

The accompanying diagram shows the daily case incidence throughout this epidemic, under the two headings: those admitted to the sanatorium (black continuous line), and those ill in their respective boarding houses (dotted line); so that to obtain the number of cases under treatment on any given day it is necessary to add together the sum total of both groups.

The general results may be briefly summarized in tabular form, and the following statistics, showing the percentage of those who succumbed, more or less speak for themselves:

(a) Those who received both vaccines at school	...	7.3
(b) Those who were inoculated at home	...	41.0
(c) Those who were not inoculated at all	...	81.0
(d) Those who received only the initial stock vaccine at school	...	84.0

The number of individuals comprised in these four different classes totalled 565. Class (a) comprised 232 individuals, of whom 19 became infected. Class (b) comprised 123 individuals, and yielded 52 cases. Class (c) contained 160 boys, and no less than 130 cases came under treatment. Only 50 boys fell into category (d); out of these 42 succumbed. These figures show a total of 243 cases infected.

Grouping classes (a), (b), and (d) together we arrive at a total of 405 boys who received one or more inoculations, from whom the combined number of cases totalled 113—in other words, an incidence of 27.9 per cent., as opposed to 81 per cent. among the uninoculated.

By way of comment it must be recognized that Class (a) probably includes many of the naturally least susceptible cases, whereas Class (c), on the other hand, consists almost entirely of those who, being very susceptible, contracted the disease before the first inoculation was given at school. Class (d) represents the well-known fact that susceptibility to infection is temporarily increased by the first of two such inoculations, and this constitutes the "factor of danger" when preventive inoculations have to be undertaken in the presence of an epidemic. In the case of Class (b) various vaccines were used—one, two, or three doses being administered according to the varying home circumstances.

During the following summer holidays parents were again requested to have their boys inoculated before their return to school with the special "local" vaccine referred to. In some instances this was done, but in many instances the second dose was given after the boys' return to school, and again many received no prophylactic treatment. The total number of cases that occurred during the subsequent Advent term of 1921 was 21 only. Of these, 8 occurred in boys who had received prophylactic inoculations, whilst the remaining 13 occurred amongst the uninoculated.

We are indebted to W. W. Vaughan, Esq., M.V.O., Headmaster of Rugby School, for permission to record these results and figures.

## REFERENCES.

<sup>1</sup> BRITISH MEDICAL JOURNAL, January 28th, 1922. <sup>2</sup> *Lancet*, October 12th, 1918, and April 5th, 1919. <sup>3</sup> BRITISH MEDICAL JOURNAL, November 9th, 1912, and *Proc. Roy. Soc. Med.*, xii, 1919, 93-97.

## ALUMINIUM THROAT SWABS.

BY

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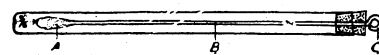
A few years ago<sup>1</sup> Dr. William Murdie and the writer drew attention to an improved throat swab made from aluminium wire. Since then inquiries regarding it have come in to this laboratory from time to time, and its further extensive use by us and others have confirmed the claims made for it.

The ordinary types of swabs now in use have several serious drawbacks and disadvantages, and a more efficient kind of instrument seems to be called for. Those made of copper, iron, steel, or thin nickel wire are somewhat easily tarnished, and if left lying in a climate the least damp are very liable to become discoloured and unsuitable for use. Copper and nickel are apt to develop verdigris or a green colour from the soluble copper and nickel salts, and brown discoloration is also likely to happen with those made of iron, which develop "rust" or ferric oxide. Such swabs, after being in use or laid aside for a time, acquire an unattractive and unhygienic appearance, and are not the sort of thing to ask a patient to admit to his throat. The pledget of sterile wool is also likely to be stained, and as the soluble copper and

nickel salts are germicidal, these may more or less invalidate the bacteriological diagnosis.

