

malignant rings on the 16th day, and benign tertian parasites together with malignant rings on the 24th day. A few crescents were also found on the 21st day. No other treatment given.

Case 2.—Mixed infection (benign tertian and malignant tertian). Intravenous injection of galyi 0.35 gram on the 1st day. Parasite relapse of benign tertian on the 12th day. Further injections of galyi 0.20 gram on the 17th, 19th, 21st, 23rd, 25th, 29th, 31st, and 33rd days. Parasite relapse on the 39th day of benign tertian parasites. Crescents were daily found in the blood from the 21st to the 39th day. No treatment other than galyi given during the period of observation.

Case 3.—Mixed infection (benign tertian and malignant tertian). Intravenous injections of galyi 0.20 gram on the 1st, 2nd, 3rd, 5th, 6th, 7th, 9th, 14th, 16th, and 9th days. Parasite relapse on the 20th day, benign tertian parasites and numerous malignant rings. Crescents found daily from the 5th to the 15th days, and not found from the 16th to the 23rd days. Treatment, galyi only.

Case 4.—Mixed infection. Intravenous injections of galyi 0.20 gram on the 1st, 2nd, 3rd, 4th, 6th, 7th, 8th, 14th, 15th, 16th, 17th, 18th, 20th, and 22nd days. Parasite relapse with numerous malignant rings on the 14th day to the 23rd day. On the 24th day benign tertian parasites were also found. Crescents were found almost daily. Treatment, galyi only.

SOAMIN.

Numerous intramuscular injections of soamin were administered in severe resistant cases of various types of malaria. Soamin exhibits no parasitocidal action on the parasites of either benign tertian or malignant subtertian malaria. Its beneficial action is confined to the breaking down of the resistance of parasites to quinine.

TARTAR EMETIC IN "CRESCENT INFECTIONS."

A small series of twenty-seven cases of malignant subtertian malaria with crescents in finger blood were treated by tartar emetic injections, the total number of injections administered being 137.

No demonstrable effect attributable to the injections was observed on crescents. Even repeated doses of 20 cg. of tartar emetic did not appear to produce breaking down of the crescents in the blood.

No advantage as to the rapidity of elimination of crescents from the blood could be demonstrated between a group of cases treated by quinine only and a group of cases treated by quinine together with an average of five injections of tartar emetic. The most rapid and certain method of eradicating crescents from the finger blood is to treat the patient thoroughly with quinine (30 grains daily). Under such treatment crescents disappear in an average of fifteen days. Supplementary treatment with arsenic and iron is indicated, and in unusually resistant cases intravenous injections with "606" preparations, or intramuscular injections of soamin, are advisable to break down the resistance to the action of quinine, of the "ring" forms from which the crescents arise.

In regard to the prevention of relapses, these have occurred in both benign tertian, malignant subtertian, and mixed infections after treatment with an average of four to six injections of tartar emetic in each infection. Tartar emetic has no demonstrable effect on the asexual forms of the parasites of either benign tertian or malignant subtertian infections, and exerts no influence on the clinical course of the disease.

MERCURY AND ANTIMONY OINTMENT.

A small series of eleven cases were treated with quinine and inunctions with an ointment composed of antimony 2 parts, mercury 30 parts, lanoline 68 parts. About 1 drachm was rubbed in daily for fifteen minutes. Inunctions were continued for an average of twenty-five days. The inunctions did not appear to have any direct action on the parasites or to intensify the action of the quinine which was administered at the same time. No therapeutic effects were observed.

CONCLUSIONS.

1. Neo-salvarsan, salvarsan, neo-kharsivan, kharsivan, galyi, administered intravenously, may be employed with safety in the treatment of all forms of malaria, provided the doses and methods recommended herein and the precautions enumerated are fully observed.

2. These preparations, in the doses recommended, exert a marked parasitocidal action on the benign tertian

parasite, thick blood smears showing numerous parasites usually becoming negative within twenty-four to thirty-six hours.

3. These preparations have no definite parasitocidal action on any stage of the malignant subtertian parasite. When used in addition to quinine, the action of the latter is intensified and the progress towards recovery is much more rapid.

