

off there was a distinct improvement in the condition of the patient.

#### Conclusions.

That an infection by Morgan's No. 1 bacillus was superimposed on the wounds in this Poor Law hospital is evident from the absence of that organism in the twenty cases dealt with on admission, and its presence in five of them at varying periods after admission. The pathogenic action of this organism in wounds is evidenced by the toxic condition of the patient and the chronicity of the suppuration as compared with similar wounds from which this bacillus was not recovered; also from the fact that under treatment with an autogenous vaccine prepared from this virus the general and local conditions markedly improved. The odour perceptibly diminished from the wound in three days, and within ten days a dull and apathetic bed patient would be up and cheerily smoking, with his wound comparatively "clean."

The source of infection in the hospital is uncertain. The question of non-sterile dressings was considered but threw no light on the subject; bacteriological tests all proved negative. That the source was general is apparent from the fact that cases occurred in surgical wards widely separated, and attended by different medical officers and members of the staff. This point eliminates "carrier" infection. Owing to my leaving the institution I was prevented from concluding these investigations. But as the dysentery group of the bacilli, including Morgan's No. 1 bacillus, has been repeatedly found associated with cases of asylum or institutional dysentery in this country, the suggestion arises that a Poor Law infirmary is a likely habitat of these organisms, and the infection may have occurred from the dust of the place.

Although these notes are incomplete their publication may call forth similar observations from others. Should this be the case institutions of the kind should not be used as general hospitals for troops, at least until they have been thoroughly cleansed and disinfected throughout.

#### REFERENCES.

<sup>1</sup> H. D. Morgan, BRITISH MEDICAL JOURNAL, 1906, vol. i, p. 908; *ibid.*, 1907, vol. ii, p. 16. <sup>2</sup> J. W. H. Eyre and E. P. Minett, BRITISH MEDICAL JOURNAL, 1909, vol. ii, p. 1227.

## Memoranda:

### MEDICAL, SURGICAL, OBSTETRICAL.

#### THE NASAL PLUG AS A GUARD AGAINST INFLUENZA.

THE wearing of masks in railway carriages and crowded public rooms has been advocated as a means of protection against influenza. There is, however, a natural disinclination among most people to make themselves conspicuous by wearing masks, and rather than do this they prefer to take their risk of infection.

This objection can be met by the use of the nasal plug, which, when properly employed, is just as efficacious as the mask. All that is necessary is to carry about a piece of cotton-wool and, as occasion requires, pull from this two small plugs and insert one into each nostril.

It is important that these plugs should be made properly. Each should be big enough to fill the nostril completely, and the texture loose enough to allow of easy respiration through it. This is ensured by taking quite a small piece of cotton-wool and pulling it out so that it becomes really *fluffy* and about the size of the end of the thumb. One of these plugs is then lightly packed into each nostril so that it is just out of sight. While in place air should be inspired through the nostrils only, never through the mouth. Expiration may take place either through the nostrils or mouth. This procedure requires the minimum of attention and speech is not interfered with as this normally takes place only during expiration. If the plugs are made too thick, then, besides interfering with respiration, they render the speech stuffy as though one has a cold in the head.

They are best removed, on coming out into the fresh air, by blowing them into a handkerchief. They can then be taken home and burnt.

The use of an antiseptic wool such as cyanide is an extra precaution, but ordinary cotton-wool is more easily

procured and answers the main purpose which is mechanical.

It should be impressed upon the public that—

1. Infection takes place by the droplet method—small particles of mucus laden with microbes which may be coughed by an infected person to a distance of three or four feet.

2. It is when within this range that the danger of infection occurs.

3. This danger is increased when the atmosphere is confined, as the air becomes more heavily laden.

4. To prevent any of these droplets from being breathed in some form of screen or filter is necessary.

H. C. LUCKY, Captain R.A.M.C.,  
Bacteriologist, No. 6 Stationary Hospital, B.E.F.

#### MUSK IN INFLUENZA.

THE present serious epidemic of influenza, with its heavy mortality both from the disease itself and from subsequent pneumonia, reminds one forcibly of the epidemic of 1890. It also recalls to my mind a method of treatment I adopted. This was the employment of musk as a powerful heart stimulant. I used it in the form of a pill, dose 1 grain, in combination with an equal quantity of quinine, given every four hours. I cannot tell whether it was *post hoc* or *propter hoc*, but shortly after the commencement of the treatment I noticed a distinct improvement in the course of the disease, especially in the mortality from pneumonia. The drug certainly did no harm, and it would probably be worth trying in the hope that some good may come from it. The drug is certainly costly; I am told it costs 6d. a grain at the present time.