By the use of the aluminium wire these and other undesirable accompaniments are obviated. It is easily moulded to shape and yet is sufficiently rigid for swabbing purposes, and it keeps bright and clean. No matter how often used, or even if kept for a considerable time, the aluminium swab never has the soiled or discoloured appearance of those made from other metals. It stands boiling well and is easy to clean and redress. Again, aluminium contains in its composition no harmful bactericidal elements.

The addition of the safety ring (see illustration) avoids the holding of the cork and gives a more complete control over the movements of the swab, thus minimizing the risk of introducing organisms other than the patient's own. In the ordinary one, as usually made, there is always the risk of the



A. Flattened and grooved end to grip wool. B. Aluminium shaft—never tarnishes. C. Ring to grip and guide the swab.

metal slipping from the cork, which is avoided by this firmer type. Aluminium being so light, the cost of the wire is very small. The best thickness to use is that known on the aluminium wire gauge as E 14 S.W.G. As there is no fear of "rusting" or "greening," the cotton-wool pledget may, if desired, be held under the running tap before swabbing the patient's throat, thus ensuring a good sample of the infected secretion, and also retarding the drying effects of transmission through the post, etc.

The throat swab is a useful item in the practitioner's armamentarium, and the aluminium wire swab holder, well made, will be found helpful in the diagnosis, prognosis, and treatment of some of the diseases met with in everyday practice. We know it is practically impossible, without a bacteriological examination, to make sure whether a patient who complains of a sore throat is suffering from diphtheria, "mixed" throat infection, Vincent's angina, follicular tonsillitis, or an infection by the *Trypanema pallidum*. Complete tests thoroughly carried out from start to finish are invaluable in speedily determining or in eliminating certain or all of these diseases and so removing the anxiety attached to an undecided clinical diagnosis. In attaining this, a hygienic, safe, clean, light, and easily handled swab is an important adjunct.

Of course, whatever kind is used, it is important to take the necessary precautions to avoid its contamination. The pledget of wool for conveying the suspected material is necessarily small, and in gently rubbing the infected surface care must be used that the wool on its introduction or withdrawal does not get soaked with saliva or other oral secretions. One has also to remember that the use of antiseptic gargles prior to use may interfere with the results to be obtained from the cultural tests when the swab reaches the laboratory. It may be further mentioned that the aluminium swab can also be made longer for special uses, as, for example, in the taking of material from uterine infections.

I am indebted to Mr. I. H. MacIver for the sketch illustrating the points described.

## REFERENCE.

<sup>1</sup> *Caledonian Medical Journal*, April, 1913.

## Memoranda:

## MEDICAL, SURGICAL, OBSTETRICAL.

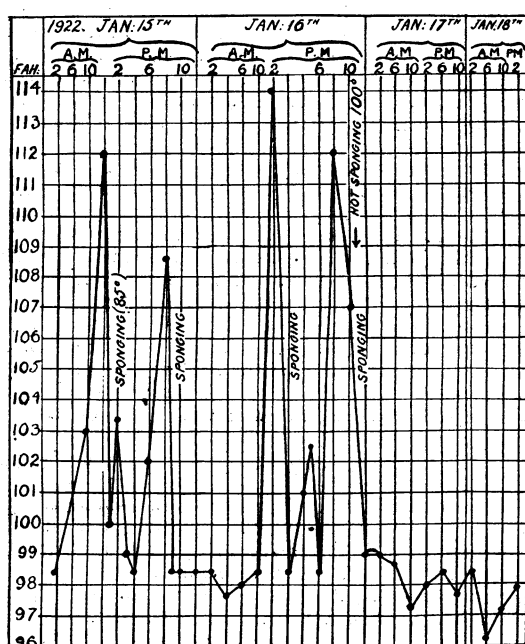
## INFLUENZA WITH EXTREME HYPERTYREXIA.