4. Generally speaking, the tonic effect of these preparations is well marked in all cases of malaria; anorexia, lassitude, and debility soon give way to a feeling of well-being, while tachycardia and shortness of breath, consequent upon anaemia and cardiac dilatation, rapidly improve. Splenic enlargements disappear with remarkable rapidity.

5. The employment of these preparations is recommended, in addition to quinine treatment, in chronic resistant infections and malarial cachexia. Three or four injections at weekly intervals are recommended. Freedom from relapses cannot be promised even after numerous intravenous injections. In regard to the preparation of the solutions and technique of administration, the usual methods are followed in each case.

6. Soamin exhibits no parasitocidal action on the parasites of either benign tertian or malignant subtertian malaria. Its beneficial action is confined to the breaking down of the resistance of chronic infections to quinine.

7. Tartar emetic has no demonstrable effect on the sexual or asexual forms of the parasites of either benign tertian or malignant subtertian malaria, and exerts no influence on the clinical course of the disease. The most rapid and certain method of eradicating crescents from the finger blood is adequate quinine treatment (30 grains daily) and arsenic.

8. Inunctions of mercury and antimony ointment do not appear to exert any therapeutic action in malaria.

This paper is included in a report on "Malarial Research in South Africa during the War," to the Minister of Defence, Union of South Africa.

Acknowledgements are due to Colonel P. G. Stock, C.B., C.B.E., S.A.M.C., Director of Medical Services, for permission to publish this paper; Colonel G. H. Knapp, D.S.O., Deputy Director of Medical Services; and Lieut.-Colonel Vaughan Williams, D.S.O., of No. 4 General Hospital, and Major J. C. Venniker, S.A.M.C., without whose hearty co-operation and support it would not have been possible to carry out this work during a period of considerable pressure on the military hospitals.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

SPASMODIC HICCUGH.

In view of the recently reported plague of hiccough in Montreal and Paris an account of two cases which have recently come under my care, and are, so far as I am aware, the first cases to be noted in England, may be of interest to your readers.

Case 1.—A man residing near high downland, accustomed to easy open-air life, who had not recently been away from the district, presented as the initial symptoms frontal headache and slight rise of temperature. On the second day a cough developed, and the hiccough first began at the end of a fit of coughing and lasted an hour. In an hour's time another attack occurred, lasting an hour and a half. These recurrent attacks continued for two days. On several occasions the hiccough continued until retching was set up, and, although no material was vomited, the act of retching appeared to stop the hiccough for a time. It was noted that the hiccough was more violently spasmodic than is usual in an ordinary mild persistent attack. The temperature throughout remained at 101° F., and finally dropped by crisis. The frontal headache continued and heavy night sweats occurred. After trying all the usual homely remedies my advice was sought at the end of the first day, and a mixture containing potassium citrate, bismuth subnitrate, tincture of belladonna, and dilute hydrocyanic acid was given every four hours. Very little relief was obtained, and the attack finally yielded at the close of the second day to a mixture of sodium, potassium and ammonium bromide, leaving the patient weak and shaken.

Case 2.—A young man employed in business near the docks. The symptoms differed from those in the previous case in that a smart attack of diarrhoea occurred coincidently with the onset

of the hiccough. Frontal headache and temperature as in Case 1. No night sweats. The attack did not yield to bromides, and only subsided when benzyl benzoate was given; duration thirty-six hours.

Clifton, Bristol.

URQUHART BARTHOLOMEW, M.R.C.S.

FATAL POISONING FROM INHALATION OF ACID FUMES IN A LABORATORY.

An engineering student was engaged on December 8th, 1920, in dissolving various metallic substances in mineral acids. The exercises for the day consisted in the identification of pyrolusite (MnO_2), stibnite (Sb_2S_3), and bauxite ($Al_2O_3 + Fe_2O_3$). The mineral acid which was advised for employment was hydrochloric acid, but according to the patient's own statement he made use instead of sulphuric acid.

He placed a vessel containing this acid and one of the metals in an ordinary fume chamber, and on going to remove it about an hour later he inadvertently bent too much into the chamber and inhaled the fumes. He felt, for the moment, sick and dizzy, but experienced no further ill effects till the middle of the following night, when he began to suffer from severe and rapidly increasing dyspnoea. Next day, December 9th, he was seen by Sir Robert Woods, who found him suffering from very severe oedema of the larynx and pharyngeal tissues. Scarification and other treatment was adopted, with the result that the oedema rapidly subsided, but as his general symptoms pointed to severe illness, he came under my care on December 12th.

