I have always used the hydrochloride if obtainable, but if only five grains daily, the cheaper salts are just as satisfactory.

As soon as the patient can get about, some combination of arsenic in increasing doses and iron in small doses has proved most useful.

A COMPARISON OF TWO METHODS OF ADMINISTERING ARSENO-BENZOL COMPOUNDS IN SYPHILIS.

BY

H. E. GIBSON, M.D.OXON.,

LONDON.

A COMPARISON of the two following courses of antisyphilitic treatment may be of interest.

In the first series of cases treatment consisted of one dose of 0.3 gram of kharsivan, followed at weekly intervals by doses of 0.6 gram, until a total of 2.7 grams had been given, but an interval of fourteen days was allowed between the third and fourth doses. This course was thus completed in five or six weeks. For want of a better term it may be termed a "concentrated course" of treatment. If further treatment was necessary owing to the Wassermann reaction being still positive, potassium iodide was given for fourteen days, and then two more injections of 0.6 gram, with one week's interval between them. All the above was given intravenously by the gravity method.

In the second series of cases, which may be termed a "prolonged course" of treatment, three injections of 0.3 gram were given, then two of 0.4 gram, and two of 0.5 gram, all at weekly intervals, except for a fortnight's rest between the third and fourth injections, as in the other series. This course lasted about eight weeks, and the drug was given intravenously as in the "concentrated course." Further treatment, if necessary, consisted as a rule of intramuscular injections of novarsenobillon, at weekly intervals, generally one of 0.3 gram and one of 0.6 gram. Occasionally there were slight variations in the above prolonged course, as, for example, by substituting a dose of 0.5 gram for the second dose of 0.4, or a dose of 0.6 for the last 0.5 gram.

The criterion of cure was a negative Wassermann reaction.

The total amount of arseno-benzol compounds given to any one case was limited to 4 grams, the first course, at the end of which the Wassermann reaction was tested, consisting of a total of 2.6 to 2.8 grams; the second, or "follow up" course, before a second Wassermann test was made, bringing the total to an average of 3.9 grams in the concentrated course, and 3.6 in the prolonged series.

It will be seen from the table that, although the percentage of primary cases which showed a negative Wassermann reaction after the first course is slightly higher in the "concentrated" series, the results are completely changed when we consider the cases showing secondary symptoms.

Cases Treated with a Concentrated Course.

No. of Cases.	Negative with up to 3 grams.	Negative with up to 4 grams.	Positive after 4 grams.	Doubtful after 4 grams.
Total cases... ... 89	47=52.80%	14=15.73%	23=25.84%	5=5.61%
Primary 34	28=82.35%	3= 8.82%	2= 5.88%	1=2.94%
Secondary 52	17=32.69%	10=19.23%	21=40.32%	4=7.68%
No symptoms ... 1	0	1=100%	—	—
Previous treatment 2	2=100%	—	—	—

Cases Treated with a Prolonged Course.

No. of Cases.	Negative under 3 grams.	Negative under 4 grams.	Positive after 4 grams.
Total cases ... 100	68=63%	38=38%	4=4%
Primary... ... 65	52=80%	12=18.46%	1=1.53%
Secondary ... 35	16=45.71%	16=45.71%	3=8.57%

All cases also received 1 grain of mercury, given intramuscularly, at weekly intervals.

Apart from the question of cure, one great disadvantage of the short concentrated course is that the reactions are much more pronounced than in the prolonged course. These include diarrhoea, vomiting, and sometimes a violent and immediate vaso-dilator effect, in which the patient's face becomes "blown up," and the pulse weak and irregular; this is most alarming when seen for the first time, but apparently it always passes off without active treatment. Opinions differ as to the benefits of adrenalin in this condition.

Although slight reactions, such as diarrhoea, vomiting, and headache, may occur with the prolonged course, they are not so marked as in the other, and I have so far not had a single instance of the vaso-dilator phenomenon.