PUBLICATION of the following case of influenza accompanied by extreme hyperpyrexia (temperature 114° F.) may be of interest, especially as some mention of it has been made in the lay press:

On January 15th I was called to see a maid who had been exposed to influenzal infection on January 9th and developed the usual symptoms of malaise, backache, headache, and slight fever, January 12th. On the morning of the 15th she felt worse, with excruciating pain in the back and a temperature of 103° at 9 o'clock. I examined her at noon. She was very pale, the skin moist but not excessively hot, the pulse of good volume, and regular, the rate 120. The heart was normal. Great tenderness was present in the left lumbar region. She had vomited several times, felt faint, and had not passed urine for nearly twenty-four hours. The abdomen was soft except for faecal masses, and there was no evidence of a distended bladder. When I took the temperature the thermometer registered 112° in the axilla. She

was too delirious to take it in the mouth. Thinking there must be a mistake I shook the thermometer down and took it again, with the same result. I then used two other thermometers with the same result, after excluding any other source of error, such as a hot-water bottle. I held the thermometer in the axilla and the girl kept still during the process. She was at once sponged with cold water (85°), and the temperature rapidly fell to 100°. After a small rise at 2 p.m. it fell to 99°.

Dr. Carey Coombs examined the case with me. The maid had a few spots on the chest, intense pain in the back, and transient rashes on the arms and legs. The heart was not enlarged, but the recurrent faintness made me fear a fatal collapse at any time. Nativelle's digitalin, gr. 1/240, was given two-hourly, and the patient encouraged to take brandy and milk with soda. The intense pain in the back continued, but the temperature remained down till 7 p.m., when it rose to 105°. Sponging was recommenced, but the temperature reached 108.6° before it was brought down to normal. The patient passed an extremely restless night with frequent vomiting. Next morning a turpentine enema was given, with small result of almost stony hard scybala, the patient passing urine at the same time. At 2 p.m. the temperature rose rapidly to 114°, the patient looking extremely ill, and a fatal result appeared imminent; but sponging at once brought down the temperature (which had been carefully confirmed by secondary readings on other thermometers). This was again taken in the axilla. The pulse was regular, the rate 120, but poorer in volume and tension



than previously. In view of the sickness the digitalin was withdrawn and camphor in olive oil was given intramuscularly in its place. The pain in the back was decreasing, and vomiting thenceforth became steadily less. At 3 p.m. the temperature again went up to 112°, but as soon as the face and arms were sponged, and before their effect could have been produced, the temperature fell to 107° and to 99° an hour later.

So far no antipyretic drugs had been given for fear of their action on the heart. Cryogenin 0.5 gram was then commenced four-hourly. The patient passed a good night and appeared much better in the morning. A turpentine and olive oil enema had a large result, and from this point on the patient made uninterrupted progress. On January 27th the patient commenced normal menstruation, which lasted four to five days. A week later, when it had been arranged for her to go to a convalescent home, she twice walked in her sleep—on February 1st and 3rd—going downstairs to the rooms of the ladies of the house and asking irrelevant questions about household duties. On being taken back to her room she at once continued apparently normal sleep, instead of waking, as so many somnambulists do on being returned to bed. These nocturnal peregrinations may have been caused by excitement in the preceding day, in spite of every effort to avoid such a condition. The girl is aged 22, one of a family of seventeen, not robust, of a markedly hysterical temperament, and distinctly lacking in mental balance and restraint, though not sufficiently so to be classed as mentally deficient.

That the girl recovered I attribute to the fact that the high temperatures were of short duration, that cardiac tonics were given before the heart showed signs of collapse, and that throughout I had the help of two invaluable nurses who acted with commendable promptitude. As to the accuracy of the temperatures, I certainly doubted, but after every possible source of error had been eliminated I was compelled to accept what I had previously regarded as the impossible.

Clifton, Bristol.

ELLIOTT T. GLENNY, M.B., B.S.Lond.