On this date he looked anxious and ill, there was a slight icteric tinge in the sclerotics, the tongue was furred, the throat still showed traces of the recent severe inflammation, the heart sounds were normal but weak, the pulse was feeble (120 to the minute), and the respirations were rapid. Mild diffuse bronchitis existed, with crepitus, and a pleural rub at the base of the left lung; the abdomen appeared normal. The urine was scanty, highly albuminous, with a faint biliary reaction. The temperature on this date was 103° F. Treatment by alkalis, glucose, oxygen inhalations, etc., was ordered, and the next morning the patient was somewhat better, and was bringing up freely a lemon-yellow coloured expectoration. The improvement persisted for a couple of days, but was then followed by rapidly increasing weakness and loss of weight, and finally a lethal termination on December 19th, just ten days after the initial misadventure. During the last few days the liver became much enlarged, there was persistent diarrhoea of a thin, watery character, fall of temperature to subnormal, extreme and rapid emaciation, cyanosis and rapid breathing, without increase of pulmonary signs.

The inability to state exactly what fumes were the cause of the trouble diminishes the value of this report, but it is nevertheless placed on record owing to its obvious importance to laboratory workers. The professor in charge of the laboratory informs me that the same routine of work has been carried out by classes for years, and that he has never before heard of even trifling malaise. The delay in the development of the symptoms is also worthy of note.

Dublin.

T. GILLMAN MOORHEAD, M.D.

PATENT DUCTUS ARTERIOSUS.

In your issue of December 25th, 1920, I have read the very interesting account by Dr. Carey Coombs of his four cases of patent ductus arteriosus. In the *Archives of the Middlesex Hospital*, vol. xxxi, No. 13, December, 1913, I reported three cases, all proved by autopsy, of patent ductus arteriosus, with no other lesion present, but all in children under one month old. In all these cases no murmur of any description was heard, and the attacks of cyanosis—varying in length, but completely passing off for longish intervals—were the marked feature of these cases. Whilst serving in the army in Malta, I was asked by Sir Archibald Garrod to see a baby with a view to performing tracheotomy, but it was finally decided against, and at the autopsy a patent ductus arteriosus was found. No bruit was present in this case, but cyanosis and dyspnoea were the marked features.

Evidently, from Dr. Coombs's observations, a bruit develops if the individual lives to adult age, and endocarditis is added to the already patent ductus arteriosus. Without the endocarditis I feel sure no bruits of any character are present.

Eastbourne.

E. WILSON HALL, F.R.C.S. Edin.

Reports of Societies.

ALBUMINURIA IN RELATION TO LIFE ASSURANCE.

At the meeting of the Assurance Medical Society on January 6th a discussion on "Albuminuria in relation to life assurance, especially in adolescents," which had been adjourned from the meeting of November 3rd, 1920, was resumed by Dr. F. PARKES WEBER, whose paper appears on page 78. The President of the Society (Dr. T. D. LISTER) was in the chair.

Sir JAMES GALLOWAY related his experience with some cases of orthostatic or, as it might perhaps be called, harmless albuminuria. In the early days of the war, when much difficulty arose from what was called "trench nephritis," he had a conversation at the front with Sir Wilmot Herringham. The scare about trench nephritis had caused a great many examinations to be made, and a certain number of men were found to have albuminuria, which was not surprising in view of the campaigning conditions. But experience showed that a large number of cases with albuminuria which it had been supposed might lead to troublesome results were of this harmless type, and a more extended investigation later on, when the casualty clearing system had further developed, made it possible to define such cases. After a short rest and a period during which they were under careful scrutiny some of these men were passed again for service, and were kept right, at all events for the period of the war. He would not say that even in these cases there was no subsequent trouble, for he did not quite agree with Dr. Parkes Weber as to the total harmlessness of the condition. But the number of men suffering from this orthostatic albuminuria was very much larger than might have been concluded from the experience of civil practice. Great care was necessary in arriving at a diagnosis in such cases. If the question of syphilitic infection were raised, as occasionally happened in such cases, grotesque errors in diagnosis might be made, leading to the use of drugs such as salvarsan in the excitement of the occasion—not a very prudent plan of treatment. The speaker had thoroughly tested such cases, examining the urine before and after exertion. One form of exertion was to walk round the Outer Circle of Regent's Park in a given time, and it was found that after this exercise the albumin was increased in quantity, although on rising in the morning it had been absent or negligible. Another case which came under his care was that of a pensioned soldier who had been discharged on account of nephritis. Albuminuria had been found early in his war service, and he had been sent home, and after a rest sent out again, but finally discharged. This man, who was of the lanky, flat-chested type, was evidently one of the orthostatic cases, and was now practically albumin-free. But the previous diagnosis and treatment had had the effect of giving him a nervous disinclination for much work. Nevertheless, a man of this type, quite apart from his physique or his neurasthenia, was not to be regarded as a first-class life, because the functions of the kidney could not be considered as properly performed.