It has been impossible to follow up these cases to see what percentage of relapses, if any, occurred in the two series.

Conclusions.

Advantage seems to lie with the prolonged course, partly owing to the lesser incidence and violence of reactions, and partly because the total results are better than with the concentrated course; this especially applies to secondary cases.

Should a patient showing only a primary sore have urgent reasons for wanting a short course, the concentrated course may be given, but otherwise it is better to spread the treatment out over a longer period.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

TREATMENT OF DELIRIUM TREMENS.

DR. STARKEY has sounded a note of warning, in the BRITISH MEDICAL JOURNAL of January 10th, with regard to Dr Wyatt-Smith's remarks, under the above heading, in the JOURNAL of December 6th, 1919, which I must support. Prior to the war I made extensive observations on the action of various hypnotic drugs with a view to forming some ideas as to their selection in different types of mental disease. My results were published in the *Journal of Mental Science* (July, 1914), but I feel that it may be of some interest if I record here some of my observations on the drugs mentioned.

Hyoscine.—My opinion is that this drug is a very powerful cardiac depressant and that it ought not to be prescribed in patients who suffer from "heart disease." I laid considerable emphasis on this in my article referred to above and expressed the view that it should not be given to anyone who was not in robust physical condition. In states of extreme maniacal excitement, in strong healthy people, however, when one wishes to obtain the influence of a hypnotic as quickly as possible, it is a most useful drug, and given by hypodermic injection it is very rapid in its action. I have frequently given doses of gr. $\frac{1}{50}$ with benefit; in fact, large doses must be given in these cases and in this way the repetition may be avoided. I have found it especially useful in cases of delirium tremens, as Dr. Wyatt-Smith states, and especially so if combined with atropine and morphine. In milder cases it is of some use in doses of gr. $\frac{1}{100}$ three times a day, but I prefer not to use it for repeated administration, and the warning given by Dr. Starkey is fully justified from the experience I have had of the drug.

Sulphonal.—Most of those who have done service in mental hospitals have considerable experience of the use of this drug, and although Dr. Wyatt-Smith states that he has not yet met anyone who had seen a case of sulphonal poisoning, I must add my name to the list, with Dr. Starkey, of those having had this experience. I have, however, only seen one case in fourteen years' asylum work. It is usually associated with vomiting, diarrhoea, and abdominal pains, and the patient slowly passes into a state of collapse. The warning signal is haematoporphyrinuria, and it seems to me, therefore, of the greatest importance when prescribing this drug to have careful observations made on the passage of urine, and the report of any tendency for it to change to a reddish tinge. It has been my invariable rule to have these instructions written on the box in which sulphonal is dispensed, and this may account for my having seen only one case of poisoning from the drug, but I realize the

risk of its prolonged administration under other circumstances, and think these should not be treated too lightly. I consider sulphonal prescribed with the above precautions to be most useful in cases of old-standing excitement, and especially in cases of senile dementia. It is not a cardiac depressant, but it is very slowly excreted. I prefer it in the powder form in which some makers prepared it in pre-war days, for in the crystalline form it is very insoluble and liable to set up gastro-intestinal irritation, which, in my opinion, may produce attacks of diarrhoea. Its action is slow but cumulative, and it requires to be given several hours before its effect is desired. After testing its action in a hundred cases I found that the average period that elapsed before sleep after the administration of 30 grains was four hours, and that on an average seven and a half hours' sleep followed.

Veronal.—I agree with Dr. Starkey that this is in many ways preferable to sulphonal, and I use it for cases of excitement in the early stages. The drug, however, is very liable to produce a habit; this I throw out as a warning to those who may use it in private practice. It seems to have been procured by drug takers more commonly since the Hove case (BRITISH MEDICAL JOURNAL, 1913, vol. i, p. 566), the newspaper accounts of which may have had some influence in this direction. Veronal is quicker in its action than sulphonal, and I found that on an average 10 grains produced five hours' sleep within forty-five minutes of its administration.