## Reports of Societies.

### RELAPSING FEVER IN INDIA.

THE problem of the epidemiology of relapsing fever, as it occurs in India, was the subject of a paper read on February 16th before the Royal Society of Tropical Medicine and Hygiene by Major F. W. Cragg, I.M.S., of the Central Research Institute, Kasauli, whose observations were largely based on personal investigation and experiment. He drew attention to the fact that overcrowding and dirt were almost universal from long-established custom amongst the peasant populations of India, and by favouring the spread of pediculosis presented many difficulties in dealing satisfactorily with the question of relapsing fever. Moreover, the harborage of lice, as a normal condition, in Major Cragg's opinion, robbed this important factor in the transmission of the disease of much of its significance. Louse infestation among the warmly clad races of Europe and Asia was highest in winter, but with the scantily clothed natives of Northern India, where the disease was endemic, relapsing fever reached its highest during the hottest months of the year. Its distribution, most marked in the United Provinces and endemic in the Punjab, Assam, and the southern part of India, largely rice-growing districts, whereas its greatest prevalence was found in the wheat-growing tracts of Northern India, coinciding with the ripening of the spring crop. In contrast to other parts of the world typhus and relapsing fever were not associated in India, and Major Cragg was puzzled to explain the apparent absence of typhus. The origin of the epidemic of 1917 was attributable to some common cause affecting numberless foci in the northern districts where the disease had previously been prevalent. By means of a "relapsing fever index," derived from the study of seasonal prevalence and special age incidence, the disease was defined as occurring more heavily in certain districts than others, with a duration of epidemic conditions amounting to about two years. The outbreaks, in Major Cragg's opinion, could not be explained by changes in the conditions of the people at the time of onset, such as exceptional poverty or movements of the population. An underlying cause, therefore, had to be sought for in some additional and hitherto unrecognized factor. Towards the solution of this problem and to confirm the work of French investigators, the aid of experiment was brought to bear. Emulsified preparations of lice, collected from relapsing fever cases, were injected into five monkeys without producing any obvious illness. However, injections of 2 c.cm. of infective blood, containing the spirochaetes, into a fresh monkey proved more successful, and the animal became definitely ill; 10 c.cm. of its heart blood withdrawn under an anaesthetic provided material for further experiment; 5 c.cm. were injected into another monkey subcutaneously and 1 c.cm. into each of the five monkeys previously inoculated with emulsified lice. All showed rises of temperature, two having definite two-day fever, and in three spirochaetes were found in film preparations of their blood. Dissection of lice at intervals of two to seventeen days after being fed on cases of relapsing fever and on an infected monkey resulted in the finding of spirochaetes only in those fed on the seventh to the eleventh days.

Major Cragg, having succeeded in confirming the results of previous workers, which established the louse as the vector of Indian relapsing fever, turned his attention to the bionomics of the insect host. He made a number of observations in the habits and activities of the louse under conditions comparable with those in an Indian dwelling and amid the climatic changes of temperature and humidity occurring from month to month on the Indian plains. His experiments showed that, corresponding with rises in atmospheric temperature, and as it approximated to that of the human body at the end of March and in April, so the temperature and humidity of the average Indian house provided optimum conditions for the insect. Its movements and productivity became accentuated, but as the season advanced and hot weather set in lice tended to die off and become scarce. The seasonal activities of the insect, therefore, closely corresponded with the period of greatest prevalence of relapsing fever. Explanation of the epidemic in 1917, a year of abnormal climatic conditions in India, was to be found in the fact that the months of April, May, and June experienced temperatures below the normal and high atmospheric humidity, and therefore conditions favourable to the prolonged life of the louse.

living—Deputy Surgeon-General A. D. Gulland, Brigade Surgeons C. A. Innes and W. C. Roe, and Surgeon-Major A. E. T. Longhurst. Innes and Longhurst served in the Indian Mutiny also. Probably there are still others who, like the Rev. Dr. George, either retired early, before they had earned a pension, or who only served temporarily for the Crimean war, and whose names are therefore not included in the lists of retired (pensioned) officers. The last Crimean veteran who served in the I.M.S., Surgeon-Major Robinson Boustead, died on October 8th, 1916, over five years ago.

