Professor of Midwifery, University of Aberdeen.

PROFESSOR WILLIAM STEPHENSON died on February 24th in his 82nd year. He was born in Edinburgh on July 2nd, 1837, was educated at the High School and University, and graduated M.D. in 1861. He began practice in Edinburgh, and was physician to the Royal Hospital for Sick Children there. In 1875 he was appointed professor of midwifery in the University of Aberdeen, became physician to the Maternity Hospital there, and also gynaecologist to the Aberdeen Royal Infirmary. He was vice-president of the Obstetrical Society of London in 1887-89, and president of the Obstetric Section of the British Medical Association at the annual meeting at Swansea in 1903. In 1912 he resigned his chair, and was appointed Emeritus professor, and in the following year received the honorary degree of LL.D. from the university. In 1914, during the meeting of the British Medical Association in Aberdeen, Professor Stephenson was presented by the university with his portrait, which now hangs in the court-room at Marischal College. Professor Stephenson, who was twice married, leaves a widow and a family, by his first marriage, of two sons and three daughters; the younger son joined the 4th Gordon Highlanders, and was killed in July, 1916. The other is Dr. R. B. T. Stephenson of Southsea.

We are indebted to Professor R. G. McKERRON, his successor in the chair, for the following brief tribute:

We will miss his genial presence in this district. He was keenly interested in everything relating to the profession and more especially in its social relations. He rarely, if ever, missed a social gathering of medical men, and his presence was always welcome. He published a number of valuable papers—the earlier chiefly on diseases of children, the later all on obstetrical subjects. There were few, if any, obstetricians of his generation who devoted more time or study to obstetrical problems, and more particularly to that aspect of obstetrics which he made peculiarly his own—the mechanism of labour. His method was the soundest and best I know. His teaching was essentially practical, and its value, not always appreciated at the time, was fully realized by his students later.

The Services.

R.A.M.C. (REGULAR) UNIFORM OF OFFICERS.

WE understand that some alarm has been caused to regular officers by a circular recently issued making inquiries with regard to change of uniform. We are now able to state that an Army Council instruction has been issued that no officer is at present to purchase any uniform other than field service; the whole question is now under consideration.

Universities and Colleges.

UNIVERSITY OF EDINBURGH.

AT a meeting of the University Court on February 17th Mr. George Barger, M.A., D.Sc., was appointed to the chair of chemistry in relation to medicine. He was educated in Holland and at University College, London, and King's College, Cambridge. From 1901 to 1903 he was demonstrator of botany at the University of Brussels; afterwards he was chemist to the Wellcome Physiological Research Laboratory, and since 1914 has been a member of the staff of the department of biochemistry and pharmacology of the Medical Research Committee, where he has been concerned largely with confidential work for the Ministry of Munitions.

The courses in the first year subjects in medicine at the University of Stellenbosch were recognized as qualifying for the first professional examination in medicine.

Dr. John Guy was recognized as an extra-academical lecturer on tuberculosis.

Medical News.

DR. P. L. GIUSEPPI has been elected the representative of Felixstowe (N.W. Ward) on the Suffolk County Council.

THE Lumleian Lectures before the Medical Society of London have been postponed, owing to unavoidable delay in the arrival of Colonel W. H. Willcox, C.B., C.M.G., in England.

DR. ADDISON, President of the Local Government Board, has appointed Miss Janet Mary Campbell, M.D., M.S., to be a Medical Officer of the Board in special charge of the work of the Board in respect of maternity and child welfare.

THE War Emergency Fund of the Royal Medical Benevolent Fund has recently received donations of fifty guineas each from the Royal College of Physicians, London, and the Royal College of Surgeons, England.

CAPTAIN W. I. CUMBERLIDGE, R.A.M.C. (T.F.), F.R.C.S., who has been honorary assistant surgeon to the Leicester Royal Infirmary since 1911, has recently returned from service in France, and has been appointed honorary surgeon to the infirmary.

AT the matriculation examination of the University of London in January 120 candidates passed in the first division and 638 in the second. Five candidates passed at the examination held in France, one of them in the first division.

LIEUT.-GENERAL SIR CHARLES H. BURTCHAELL, K.C.B., Director-General of the Army Medical Service in France, has received the honorary degree of LL.D. of the University of Dublin, in which he graduated M.B., B.Ch. in 1889. He has also received the honorary Fellowship of the Royal College of Surgeons in Ireland.

DR. LEONARD HILL, F.R.S., will deliver a lecture on atmospheric conditions which affect health, before the Royal Meteorological Society on Wednesday, March 19th, in the lecture room of the Geological Society, Burlington House, Piccadilly. The chair will be taken by Sir Napier Shaw, F.R.S., at 5 p.m., and visitors will be welcomed.