Dr. H. BARRY SHAW said that it seemed to him they could not avoid accepting the position that pre-renal albuminurias or proteinurias were due to nephrotoxic substances brought to the kidney by the blood stream, and not generated in the kidney *ab initio*. If this was so obvious an explanation of cases of proteinuria accompanied by coarse changes in the kidney, was it not probable that the intermittent temporary or occasional proteinuria of adolescents, or of persons of any age, was also due to the operation, in a large majority of cases, of foci of infection at a pre-renal site? These, while incapable of producing fever with its associated manifestations, were capable on occasion of producing temporary disorder of function in the renal parenchyma with consequent albuminuria. That orthostatic proteinuria existed had been accepted too readily as proof that the proteinuria, at any rate of adolescents, was mechanical in its origin. Foci of inflammation at any pre-renal site were quite capable of causing proteinuria, whether temporary or for all time, slight or severe, and it was safe to assume that the foci of infection which only produced proteinuria in young

had practised at Belgrave, Leicester, for over forty years, and only removed to Thurcaston in September last. At the end of 1919 he resigned his professional appointments, but still continued his private practice. He took great interest in local affairs, was a J.P. for Leicestershire, chairman of the trustees of the Belgrave Church Estate Charity, and a member of the Leicester and Rutland Division of the British Medical Association. Dr. Emms is survived by his widow and a married daughter.

DR. ROBERT SLATER MAIR died in London on December 21st, 1920, aged 94. He was born at Paisley in 1826, was educated at the universities of Edinburgh and Glasgow, and took the M.D. at St. Andrews in 1850, and the F.R.C.S. Edin. in 1863. Soon after qualifying he went to India, and spent seventeen years in private practice at Madras, also holding the posts of deputy coroner of that city and medical officer of the local volunteer corps, the Madras Volunteer Guards. While in India he wrote two once popular works, *The European in India and Medical Guide to Anglo-Indians, 1873*, and *On the Management of Children in India, 1875*. On his return to England he set up in practice in Bayswater, and for forty years held the post of inspector of factories for the City of London, till he resigned some four years ago. He had also been physician to the Persian Embassy, and was a vice-president of the Harveian Society. While in Madras he married Miss Mary Anne Batchelor in 1862, and in 1912 celebrated his golden wedding. He had a family of five sons and three daughters, all of whom, except the eldest son, survive him. Two of his sons, Lieut.-Colonel R. J. B. Mair, late R.E., and Colonel G. T. Mair, D.S.O., late R.A., received the C.M.G. for their services in the late war.

WE regret to record the death in tragic circumstances of Dr. ALEXANDER WILLIAM MATHER, of Norton-on-Tees. Dr. Mather studied medicine at the University of Edinburgh, graduating M.B., Ch.B. in 1912, and proceeding M.D. in 1916. After acting as resident house-physician at the Royal Infirmary, Edinburgh, resident surgical officer at St. Mary's Hospital, Manchester, and senior house-surgeon at the North Riding Infirmary, Middlesborough, he settled in practice two years ago at Norton, where he was very popular. His death was the result of burns produced by an explosion in his garage while he was preparing his car for a professional visit. Dr. Mather leaves a widow and young child.

