

the provision of sanatoriums in the neighbourhood of large towns where they might reside for a period under a proper regimen of diet, hydrotherapy, systematic games, etc., while at the same time continuing in some measure to attend to their business. He looks for the establishment of such sanatoriums to private munificence, but it is doubtful if more than a fraction of what is required could be provided in that way, and it is not right that we should look to private charity for the performance of a duty which belongs to the state. It is to the interest of the state that the fullest facilities for maintaining and regaining health should be brought within the reach of every one; and, applying this principle, it follows that some scheme must be evolved in our health resorts to bring their advantages within the reach of all.

Some form of state supervision is therefore inevitable sooner or later, and it ought to lie in our own hands to decide what form it shall take. It will have to be decided whether every resort should provide for every class of patient or whether it would be better that there should be selected places wherein by means of a state subsidy the cost of treatment would be so reduced as to be within the reach of all, or whether the establishment of state sanatoriums would be the better plan. The natural advantages of small places, which may be far greater than those of their more prosperous rivals, should be developed to their fullest extent for the common good, remembering that they are often more beneficial to the neurasthenic or the sufferer from the early manifestations of arteriosclerosis than the fashionable spa or seaside resort. The sanitary equipment of every place claiming to be a health resort must be made as perfect as possible, satisfactory water supplies secured, and natural amenities developed; but so long as these requirements have to be provided out of local rates they will be beyond the reach of small places, and even the larger towns will be administered as trading concerns, and the financial welfare of the municipality will come before provision for the welfare of the seeker after health. To meet this difficulty the imposition of a cure tax on Continental lines has been advocated, but the establishment of such an innovation might prove disastrous to the town which set the example, and to be equitable it should be collected by the state and distributed according to the need of the different resorts without regard to the proportion contributed by each.

The medical profession in every resort ought to organize itself for the purpose of team work, either as a whole or in groups of partners, so that every case might be dealt with as if in a modern and perfectly equipped hospital—the physician, the surgeon, the practitioners in special branches, the radiographer, and the pathological chemist each doing his share. The *malade imaginaire* would soon be eliminated, or perhaps be found to be the subject of some obscure pathological process which has hitherto escaped our ken, and great discoveries would, I am convinced, be made in the beginnings of chronic disease and in its treatment, with infinite benefit to the community.

State recognition of the value of health resort treatment must be accompanied also by the establishment of systematic instruction in physical methods of treatment—hydrotherapy, climatotherapy, electrical and mechano-therapeutic methods, and short courses of instruction might with advantage be arranged in the great mineral water hospitals. This would not only benefit those whose intention it might be to practise in the health resorts, but would extend the use of physical methods in home treatment and would enable the doctor to select the right climate, mineral water, or type of sanatorium which would be of most benefit to his patient.

Possibly to some these views will seem Utopian, but to establish Utopia in the matter of health must be the aim of our profession if we are true to it. Our duty to the state demands all our energies and the subordinating of personal ambitions and inclinations to the common cause.

AT a recent meeting of the Belgian Academy of Medicine, Dr. De Moor, of Brussels, read a communication embodying the results of a study of the growth (weight and size) of 11,000 children attending the schools of the Belgian capital during the four years of the war. He found that there was an average retardation of nine to twelve months in their development. This result he attributed to the bad food and housing conditions.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

THE ETIOLOGY OF RICKETS.

THE cause of rickets is still somewhat obscure. Still (*Osler's System of Medicine*, p. 776) considers the one determining cause to be faulty feeding or faulty assimilation. Rickets, he says, "is in fact a food disorder." Adami (*Principles of Pathology*, p. 1008) is inclined to regard the disease as a disorder of growth due to improper diet, overcrowding, and general unhygienic surroundings.

The contribution by Noël Paton, Findlay and Watson (BRITISH MEDICAL JOURNAL, 1918, vol. ii, p. 625) is welcome as throwing further light on the subject. Their observations appear to show that, in puppies at any rate, fresh air and exercise are more important than diet in averting the disease. In fresh air and exercise there are three factors—the actual air with its oxygen content, sunlight, and bodily exercise. In these observations several of the puppies which became rachitic were admittedly in a large airy room, and some of them apparently took quite a fair amount of exercise. Is it not, then, the third factor—sunlight—which is the determining element?

Experience in this country seems to support this conclusion. Nothing could be worse than the sanitation of the city of Srinagar. Filth diseases abound. The children are poorly fed. Hydrocarbons are deficient in their diet. Infants are often suckled for two or even three years. Poverty and squalor are universal. But rickets is extremely rare. In twenty thousand out-patients perhaps half a dozen cases may be seen. The overcrowding and unhygienic condition of Srinagar differs from that of large towns at home in the amount of sunlight. For nine months in the year the sun shines nearly all day. Even in the month of September the rays are so strong that a thermometer in sunshine will sometimes show a temperature of 130° F. When the sun shines, whether in winter or summer, the poor come out of their dirty close little rooms and work and sit about in the sunshine.