DR. FRANCIS ARTHUR BAINBRIDGE, Professor of Physiology in the University of London, Dr. George Barger, whose appointment to the chair of chemistry in relation to medicine is mentioned on this page, and Dr. Thomas B. Wood, Professor of Agriculture, Cambridge University, are among the fifteen candidates selected by the council of the Royal Society for election into the society.

THE British Psychological Society has resolved that persons interested (instead of, as heretofore, engaged) in the various branches of psychology shall be eligible for membership. It was also decided to institute three special sections of the society, devoted to the educational, industrial, and medical aspects of psychology respectively. Further particulars may be obtained from the Honorary Secretary, the Psychological Laboratory, University College, W.C.1.

THE British Science Guild has been encouraged by the success which attended its exhibition at King's College last summer and the more recent exhibition at Manchester to organize a British Scientific Products Exhibition for the display of new appliances and devices. The exhibition will be held in July at the Central Hall, Westminster. There will be eleven sections, among them one for medicine and surgery. The organizing secretary is Mr. F. S. Spiers, 82, Victoria Street, Westminster, S.W.1.

MAJOR F. G. BUSHNELL, R.A.M.C. (T.F.), has been demobilized after four years' active service, chiefly in France and Salonica, and has resumed duty as tuberculosis officer to the Plymouth Borough Council. Dr. Bushnell was among the earliest advocates of the establishment of a Ministry of Health, having read a paper on the subject at the Royal Sanitary Institute Congress in 1903, and also at the annual meeting of the British Medical Association in 1906.

SIR EDWIN CORNWALL has been succeeded as chairman of the National Health Insurance Joint Committee by Major the Hon. Waldorf Astor, M.P., chairman of the Medical Research Committee, who will continue to act as Parliamentary Secretary to the Local Government Board. Major Astor was chairman of the Departmental Committee on Tuberculosis in 1913.

THE annual public conference of the Faculty of Insurance will be held in the Central Hall, Westminster, on

April 4th. The Minister of Pensions, Sir L. Worthington Evans, M.P., will open a discussion on the training and treatment of disabled men. A discussion on medical research and the state will be opened by Sir Walter Fletcher, F.R.S., who will be followed by Major-General Sir William Leishman, F.R.S. A discussion on the necessity for an increase in national insurance benefits will be opened by Mr. J. H. Thomas, M.P., and continued by Mr. John Hodge, M.P. Further information can be obtained from the Secretary of the Faculty, 3 and 4, Sicilian House, Southampton Row, W.C.

THE Royal Sanitary Institute is holding a conference on March 13th, 14th, and 15th, at its house, 90, Buckingham Palace Road, on post-war developments relating to public health. Discussions have been arranged: On city hygiene in relation to employment, to be introduced by Dr. W. J. Howarth (M.O.H. City of London); on housing for city clerks and similar workers, by Sir Henry Tanner, C.B., F.R.I.B.A.; on the public health aspect of tuberculosis, by Dr. N. D. Bardswell; on public health propaganda and social work, by Professor H. R. Kenwood, C.M.G.; and on welfare work in factories, by Dr. E. L. Collis, director of welfare and health, Ministry of Munitions. There will also be a discussion on child welfare work, under the presidency of Mrs. Lloyd George, introduced by Mrs. Flora Shepherd, M.B.

ACCORDING to the report on the work of the Central Midwives Board for the year ended March 31st, 1918 (Cmd. 17, price 1d.), the Midwives Roll at that date contained the names of 42,949 women, a net increase for the year of 1,204. There are 137 institutions in England and Wales at which midwives may be trained; of these, 69 are Poor Law institutions. In addition to training institutions, 73 registered medical practitioners were approved as lecturers and 92 practising midwives as teachers. Of 1,895 candidates who completed their examination 1,548 passed; the percentage of failure fell from 20.7 to 18.3. Of 76 midwives cited before the Board to answer charges of malpractice, negligence, or misconduct, the names of 47 were removed from the roll. The Board has expressed its general approval of the proposals for a state-aided midwifery service in England and Wales formulated by the Association for Promoting the Training and Supply of Midwives.

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.

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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.

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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, *Medisecra, Westrand, London*; telephone, 2634, Gerrard. The address of the Irish Office of the British Medical Association is 16, South Frederick Street, Dublin.
- The address of the Central Medical War Committee for England and Wales is 429, Strand, London, W.C.2; that of the Reference Committee of the Royal Colleges in London is the Examination Hall, 8, Queen Square, Bloomsbury, W.C.1; and that of the Scottish Medical Service Emergency Committee is Royal College of Physicians, Edinburgh.