WALTER GIBSON MARSDEN, late Captain R.A.M.C.(T.C.), died in St. Thomas's Hospital on December 19th, 1920, after a long illness, contracted on active service. He was the eldest son of Walter Marsden, of Fairfield, Manchester, and was educated at St. Thomas's Hospital and at Cambridge, where he graduated as B.A. in the Natural Science Tripos in 1908 and as B.C. in 1911, also taking the M.R.C.S. and L.R.C.P. London in the latter year, after which he filled the posts successively of house-surgeon, casualty officer, resident anaesthetist, obstetric house-physician, and resident accoucheur at St. Thomas's. He took a temporary commission as lieutenant in the R.A.M.C. on April 26th, 1916, and was promoted to captain after a year's service. Before going abroad he served in the British Red Cross Hospital at Netley.

WE very much regret to record the death at the age of 54 of Mr. S. ARCHIBALD VASEY, F.I.C., F.C.S., who was for thirty years consulting analytical chemist to the *Lancet*. For a long succession of years he attended regularly the annual meetings of the British Medical Association, and his interest in the Annual Exhibition of Foods and Drugs made him a familiar figure to many members of the medical profession. Mr. Vasey was an able chemist, a fluent writer, and the most kindly and agreeable of companions; his genial personality endeared him to a wide circle of friends. He died at his home in Bromley, Kent, on January 7th.

Universities and Colleges.

UNIVERSITY OF OXFORD.

THE next examination for the Diploma in Ophthalmology will be held on July 18th. Full particulars of courses of instruction, which commence on April 25th, can be obtained on application to Mr. P. H. Adams, Margaret Ogilvie Reader in Ophthalmology, 53, Broad Street, Oxford.

UNIVERSITY OF LONDON.

A MEETING of the Senate was held on December 15th, 1920.

The following were recognized as teachers of the University in the subjects and at the institutions indicated:—*King's College*: Dr. Orlando Inchley (Pharmacology). *St. Bartholomew's Hospital Medical School*: Mr. T. P. Dunhill (Surgery). *St. Mary's Hospital Medical School*: Dr. C. McMoran Wilson (Medicine). *National Dental Hospital and College*: Mr. J. I. Dudley Buxton (Dental Surgery), Mr. A. B. G. Underwood (Dental Anatomy).

Sir Cooper Perry was appointed a member of the King's College Delegacy for the remainder of the period March 1st, 1920, to February 28th, 1921, in succession to Sir Charles J. Lyall, deceased, and a member of the Central Council of the Federated Superannuation System.

The annual report of the Graham Legacy Medical Research Committee, giving particulars of the general progress of the laboratory, was received, and Professor A. E. Boycott, F.R.S., was reappointed director of the laboratory for one year from January 1st, 1921.

It was decided to institute a university chair of anatomy at St. Bartholomew's Hospital Medical School.

It was resolved that a candidate for the Diploma in Psychological Medicine who has passed the examination of M.D. in Branch III, Mental Diseases and Psychology, be exempted from examination in psychology and psychological medicine, and be awarded the Diploma in Psychological Medicine on satisfying the examiner for the diploma in Part A (i), "Anatomy, histology, and physiology of the nervous system," and Part B (i), "Neurology."

Dr. F. R. Fraser, as already announced in the JOURNAL, has been appointed to the university chair of medicine, tenable at St. Bartholomew's Hospital for a period of four years from October 20th, 1920.

The William Julius Mickle Fellowship of the value of £200 has been awarded to Miss Harriette Chick in recognition of her important work on diseases due to defective nutrition.

The University medal at the M.B., B.S. examination (October, 1920) has been awarded to Mr. Ronald M. Handfield-Jones of St. Mary's Hospital.

SOCIETY OF APOTHECARIES OF LONDON.

THE following candidates have been approved at the examinations indicated:

SURGERY.—*†S. Davies, †R. F. Divecka, *W. Kilroe, *†M. Melgrave, †J. B. Williamson.

MEDICINE.—*†S. Davies, *†L. Dinerstein, *†C. T. Gasking, *H. D. L. Jones, *†R. J. Little, *†E. R. D. Nagel, *†W. R. Ranson, *C. Verheyden.

FORENSIC MEDICINE.—S. Davies, R. J. Little, S. E. J. Miedema, W. R. Ranson, B. W. Roffey, C. Verheyden, J. B. Williamson.

MIDWIFERY.—J. H. Cooper, S. Davies, S. E. J. Miedema, M. Tcherny.

* Section I.

† Section II.