Whilst on the subject of hypnotic drugs I should like to state that I consider their use should be avoided as much as possible. Much can be done to induce sleep in restless patients before drugs are resorted to, and efficient nursing may considerably diminish the strength of the dose required. I venture to suggest that hydrotherapy is not so frequently tried as it should be in cases of acute maniacal excitement, and that the poisonous doses of hypnotics otherwise necessary may frequently be avoided by this line of treatment in the early stages.

RICHARD EAGER, O.B.E., M.D.,
Deputy Medical Superintendent, the Devon Mental Hospital.
Exminster.

"ACUTE SUFFOCATIVE CATARRH."

THERE seems to be a close resemblance in the description given of the cases of acute suffocative catarrh recently reported to the condition met with in paroxysmal tachycardia. In one form of this the patient stands rooted to the ground, with intense dyspnoea, cyanosed, and expectorating large quantities of frothy, blood-stained fluid. As in the condition described by Dr. Gale, morphine is often extremely efficacious. A good description is given by Dr. Lewis in one edition of his *Clinical Disorders of the Heart Beat*, modified, for some reason which I do not know, in a later edition.

W. DUNCAN LAWRIE, M.D.,
F.R.C.S.Edin.
Longton, Stoke-on-Trent.

HOUR-GLASS STOMACH: GASTRIC AND PYLORIC ULCERS.

THE following case presented some interesting features as an instance of a condition which I believe to be uncommon:

Mrs. E., aged 53, had been troubled with "indigestion" for sixteen years. Pain in the epigastrium after every meal was a marked symptom when I saw her, no matter what food she took, though the degree of pain varied with the consistency of the food—it was less after a fluid diet, such as milk, than after one including potatoes. During the last twelve months she had lived on scarcely anything but milk. She was very badly nourished, and weighed just over 6 st. I advised operation, to which she consented.

Operation.

I found a rather enlarged stomach with the pylorus almost surrounded by dense adhesions and attached to the under surface of the right lobe of the liver. There were signs of recent inflammatory trouble in this area. The pylorus scarcely admitted the tip of the little finger. At the junction of the proximal and middle thirds of the stomach was a large chronic saddle-shaped ulcer extending down both the anterior and posterior surfaces from the lesser curvature, and constricting the lumen to such an extent that here again the tip of the little finger could just be inserted. The edges of the opening were rounded, thickened, hard and smooth; there were no adhesions on the posterior wall of the stomach, and the organ could easily be lifted up. I had no reason to suspect malignancy.

Resection of this part of the stomach with or without the pylorus was not attempted because such a procedure was not to my mind justifiable owing to the poor condition in which the patient was at the time. I therefore performed double posterior gastro-enterostomy and closed the wound.

Apart from a little vomiting twelve hours after the operation recovery was uneventful, and she was up on the tenth day and left hospital on the fourteenth.

Her condition at present (two months after the operation) is very good and she is eating well. Her weight is now 7 st. 6 lb.

Although hour-glass stomach is not uncommon, this condition combined with ulcerated pylorus is rare. Also in an hour-glass condition a double gastro-enterostomy is perhaps not the best method to adopt, yet I think in this case it was the one and only suitable procedure.

Another interesting point is the relative times of formation of these ulcers; from the condition of things found at operation I should say that the saddle-shaped ulcer was of much longer duration than that at the pylorus.

The possibility of ultimate transition to malignancy did not escape my mind, but, as I have said, resection in any form was not justifiable.

DONALD M. MACLEOD.
Evesham.

Reports of Societies.

DIVERTICULITIS.

THE meeting of the Proctological Subsection of the Royal Society of Medicine on the subject of diverticulitis, which had been adjourned from the previous week,* was held on Wednesday, January 14th. The discussion was resumed by Mr. J. P. LOCKHART-MUMMERY, the President of the Subsection.

Diagnosis.