The only case of rickets I have seen here in an English child was in a large house, sufficiently airy, and under conditions where there was no lack of good nourishing food. But the house was gloomy. The light was obstructed by deep verandas, and no sunshine ever penetrated the rooms. When the family moved to a new house with free access of sunshine the disease cleared up.

The essential point is that in the East, even where dwellings are insanitary and dark, the people live in the sunshine during the daytime.

There is one other point. Can rickets be an infective disease? This view has been put forth by Kassowitch and Morpurgo (*Centralbl. f. Path.*, xiii, 1902, p. 113). The experimental work on young rats with resulting rickets may, however, have been vitiated by operation of the same causes as those at work in the physiological laboratories of Glasgow. At the same time infection cannot be summarily excluded. It is possible that absence of sunlight is only a predisposing cause, just as waters rich in magnesian limestone salts do not produce goitre but predispose to the infection which causes it.

Kashmir.

ERNEST F. NEVE.

APPENDICITIS COMPLICATED BY UMBILICAL HERNIA.

A PRIVATE in the West African Regiment, about 30 years of age, was admitted to the Military Hospital, Tower Hill, Sierra Leone, complaining of pain in the right side; it had come on suddenly three days previously; he had not had a similar attack before. The temperature was 100° F., and the pulse 90. The bowels were regular; the tongue was slightly furred and moist; micturition was normal. He was very tender over the right iliac fossa, and the lower right rectus was distinctly rigid. Pain was most intense on deep pressure over McBurney's point. There had been no vomiting. A small reducible umbilical hernia was noted. This is very common in both sexes, and rarely gives rise to any trouble. A diagnosis of acute simple appendicitis was made. During the night the patient was very restless, and in the early morning complained of pain at the umbilicus. The hernial swelling was tense, and

tympanitic and could not be reduced. He stated that this had occurred once before.

A transverse elliptical incision was made round the umbilicus and the neck of the sac exposed and slit up. A loop of slightly congested ileum was reduced and a radical cure effected by overlapping the rectus sheath transversely, after closing the peritoneum with a purse-string suture.

The appendix was approached through a gridiron incision. It was found lying behind the caecum, to which it was bound by slight adhesions. It was about four inches long and acutely inflamed, the tip being nearly perforated. The adhesions were separated by gauze dissection and appendicectomy performed, the stump being carbolized and invaginated. The wound was closed in the usual manner, and the patient made an uninterrupted recovery.

The appendix was very oedematous, and there was a small patch of necrosis at the tip, through which a large stercorolith escaped. The mucosa was acutely inflamed and showed numerous small haemorrhages.

Appendicitis is stated to be of very rare occurrence among the natives.

CYRIL H. CUFF, M.B., B.S. DUNELM., M.R.C.S. Eng.,
Lieut. R.A.M.C.

Reports of Societies.

POLYCYTHAEMIA.

AT a clinical meeting of the Medical Society of London held on April 14th, the President, Dr. A. F. VOELCKER, in the chair, amongst the cases shown were three with polycythaemia, in two of which it was symptomatic, whilst the third was an example of true splenomegalic polycythaemia.

In a case shown by Dr. J. WALTER CARR the patient was a man aged 22, who was suffering from dyspnoea and exhaustion on any exertion, and was subject to attacks of giddiness, loss of consciousness, and convulsive movements. Cyanosis and clubbing were present, the heart was a little enlarged to the right, but was otherwise normal. The red blood corpuscles numbered 8,200,000 per c.mm., the white corpuscles 7,200 per c.mm. The differential count was normal. Haemoglobin amounted to 136 per cent.; the colour index was 0.8. The blood pressure was equal to 120 mm. Hg. There was no enlargement of the liver or spleen. The urine was normal. Without enlargement of liver or spleen the case could hardly be regarded as one of idiopathic polycythaemia (Vaquez's disease), and the question arose as to whether it was a case of congenital heart disease without a murmur.

In the course of the discussion Dr. PARKES WEBER said that he thought it was probably a case of polycythaemia secondary to a large hole between the ventricles.

Dr. CARR also showed a case of congenital morbus cordis with polycythaemia in a girl aged 16. She had always suffered from breathlessness on exertion, and occasionally from attacks of precordial pain. She had had four attacks of rheumatic fever, but otherwise her health had been good. There was a loud rough systolic murmur accompanied by a well marked thrill in the pulmonary area, which was heard less loudly all over the precordium and in the back. The apex beat was in the fifth space in the nipple line, and the heart was slightly enlarged to the right. The blood pressure equalled 130 mm. Hg. The red blood corpuscles numbered 7,000,000 per c.mm., the white blood corpuscles 8,300 per c.mm.; the differential count was normal. The haemoglobin equalled 112 per cent., the colour index was 0.8. There was slight clubbing of the fingers and a little cyanosis.