The diploma of the Society has been granted to Messrs. S. Davies, R. F. Divecka, R. J. Little, E. R. D. Nagel, and W. R. Ranson.

The Services.

HYGIENE IN THE ARMY.

A RECENT Army Order provides for the establishment of command schools of hygiene at Aldershot (when the transfer of the school at Blackpool is effected); Hertford Barracks, Hertford; Strensall Camp, near York; Dreghorn Camp, near Edinburgh; Hulsea Hutments, Portsmouth; and Carrickfergus. These schools are to be permanent centres of instruction for staff and regimental officers and for regimental sanitary personnel; and they will maintain close liaison with neighbouring units in order to facilitate the demonstration of the principles of practical hygiene on model lines. Four classes for officers will be held annually, and the classes for regimental non-commissioned officers and men will extend over a period of three weeks. Classes for personnel of the Royal Air Force will run concurrently with the army classes, and Territorial Force sanitary companies will be attached to the command schools for instruction during their period of training.

DR. A. J. H. MONTAGUE, Commandant of the Workshop Nursing Division (V.A.D.) since its inception, and Mrs. Montague as lady superintendent, have, on the occasion of Dr. Montague's retirement from active practice, been presented by the members thereof with a Doulton-ware dinner service as a mark of their esteem.

Medical News.

THE committee of the Royal Medical Benevolent Fund Guild, anxious to devise new means of obtaining the financial support so greatly needed, recently gave a dance at the house of Sir StClair Thomson, who generously bore all the expenses, including a band and refreshments. The Guild benefited to the extent of over £100. Anyone inclined to follow this generous example should communicate with the Secretary of the Guild, 19, Portland Place, W.1.

A SPECIAL course of systematic lectures and clinical demonstrations will be given at the National Hospital for Diseases of the Heart, Westmoreland Street, W.1, on Mondays, at 5.30 p.m., commencing on January 17th.

THE course of lectures on the History of Science at University College, London, was resumed on January 12th, when Dr. Wolf gave an introductory lecture on the general history and development of science. On Tuesdays at 5.15 p.m., beginning on January 18th, Dr. Charles Singer will lecture on the history of the biological and medical sciences from early times to the eighteenth century; his course on the development of medicine in modern times will begin on Monday, March 7th, at the same hour.

A COURSE of twelve practical demonstrations on the management and feeding of infants and young children will be given by Dr. Eric Pritchard at the St. Marylebone General Dispensary, Welbeck Street, W., on Tuesdays and Thursdays at 10.30 a.m. and 3 p.m. respectively, commencing on January 18th. The fee for the course is £2 2s. Opportunities will be afforded to those attending the course of visiting, on Saturday afternoons, the Nursery Training School, 1, Wellgarth Road, Golders Green, and seeing the methods employed in dealing with infants.

A NEW publication, *The American Journal of Hygiene*, is announced to appear this month. The editor is Dr. William H. Welch, and he will have the assistance of twenty-three colleagues at Johns Hopkins University and elsewhere, and with Dr. Charles E. Simon as managing editor. The new journal is supported by the De Lamar Fund of the Johns Hopkins University, and it will be published by the Johns Hopkins Press, Baltimore. Its object is the publication of papers representing the results of original investigations in hygiene, using this term to cover all applications of the mathematical, physical, chemical, medical, and biological sciences to the problems of personal and public hygiene. It is proposed to issue at least six numbers a year, and the price, post free, will be 6.00 dols. a volume at home, 6.25 dols. for Canada, and 6.50 dols. in other countries.

INQUIRIES have been made regarding the continuance of the Maudsley courses for a diploma of psychological medicine. We are asked to state that, if sufficient applicants are forthcoming, Part I of the third course of lectures and demonstrations will be commenced in April. Intending applicants should communicate as soon as possible with the Director, Pathological Laboratory, Maudsley Hospital, Denmark Hill, S.E.5.

ON Wednesday, January 19th, at 5.30 p.m., in the Psychological Laboratory, King's College, Strand, Dr. William Brown will begin a two-terms' course of weekly lectures and demonstrations on experimental psychology for medical men who are preparing for the diploma in psychological medicine. The class is limited to ten members, and intending applicants should write at once to the Secretary, King's College, Strand, W.C.2, for particulars of fees, etc. Dr. Brown's opening lecture on psychopathology on Tuesday, January 18th, at 5.30 p.m., will be entitled "The structure of the normal personality."