Bournemouth.

ARTHUR RANSOME, M.D., F.R.C.P.

#### LOSS OF HAIR DUE TO LIGHTNING.

DURING a thunderstorm in October, 1918, a house was struck by lightning and much damage done. Three children, a girl aged 9 years and two boys aged 7 and 5 years, were in the same bed on the first floor. According to the mother's statement, the children were all lying with their heads up at the same end of the bed, and all were asleep on their right side, as is their usual custom. The children were naturally frightened by the thunder and lightning, but did not suffer any harm. A fortnight afterwards the hair on the left side of their heads from the middle line downwards began to come out, and in a few days the scalp on the left side was quite denuded of hair. The right side of their heads was protected from the lightning by the pillow. At the present time (three months later) the hair is slowly growing again, and all the children are in good health. The lightning seems to have had a direct effect on the hair follicles like the x rays.

HUGH T. ASHBY, B.A., M.D., M.R.C.P. Lond.,  
Visiting Physician to the Manchester Children's Hospital  
and to the Salford Royal Hospital.



#### THE ASSOCIATION OF HERPES ZOSTER AND VARICELLA.

THE interesting article by Dr. R. Cranston Low (January 25th, p. 91) recalls a case that occurred in my practice some time ago.

Mrs. P., aged 40, was delivered of her fourth child in April, 1917, the delivery being normal. Three weeks afterwards severe pains set in in the region of the right hip, followed after a week's interval by a typical eruption of herpes zoster affecting the distribution of the twelfth dorsal and first lumbar nerves. A week afterwards several vesicles appeared on the left side of the neck. Phenacetin was administered, and afterwards morphine for the relief of the pain, which was excessive, but no other drugs were used. My friend Dr. W. H. Maidlow saw the case in

consultation with me, and we were both puzzled to account for the aberrant vesicles on the neck, but the following day the patient was covered with a rash indistinguishable from varicella, the spots being discrete, flattened, and a few umbilicated. The eruption followed the usual course of varicella, and disappeared before the original herpetic eruption.

The family consisted of husband and wife and three children (the eldest aged 6), besides the newly born infant. None of the family had previously had either herpes or varicella, and none contracted them on this occasion. The patient herself had no history of a previous attack. No precautions as to isolation were taken, and the infant remained with the mother. Varicella was somewhat prevalent in the neighbourhood, but the patient lived in an isolated dwelling, and in consequence of her confinement had not left the house for several weeks. The only child of school age did not contract varicella, and, unless one is to admit the possibility of infection having been conveyed through the agency of the doctor or district nurse at the time of the patient's delivery, it is difficult to explain the route by which it was conveyed.

Uminster.

H. DOWNES, M.B.

## Reports of Societies.

### PSYCHIC SECRETION.

At the quarterly meeting of the Medico-Psychological Association of Great Britain and Ireland, held in the rooms of the Medical Society of London on February 20th, the President, Lieut.-Colonel JOHN KEAY, M.D., made sympathetic reference to the death of a past-president of the association, Dr. George Mould. The General Secretary, Dr. R. H. STEEN, read a letter from the sister society of Paris, expressing the desire for a bond of closer relationship with the British association in the same specialty. The letter, they said, was but a feeble testimony of their sincere regard, and of their keen admiration for Great Britain. The meeting approved the sending of a suitable letter in response, and the issue of an invitation to send representatives to the next annual meeting.