Mr. LOCKHART-MUMMERY expressed the view that the discussion would be instrumental in proving to the profession that diverticulitis, far from being a pathological curiosity, was a very real disease. As far as he knew, the earliest description of the condition in English literature was that contained in a paper by Sir Humphry Rolleston published in the *Lancet* of 1905. One of the most important points in connexion with diverticulitis was its liability to be mistaken for carcinoma, and carcinoma of an inoperable nature. The result was that such a patient was often left without surgical relief. The points that were of assistance in establishing a diagnosis of diverticulitis were the following: First, recurrent attacks of inflammation, accompanied by a rise of temperature and rigors. Second, a long history without great increase in the size of the abdominal tumour, and without great emaciation. Even when the abdomen was opened the diagnosis often remained doubtful. However, a large mass with marked adhesions suggested diverticulitis. In 4 out of his series of 24 cases perforation into the bladder had occurred, and he suspected that the vast majority of cases of perforation into the bladder which were believed to be due to carcinoma of the bowel were in reality due to diverticulitis. On the other hand, diverticulitis was sometimes associated with malignant disease, and for this reason he recommended that colostomy should be performed early, without waiting for urgent signs of obstruction. Although resection was the ideal proceeding, it could seldom be attained, owing to the density of the surrounding adhesions. In only 4 of his cases had resection been possible. The usual alternatives were some form of short-circuiting operation and colostomy. The results of colostomy were exceedingly good, but care must be taken to get well above the diseased bowel. After colostomy the disease became arrested, and in spite of the objection of patients to this proceeding, their condition was a very satisfactory one. Only in very exceptional cases was it justifiable to perform resection of the bowel without a preliminary colostomy. If, as the result of colostomy, the local condition improved, secondary resection might be undertaken. In his series the average age of patient suffering from diverticulitis was 60.

Etiology.

Mr. W. ERNEST MILES agreed that the discussion had shown that diverticulitis was a very real disease, and one that should engage the attention of every abdominal surgeon. Whether it was a comparatively new form of

* Reported in the BRITISH MEDICAL JOURNAL, January 17th, 1920, pp. 82-86.

Maynard Heath and Robert Scott, R.A.M.C. *4th Class:* Captain J. Ratcliffe, R.A.M.C.(S.R.); temporary Captains Ronald E. Gordon Gray, and Charles Samson Thomson, R.A.M.C.

By the King of the Hedjaz.

Order of El Nahda.—3rd Class: Captain and Brevet Major (acting Major) William Edward Marshall, M.C., R.A.M.C.

TERRITORIAL DECORATION.

The Territorial Decoration has been conferred upon the following officers of the R.A.M.C.(T.F.):

Lieut.-Colonels: John Allison (attached Northumbrian Yeomanry), F. E. Fremantle, O.B.E., M.P. (General List), F. W. Gibbon, V.D. (attached Tyne Electrical Engineers), Archibald G. Hay (3rd Scottish General Hospital).

Major (acting Lieut.-Colonel) James Scott (attached 5th Battalion, Royal Scots).

Majors: William A. Burns (2nd Lowland Field Ambulance), James H. Dixon (5th London Field Ambulance), William Haig, D.S.O. (attached 6th Battalion, Royal Highlanders), Alexander E. Kidd, O.B.E. (3rd Highland Field Ambulance), James Middleton (attached 5th Battalion, Gordon Highlanders), Paul McK. Terry (attached Wessex Division, Ammunition Column, R.F.A.), William D. Watson (1st East Anglian Field Ambulance), James Wood, D.S.O. (1st West Lancs Field Ambulance).

Captain and Brevet Major Keith W. Monsarrat (1st Western General Hospital).

Captain (acting Major) Arthur L. Whitehead (2nd Northern General Hospital).

Captains: Godfrey J. R. Lowe (4th Northern General Hospital), F. W. K. Tough (3rd West Lancs Field Ambulance).

The surname of Lieut.-Colonel Cyril H. Howkins, C.B.E., D.S.O., is as now described, and not as stated in the *London Gazette* of November 4th, 1919.