A VENEREAL DISEASE COMMISSION was dispatched in September, under the aegis of the Colonial Office and the National Council for Combating Venereal Diseases, for the purpose of assisting local authorities in attacking the problem of venereal disease in the West Indies. In Jamaica local organizations are already carrying out propaganda work under the auspices of the National Council, and in Trinidad a branch is in process of formation.

VOLUME I of the fourth series of *Guy's Hospital Reports*, under the general editorship of Dr. A. F. Hurst, will shortly be published by the Oxford Medical Publications.

THE second Congress of the History of Medicine will be held at Paris in August, 1921.

THE twentieth annual report of the Canadian Association for the Prevention of Tuberculosis has just been published. It contains reports of the local antituberculosis societies

throughout the Dominion, which appear to be carrying on a great deal of valuable work with commendable keenness. The report includes also the transactions of the annual meeting of the association which was held at Vancouver in June, 1920, when papers were read by the president, the Hon. F. L. Schaffner, M.D., and others, and interesting discussions took place. In Vancouver itself the initiative was taken and the necessary funds raised for the well-equipped new tuberculosis dispensary now in existence there by a local business men's social club of only 150 members, the Rotary Club, which handed the dispensary, when completed, over to the city.

ON January 5th Dr. Smart Evans of Cardiff was charged before the stipendiary magistrate for making a false return in a vaccination certificate. According to the legal representative of the board of guardians, Dr. Evans, after vaccinating a child, had immediately certified that the operation was successful. The defendant was committed to the Glamorgan assizes, personal bail being accepted in a sum of £50.

Letters, Notes, and Answers.

As, owing to printing difficulties, the JOURNAL must be sent to press earlier than hitherto, it is essential that communications intended for the current issue should be received by the first post on Tuesday, and lengthy documents on Monday.

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, *Aitology*, Westrand, London; telephone, 2630, Gerrard.
2. FINANCIAL SECRETARY AND BUSINESS MANAGER (Advertisements, etc.), *Articulate*, Westrand, London; telephone, 2630, Gerrard.
3. MEDICAL SECRETARY, *Mediscra*, Westrand, London; telephone, 2630, Gerrard. The address of the Irish Office of the British Medical Association is 16, South Frederick Street, Dublin (telegrams: *Bradlins*, Dublin; telephone, 4737, Dublin), and of the Scottish Office, 6, Rutland Square, Edinburgh (telegrams: *Associate*, Edinburgh; telephone, 439, Central).

QUERIES AND ANSWERS.

"R. M. P." writes: Is there any special arrangement amongst the medical practitioners in Letchworth, Herts, with regard to the conduct of private practice in that town?

* * No information as to any such special arrangements has reached us.

DISEASES OF THE NAILS.

"H. R. H." asks for advice as to a textbook on diseases of the nails; most of the dermatology books give only brief outlines. He asks also for suggestions as to treatment for splitting of the nails in a healthy middle-aged woman in whom there is no suggestion of gout. The nail from the *lupala* to the *caliculus* suddenly becomes painful to the touch, then a red streak appears, which in a day or two forms a distinct fissure. This occurs from time to time in different nails.

* * A good account of disease of the nails may be found in Allbutt's and Rolleston's *System of Medicine*, vol. ix. To suggest remedies for the condition complained of is difficult, as in many cases the affection of the nails is only symptomatic. Probably some benefit would be obtained from the use of an ointment of oil of cade m xx in salicylic acid ointment 3 j. At the same time, mild application of x-rays should be given, about one-half pastille or less every two weeks for four exposures.

LETTERS, NOTES, ETC.

NAME FOR ACCESSORY FOOD FACTORS.

DR. JOHN BROWN (Blackpool) writes: The name vitamins was given for the accessory food factors. We know now that the word is absolutely misleading. We need another or alternative name. The following have been suggested: Biogens, biofers, and vitagens; vitaifers, vitoids, vitases; vitines, advitans, etc. I have submitted these names to several medical men. The following have been suggested: Biogens, biofers, vitagens, vitoids. At the Cambridge meeting of the British Medical Association, when vitamins were discussed,