Lieut.-Colonel E. P. CATHCART, M.D., read a communication on psychic secretion. He said we lived in a world which influenced us more than we were conscious of, for we were apt to regard ourselves as a superior caste of animal. In this attitude of mind we recognized that lower animals were much subject to their environment—were, indeed, victims of it. But so, too, were human beings. The influencing and controlling of the secretions was only one of the simplest demonstrations of the effect of environment. The term "psychic secretion" as usually employed was a misnomer, as in essence it meant a reflex secretion in which the stimulus was not the commonplace one. He recounted Pavlov's experiments on the effects on the salivary flow in the dog of various outside stimuli, and the researches into the gastric secretion by means of a gastric fistula. One of the practical results was that the taking of food was, or should be, a serious function; unless it were eaten with interest and enjoyment the full value was not obtained from it. It was not the food alone which was of primary importance; the prandial ritual had assumed gradually a position of prominence and without it the meal did not seem normal. Mental strain or emotion played a large part in influencing secretion. Pavlov carried his researches into the realm of the central nervous system, and the method he named the formation of conditioned reflexes. He divided the salivary reflexes into two—(1) conditioned reflexes, (2) unconditioned reflexes. Pavlov said that the so-called psychic secretion—which resulted, perhaps, from a stimulus which in itself was indifferent—was a conditioned reflex, whereas the ordinary stimulation of the buccal cavity on the taking of food, the normal way in which saliva flowed, he called the unconditioned reflex. From a study of these two Pavlov had evolved a wonderful method of gaining information about our relationships with the outside world. In developing this relationship there were two fundamental factors. The first was what he called temporary association—that is, the bringing of external phenomena into relation with the reactions of the organism, this becoming more complex with the evolution of the higher

centres. The second fundamental mechanism was the analyser, which was usually called in physiology the sense organ, such as the ear and eye.

How was an indifferent stimulus converted into an active one? Why was it that one man on reading in the newspaper that meat could be had without a coupon had an anticipatory flow of saliva, a vegetarian had no such emotion, his only concern being one of disgust that so much meat should be liberated? Pavlov showed that if a new indifferent stimulus were presented repeatedly along with one which was known to cause a secretion, then, in the end, the indifferent stimulus alone would cause a response. It meant that the reflex arc had taken on a new afferent neuron, but it had not done so unconditionally; in other words, there was not yet a beaten-down path—a right of way had not yet been established. For instance, if every time dried meat powder was put into a dog's mouth (to exclude the need for mastication) a bell were rung, or the skin of the animal were scratched, a time would come when the ringing of the bell or the scratching of the skin would of itself cause a flow of secretion; in other words, a conditioned reflex to a specific stimulus had been created. It had been found that similar reflexes could be generated by practically any phenomenon in the external world, provided the animal possessed a suitable analyser or receptor. Pavlov further showed that not only could one inhibit, either internally or externally, these reflexes, but one could even produce an inhibition of the inhibition, and so get back to the secretion again. The author went on to elaborate the theme, and to show how accurately responsive the organism was to carefully trained impulses.

The paper was discussed by several speakers, and the author replied.

