

TABLE XXVIII.—Summary.

	Strain.		
	Light.	Medium.	Heavy.
10,000 recruits	50.0%	22.9%	27.2%
Ao. R. with history of rheumatic fever	52.5%	29.6%	17.9%
Ao. R. with history of "rheumatism," growing pains, or chorea	30.1%	19.2%	50.7%
Ao. R. without rheumatic history ...	23.6%	11.1%	65.3%

This led us to suspect that in Group II (those with a history of "rheumatism," growing pains, or chorea) a certain number of cases were due to strain and the rest to rheumatism. These 73, together with the 25 in light and medium classes of Group III, thus constitute a doubtful class, distributed as follows:

TABLE XXIX.

	Exercise.		
	Light.	Medium.	Heavy.
98 Cases	39	22	37

We were led to try how 98 cases would be distributed on the assumption that the proportion due to rheumatism and the proportion due to strain was the same as that found in the cases we considered might legitimately be classed as due to these causes. Since 162 cases have been classified as due to rheumatism and 47 as due to strain, we divided the 98 cases in the same proportion, and allotted 76 as probably of rheumatic origin and 22 as caused by strain. Dividing the rheumatic 76 into light, medium, and heavy classes, in the same proportion as those in which our 162 rheumatic cases were found to be divided, we obtained 40 light, 22.5 medium, and 13.5 heavy; adding to the heavy group the 22 we had assumed to be caused by strain, the following figures were obtained: 40 light, 22.5 medium, and 35.5 heavy.

TABLE XXX.—Comparison between the Calculated Numbers and those Actually Found.

	Exercise.		
	Light.	Medium.	Heavy.
Calculated numbers	40.0	22.5	35.5
Actual cases	39.0	22.0	37.0

The agreement is so striking that it is hard to imagine it purely accidental.

SUMMARY.

The results of this investigation lead to the conclusion that the two important causes of aortic regurgitation in the cases we have investigated—that is to say, men between the ages of 18 and 41—were rheumatic fever and strain. We have been unable to find any definite correlation in these cases between syphilis, tonsillitis, scarlet fever, diphtheria, pneumonia, gonorrhoea, or growing pains, and the evidence is against influenza. With regard to chorea, there is a suggestion in some of the results that it may be a cause, but the number of cases with which we had to deal was so small, and the proportion of them giving a history of rheumatic fever as well so large, that caution must be exercised in drawing deductions. With regard to a history of "rheumatism," there is some evidence for supposing that in a certain proportion of these cases, but not all, an affection of the same nature as true rheumatic fever was referred to.

THE second Child Welfare Congress of South America (Congreso Americano del Niño), which was to have been held at Montevideo in December of the present year, has been postponed till May, 1920, on account of problems arising out of the war and the prevalence of influenza.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

TREATMENT OF PUERPERAL SEPTICAEMIA BY "BIPP."

FOR the last two years I have used long strips of gauze or bandage saturated with bipp for packing wounds and cavities, in military surgery, in many thousands of cases. I have invariably been absolutely satisfied with the results, to the exclusion of all other treatment.

I have treated two seemingly hopeless cases of puerperal septicaemia, with the most astonishing results. Both cases were, of course, first scraped and douched in the ordinary way; they were then packed with a long strip of sterilized gauze saturated in fairly liquid bipp. For the first three times the packing was removed daily, the cavity washed out and again packed. After that the pack was changed every two days. In one of the cases the uterine cavity was down to normal size in a week and in the other case in eleven days. In one, all serious symptoms had disappeared after forty-eight hours. When I reached the other patient the whole vestibule, vagina, and uterine cavity was one mass of sloughing tissue. She was pulseless, and had rigors every few minutes. A big bit of stinking cloth was found in the uterus. All serious symptoms ceased after six days. One of the patients was a European lady, the other an Indian. The bipp used was of the strength of total solids to paraffin of 1 to 3—that is, "bi" represented one part and paraffin three parts. Some of the paraffin was vaseline and some liquid paraffin, in order to make it sufficiently thin so that the interstices of the gauze might be filled. I never used bipp stronger than this. For ordinary conditions I find 1 in 8 or 1 in 16 quite enough.

There are three things to be remembered about bipp. The least oil or fat will cause poisoning. There should be no crystals of iodoform; an amorphous powder should be used. Direct sunlight (and indirect after a while) changes its colour and makes it useless.

Before I thought of packing with bipp gauze I used a Bozeman double-flow catheter, fixed in position, to irrigate the uterus continuously with saline flowing in and out night and day. This is not nearly so effective or so easily done as bipp packing.

Nairobi, British East Africa.

R. W. BURKITT, F.R.C.S.I.

A CASE ILLUSTRATING THE DIFFICULTY OF DIAGNOSIS IN HEAD INJURIES.

THE following case is useful as showing the difficulties that may be met with in dealing with head injuries, where every important symptom is obscured by complications.

At 6.30 p.m. on February 26th, 1919, a man aged 72 was admitted to the East Suffolk Hospital with free haemorrhage from a cut $1\frac{1}{2}$ in. long over the right eyebrow. Three silkworm gut sutures efficiently controlled the bleeding, and there was no evidence of either indentation or fracture of the vault or base.