## The Services.

### ROYAL ARMY MEDICAL CORPS.

In reply to a recent question in the House of Commons, the Secretary of State for War (Sir L. Worthington-Evans) stated that the present strength of the Royal Army Medical Corps is 1,321 officers and 4,990 other ranks. The establishment estimated as required for April 1st, 1923, is 1,045 officers and 4,516 other ranks.

## Universities and Colleges.

### UNIVERSITY OF OXFORD.

*Appointment of Litchfield Lecturer in Surgery.*—Edward Cecil Bevers, B.M., M.A., St. John's College, F.R.C.S., has been appointed Litchfield Lecturer in Surgery for two years from January 5th, 1922, in succession to A. P. Dodds-Parker, B.M., M.A., Magdalen College, F.R.C.S.

### UNIVERSITY OF CAMBRIDGE.

At a Congregation held on March 10th voting took place on a Grace proposing that mathematics should rank *pari passu* with the existing subjects in the schedule for Part I of the Natural Science Tripos. The Grace was carried by the narrow margin of 8 votes, 74 voting *placet* and 66 *non-placet*.

The following medical degrees have been conferred:

M.Ch.—R. St. L. Brockman.  
M.B., B.Ch.—R. A. Oliphert, S. J. Cowell, W. S. Gross, E. I. Lloyd, P. R. Boswell.  
M.B.—W. H. Marshall, A. J. Copeland.  
B.Ch.—E. Donaldson.  
F. N. Sidebotham has been approved for the degree of M.D.

### UNIVERSITY OF LONDON.

A MEETING of the Senate was held on February 22nd. The following were appointed Fellows of University College: Mr. C. J. Bond, C.M.G., F.R.C.S., member of the Medical Research Council, Dr. F. M. R. Walshe, O.B.E., Assistant to the Director of the Medical Unit at University College Hospital, and Colonel Sir Arthur Lisle A. Webb, K.B.E., C.B., C.M.G., Director-General of Medical Services at the Ministry of Pensions. Mr. Somerville Hastings was recognized as a teacher of oto-rhino-laryngology at Middlesex Hospital Medical School.

Part B (ii) of regulation 4 for the examination for the diploma in psychological medicine was amended by an addition of words requiring the candidates to state at the time of entry which of the alternative sections in psychological medicine he will take: (a) a higher knowledge of mental diseases and a less advanced knowledge of mental deficiency, or (b) a higher knowledge of mental deficiency and a less advanced knowledge of mental diseases.

Professor H. R. Dean has been admitted to the Faculties of Medicine and Science as from June 21st, 1922.

A graduation dinner will be held on Presentation Day, May 4th, in the Guildhall at 7.30 p.m. Applications for tickets (one guinea each, including wine), should be made to the Secretary to the Establishment Committee.

### UNIVERSITY OF MANCHESTER.

Dr. E. J. SIDEBOTHAM, acting Director of the Public Health Laboratory, has been appointed a member of the Board of the Faculty of Science. The University prize in medicine has been awarded to Hilda M. Linford.

### UNIVERSITY OF DUBLIN.

ON the proposal of the Board of Trinity College, the Senate of the University has decided to confer the honorary Degree of Master of Surgery upon Dr. George E. Armstrong, Professor of Surgery at McGill University, Montreal.

### ROYAL COLLEGE OF SURGEONS OF ENGLAND.

An Ordinary Council was held on March 9th, when Sir Anthony Bowlby, President, was in the chair.

The Licence in Dental Surgery was granted to sixty-five candidates found qualified at the recent examination.

*Revised Curriculum.*—A report was received from the Committee of Management, submitting a copy of the new regulations of the Conjoint Board, setting forth a revised course of study and examination for the L.R.C.P. and M.R.C.S. diplomas, which it is proposed should be made applicable to candidates who have not passed the required preliminary examination before January, 1923. These new regulations were approved provisionally, and will be circulated to the various other examining bodies.