### THE PARIS THERAPEUTIC SOCIETY.

At a meeting of the Société de Thérapeutique, Paris, held on December 11th, 1918, Dr. J. LAUMONIER reported a case of typhoid fever treated by colloidal iron; 5 c.cm. were injected intravenously every three days, each cubic centimetre containing 1 mg. of pure iron. Six injections were given in all. The treatment appeared to have a moderating effect upon the fever and to prevent the occurrence of anaemia and leucopenia, usually present in typhoid. Dr. L. RÉNON and Dr. R. MIGNOT read a note on the inefficacy of injections of saccharose in human and experimental tuberculosis. A solution containing 5 grams of saccharose and 2 cg. of novocain was injected subcutaneously or intramuscularly in cases of pulmonary or surgical tuberculosis without the slightest improvement being observed after thirty to forty days' treatment. Saccharose was also injected into guinea-pigs previously infected with tuberculosis, but the course of the disease was not affected, and one of them even died before the controls. In a paper on the treatment of influenza and infectious diseases in general by lymphotherapy and haematotherapy, Dr. S. ARTAULT DE VEVEY stated that lymphotherapy consisted in producing a bulla by any blistering agent and injecting 5 to 6 c.cm. of the serum intramuscularly into the patient's shoulder or buttock. As this process was not very rapid and as sometimes the patient's skin was refractory to blistering agents, in cases where a blister did not form at the end of ten hours, the speaker had been in the habit of removing 10 to 15 c.cm. of blood and reinjecting it at once. To prevent clotting, 2 to 3 c.cm. of a 10 per cent. solution of sodium citrate was first drawn into the syringe. This operation of haematotherapy was easy in the adult, whereas in the child lymphotherapy was the best method. Within a few hours of the injection of serum or blood the patient feels considerable relief; in the simple and abdominal forms the temperature becomes normal in ten to twelve hours, and in patients with nervous complications or bronchopneumonia in thirty-six to forty-eight hours. Dr. A. CHALLAMEL read a note on hypodermic injections of eucalyptus oil in the present epidemic of influenza. During the last few months he had been treating soldiers poisoned by mustard gas with hypodermic injections of eucalyptus oil (1 in 10) in doses of 2 c.cm., morning and evening. The treatment was started before any signs appeared in the lungs with the object of introducing an antiseptic into the finest ramifications of the bronchi. Eucalyptol was chosen owing to its proved value in the prophylaxis of contagious diseases. The success obtained in this class of case encouraged the speaker to adopt the same treatment in influenza, with equally satisfactory results.

## Universities and Colleges.

### THE COUNCIL OF THE ROYAL COLLEGE OF SURGEONS.

THE Secretary of the College has issued to the Fellows a circular informing them that a meeting of the Fellows will be held at the College on Thursday, July 3rd, at 2.30 p.m., for the election of two Fellows into the Council in the vacancies occasioned by the retirement in rotation of Sir Berkeley Moynihan and by the death of Mr. L. A. Dunn. Blank forms of the requisite notice from a candidate and of his nomination may be obtained on application to the secretary, and the same must be received by him duly filled up, not later than on Monday, March 17th. A voting paper will be sent by post to each Fellow, whose address is registered at the College, on April 1st. Fellows are requested to give notice, without delay, of any change of address.

The following list shows the present composition of the Council; the dates after the names are those of election:

*President.*—Sir George Henry Makins, G.C.M.G., C.B., (1) 1903, (2) 1911, P. 1917.

*Vice-Presidents.*—Mr. W. F. Haslam, (1) 1908, (2) 1916; Sir John Bland-Sutton, (1) 1910, (2) 1918.

*Other Members of Council.*—Sir Anthony A. Bowlby, K.C.M.G., K.C.V.O., C.B., (1) 1904, (2) 1912; Mr. W. Harrison Cripps, (1) 1905 (substitute), (2) 1909, (3) 1917; Mr. Charters J. Symonds, C.B., (1) 1907, (2) 1915; Sir C. A. Ballance, K.C.M.G., C.B., M.V.O., (1) 1910 (substitute), (2) 1914; Mr. D'Arcy Power, 1912; Sir Berkeley G. A. Moynihan, 1912 (substitute till July, 1919); Mr. James Ernest Lane, 1913; Mr. H. J. Waring, 1913; Mr. W. Thorburn, C.B., 1914; Mr. W. McAdam Eccles, 1914; Mr. C. Ryall, C.B.E., (1) 1914 (substitute), (2) 1915; Mr. Walter G. Spencer, (1) 1915 (substitute), (2) 1918; Mr. Frederick Francis Burghard, C.B., 1915 (substitute till 1921); Sir Herbert F. Waterhouse, 1915; Mr. T. H. Openshaw, C.B., C.M.G., 1916; Mr. Raymond Johnson, O.B.E., 1916; Mr. Vincent Warren Low, C.B., (1) 1916 (substitute), (2) 1917; Mr. James Sherren, 1917; Sir John Lynn-Thomas, K.B.E., 1918; Mr. E. W. Hey Groves, 1918.

On account of the death of Mr. L. A. Dunn, who died after the notices of the election were issued last year, there has been one vacancy on the Council all through the past year.

There are only two vacancies, an unusually small number, on this occasion, as Sir George Makins, being President, does not retire. Sir Berkeley Moynihan's term as substitute expires, whilst the death of Mr. Dunn leaves the second vacancy; he was substitute in 1913 for Mr. Clinton Dent, who also died when a member of Council.