The PRESIDENT pointed out that it was unusual that in this case, which on examination of the chest presented the features of pulmonary stenosis, there should be so little cyanosis and no definite clubbing.

Dr. F. S. LANGMEAD, while agreeing that in cases of pulmonary stenosis the most extreme degrees of cyanosis and clubbing were met with, said that he had often found a very loud murmur and considerable thrill in the pulmonary area in children who were quite free from symptoms of any kind.

The PRESIDENT showed a case of polycythaemia rubra with splenomegaly. The patient was a man aged 64. The family history was unimportant. The man had had pleurisy thirty years ago, but no other illness until twelve months ago, when he began to complain of pain across the abdomen and afterwards of pains in the back and in the veins of the legs. There was cyanosis of the ears, face, hands, and feet, and of the mucous membranes (conjunctivae, lips, mouth). The veins were turgid, but their walls not thickened. The spleen was enlarged, not tender, and reached for three fingerbreadths below the costal margin. There were no valvular lesions of the heart. A trace of albumin was present in the urine.

Blood Count: Red corpuscles, 11,320,000 per c.mm.; white corpuscles, 5,900 per c.mm.; haemoglobin, 120 per cent.

Differential Count: Polymorphs, 72 per cent.; lymphocytes, 22 per cent.; hyalines, 3 per cent.; eosinophil, 1 per cent.; basophil, 2 per cent.

The blood pressure equalled 135 mm. Hg.

Dr. EDMUND CAUTLEY showed a case of aortic aneurysm and (?) gumma in mediastinum, one of severe anaemia in a man aged 57 years, and a case of coeliac disease.

Lieut.-Colonel DONALD ARMOUR showed a case of cirsoid aneurysm in the palm of the hand.

ANAESTHESIA.

A CLINICAL evening of the Section of Anaesthetics of the Royal Society of Medicine was held on April 4th, the President, Dr. LL. POWELL, in the chair. Mr. ASHLEY DALY reported a case in which direct massage of the heart restored the circulation and respiration when both had ceased in the course of an abdominal operation upon a patient in a state of severe shock. The PRESIDENT quoted a case of successful heart massage during laparotomy upon a middle-aged man with rigid abdomen. Dr. F. E. SHIPWAY related a case in which in a feeble man of 60 collapse ensued upon withdrawing the stomach from the abdomen. Heart massage was successful in restoring the circulation.

Mr. R. E. APPERLY read notes of a case in which heart failure followed change of position. The patient was a stout woman anaesthetized with "gas and ether" and open ether, for laparotomy. When the Trendelenburg position was adopted pulse and breathing ceased. These were restored by artificial respiration and horizontal posture. The operation being nearly completed, the Trendelenburg position was tried again, when the same sequel of events resulted.

The PRESIDENT related a case in which "twilight sleep" and spinal analgesia were successfully employed for Caesarean section upon a woman suffering from influenza and double pneumonia.

Dr. F. E. SHIPWAY read notes showing the value of oil-ether anaesthesia in a case in which a physician had advised against operation on the ground that no anaesthetic could be tolerated. The patient had carcinoma of the stomach and had been the subject of aortic aneurysm for four years. He also related a case of enucleation of tonsil in a man weighing 24 st., whose build, huge abdomen, large pendulous cheeks and chin, and very short neck, made him appear a most unfavourable subject for anaesthesia. Operation was successfully performed under anaesthesia induced by C.E. mixture, and continued by warm chloroform and oxygen, bromide and morphine and atropine having been used as preliminaries.

Mr. H. E. G. BOYLE read notes of a case of laryngofissure with removal of intralaryngeal growth, performed under gas and oxygen. Morphine and atropine were used beforehand, and "gas and oxygen" was admitted through a catheter passed into the tracheotomy tube, the tracheotomy having been performed under gas and oxygen with rebreathing.

THE ENIGMA OF THE BIRD'S BRAIN.

AT the meeting of the Manchester Literary and Philosophical Society on March 18th Professor G. ELLIOT SMITH, M.A., M.D., F.R.S., read a paper entitled "The Bird's Brain." It had, he said, always been an enigma that, in spite of their very scanty equipment of obvious cerebral cortex, birds should display, in their powers of tactile, visual, and acoustic discrimination, their associative memory, and their ability to learn by individual experience,

volunteers for the vaccine we were to order the proportionate quantity of vaccine. With the vaccine came the statement referred to by Surgeon Commander W. L. Martin, R.N. My suggestion is that medical officers should have been in the position to advise upon the use of this vaccine before lecturing upon it or advising its use to the ship's company. Not knowing the composition at the time, I was unable to inform my captain whether it was probable or not that inoculated men would have to be placed on the sick list for six hours, and being at short notice it was a matter of importance to us to have the ship's company ready for instant service.