The patient was very cold and apparently unconscious. The pulse was full, 40. The left pupil was dilated and reacted to light. The right lens was opaque. There was intense rigidity of all the body; the fists were clenched and the forearms flexed across the chest. The knee-jerks were increased, Babinski's and Kernig's signs were present with great irritability, but the patient took fluids by mouth. There was retention of urine; it was drawn off and found to contain albumin. Some oedema of the legs was noticed. Lumbar puncture showed the spinal fluid to be slightly under pressure and mixed with blood. His whole condition indicated intense shock, and localization of the injury was not possible owing to the complex symptoms and the complications present; operation was therefore delayed.

Operation.

On the evening of the third day the bowels had not acted and there was suppression of urine. Surgical intervention being necessary, Mr. Hossack operated by turning down a flap over the injured area. The outer table was found to be fissured; a very fine crack started half an inch above the supraorbital foramen, and ran for about three inches along the right temporal region at an angle of 45 degrees with the horizontal.

The skull was trephined over the fissure; when the dura was incised there was an outflow of blood-stained cerebro-spinal fluid. Free bleeding was coming from the direction of the longitudinal sinus; this was followed up by the rongeur, and the sinus was found to be bleeding at the position of the anterior fontanelle; an extensive thin clot was present. The aperture was plugged with Horsley's wax. The patient died next morning.

Necropsy.

Post mortem the sinus was found to have been effectively plugged. The cerebro-spinal fluid was intimately mixed with blood, and the foramen of Munro was occluded by clot on the left side. Other organs were normal; with the exception of the lungs, which showed hypostatic congestion.

History.

It was stated that the patient had fallen, on the day of admission, while crossing his room during convalescence from influenza, and had fallen twice previously during the previous eighteen months, with no untoward result. He was stone deaf and blind in the right eye.

There was great difficulty in arriving at a diagnosis. The presence of albumin suggested the possibility of his being in a uraemic condition. Eye symptoms were masked by his having only one eye. There was no paralysis. Intellectual faculties were said to be poor. Blood in the spinal fluid pointed to haemorrhage within the cranium. The rigidity suggested some medullary lesion; the history a possible cerebral thrombosis.

K. S. VINE, L.M.S.S.A.,
House-Surgeon.

Reports of Societies.

POLYMORPHISM OF THE MALIGNANT EPITHELIAL CELL.

At the meeting of the Pathological Section of the Royal Society of Medicine on April 15th, 1919, Dr. E. H. KETTLE said that the majority of adeno-carcinomata might exhibit much the same structure, but from time to time examples were met with in which the tumour cells possessed a varying degree of polymorphism which might even be so extreme as to make the correct classification of the growth a matter of the greatest difficulty.

That the malignant epithelial cell was capable of polymorphism was well recognized. The interchangeability of the acinous and the solid structure in adeno-carcinomata was familiar, and the origin of a squamous-celled carcinoma from columnar epithelium had been reported on several occasions. Greater variations than these, however, were not, as a rule, considered possible. Krompecher, indeed, held that under certain conditions of growth and environment epithelial cells might assume a spindle form and become converted into connective tissue elements, but his views had not found general acceptance, and the doctrine of the specific nature of cell growth was not seriously questioned. Without going so far as to claim that the adult epithelial cell could actually become changed into a connective tissue cell, Dr. Kettle was convinced that some carcinomata possessed such extreme powers of polymorphic growth that their cells, losing all trace of their epithelial origin, became indistinguishable from connective tissue elements. This had been observed in the propagation of certain carcinomata in the mouse, and a similar process could be demonstrated in human tumours. The recognition of this power of polymorphic growth was particularly important in the study of those cases in which multiple malignant tumours occurred simultaneously in the same individual. Most examples of this condition in the different growths were widely separated anatomically, and appeared to be equally independent biologically. Very rarely, however, double tumours occurred in which carcinomatous and sarcomatous elements were so closely blended that it was impossible to separate them. These neoplasms, usually known as carcinoma-sarcomatodes or "mixed tumours," were essentially carcinomata in which the stroma had sarcomatous properties, and bore a close resemblance to the mixed tumours which developed in the course of propagation of carcinomata in mice; only 28 such cases had been recorded in man. Dr. Kettle offered an alternative explanation. A suspiciously high proportion of the cases had occurred in the thyroid gland and the uterus, and the tumours of these organs were prone to present unusual features. Many of the reporters appeared to have rigid conceptions of the morphology of the malignant cell, and though they had accepted and applied to their own material the researches on sarcoma production of the experimental laboratories, they had paid little attention to those other observations which demonstrated

the extreme powers of polymorphic growth possessed by the malignant epithelial cell. Where it was possible to study the growth of these tumours experimentally doubtful points might be cleared up and satisfactory conclusions reached. With human material this was not practicable, and the tumour was seen only in one phase of its growth, and it might not be possible to interpret what was seen. Conclusions drawn from the study of human tumours should be examined before they were accepted much more critically than those arrived at from the study of experimental ones. Amongst the large number of tumours which had passed through his hands during the last twelve years many presented quite unusual features. Some of them, from the complexity of their structure, might be regarded as "mixed tumours," but he thought it more reasonable to explain them as instances of extreme polymorphic growth of carcinomata.