LETTERS, NOTES, ETC.

THE NOTIFICATION OF BRONCHOPNEUMONIA.

DR. T. L. BUNTING (Newcastle-on-Tyne) writes: The making of pneumonia a notifiable disease raises one difficulty which is not dealt with in Sir Arthur Newsholme's explanatory pamphlet. It is a common clinical experience to see a child who at first presents only symptoms of bronchitis but who a few days later shows definitely one or more patches of consolidation. It is also common, in a family of young children of whom one has bronchopneumonia, to find that several of the others have distinct bronchitis but no discoverable consolidation. On clinical grounds, therefore, there is good reason for supposing that many, perhaps all, cases of bronchitis in children are identical with one or other of the conditions known as bronchopneumonia. If this be the case, then it must be necessary to notify all cases of bronchitis in children; for whether the object of notification be a study of incidence, or

the prevention of spread, it should obviously include all cases due to the same cause, and not merely those which attain a certain severity. Indeed, the slighter cases being, in virtue of their slightness, the probable carriers of infection are, from a prophylactic point of view, the more important. Possibly the bacteriologists may, even now, be able to answer this question; or they may help by arranging to examine material from our very numerous cases, though in this there are obvious difficulties due to the presence of some form of pneumococcus in many healthy mouths and the difficulty of getting pulmonary secretion from most young children. In the meantime, on clinical evidence, it would seem that even cases without consolidation should be notified.

THE PROPHYLAXIS OF VENEREAL DISEASE.

MR. C. F. MARSHALL (London, W.) writes: The accumulated evidence in favour of the adoption of prophylactic measures against venereal infection, supported by Sir James Barrett in his article in the JOURNAL of February 1st, by Professor Adami in his address before the Royal Institute of Public Health on January 8th, by your correspondent in the JOURNAL of February 8th, and by others, is overwhelming. In the absence of preventive inoculation, personal prophylaxis, although by no means infallible, is the only method likely to attain any considerable degree of success in diminishing the incidence of venereal disease. At the present time the adoption of these measures, not only by demobilized soldiers but also by the army of occupation, is important.

THE VALUE OF PRESENT-DAY PRACTICES.

We are told that it is desirable to utter a word of caution with regard to the present value of practices. The position at present differs from that which prevailed before the war, and careful investigation is essential to arrive at the value of any practice. Owing to various conditions due to the war and to the recent epidemics of influenza, the basis of last year's income may not represent the normal value. Intending purchasers will do well to consult old established agents who have a reputation to maintain, and can be relied upon to advise, after investigation, as to the proper value of a practice.

POST-GRADUATE STUDY.

CAPTAIN CHAS. J. HILL AITKEN, M.D., R.A.M.C., writes: By using model eyes, ears, and throats, the country practitioner can carry on post-graduate study. Finding myself far from the eye specialist I some years ago in South Africa got a model eye and an atlas of ophthalmoscopy. In a very little time I was able to tackle refractions. One case was of particular interest: Following an attack of influenza an up-country farmer became "blind." On his way to a port for a voyage to England, when he called to see me, I proved to his satisfaction that a + cylinder was all that he needed to cure his "blindness." Another case, in which my atlas enabled me to give a diagnosis, was an old man who had been given two years to live, as he was told he was suffering from "albuminuric retinitis." I diagnosed senile disease of the macula and told him to cheer up. He lived for six years and then died of acute bronchitis. It is possible also to get model bladders for practising cystoscopy.

AN EARLIER GERMAN REVOLUTION.

ON January 5th the American Friends of German Democracy gave a dinner to Dr. Abraham Jacobi, who is honorary president of the association. Dr. Jacobi, who is nearly 90 years of age, took part in the German revolution of 1848, and he left his native country after suffering a term of imprisonment. Dr. S. Adolphus Knopf delivered an address in *vers libres*, in which he reviewed the career of the distinguished guest. After speaking of his world-wide fame as a healer and teacher, and his work as "the little children's saviour," Dr. Knopf referred to the endeavours made by the powers that drove him across the sea to induce him to return to Germany. They offered to make him "Herr Geheimrat," "Excellenz," etc., but he declined the honour. The poet concluded with a prayer that Providence may keep Dr. Jacobi safe to see his dream of seventy years come true, "A Germany redeemed at last and worthy to be free."

THE following appointments of certifying factory surgeons are vacant: Bentham (Yorks), Brynamman (Carmarthen), Denby Dale (Yorks), Martock (Somerset), Perranporth (Cornwall).

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