There are now five members representing the provinces, from Birmingham, Manchester, Leeds, Bristol, and Cardiff respectively, the remainder being London surgeons.

### UNIVERSITY OF CAMBRIDGE.

THE next examination for the diploma in psychological medicine of the University of Cambridge will be held for Part I in October, 1919, and for Part II in December. The military special neurological hospitals are now recognized as institutions in which the clinical experience required for Part II may be obtained. Further particulars can be obtained on application to Dr. C. S. Myers, F.R.S., Secretary to the Managing Committee for the Diploma, Psychological Laboratory, Cambridge.

## Medical News.

THE annual meeting of the Association for Promoting the Training and Supply of Midwives will be held at 10, Hyde Park Gardens, W.2, on March 20th, at 3 o'clock.

THE Municipal Council of Paris has decided in view of existing circumstances to raise the visiting fees of civil state practitioners and medical inspectors.

A NOTICE appeared in the *London Gazette* of February 21st, 1919, intimating that Sir John Lynn Thomas will in future use the name of Sir John Lynn-Thomas.

THE extension of the Calcutta School of Tropical Medicine, by the building of an institute of hygiene, is being begun, and it is hoped that the whole will be opened in June, 1920.

THE annual meeting of the British Association for the Advancement of Science, which has been interrupted for two years owing to the war, will be held this year at Bournemouth, from September 9th to 13th, under the presidency of Sir Charles Parsons.

A VISCOUNTCY of the United Kingdom has been conferred upon the Right Hon. Lord Finlay, late Lord Chancellor, who, it will be remembered, is a graduate of medicine in the University of Edinburgh and the son of a medical man, the late Dr. William Finlay of Edinburgh.

IT has been arranged that five thousand soldier students of the United States army shall be distributed among the universities of France. Sixteen hundred are now following courses in the various faculties, especially that of medicine, of the University of Bordeaux.

SURGEON VICE-ADMIRAL SIR WILLIAM NORMAN, Director-General Naval Medical Department, and Lieut.-General Sir John Goodwin, Director-General Army Medical Service, have been admitted honorary freemen of the Apothecaries' Society of London, and were afterwards entertained to dinner at the society's hall.

DR. LUIGI BOSSI, the well known professor of gynaecology in the University of Genoa, was shot in his consulting room at Milan on February 1st by the husband of a woman for whom he was in the act of prescribing. The murderer, a Tunisian from Monastir, next shot his wife and afterwards discharged his revolver into his own mouth.

THE English officers and soldiers prisoners of war, lately interned at Leysin for treatment, have now returned home, with the exception of some twenty privates, who remain to complete their cure in the spring. In all some thousand officers and men, tuberculous patients, selected from the German camps at various times by the Swiss medical commissions, have been at Leysin, and, with few exceptions, have returned to this country in good health with pleasant recollections of their stay in French Switzerland.

AT its meeting on February 24th the Executive Committee of the General Medical Council received a letter from the Belgian Medical and Pharmaceutical Society in England, expressing the thanks of the Belgian profession for the welcome and assistance they received in this country. At the same meeting the final step was taken for providing medical reciprocity with this country for members of the College of Physicians and Surgeons of Saskatchewan.

ON February 15th an inter-allied sanitary congress of aviation was opened in the Great Hall of the University of Rome. Great Britain was represented by Dr. Henry Head, Professor Dreyer, Lieut.-Colonel Flack, and Dr. Birley. The object of the congress was to establish international standards by which the aptitude of candidates for the air service will be tested; the criteria of fitness of the flying personnel in the air; the best means for the protection of airmen against great barometric depressions and cold at high altitudes; and hygienic rules for future civilian aviation, and related subjects.

DR. LOCKHART STEPHENS, C.B.E., has received an illuminated address from the medical officers working in the auxiliary hospitals of Hampshire, expressing their regret at his resignation of the post of County Director, British Red Cross Society, which he held since the early days of the war. The fifty-three signatories record their gratification that the post of County Director has been held by a medical man, and conclude by thanking Dr. Stephens for his courtesy and consideration to his colleagues in every part of the county. They attribute much of the great success the society has attained in Hampshire to his untiring efforts.