Obituary.

GEORGE WILLIAM KILNER CROSLAND, D.S.O.,

M.R.C.S., L.R.C.P.,

Late Chairman of the Huddersfield Division, British Medical Association.

THE medical profession in Huddersfield and surrounding district has sustained a serious loss by the death of Major Crosland, which took place on the last day of 1919, after a distressing and painful illness. He underwent a serious operation in the spring of last year which necessitated his absence from work for about four months. In the autumn his health had improved so much that he had good ground for believing that he was cured of his ailment. Soon afterwards, however, there were signs of a recurrence, and he began slowly but surely to lose ground. He struggled bravely on in spite of much pain and weakness and did his operative work—hospital and private practice—until within a month of his death.

Major Crosland belonged to a well-known Huddersfield family, and his grandfather, Mr. T. P. Crosland, was Member of Parliament for the borough. He received his medical training at the Leeds School of Medicine, and after qualifying, in 1892, was appointed house-surgeon of Huddersfield Infirmary, and held that post for two years. He then started practice in his native town. In 1905 he was appointed honorary surgeon to the Infirmary, and at the time of his decease was senior surgeon. He served during the South African war as surgeon. Ten years ago he contracted blood poisoning, whilst operating, resulting in a serious illness which laid him aside from work for many months. At the outbreak of the war in 1914 he was a combatant officer in the Fifth Battalion Duke of Wellington's Regiment, and went with it to France, and was exceedingly popular with his fellow officers and men. In recognition of his services he was granted the D.S.O. On returning from the war and resuming his private practice in Huddersfield he had charge of one of the auxiliary war hospitals.

Major Crosland was only 50 years of age, and great regret is felt by his professional brethren and the whole community at his untimely death. He was an able and skilful surgeon, a wonderfully quick and neat operator, and very resourceful in any emergency. He had high ideals of professional honour and acted up to them. He was late in coming to his own, but his skill as a diagnostician and his dexterity as an operator were becoming more and more appreciated by his fellow practitioners, and had he not been stricken down by sickness he had the promise of a busy and useful career. He spent his life in the service of others and delighted in his work for its own sake, rather than for any monetary reward it might bring him. For several years he was secretary of the Huddersfield Medical Society, and only last year retired from the post of chairman of the Huddersfield Division of the Yorkshire Branch of the British Medical Association. He was an occasional contributor to the BRITISH MEDICAL JOURNAL.

Major Crosland was buried with military honours amidst many signs of deep respect. The funeral was attended by a large number of the medical men of Huddersfield and the surrounding district.

THE death took place from encephalitis lethargica, on December 26th, 1919, at Great Shelford, Cambridgeshire, of Dr. JAMES THOMAS CHAMBERLAIN. He was born in Leicestershire in 1856, and received his medical education at Edinburgh University and the Royal College of Surgeons of Edinburgh, winning a medal in midwifery and diseases of women and children. He obtained the Scottish triple qualification in 1886. Dr. Chamberlain practised for ten years in Nottinghamshire, and shortly after his retirement went to live at Great Shelford, where he made himself very popular, taking a warm interest in all local affairs. He was one of the trustees of the Shelford charities. The first part of the funeral service was held in Great Shelford Free Church on December 30th; the interment ceremony took place in the parish churchyard. The wreaths included one from former patients in Nottinghamshire. Dr. Chamberlain leaves a widow.

CAPTAIN H. J. ANDREWS, M.B.E., I.M.S., was reported as killed in action in a casualty list published on November 24th, 1919, aged 48. He went to India as a young man, and was one of the first officers of the Salvation Army in that country. Subsequently he studied in the United States, and took a medical degree at Chicago. During his service with the Salvation Army he designed and superintended the erection of three hospitals—at Nagerwil, at Anand in Guzerat, and the Thomas Emery Hospital at Moradabad. He took a temporary commission as lieutenant in the I.M.S. in June, 1917, was promoted to captain after a year's service, and received the M.B.E. in June, 1918.