We were not treated in this matter as scientific colleagues and advised by our own branch prior to the issuing of an Admiralty order. This, I hope, makes my point clear.—I am, etc.,

W. KENNETH WILLS,
Acting Surgeon Commander R.N.V.R.

Clifton, April 14th.

The Services.

NAVAL MEDICAL DEMOBILIZATION.

WITH reference to the letter on this subject by "Temporary" in the JOURNAL of April 19th (p. 502), we are requested by the Director-General of the Medical Department of the Navy to state that: (1) So far as the Royal Navy is concerned, the Central Medical War Committee has not been wound up, but is still dealing with demobilization of medical officers, R.N. and R.N.V.R., as hitherto; and (2) the agreements signed by temporary medical officers on entering the Royal Navy will be honoured as a matter of course in all cases.

HONOURS.

ORDER OF THE BRITISH EMPIRE.

Transfers to Military Division.

THE King has directed that the following appointments to, and promotions in, the Order of the British Empire announced in the *London Gazette* of the dates indicated, shall be transferred to the Military Division of the Order:

Knight Commander (K.B.E.).

Colonel Sir James Galloway, C.B., A.M.S. (January 7th, 1918).

Commanders (C.B.E.).

Miss Jane Holland Turnbull, M.B., B.S., Q.M.A.A.C. (June 7th, 1918). Colonels: William Molesworth, C.I.E., V.H.S., I.M.S. (December 19th, 1918), Robert Dawson Rudolf, Canadian Forces (January 7th, 1918), Alfred William Sheen, A.M.S.T.F. (December 19th, 1918). Lieut.-Colonel John Tweedy Lewtas, R.A.M.C. (January 7th, 1918).

Officers (O.B.E.).

Fleet Surgeons: Frank Bradshaw, R.N. (June 7th, 1918), Alfred Ernest Weightman, R.N. (June 7th, 1918), Samuel Henry Woods, R.N. (June 7th, 1918).

Staff Surgeon Reginald John E. Hanson, R.N.V.R. (June 7th, 1918). Brevet Colonel G. Sims Woodhead, V.D., A.M.S. (January 7th, 1918). Lieut.-Colonels: Alexander Bruce, R.A.M.C. (June 7th, 1918), Joseph Dalrymple, R.A.M.C. (June 7th, 1918), Bertram Ramsay Dennis, R.A.M.C. (June 7th, 1918), Charles Edward P. Fowler, R.A.M.C. (March 15th, 1918), John Alexander Gunn, C.A.M.C. (June 7th, 1918), Charles Duncan Myles, R.A.M.C. (June 7th, 1918), Ernest Reinhold Rost, I.M.S. (November 18th, 1918).

Temporary Lieut.-Colonel Donald Macaulay, R.A.M.C. (November 18th, 1918).

Majors: Edward John Buckley, R.A.M.C. (June 7th, 1918); Samuel Richard Christophers, C.I.E., I.M.S. (November 18th, 1918), Thomas Seymour Coates, R.A.M.C. (June 7th, 1918), Charles Sempill De Segundo, R.A.M.C. (January 7th, 1919), William Bickerton Edwards, R.A.M.C. (June 7th, 1918), Edward Gibbon, R.A.M.C. (November 18th, 1918), John Green, R.A.M.C. (June 7th, 1918), George Home, M.D., New Zealand Military Forces (June 7th, 1918), Frederick Percival Mackie, I.M.S. (November 18th, 1918), William Lewis Martin, R.A.M.C. (June 7th, 1918), Thomas Lindsay Sandes, M.B., South African Forces (June 7th, 1918), Charles Edward Southon, I.M.S. (November 18th, 1918), Alexander Lewis Urquhart, R.A.M.C. (June 7th, 1918); Albert Elijah Walter, I.M.S. (December 19th, 1918), John Wilson, R.A.M.C. (June 7th, 1918).

Captains: William Dunlop, R.A.M.C.S.R. (November 18th, 1918), David Hammand Fraser, M.C., R.A.M.C. (November 18th, 1918), Richard Edward Gibson, R.A.M.C. (June 7th, 1918), John Molyneux Hamill, R.A.M.C. (June 7th, 1918), William Percival Mulligan, R.A.M.C. (June 7th, 1918), John Glyn Pigott, R.A.M.C. (June 7th, 1918), John Wallace, R.A.M.C. (June 7th, 1918).

Temporary Captains: David Forbes Borrie, R.A.M.C. (November 18th, 1918), Edward Norman Glover, R.A.M.C. (November 18th, 1918).

Members (M.B.E.).

Lieut.-Colonel Harry Hyndman Balfour, R.A.M.C. (January 7th, 1918). Major Harold Octavius Lethbridge, R.A.M.C. (June 7th, 1918).