Absolute proof was impossible in the absence of any method which would enable their behaviour on transplantation to be studied, but he felt no doubt that the interpretation he offered was correct. It was most important to make allowance for the morphological elasticity of the epithelial cell in interpreting any anomalous growth. Failure to do this led to erroneous conclusions, and if the study of human cancer was to help in the solution of the problem as a whole, the facts upon which theories were based must be beyond criticism.

Reviews.

THE PURPOSE OF PHYSIOLOGICAL RESEARCH.

DR. HALDANE, in *The New Physiology*¹ gives his reader much food for thought. The main subject of these addresses may be said to be the consideration of what should be the attitude of the physiologist in regard to the interpretation of the phenomena with which he is concerned. It is very clear that the author has thought deeply on the problem, and his views deserve the most careful attention. I should like, first of all, to express my hearty agreement with the greater part of what he says. A review is apt sometimes to give a false impression of the reviewer's appreciation of a book, because points of disagreement present too great a prominence. In the present case, moreover, I do not always feel confident that I have rightly grasped the author's meaning, and may therefore do him injustice by attributing to him opinions which he does not hold. In any case, it is to be hoped that the result will be to send the reader to the original in order to understand the argument.

The author states that he is neither a "vitalist" nor a "mechanist." He will have nothing to do with guiding "entelechies" or "vital force." On the other hand, he is equally convinced that the phenomena of life can never be described in the language of physics and chemistry. In this latter attitude, as it seems to me, he speaks with too hasty a voice. I take it that no physiologist holds that all physiological facts can at the present time be "explained" in physico-chemical language. But do we know enough to state that we are dealing with phenomena which "differ, not only in complexity, but in kind from physical and chemical phenomena"? (p. 19). It may perhaps ultimately turn out to be so, but the case is surely quite different from that of the distinction between the phenomena of consciousness and the physiological processes in nerve cells, which will be admitted by all to be incapable of expression in the same set of terms. Is there not, also, some contradiction between this view of a difference in kind between biological and physico-chemical phenomena and the opinion expressed on p. 105, that "evolution seems to lead, not towards reduction of the organic to the level of the inorganic, but, on the contrary, towards the raising of the inorganic to the level of the organic"? As I understand it, the object of explanation in science is to bring more and more facts under the operation of fewer and fewer wide-reaching general laws, although the problem of philosophy may be otherwise.

¹ *The New Physiology and Other Addresses.* By J. S. Haldane, M.D., F.R.D., F.R.S. London: Chas. Griffin and Co. 1919. (Demy 8vo, pp. 156. 8s. 6d. net.)

Consultants:

Major-General Sir George Makins, G.C.M.G., C.B., F.R.C.S.
Major-General Sir Bertrand Dawson, G.C.V.O., C.B., M.D.
Major-General Sir Anthony Bowlby, Knt., K.C.M.G.,
K.C.V.O., C.B., F.R.C.S.
Brevet Colonel Sir W. Hale White, K.B.E., M.D.
Sir Norman Moore, Bt., M.D., President Royal College of
Physicians.

Ireland: Colonel W. Taylor, M.B., F.R.C.S.

Scotland:

Colonel H. M. W. Gray, C.B., C.M.G., F.R.C.S.
Colonel Sir H. Stiles.

It will be seen that the committee contains representatives of the Regular, Territorial, Special Reserve, and Temporary Commissioned Officers. This committee has recommended:

1. That a permanent memorial or monument be erected in London, with, if possible, replicas in Dublin and Edinburgh.

2. That a fund be formed from which grants in aid be given to the families of officers, non-commissioned officers, and men of all branches of the Royal Army Medical Corps who have fallen or been disabled in this war, or who may be in necessitous circumstances owing to the exigencies of military service.

3. That scholarships or memorial prizes for officers and men of the Royal Army Medical Corps be founded for research work.

Field Marshal H.R.H. The Duke of Connaught, K.G., has graciously consented to be Honorary Chairman of the Committee.

There is reason to believe that others outside the Royal Army Medical Corps are desirous of being permitted to subscribe to this memorial. It is therefore proposed not to limit subscribers to officers and men who have served with the Corps but to accept subscriptions from individuals who may be sympathetic with the object and wish for various reasons to take part in the project.

In order to attain the objects aimed at in an adequate manner a considerable sum of money will be necessary.

During the course of the war 17,338 officers and 179,711 other ranks have served in or with the corps. There is, therefore, confidence that an amount commensurate with the needs will be obtained if the project can be brought to the notice of all now serving and of those who have returned to their civil occupations, as well as to the notice of members of the general public who may be desirous of subscribing. Subscriptions may be sent to Messrs. Holt and Co., 3, Whitehall Place, and marked R.A.M.C. War Memorial Fund.—I am, etc.,

T. H. J. GOODWIN,
Lieut.-General, Director-General
Army Medical Service.

War Office, Adastral House,
Victoria Embankment, E.C.4.
April 28th.

HYPNOTISM, SUGGESTION, AND DISSOCIATION.

SIR,—Dr. W. Brown is good enough to inform the readers of *The Times* (in other words) that my medical knowledge and practice are forty years behind the time, and that I am ignorant of the dissociation hypothesis, which he calls both a theory and a fact, and which he is so good as to explain to me. The columns of *The Times* are not very appropriate for a medical discussion, and with your permission I will change the venue.