Medical News.

THE first of the course of three Lettsomian Lectures on tumours complicating pregnancy, labour, and the puerperium, before the Medical Society of London, will be delivered by Dr. Herbert Spencer on February 2nd, at 9 p.m. It will deal with fibroid tumours. The annual oration will be given by Sir D'Arcy Power on May 10th; the subject is "The Rev. John Ward and Medicine."

DR. MILLAIS CULPIN will begin a course of fifteen lectures on neuroses and psycho-neuroses in the London Hospital Medical School at 5.15 p.m. on Tuesday, January 27th. Members of the profession are invited to attend the course.

THE Assurance Medical Society has resolved, by a large majority, not to become incorporated with the Royal Society of Medicine.

DR. EDWIN SMITH, lecturer on forensic medicine and toxicology at St. Thomas's Hospital, has been appointed deputy coroner for Westminster and the South-West London district.

AN ante-natal clinic will in future be held weekly on Thursdays at the Great Northern Central Hospital, Holloway Road, N.7.

AT the meeting of the Hunterian Society to be held at the School of Oriental Languages, Finsbury Circus, on Wednesday, January 28th, at 9 p.m., Dr. A. E. Gow will read a paper on treatment by protein therapy.

DR. LOUIS W. SAMBON will read a paper on tropical and subtropical diseases at a meeting of the Royal Colonial Institute to be held at the Central Hall, Westminster, on Tuesday, January 27th; the chair will be taken by Sir Patrick Manson, G.C.M.G., M.D., F.R.S., at 3.30 p.m.

THE Royal Sanitary Institute announces courses for sanitary officers, meat inspectors, and women health visitors, and child welfare workers. The courses are didactic and practical. Full particulars can be obtained on application to the director and secretary of the Institute, 90, Buckingham Palace Road, London, S.W.1.

THE first exhibition of *x*-ray prints in this country to be open for any considerable period is on view at the house of the Royal Photographic Society, 35, Russell Square, until February 7th. The prints have been gathered together by a committee of the Röntgen Society, and include nearly two hundred examples by some twenty or thirty of the principal radiographers in this country as well as a few in France. One at least of the prints is of historic interest; it is the first radiograph made in public in London, and was the result of an exposure on the human hand for twenty minutes in the course of a demonstration by Mr. Campbell Swinton at the Camera Club at the beginning of 1896. In addition to the very representative illustrations of medical and naturalist interest, a large number of records of the application of *x* rays to the examination of metals are included; and altogether the non-medical uses of *x* rays would surprise any visitor who is not familiar with the most recent developments in radiography.

THE first number of *Discovery*, published by Mr. John Murray for the trustees, has appeared. It is a popular journal designed to give its readers an interest both in the sciences and in the humanities. The editor, Mr. A. S. Russell, M.C., D.Sc., believes that there has been considerable opposition between representatives of science and the humane studies, and that the two studies ought to be regarded as complementary. The first conception of the journal was due to the late Professor Julius Macleod, a Belgian botanist who was a guest of the University of Manchester during the war. A joint committee was formed between the Council of Humanistic Studies and the Conjoint Board of Scientific Studies, and it was arranged to establish such a journal and to commit its management to representatives of various bodies, including the National Union of Teachers, the Head Masters' Conference, the British Psychological Society, the Royal Society of Economics, and various associations concerned with classics, history, geography, and modern languages. The first number ranges over a variety of subjects—archaeology, psychology, education, politics, and acoustics as applied to sound-ranging in war. We wish the new monthly success, and hope that the support it receives may shortly warrant its enlargement, for it has a very wide field to cover. The price is 6d.; the annual subscription, post free, 7s. 6d.

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.

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, *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.

QUERIES AND ANSWERS.

INCOME TAX.

"ANXIOUS INQUIRER" has an income of about £100 net from property; what will be his income tax liability if he transfers his practice to his son?