Captains: Raymond Bury, Nyasaland Medical Service (November 18th, 1918), Wilberforce Vaughan Eaves, R.A.M.C. (June 7th, 1918), William Herron Elliott, R.A.M.C.S.R. (November 18th, 1918), Geoffrey Balmaine Fleming, R.A.M.C.T.F. (November 18th, 1918), Alfred Harwood, R.A.M.C. (June 7th, 1918).

Temporary Captains: Geoffrey Douglas Hale Carpenter, Uganda Medical Service (November 18th, 1918), Donald McIntyre, R.A.M.C. (November 18th, 1918). Lieutenant John Ritchie (June 7th, 1918).

Surgeon Lieutenant Francis Ewart, R.N., has been appointed O.B.E. (Military Division) for valuable services in H.M.S. *Patua* whilst employed on ocean escort duties.

The Distinguished Service Cross has been conferred upon Surgeon Lieutenant Neville Hardcastle Smith, R.N., in recognition of the bravery and devotion to duty displayed by him in carrying out his professional duties during the battles in the Ussuri district between August 14th and 28th, 1918.

Surgeon Commander Charles James E. Cock, R.N., and Surgeon Lieutenant John Forrest Smith, R.N., have been mentioned in dispatches.

CASUALTIES.

DEATHS OF SONS OF MEDICAL MEN.

Flight Sublieutenant Edward Cuthbert Stocker, R.N., reported "missing" on March 27th, 1918, while flying in the neighbourhood of Dompiere, on the Somme, now officially presumed killed on that date, aged 18½, was the younger son and only surviving child of Major E. G. Stocker, R.A.M.C.T.F., now on service of Carn Brea, Cornwall. He took the R.A.C. pilot's certificate in 1917, was gazetted to the R.N.A.S., and went to the front in February, 1918. His brother, Second Lieutenant T. F. Stocker, R.E., was killed near Ypres in 1915.

THE office of the Adviser in Pathology to the British Expeditionary Force having been closed owing to demobilization, all correspondence for Colonel S. L. Cummins, A.M.S., should be addressed to him at the Pathological Laboratory, Royal Army Medical College, Grosvenor Road, London, S.W.1.

Universities and Colleges.

UNIVERSITY OF CAMBRIDGE.

Examination in Sanitary Science.—The following candidates have satisfied the examiners in both parts of the examination:

K. Biggs, Winnifred J. Crawford, F. P. G. de Smidt, Major N. V. Lottian, M.C., R.A.M.C., J. J. McConnell, Katherine McNeill, F. Mahabir, Captain W. A. Murphy, R.A.M.C., Captain A. T. H. Nisbet, A.A.M.C., T. E. Parker, Winifred H. Sharrard, H. N. Stafford.

UNIVERSITY OF LONDON.

SENATE.

THE resignation by Professor Vaughan Harley, owing to ill health, of the chair of pathological chemistry at University College, has been accepted with regret. A resolution expressing the Senate's appreciation of the valuable work which he had carried out during his twenty-three years' tenure of the office was adopted.

The degree of D.Sc. in biochemistry was conferred on E. C. Gray, an internal student of the Lister Institute of Preventive Medicine for a thesis on the enzymes of *B. coli communis* (*Proceedings, Royal Society*, 1914 and 1917).

Sir Bertrand Dawson has been appointed one of the representatives of the Faculty of Medicine on the Senate, in succession to Professor F. W. Andrews, F.R.S.

Presentation day will be held in the Albert Hall on May 9th at 3 p.m., when the President of the Board of Education will deliver an address. The service for members of the university will be held at Westminster Abbey on Friday, May 9th, at 6 p.m.

Professor F. A. Bainbridge will give a course of eight lectures on the physiology of muscular exercise, in the Physiological Department, St. Bartholomew's Hospital, on Wednesdays, at 4.30 p.m., beginning on April 30th.

Applications for the university chairs of anatomy, tenable at Guy's Hospital Medical School and at the London (Royal Free Hospital) School of Medicine for Women respectively, with an initial salary of £600 a year each, must be received by the Academic Registrar at the university by May 3rd.

It was resolved as a war measure to hold an additional first examination for medical degrees in September, 1919, provided not less than twenty-five candidates enter therefor.

UNIVERSITY OF BIRMINGHAM.

DR. BERNARD HART, lecturer in psychotherapy for the current year, will deliver a course of ten lectures on psychotherapy in the treatment of the psychoneuroses, in the large theatre of the medical school buildings, Edmund Street, Birmingham. The lectures will be given weekly, on Tuesdays at 4 o'clock, beginning on April 29th. A post-graduate course of lectures (with clinical demonstrations) on venereal disease will be given by Dr. A. Douglas Heath at the anatomical theatre of the medical school buildings, on Mondays, May 5th and 12th, and Thursdays, May 8th and 15th, at 4.30 o'clock. Both courses are free to members of the medical profession and students of the university, whose attendance is invited.

UNIVERSITY OF EDINBURGH.