It is no doubt a fact—or a theory—that I am a superannuated old foggy, unentitled to give myself airs on the ground of being up to date; but I have not been asleep during the whole of the last forty years, and in fact—or theory—in my waking moments I attended the birth of the dissociation hypothesis, discussed it with its author, reviewed his book, and have watched the career of the theory—or fact—ever since; and I still keep by me that suit of mourning in which I have followed so many medical theories—or facts—to the cemetery.

Youth will be served, and I accept meekly Dr. Brown's suggestion of my old-foggydom, but I am haunted by the words of another and still older foggy: "Doubtless," said he to the Dr. Browns who were trying to bring him up to date, "doubtless ye are the people, and wisdom will die with you. But I have understanding as well as you. . . . Yea, who knoweth not such things as these?"—I am, etc.,

Parkstone, Dorset, April 28th.

CHAS. MERCIER.

FACTORY MEDICAL OFFICERS.

SIR,—May I beg the hospitality of your correspondence columns in order to ask those of our colleagues who, like myself, have been, or are, full time medical officers to factories, whether, in view of the probable development of a widespread (but not necessarily State) medical service, they consider it would be desirable to form a small association for our mutual help and for profitable discussion of the problems of which we alone fully realize the immense importance to the nation, the factory, and the worker?

A provisional committee has been formed, and it is hoped that a meeting may be arranged at an early date. I am acting as secretary for the occasion, and so shall be very glad to hear from any or all of them their views on this matter. Perhaps later on we may encourage the managerial element to join us, as so much good for the factory and workers results from friendly discussion between the medical and other heads of departments, that it will be worth while developing this principle on a larger scale, the main result of which should be the education of the lay element in the sound principles of medical supervision of the health and energy of the industrial worker, especially whilst at work.—I am, etc.,

H. GEORGE P. CASTELLAIN, M.A., M.D.,
Medical Inspector to Ministry of Pensions, formerly P.M.O.
to Nos. 6, 13, and 14, National Shell Filling Factories.
London, S.W.1., April 25th.

*** It would, we suggest, be desirable that further particulars should be given of the scope of this proposed new society. There is already a Certifying Factory Surgeons' Association, and the multiplication of medical organizations to deal with the same medical field is not free from objection.

WELSH MEDICAL COMMITTEE.

SIR,—The Association had just before the outbreak of the war finally decided to establish a Welsh Medical Committee on precisely similar lines to the Irish and Scottish Committees. For certain reasons connected with the war the scheme was not put into operation at the time.

The moment, however, is now opportune, and indeed clamant, to call this statutory committee into active being, for Parliament has very properly decided that Wales must have under the Ministry of Health Act a separate Board of Health, to be located in Wales itself, such Welsh Health Board to deal with National Insurance, housing, and all other health matters in their bearing on the Principality.

When established, such Welsh Medical Committee could immediately enter into dealings with the Welsh Health Board on all health matters appertaining to Wales.

When then, Sir, shall we hear of the Welsh Medical Committee of the British Medical Association holding its first meeting?—I am, etc.,

E. LLOYD OWEN, M.D.,
M.O.H. for South Carmarvonshire.

Criccieth, April 21st.

*** At its meeting on April 16th the Council of the British Medical Association decided, on the recommendation of the Organization Committee, that the Welsh Committee which has not been called together during the war, should meet at an early date and that the Medical Secretary should attend the first meeting.

Universities and Colleges.

UNIVERSITY OF DUBLIN.

THE following medical degrees were conferred on April 24th:

M.B., B.Ch., B.A.O.—J. J. G. De Kock, Rita Henry, J. E. Hill, J. T. Mynhardt, R. Resneskov, R. B. N. Smartt, F. J. Smith, A. J. Vorster, A. L. Wilson.
M.D.—J. Colgan, C. D. Pile, J. Speares, G. F. Wicht.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.

An ordinary comitia was held on Thursday, April 24th, at 5 p.m., the President, Dr. Norman Moore, occupying the chair.

On the report of the Censors Board, the name of Mr. Thomas Stoney Sharpley was expunged from the list of Licentiates.

The following candidates, having passed the required examination, were elected as Members:

Alfred Douglas Bigland, M.D. Liverpool; Hugh Hadfield Carleton, M.D. Oxf.; Walter d'Esté Emery, M.D. Lond.; Charles Leonard Gimblett, M.D. Camb.; Wm. Henry Parkes, M.B. Edin.; John Alfred Ryle, M.B. Lond.; Alfred Bertram Soltan, M.D. Lond.; John Forbes Ward, M.B. Manch.

Licences to practise physic were granted to 76 candidates who, having conformed to the by-laws and regulations, had passed the required examinations.

The following Members were elected to the Fellowship on the nomination of the Council:

John Douglas Stanley, M.D. Edin.; Ernest Bosdin Leech, M.D. Camb.; Henry Devine, M.D. Lond.; Henry Letheby Tidy, M.D. Oxf.; George Augustus Auden, M.D. Camb.; David Henriques De Souza, M.D. Lond.; Alexander Edward Gow, M.D. Lond.; Cuthbert Allan Sprawson, M.D. Lond.; Frederic Percival Mackie, M.D. Bristol; Albert Ernest Naish, M.D. Camb.; Robert Skeogh Frew, M.D. Edin.; George Herbert Hunt, M.D. Oxf.; Philip Hamill, M.D. Camb.; James Leatham Birley, O.B.E., M.B. Oxf.