*** As from the date of transfer his total income would be reduced by a proportional part of the income tax assessment—for example, if from February 5th, 1920, then by two-twelfths, and so on. If the transfer be effected by April 5th, 1920, and our correspondent has no other income, he would not be liable to income tax on his property for 1920-21, as his total income for that year would be less than £130.

ADOLESCENT OBESITY.

B. G. R. asks for suggestions in the treatment of a girl in her teens who continues to put on fat in spite of strict dieting, exercises, and thyroid treatment. After three years of failure the effect is most depressing (mentally) on the patient.

ALOPECIA.

M. C. wishes to hear if any further treatment would be of use in a girl who at the age of 17 began to lose her hair. She is now 19, in good health, having had a long course of *x* ray, ionic, and electrical treatment with no improvement.

LETTERS, NOTES, ETC.

"MINERS' NYSTAGMUS."

DR. CHARLES F. HARFORD (London, E.C.) writes: In a paper which I contributed to your issue of March 4th, 1916, as the result of observation of a series of cases met with in the army I ventured to call attention to the misleading character of the title of the disease, which concentrates attention upon one out of many symptoms in this complaint as if this were the disease itself. One of the results of this has been to relegate the disease purely to the department of ophthalmology, when in reality it is an affection of the nervous system in general. Thus the medical textbooks as a rule ignore the subject altogether, and even modern textbooks on ophthalmology leave much to be desired in their treatment of this affection. The American *Encyclopedia of Ophthalmology*, vol. x, contains an exhaustive account of the literature of the disease, whilst Dr. Lister Llewellyn's monograph, *Miners' Nystagmus: its Causes and Prevention*, is the classical work to which one would naturally turn. Much needs to be done to deal with the prevention and treatment of miners' nystagmus, and a determined effort should be made to improve the conditions of those who are liable to or already suffering from this serious malady.

CERVICAL VAGUS AND SYMPATHETIC.

IN a note on Sir E. Sharpey Schafer's experiments on the cervical vagus and sympathetic published in the Epitome, January 17th, p. 12 (paragraph 74) there was a slip of the pen. The penultimate sentence should have read "No functional regeneration of the vagus in the neck was found either in dog or cat." In common with other investigators he found histological and functional regeneration of the sympathetic.

THE SPAN OF LIFE.

LIEUT.-COLONEL FREDERICK F. MACCABE, M.B. (Kildare), writes: Since I wrote *Human Life* and read your review of it I have read the *Bible*. I cannot resent your preference for the words of the Psalmist on the length of life to any words of mine, but I think the following quotations will interest your readers, as they go far to show that, perhaps, after all, I may have been right, even from a scriptural point of view, when I fixed upon 120 years as the intended span of life.

In Genesis, chapter vi, verse 3, I find the following: "And God said, My spirit shall not remain in man for ever, because he is flesh and his days shall be a hundred and twenty years." And again, in Deuteronomy, chapter xxxiv, verse 7: "Moses was a hundred and twenty years old when he died: his eye was not dim neither were his teeth moved." Then in Ecclesiasticus, chapter xxvi, verse 1, I find the following interesting quotation bearing on the subject: "Happy is the husband of a good wife, for the number of his years is double." Of course, this leaves me in doubt as to whether such a man's expectation of life is 140 or 240 years.

A DISCLAIMER.

DR. A. C. MAGIAN (Manchester) desires it to be understood that the recent use of his name in an advertisement of a fountain pen is distasteful to him, and that he has taken steps to inform the advertiser of his disapproval.

VACANCIES.

NOTIFICATIONS of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found at pages 38, 39, 43, 44, 45, 46, and 47 of our advertisement columns, and advertisements as to partnerships, assistantships, and locum tenencies at pages 40, 41, and 42.

THE following appointments of certifying factory surgeons are vacant: Duncannon (Wexford), Newmains (Lanark), Rochdale (Lancaster).