AT a meeting of the Edinburgh University Court on April 14th Dr. Drever Coombe was appointed Lecturer in Psychology for five years from October 1st next. The court accepted with great regret the resignation of Sir Ludovic Grant from his office as secretary to the university.

UNIVERSITY OF GLASGOW.
THE degree of M.D. was conferred, on April 22nd, upon William Ernest Boyd.

CONJOINT BOARD IN SCOTLAND.
THE following candidates, having passed the final examination, have been admitted L.R.C.P.E., L.R.C.S.E., L.R.F.P. and S.G.:

P. de V. Moll, D. L. Henderson, J. A. S. Campbell, F. Lockwood, Hassan Amin Mddwar, D. D. Fernandes, R. L. Wright, L. L. Steele, J. M. Speirs, S. H. Waddy.

Obituary.

ERNEST NICHOLSON CUNLIFFE, M.D.VICT.,
M.B., B.S.LOND., M.R.C.P.LOND., MAJOR R.A.M.C.(T.F.),
Honorary Physician, Manchester Royal Infirmary.

By the death of Dr. E. N. Cunliffe the Manchester school of medicine has lost a physician of great ability. A member of a Bolton family, he was educated at Monmouth Grammar School. In 1896 he entered the medical school of Manchester University, and after a brilliant studentship, during which he obtained many scholarships and prizes, he graduated in medicine in the universities of London and Manchester. After holding several resident hospital appointments he obtained the M.R.C.P.London in 1906, and was elected to the honorary staff of the Manchester Royal Infirmary at the early age of 28 years. Subsequently he became Lecturer in Clinical Medicine in the University of Manchester. As a teacher he early achieved a considerable reputation, and as an organizer and administrator he possessed unrivalled qualities. At the commencement of the war he was a member of the staff *à la suite* of the 2nd Western General Hospital, and in the following year he was appointed registrar of this hospital with the rank of major. In April, 1917, he became acting officer commanding the hospital with the rank of lieutenant-colonel, a position he held with conspicuous success until the beginning of his last illness in September, 1918. From November, 1917, to May, 1918, he served in France with the 57th General Hospital, where he was extremely popular with all ranks in the unit. During recent years there were indications that his interests were becoming directed towards the forensic aspects of medicine, and for some time he had acted as medical referee under the Workmen's Compensation Act.

His untimely death at the age of 41, after a long and painful illness, has deprived Manchester of an able physician and the medical school of an upright and loyal colleague. In the world of sport he was a good all-round athlete. At "rugger" he was an excellent half-back; as a runner he represented Manchester University both in the mile and quarter-mile races; at lawn tennis his play was much above the average, and at fives he had few superiors, but it was perhaps as a pedestrian that his dogged and untiring quality revealed itself, and therewith one of the essential traits of his character. He died at the Officers' Hospital, Windermere, and he was buried on April 3rd at St. Mary's, Windermere, with military honours; the bearer party was composed of non-commissioned officers of the 2nd Western General Hospital. Many of his old friends and colleagues were present at the ceremony, and a memorial service held in Manchester was very largely attended by friends, colleagues, and members of the 2nd Western General Hospital.

COLONEL ROBERT CALDWELL, Army Medical Staff (retired), died in a nursing home at Babbacombe, Devonshire, on April 4th, aged 59. He was the younger son of Robert Caldwell of Charleston, South Carolina, and was born in New York on October 30th, 1859. He was educated at the Westminster Hospital, and took the diplomas of M.R.C.S. and L.R.C.P.Edin. in 1883, also subsequently the F.R.C.S. Eng. in 1890, and the D.P.H. of the Scottish Colleges in 1901. After filling the post of assistant house-surgeon of Westminster Hospital, he entered the R.A.M.C. as surgeon in 1885, and became colonel in 1917. He served in the Sudan campaign of 1885-86, in the Frontier Field Force, receiving the medal and Khedive's bronze star; and in the South African war of 1899-1902, gaining the King's and Queen's medals; and had also gained the Royal Humane Society's medal. While in the army he devoted himself chiefly to sanitary work, and had held charge of the district

laboratories at Meerut and Aldershot. He gained the Parkes Memorial Prize in 1904 with an essay subsequently published on the *Prevention of Disease in Armies in the Field*, and edited the second edition of *Military Hygiene* in 1910.

LIEUT.-COLONEL JOHN BATTERSBY, R.A.M.C. (ret.), died at Knocknamoe, Omagh, Tyrone, on April 8th, aged 62. He was born in Dublin on May 19th, 1856, and educated at Trinity College, Dublin, where he graduated M.B. and B.Ch. in 1879. He entered the army as surgeon on February 5th, 1881, became surgeon-major on February 5th, 1893, and lieutenant-colonel on February 5th, 1901, went on temporary half-pay on October 2nd, 1910, and retired on May 19th, 1911. He served in the Egyptian war of 1882, when he was present at the battle of Tel-el-Kebir, and received the medal with a clasp, and the Khedive's bronze star; in the Chitral expedition of 1895 (medal with clasp); and in the Nile expedition of 1898, when he took part in the battle of Khartoum, and received the medal with a clasp, and the Egyptian medal. He rejoined for service in 1914.