Dr. Sidney Martin was appointed, on the nomination of the Council, a representative of the College on the Senate of the University of London.

On the recommendation of the Committee of Management, approval was given to the addition of St. Peter's School, York, to the list of institutions recognized for instruction in chemistry and physics, and of the Perse School for Girls, Cambridge, for instruction in chemistry, physics, and biology; also of the addition of the University of Texas to the list of institutions whose graduates in medicine are admissible to the Final Examination of the Examining Board in England under paragraph IV, Section III, of the Regulations.

Books and other publications presented to the library during the last quarter were received and the thanks of the College accorded to the donors.

After some formal business the President dissolved the comitia.

The Services.

CREATION OF DIRECTORATES OF HYGIENE AND PATHOLOGY WITHIN THE ARMY MEDICAL DEPARTMENT.

THE sanction of the Treasury has just been given to a scheme put forward by the Director-General, Army Medical Service, with a view to linking up, under a definitely planned organization, the activities of the different departments and individuals hitherto concerned with the various problems of preventive medicine, pathology, and tropical diseases, bearing upon the health of the army in peace and war.

The need for such a reorganization had long been felt by many of those officers of the R.A.M.C. engaged in hygienic or pathological work, and efforts had already been made, prior to the war, towards an improved system. It was not, however, until the progress of the war brought wider recognition of the far-reaching benefits of scientific research, and a fuller realization of the amount of training, work, and organization required to obtain the best results from such research, that the urgent need for a better system became manifest.

The principal objects which were in view in the formulation of the scheme outlined below were as follows: (1) To utilize to the fullest extent the benefits of new knowledge, as these become available, through close co-operation between those working within and outside the army, and by initiating and controlling research work in connexion with problems affecting the health of the troops. (2) To raise the standard of sanitary and pathological work in the army by creating within the Army Medical Department such an organization as will ensure this co-operation, and will at the same time furnish inducement to officers who have specialized in these subjects to continue to work therein. It is also hoped that the improved prospects now opening up may encourage young medical men whose bent and inclinations lie in these directions to enter the service.

The scheme to which approval has now been given may be outlined as follows:

1. Two new Directorates, of Hygiene and Pathology respectively, have been created under the Director-General, Army Medical Services, as a part of the War Office organization of the Army Medical Department. These Directorates will be directly responsible to the Director-General for all matters relating to their respective spheres, and they will take over from the various branches of the Army Medical Department the sections of this work which have hitherto been distributed among those branches.

2. The following administrative staff appointments have been authorized, conforming as regards conditions of appointment and tenure to those of D.M.S., D.D.M.S., A.D.M.S., and D.A.D.M.S.

- (a) Director of Hygiene (D.H.);
Director of Pathology (D.P.).
- (b) Deputy Director of Hygiene (D.D.H.);
Deputy Director of Pathology (D.D.P.).
- (c) Assistant Director of Hygiene (A.D.H.);
Assistant Director of Pathology (A.D.P.).
- (d) Deputy Assistant Director of Hygiene (D.A.D.H.);
Deputy Assistant Director of Pathology (D.A.D.P.).

3. The above appointments will carry with them the following ranks:

- (a) Directors—Brigadier-General (but may be held by a Major-General if selected for promotion to this rank in the ordinary course).
- (b) Deputy Directors—Colonel.
- (c) Assistant Directors—Lieutenant-Colonel.
- (d) Deputy Assistant Directors—Major.

Officers selected for appointment to any of these charges, if not already holding the substantive ranks indicated, will be given the appropriate temporary rank, together with the pay and allowances of that rank, for as long as the appointment is held.

4. *Establishment.*—Sanction has been given to the new Directorates and to the following establishment of the cadres in the Commands for a period of two years, at the end of which time the latter will be subject to revision in the light of the experience by that time acquired as to its adequacy. The appointments will be filled up as soon as the final disposition and strength of the troops to be stationed at home and abroad have been settled, and as suitably qualified officers become available.

War Office:

Hygiene.	Pathology.
1 Director.	1 Director.
1 Deputy director.	1 Deputy director.
1 Assistant director.	1 Assistant director.

Home (exclusive of professional staff of R.A.M. College):

9 Assistant directors.	8 Assistant directors.
21 Deputy assistant directors.	17 Deputy assistant directors.

Abroad (excluding India):

1 Assistant director.	1 Assistant director.
6 Deputy assistant directors.	8 Deputy assistant directors.*

* Of whom 5 will also act as D.A.D.'s of Hygiene.

5. *Advisory Committee.*—It has been decided to appoint such Committees in connexion with each Directorate to assist the Director in technical matters. They will be composed of both military and civilian members, and the following are the constitutions which have been approved:

(a) Hygiene Advisory Committee.

- The Director of Hygiene (Chairman).
- The Deputy Director of Hygiene (Vice-Chairman).
- The Professor of Hygiene at the R.A.M. College.
- A representative of the War Office Directorate of Fortifications and Works.
- A sanitary engineer.
- A civil professor of hygiene or M.O.H. of a county or large city.
- A physiologist.
- A representative of the Medical Department of the Local Government Board.