MENTION was made last week of the opinion expressed by the Society of Medical Officers of Health to the effect that the responsibilities of the Home Office with regard to the sanitary condition of factories, the prevention of industrial diseases, and the work of factory surgeons should be transferred to the Ministry of Health. This opinion is reinforced by a circular letter issued by the Association of Certifying Factory Surgeons. It proposes to amend Sub-section 2 of Section 3 by adding "all or any of the powers and duties of the Secretary of State with respect to control of sanitation in factories and workshops, the appointment of medical men as inspectors of factories, and the appointment and duties of certifying surgeons."

IT is not quite easy to form a definite opinion as to the degree of the shortage of food in Germany, for the refusal of German authorities to accept the condition with regard to merchant ships rather discounted the stories that came from Germany. At a meeting of medical societies in Berlin on December 18th, 1918, Professor Rübner said that the danger was at first under-estimated, and implied that the effects of insufficient food were most marked in children. This agrees with information that comes to us from medical officers who have returned from the occupied territories. It appears to be established that cases of "war oedema," or "hunger oedema," common among prisoners of war in Germany, have also occurred among the civil population. It is a condition without fever, the main features being oedema and asthenia, sometimes preceded by diarrhoea and mucous colitis. The oedema involves principally the lower extremities and can be cured by rest in bed and by giving at least 100 grams of fat a day. It appears that the Allied Governments have now determined to use some of the ships which Germany will be required to hand over, for the supply of food to that country, and, presumably, Austria and Rumania.

THE members of the London Panel Committee entertained their chairman, Dr. H. J. Cardale, at lunch on March 4th, and presented him with a suitably-inscribed silver tray, together with a gift of jewellery to Mrs. Cardale. Sir James Galloway, K.B.E., C.B., who presided, paid fitting tribute to Dr. Cardale, who, he said, had presided over the Committee for four and a half years, during which time he had not missed a single meeting and had attended fully 90 per cent. of the sub-committee meetings, involving, as a later speaker computed, the sacrifice of a hundred half-days. Dr. H. G. Cowie also spoke in high terms of one who was at once a good chairman and a good colleague. In his response, after thanking the members warmly, Dr. Cardale referred with pride to the fact that the London Panel Committee had done something in its brief history to heal the breach which the Insurance Act had occasioned in the medical profession.

THE annual meeting of the Central Council for District Nursing in London was held in the Conference Hall, Local Government Board Offices, Whitehall, S.W., on February 25th. The objects of the Council are to systematize the arrangements for district nursing throughout the county of London, and to promote the adequacy and efficiency of such nursing. It is composed of representatives of the various interests concerned with district nursing. The chairman and vice-chairman are Sir William Collins, M.D., and Sir Thomas Barlow, Bt., M.D., respectively. The chairman of the Executive Committee is Sir Arthur Downes, M.D., senior medical inspector for Poor Law, Local Government Board. In the annual report for 1918 the Council states that its fourth year of work confirms and emphasizes the invaluable service of the voluntary district nursing associations to national health and welfare. With depleted staffs the associations had to face demands of unexampled severity, and during the epidemic of influenza their resources were strained to the utmost. By the employment of nurses and women of varying degrees of training or experience, to assist the fully trained nurses, all that was possible was done to meet the crisis, and the Council pays a tribute to the ability and devoted courage shown by superintendents and nurses alike.

## 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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1. EDITOR of the BRITISH MEDICAL JOURNAL, *Aitiology, 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 MEDICAL SICKNESS AND ACCIDENT SOCIETY.

AN OLD MEMBER expresses the hope that there will be a large attendance of members of the Medical Sickness and Accident Society at the annual meeting on March 25th in order that an effort should be made to rescind the resolution passed last year stopping the payment of a bonus to old members attaining the age limit.