BRIGADE-SURGEON WILLIAM TEMPLE, V.C., R.A.M.C. (ret.), died at Tunbridge Wells on February 13th, aged 85. He was the only son of the late Dr. William Temple, M.D., of Monaghan, where he was born on November 7th, 1833. He was educated at Trinity College, Dublin, where he graduated as B.A. and M.B. in 1858, taking the L.R.C.S.I. in the same year. He entered the army as assistant surgeon on November 1st, 1858, becoming surgeon on November 1st, 1870, surgeon-major on October 1st, 1873, and brigade-surgeon on April 10th, 1885, retiring on November 1st, 1889. He served as medical officer in the Royal Artillery, in the New Zealand wars, in the Taranaki campaign in 1860-61, and in the Waikato campaign of 1863-65, when he took part in the actions of Tearei, Rangariri, and Rangiauha, was mentioned in dispatches, received the medal, and gained the Victoria Cross, which was conferred upon him and Lieutenant A. P. Pickard, on September 22nd, 1864, for gallantry described as follows in the *Gazette*: "For gallant conduct during the assault on the enemy's position at Rangariri on November 20th, 1863, in exposing their lives to imminent danger in crossing the entrance to the Maori keep at a point on which the enemy had concentrated their fire, with a view to render assistance to the wounded, more especially to the late Captain Mercer, R.A." In his later service he was for some years secretary to the Principal Medical Officer, H.M. Forces in India, and was an honorary surgeon to the Viceroy.

Medical News.

DR. J. BRINDLEY-JAMES has been elected a member of the Barnes District Council.

A COURSE of lectures and demonstrations will be given on Wednesdays, at 4.30 p.m., at the Brompton Hospital for Consumption, beginning on Wednesday, April 30th.

SIR G. ANDERSON CRITCHETT, B.T., K.C.V.O., has been appointed a Knight of Grace of the Order of the Hospital of St. John of Jerusalem in England.

THE annual medical missions meeting of the Society for the Propagation of the Gospel in Foreign Parts will be held on Wednesday, April 30th, at 8 p.m., in the Church House, Westminster.

AT a joint meeting of the Faraday Society and the Röntgen Society, on Tuesday, April 29th, a general discussion on the examination of materials by α rays will be held in the rooms of the Royal Society, Burlington House, London, W.1, by kind permission of the Council, from 5 to 7 and from 8.30 to 10 p.m. The chair will be taken by Sir Robert Hadfield, Bt., F.R.S., President of the Faraday Society, who will introduce the discussion.

SIR JOHN ROSE BRADFORD, K.C.M.G., will give a discourse at the Royal Institution of Great Britain on Friday afternoon, May 30th, on filter-passing virus in certain diseases. On the following Friday Sir Ernest Rutherford, who has recently succeeded Sir J. J. Thomson as Cavendish

Professor of Experimental Physics at Cambridge, will deliver a discourse on atomic projectiles and their collisions with light atoms.

A FRENCH Urological Society has recently been formed in Paris. The honorary president is Professor Guyon, the annual president M. Legieu.

THE activity of the Italian Society of Internal Medicine has been suspended during the war. At a meeting of the Directing Council in Rome on March 9th, under the presidency of Professor Maragliano, it was decided that the next congress should be held towards the middle of October next, if possible, at Trieste.

WE learn from the New York *Medical Record* that the U.S. War Department now announces that deaths in the American Expeditionary Forces and among troops in the United States from all causes numbered 107,444. In the Expeditionary Forces the total was 72,951. Of these, 20,829 were caused by disease, 48,768 by injuries in battle, while 3,354 resulted from other causes. The deaths from disease amounted in all to 32,737 and from other causes to 1,756, making a total of 34,493. The deaths from disease exceeded the battle casualties by 5,000.

A SPECIAL post graduate course on diseases of the thyroid and parathyroids, arranged in conjunction with the Fellowship of Medicine, will be given at the London School of Medicine for Women and the Royal Free Hospital, Gray's Inn Road, during May. The course will include an account of the anatomy, physiology, chemistry, and pathology of the organs, and medical and surgical applications. Communication should be made to the Warden at the school by April 30th.

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.

CORRESPONDENTS not answered are requested to look at the Notices to Correspondents of the following week.

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 addressee are:

1. EDITOR of the BRITISH MEDICAL JOURNAL, *Artiology*, Westrand, London; telephone, 2631, Gerrard.

2. FINANCIAL SECRETARY AND BUSINESS MANAGER (Advertisements, etc.), *Articulate*, Westrand, London; telephone, 2630, Gerrard.