(b) Pathological Advisory Committee.

- The Director of Pathology (Chairman).
- The Deputy Director of Pathology (Vice-Chairman).
- The Professor of Pathology, R.A.M. College.
- The Professor of Tropical Medicine, R.A.M. College.
- Two civilian professors or recognized experts in pathology.
- A civilian professor or expert in tropical medicine.
- A representative of the Medical Research Committee.

6. *Organization for War.*—A similar scheme for the co-ordination of hygiene and pathology work in the field, together with the establishments considered necessary under various circumstances, has also been drawn up, but need not be described here.

EAST AFRICAN CAMPAIGN.

LIEUT.-GENERAL SIR J. L. VAN DEVENTER, Commander-in-Chief, East African Force, in his dispatch dated Pretoria, January 20th, 1919, regarding the operations in East Africa from September 1st, 1918, to the conclusion of hostilities, after referring to the progress made by the troops under his command, says:

Perhaps the greatest problem of all was that of health. No country is more rife with disease than tropical Africa, our greatest enemy being malaria, which thinned the ranks of the force to an alarming extent. Towards the end of the campaign, also, the troops suffered severely from Spanish influenza. These and other diseases filled our hospitals to an extent which taxed the medical services to the utmost; and, in spite of all their care and devotion, claimed a far larger number of victims than the weapons of the enemy.

INDIAN MEDICAL SERVICE.

NEW RATES OF PAY (MILITARY).

THE Secretary of State for India in Council, in announcing recently to the deputation from the British Medical Association the introduction, with effect from December 1st, 1918, of improvements in the rates of pay for permanent officers of the Indian Medical Service, stated that the detailed rates of pay to give effect to this decision were being worked out in India.

The detailed rates of pay for the military side have now been received, and are as follows (the rates of pay in force before December 1st, 1918, for officers in permanent medical charge of regiments are given in column 2 for comparison):

	(1) New Rate.	(2) Old Rate for Charge of a Regiment.
	Rs. p.m.	Rs. p.m.
Lieutenants	550	(450)*
Captains... ..	700	(550)
Captains (after 5 years' total service)...	750	(600)
Captains (after 7 years' total service)...	800	(650)
Captains (after 10 years' total service)...	900	(700)
Majors	1,000	(800)
Majors (after 3 years' service as such)...	1,150	(900)
Lieut.-Colonels	1,550	(1,250)
Lieut.-Colonels (of over 25 years' service)...	1,600	(1,300)
Lieut.-Colonels (selected for increased pay)...	1,750	(1,400)

These rates are consolidated, and include charge pay for the command of station hospitals.

The new rates of pay for certain of the higher military appointments are as follows:

D.D.M.S. (if held by a Major-General)	Rs. p.m.
D.D.M.S. and A.D.M.S. (if held by a Colonel)	2,650
A.D.M.S. of Aden: Inspector of Medical Services, Army Headquarters	2,150
A.D.M.S. in the Field (when held by an officer below Colonel's rank)	1,950
Officer Commanding general hospital in the field of 500 beds	
A.D.M.S., Army Headquarters	1,700

(These new rates have been arrived at by adding approximately 33½ per cent. to that portion of the old rates of consolidated pay for these appointments which represented grade pay.)

The detailed rates of civil pay are not yet available, but it is hoped to announce them shortly.

Adjustments of pay to give effect to the new rates will be carried out as soon as possible.

* In the case of a Lieutenant the rate for an officer in officiating charge only has been shown, as this is the most probable position of a Lieutenant.

Obituary.

WILLIAM GEMMELL, M.B., C.M., F.S.A.Scot.

MUCH regret is felt by the medical profession in Glasgow at the death of Dr. William Gemmell, at the age of 59, which took place on April 2nd in the Western Infirmary as the result of injuries caused by a motor cycle. Dr. Gemmell was a well known and greatly respected personality in Glasgow, where he was born and educated, and whither he returned after some twenty years' practice in London. He studied medicine in the university, and having graduated M.B., C.M. in 1888, he held resident posts at the Glasgow Royal Infirmary, at the Maternity Hospital, and the Belvidere Hospital. On his retirement from active practice he devoted himself to public work and to literary and antiquarian pursuits, for which he had always had a strong taste. In 1912 he was elected a town councillor and five years later a magistrate of the city. He was a Fellow of the Society of Antiquaries of Scotland and president of the Grand Antiquity Society of Glasgow, and was a recognized authority on the ancient buildings and monuments of Glasgow, upon which he published more than one interesting and learned volume. He took a prominent part in the discussions of the Glasgow Archaeological Society, and in 1911 he organized the domestic section in the Palace of History at the Scottish Exhibition. Beyond his ordinary civic duties as a town councillor, Dr. Gemmell served as convener of the Libraries Committee of the Glasgow Corporation. During the war he received leave of absence from the corporation in order to undertake military duties as a captain in the R.A.M.C.

DR. JAMES HINSHELWOOD, formerly lecturer on ophthalmology at the Glasgow Western Medical School and surgeon to the Glasgow Eye Infirmary, died recently at

Mentone at the age of 60. He was a native of Glasgow, and received his medical education at the University of Glasgow, where he graduated M.A. in 1880, M.B., C.M. in 1884, and M.D. with commendation in 1899. In 1896 he was elected a Fellow of the Royal Faculty of Physicians and Surgeons of Glasgow. He made a number of contributions to the literature of ophthalmology, and was the author of *Letter-, Word-, and Mind-Blindness*, published in 1900. He was honorary secretary of the medical section of the Glasgow Medico-Chirurgical Society and a member of the Glasgow Philosophical Society and of the Glasgow Central Division of the British Medical Association.