#### TREATMENT OF INFLUENZA AND INFLUENZAL PNEUMONIA.

DR. W. THOMAS (Rhyl, N. Wales) writes: In the JOURNAL of March 1st, p. 246, Dr. Humphrey Davy extols turpentine inunctions in the treatment of pneumonia, and states also that turpentine given internally in capsules does good but that patients often revolt against it. For the last twenty-five or thirty years I have frequently prescribed turpentine in pneumonia, and often with very gratifying results. Given in

the following mixture it seldom disagrees and patients hardly ever revolt against it:

R. Ol. terebinth pur.	...	...	...	3ij to 3ss
Pulv. tragac. co.	...	...	...	3j
Sp. ammon. arom.	...	...	...	3iij
Aq. chloroformi	...	...	...	ad 3viii
Misce.	Sig.: Two tablespoonfuls every four hours.			

Children take it even better than adults, in doses of 2 to 5 minims, and its effects on them is almost always good.

#### MENSTRUATION AFTER PROLONGED DORMANCY.

DR. JAMES OLIVER (London) writes: Since the outbreak of war in August, 1914, the number of cases showing a disposition to intermittent menstruation or of complete suspension of the menstrual function, without apparent reason and without any evidence of impairment of the health generally of the individual, has been increasing. Now just how long the uterus may under such circumstances maintain a state of dormancy without losing its power to function is a question of great scientific interest and importance, and one which is not touched on in any of our textbooks. I have at present under my care a single lady, aged 28, who has menstruated regularly during the last three months (December, 1918, and January and February of this year), and on each occasion for her wonted number of days (four), but who previously, although in apparent good health, had not menstruated since May, 1916. Here, then, is a case of complete dormancy of the uterus during the prolonged period of thirty months. Yet, when at last the menstrual discharge did make its appearance, it was in amount and colour and character generally as though the menstrual function had never been in abeyance at all.

#### SHANTUNG CHRISTIAN UNIVERSITY.

DR. R. FLETCHER MOORSHEAD (19, Furnival Street, Holborn, E.C.4) writes to draw attention to an important development in the work of medical education under direct missionary auspices at the university centre of Tsinanfu, N. China. In 1904 there was established in that city what is known as the Shantung Christian University. Two missions were concerned in the enterprise, the American Presbyterian and the British Baptist, and the scheme embraced the teaching of medicine in the Chinese language. In 1910 school premises were opened, and in 1914 a modern hospital of 118 beds was built. Through an arrangement with the China Medical Board of the Rockefeller Foundation, a large body of medical students was transferred from the Union Medical College, Peking, to Tsinanfu in 1916, and new laboratories were added to the school building. That same year the China Medical Missionary Association urged upon missionary societies the policy of concentrating at the Tsinanfu School what they were attempting in Chinese medical education, and the British Advisory Board of Medical Missions strongly endorsed this proposal. Other British and American missions joined in the undertaking, and last year a British Joint Board, representative of four co-operating missionary societies—the B.M.S., L.M.S., S.P.G., and W.M.M.S.—was formed in London with the object of promoting the efficiency of this medical school. The students are drawn from all over China, and beyond the missionary possibilities the various professorships afford a field for research and study of diseases but little known in Europe or America, as also for practice demanding ability and resource. At present there are several vacancies on the teaching staff. Dr. Moorshead, who is honorary secretary of the Joint Board, will supply a report of the medical school and hospital, and give further information to any who may be interested.

#### COLLOSOLO MANGANESE IN TOOTHACHE.

DR. DOUGLAS A. WOOD, M.B. (late A.M.O., Pinewood), Malvern, Jamaica, writes: In September, 1918, I gave a lady who had a severe toothache due to abscess an injection of colloso manganese (Crookes's); nine hours afterwards the pain had completely ceased, and all signs of inflammation and swelling disappeared in forty-eight hours. A cavity in the tooth had just previously been filled. The injection was given on the third day of pain. The tooth has given no further trouble for the last four months. I find 1 c.cm. injected subcutaneously into the abdominal wall most convenient.

THE following appointments of certifying factory surgeons are vacant: Bridgnorth (Salop), Harwich (Essex), Nantgaredig (Carmarthen).

#### SCALE OF CHARGES FOR ADVERTISEMENTS IN THE BRITISH MEDICAL JOURNAL.

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