3. MEDICAL SECRETARY, *Medisera*, Westrand, London; telephone, 2634, Gerrard. The address of the Irish Office of the British Medical Association is 16, South Frederick Street, Dublin.

QUERIES AND ANSWERS.

A MEDICAL man who has been appointed a justice of the peace asks for the name of some handbook on law which would give him such legal information as he may need in the discharge of his duties as a magistrate.

LETTERS, NOTES, ETC.

MESSRS. F. DAVIDSON AND CO., optical, surgical, and electrical instrument makers of Great Portland Street, W., ask us to state that they have no connexion with a Mr. Davidson who is stated to be touring certain parts of the country and advertising consultations for spectacles, etc.

ELIGIBILITY OF DISTRICT M.O.H. FOR MEMBERSHIP OF COUNTY COUNCIL.

“M.O.H.” inquires if a medical officer of health of a small urban district council is prevented by holding this office from being elected a county councillor in the same county.

** We understand that the medical officer of health of an urban district council is an entirely independent officer so far as the county council is concerned and not under its control. It appears that half his salary is repaid to the urban district council by the Local Government Board, and the channel through which this moiety is paid to the urban district council is, we believe, the county council; but so far as we know the money is not derived from the county rates, and the county council can in no way be considered to contribute to the salary of the urban district council M.O.H. We there-

fore see no reason why the M.O.H. of an urban district council should be debarred from election as a county councillor in the same county.

SUPERANNUATION OF MEDICAL OFFICERS, SCOTLAND.

MR. J. M. MORTIMER (Honorary Secretary, The Scottish Council of Local Government Officers, Paisley) writes: With reference to “Efficiency’s” letter in your issue of April 12th, p. 470, may I be allowed to state that the Scottish Council of the Local Government Officers are anxious to present an absolutely united front when they make representations to the Secretary for Scotland on this important question? All Local Government officials are therefore urged to become members of our association so that we may go forward as a united body. Branches of the association have been formed in Edinburgh, Glasgow, Dundee, Aberdeen, Paisley, Greenock and Inverness. Either the secretary of any of these local branches or myself will be pleased to supply further information regarding the association’s activities.

SPENGLER’S “GRIPPE I.K.”

DR. ALEXANDER FRANCIS (London, W.) writes: Some time ago Dr. Carl Spengler of Davos sent me a sample of an I.K. he had prepared for the current influenza outbreak, on the same principle as his well known I.K. for tuberculosis. I found it so valuable, and others to whom I gave samples reported so favourably, that I urged Dr. Spengler to send a supply to this country to be available for general use. He has now done so, and I have placed it in the hands of Messrs. Allen and Hanburys (7, Vere Street, W.1), from whom it can be obtained. In the reports which I have received most satisfactory results were obtained in cases of severe septic influenza pneumonia. In some instances one dose only was required. In a number of cases an apparently typical attack of influenza was caused to abort within a few hours by a small dose. This I.K. is best given by hypodermic injection (0.5 to 1 c.cm.), but it can be taken with less effect by the mouth. I am told that the results obtained by the “Grippe I.K.” in Switzerland have been extraordinarily good.

THE CONTROL OF SYPHILIS.

M.B., D.P.H. writes: Might I suggest that private practitioners be supplied through the venereal centres with salvarsan or its substitute for the treatment of patients suffering from syphilis? There are many patients who cannot afford either the publicity of a venereal disease clinic or the expense of treatment privately, and these, I contend, will prove a great source of danger to the community. The drug could be supplied on written application from the practitioner, just as diphtheria antitoxin can at present be obtained gratis through the Public Health Department. If thought necessary the doctor, before he can be supplied with the drug, might be required to possess a certificate of competence in the administration of this special treatment.

INTERNATIONAL PHARMACY.

THE dream of every French pharmacist with a successful specialty is to foist it on to the British public, and as many of these specialties are elegant, well thought out, and practically convenient, their efforts, in association with the necessary publicity, are often attended by a considerable measure of success. This is as it should be, but, as the Irishman remarked, the reciprocity must not be all on one side. French regulations bearing on the introduction of foreign pharmaceutical preparations are extraordinarily severe. For instance, foreign-made serums are not admitted on any condition whatsoever, on the ground that their efficacy and the soundness of these preparations cannot be controlled. Then, again, these regulations forbid the importation of even a pharmacopoeial product—such, for example, as the pil. ipecac. cum scilla—nay, even such an innocent combination as extract of malt and cod-liver oil is tabooed, simply because the Superior School of Pharmacy has so recommended. Now our allies ought not to have it both ways. If the French practitioner in England be left at liberty to prescribe such French preparations and specialties as he please the English practitioner in France should enjoy the same liberty of action.

THE appointments of certifying factory surgeons in the following districts are vacant: Barrowden (Rutland), Dursley (Gloucester), Longton (Lancaster), Mold (Flint).

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.