DR. ROBERT A. NESHAM, of Newcastle-upon-Tyne, died on February 5th in his 50th year. He was educated at Cambridge University, where he graduated B.A. in 1890 and at St. Bartholomew's Hospital. He took the diplomas of M.R.C.S., L.R.C.P.Lond. in 1896, after which he went into practice at Newcastle-on-Tyne, where he was honorary physician-accoucheur to the Lying-in Hospital, examiner to the Central Midwives Board and examiner under the Workmen's Compensation Act for Elswick Works. He joined the 1st Northumbrian Brigade of the Royal Field Artillery Volunteers as medical officer in February, 1900, attained the rank of surgeon-major in May, 1915, and subsequently retired. He was a member of the Newcastle Division of the British Medical Association.

CAPTAIN JAMES CONNOR MAXWELL BAILEY, O.B.E., R.A.M.C., died in German East Africa on April 13th, aged 40. He was the only son of Mr. L. F. Bailey of Dulwich, and was educated at St. Bartholomew's Hospital, taking the M.R.C.S. and L.R.C.P.Lond. and also the M.B. Lond. in 1901 and the M.D. in 1909. After serving as house-surgeon, gynaecological house-surgeon, and senior house-physician at the West London Hospital, he joined the West African Medical Staff and served in South Nigeria. He took a temporary commission as lieutenant in the R.A.M.C. on March 1st, 1916, and was promoted to captain after a year's service. At the time of his death he held the post of principal medical officer in German East Africa. He received the O.B.E. on January 1st, 1919.

CAPTAIN WILFRID STEPHENSON BROWN, R.A.M.C.(S.R.), died on March 27th, on his way home from Mesopotamia, of disease contracted on active service. He was the eldest son of Mr. R. Allen Brown of Bickley, Kent, and was educated at Caius College, Cambridge, where he graduated B.A., and at St. Thomas's Hospital, taking the diplomas of M.R.C.S. and L.R.C.P.Lond. in 1916. He joined the Special Reserve of the R.A.M.C. as lieutenant in 1917, and was promoted to captain on February 14th, 1918.

Medical News.

COLONEL WILLIAM HENRY WILLCOX, C.B., C.M.G., M.D., has been appointed a Knight of Grace of the Order of the Hospital of St. John of Jerusalem.

A QUARTERLY meeting of the Medico-Psychological Association will be held at 11, Chandos Street, Cavendish Square, London, on the afternoon of May 20th, when Dr. C. F. F. McDowall (Ticehurst, Sussex) will read a paper entitled "The Genesis of Delusions: Clinical Notes."

COLONEL A. W. SHEEN, C.B.E., having relinquished the appointment of consulting surgeon, war hospitals, India, has returned to Cardiff, and Dr. Hildred Carlill, on demobilization from the Royal Navy, to London (145, Harley Street).

AT a pathological meeting of the West London Medico-Chirurgical Society to be held to-day, Friday, May 2nd, at 8 p.m. at the West London Hospital, Dr. J. M. Burnford will read a paper on clinical pathology: its importance in diagnosis and treatment. The annual general dinner of the society will be held on Thursday, July 10th.

A POST-GRADUATE course in neurology will be held at the National Hospital for the Paralysed and Epileptic, Queen Square, Bloomsbury, W.C.1, from May 5th to July 5th. The arrangements for next week include

demonstrations in the out-patient department and wards on four afternoons, lectures on three afternoons, and surgical operations on Saturday morning.

THE President and Council of the Medical Society of London will be at home to members of the Fellowship of Medicine on Monday next, at 8.30 p.m., at the house of the Society, 11, Chandos Street, Cavendish Square, W.1. At 9 p.m. Sir StClair Thomson will give a short address, with epidiascope illustrations, on John Coakley Lettsom and the foundation of the Medical Society of London in 1773. Afterwards there will be refreshments and smoking. The Society will be pleased to welcome any members of the Overseas Forces now in London.

A SPECIAL meeting of the British Orthopaedic Association will be held at the Liverpool Medical Institution on Friday and Saturday, May 30th and 31st. On the first day a discussion on the treatment of flail joints of the upper limbs will be opened by Mr. Naughton Dunn and Mr. Harry Platt, and Professor F. Wood Jones will speak on the anatomy of snapping hip. Demonstrations will be given by Mr. A. Rocyn Jones and the President, Mr. E. Muirhead Little, and Mr. McCrae Aitken will speak on functions of scar tissue, Mr. Trethowan on the treatment of static disabilities of the feet, and Mr. Dunn on the operative treatment of paralytic talipes calcaneo-cavovaglus. On Saturday demonstrations of patients and operations will be given at the Alder Hey Special Military Surgical Hospital in the morning, and a visit will be paid to the Liverpool Country Hospital for Children at Heswall.

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.

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

In order to avoid delay, it is particularly requested that ALL letters on the editorial business of the JOURNAL be addressed to the Editor at the Office of the JOURNAL.

The postal address of the BRITISH MEDICAL ASSOCIATION and BRITISH MEDICAL JOURNAL is 429, Strand, London, W.C.2. The telegraphic addresses are:

1. EDITOR of the BRITISH MEDICAL JOURNAL, *Aitology, 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.

QUERIES AND ANSWERS.

S.H.B. asks for advice as to the most reliable sphygmomanometer which will stand the wear and tear of general practice.

DR. H. FERGIE WOODS (Golders Hill, N.W.3) writes in reply to "S. J. W.," who asks for advice as to treatment of incontinence of urine following a confinement: I would suggest trying *Arnica montana*, 5 drops of a 1 per cent. solution of the tincture taken internally in a little water night and morning for a couple of weeks will probably be found to relieve considerably, if not cure, the condition.

M.D., J.P. writes in answer to the question in last week's JOURNAL (p. 534): *The Justice of the Peace and his Functions on and off the Bench* (J. M. Dent and Sons) will supply your correspondent with all the information he requires in a plain untechnical way. A much larger work is *Stone's Justices' Manual*, published annually, of which a copy is kept in most police-courts. Experience, aided by the advice of the magistrates' clerk or the chief local police officer, will effect the new justice's fitness for his responsible duties.

INCOME TAX.

B. inquires whether sums paid by the Medical Sickness and Life Assurance Friendly Society during the illness of the recipient are liable to tax in his hands.

. In our opinion, no. The payment of the "sickness" premiums is not a professional expense strictly, and the receipts are equally not received for professional work, and are therefore not "profits or gains" accruing from the profession.

V.A.D. inquires whether the special "service" rate of income tax applies to remuneration paid through the army paymaster for work in a local V.A.D. hospital.

. The answer is in the negative. Red Cross work must be performed abroad to carry with it the right to the reduced scale of taxation, and as the remuneration is apparently received by our correspondent as a "temporary civilian

employee of the War Office," and not as "army pay"—we assume that he is not liable to the ordinary army discipline—that ground of claim also fails.

LETTERS, NOTES, ETC.

PENSIONS FOR HOSPITAL OFFICERS.

SIR WILLIAM COLLINS has received the following letter in reference to his refusal to sign the report to the King's Hospital Fund which stated that a system of pensioning through resort to profit-earning insurance companies afforded the only solution of the problem. Sir William sent a dissentient memorandum setting out the conclusions at which he had arrived.

Seamen's Hospital, Greenwich,
15th April, 1919.

Dear Sir William Collins,

I would be unmindful of the obligation that every hospital employee is under to you for your attitude as a member of King Edward's Fund on the question of pensions were I not to write and acknowledge what you have done. The hospital official is not so well paid that he can afford a further tax on his limited remuneration, besides which the method of pensioning by the aid of insurance companies debars a hospital from augmenting a pension for particularly meritorious services as provided for in the Act of 1859.

As a secretary with almost the longest service of any other hospital official in London, I beg to thank you, on my own behalf and on behalf of my colleagues, for your signal service and sympathy.

Yours very truly,
P. Michelli, Secretary.

DISCHARGED TUBERCULOUS SOLDIERS.

THE Society of Medical Officers of Health recently pointed out to the Local Government Board that its circular of December 4th, 1918, in regard to the home visiting and after-care of discharged soldiers and sailors suffering from tuberculosis might be interpreted as making the tuberculosis officer directly responsible for measures in this connexion. In reply the Board stated that the circular "was not intended to suggest in any way that the tuberculosis officer should, except as far as his clinical duties are concerned, act otherwise than under the direction of the medical officer of health." The Board added that the position of the medical officer of health in relation to the administration of sanatorium benefit was stated in the third paragraph of their circular letter dated December 6th, 1912, as follows: "The organization of schemes must be undertaken as part of the public health administration of the areas to which they relate, and the medical officer of health should be the chief executive and organizing officer...."

THE GRIEVANCES OF THE SPANISH MEDICAL PROFESSION.

THE indignation felt by the medical profession of Spain at the scurvy treatment they receive from public authorities has culminated in a general movement for redress. Meetings have been held throughout the country, and on March 19th King Alfonso gave an audience to the central executive committee of the Spanish medical associations deputed to lay before him the wrongs suffered by public health and poor law officers at the hands of municipal and other authorities. Special stress was laid on the meagreness of salaries and the lack of provision for the widows and orphans of the victims of professional duty in epidemics. Complaint was also made of the general neglect of medicinal and sanitary matters by the state. His Majesty gave the deputation a sympathetic hearing, listening to them for nearly an hour. He showed a full knowledge of the grievances of the profession, and promised that steps should be taken by the Government to satisfy its legitimate aspirations.

THE appointments of certifying factory surgeons in the following districts are vacant: Ballymacarberry (Waterford), Caerleon (Monmouth), Honiton (Devon).

THE following appointments of medical referee under the Workmen's Compensation Act, 1906, are vacant: Rotherham and Sheffield County Courts in Circuit No. 13; East Retford, Doncaster and Thorne County Courts in Circuit No. 18. Applications to the Private Secretary, Home Office, by May 21st.

SCALE OF CHARGES FOR ADVERTISEMENTS IN THE BRITISH MEDICAL JOURNAL.

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