### Election of Three Fellows to Council.

The Secretary of the College has forwarded to the Fellows the usual address informing them that a meeting of the Fellows will be held at the College on Thursday, July 6th, at 2 p.m., for the election of three Fellows into the Council in the vacancies occasioned by the retirement in rotation of Sir Charles A. Ballance, K.C.M.G., C.B., M.V.O., Sir William Thorburn, K.B.E., C.B., C.M.G., and Mr. William McAdam Eccles. Nomination forms, duly filled up, should be received by the Secretary not later than Monday, March 20th. A voting paper will be sent by post to each Fellow whose address is registered at the College, on Tuesday, April 4th next. Fellows are requested to give notice, without delay, of any change of address, so that their voting papers may not be mis-sent.

### Constitution of the Council.

The composition of the Council of the College is, at present, since July, 1921, as follows:

*President.*—Sir Anthony A. Bowlby, K.C.B., K.C.M.G., K.C.V.O., C. (1) 1904, (2) 1912, (3) 1920; Pres. 1920.

*Vice Presidents.*—Sir Charles Ballance, K.C.M.G., C.B., M.V.O., C. (1) 1910, (2) 1914; Sir D'Arcy Power, K.B.E., C. (1) 1912, (2) 1920.

*Other Members of Council.*—Sir Charters J. Symonds, K.B.E., C.B., C. (1) 1907, (2) 1915; Mr. W. H. Haslam, C. (1) 1903, (2) 1916; Sir J. Bland-Sutton, C. (1) 1910, (2) 1918; Sir Berkeley G. A. Moynihan, K.C.M.G., C.B., C. (1) 1912 (substitute), (2) 1919; Mr. H. J. Waring, C. (1) 1913, (2) 1921; Sir W. Thorburn, K.B.E., C.B., C.M.G., C. 1914; Mr. W. McAdam Eccles, C. 1914; Sir C. Ryall, C.B.E., C. (1) 1914 (substitute), (2) 1915; Mr. Walter G. Spencer, O.B.E., C. (1) 1915, (2) 1918; Mr. F. F. Burghard, C.B., C. (1) 1915 (substitute), (2) 1921; Sir Herbert F. Waterhouse, C. 1915; Mr. T. H. Openshaw, C.B., C.M.G., C. 1916; Mr. E. Raymond Johnson, O.B.E., C. 1915; Mr. V. Warren Low, C.B., C. (1) 1916 (substitute), (2) 1917; Mr. J. Sherren, C.B.E., C. 1917; Sir J. Lynn Thomas, K.B.E., C.B., C.M.G., C. 1918 (substitute till 1925); Mr. E. W. Hey Groves, C. 1918; Sir C. Wallace, K.C.M.G., C.B., C. 1919; Mr. F. J. Steward, C. 1920; Mr. W. Thelwall Thomas, C. 1911; Mr. C. H. Fagge, C. 1921.

The medical schools are represented as follows:

#### London:

St. Bartholomew's	...	...	...	...	...	...	4
Charing Cross	...	...	...	...	...	...	1
Guy's	...	...	...	...	...	...	3
King's College	...	...	...	...	...	...	1
London	...	...	...	...	...	...	2
Middlesex	...	...	...	...	...	...	1
St. Mary's	...	...	...	...	...	...	1
St. Thomas's	...	...	...	...	...	...	2
University College	...	...	...	...	...	...	1
Westminster	...	...	...	...	...	...	1
Special London Hospital	...	...	...	...	...	...	1
Total London	...	...	...	...	...	...	18

#### Provincial:

Birmingham	...	...	...	...	...	...	1
Bristol	...	...	...	...	...	...	1
Cardiff	...	...	...	...	...	...	1
Leeds	...	...	...	...	...	...	1
Liverpool	...	...	...	...	...	...	1
Manchester	...	...	...	...	...	...	1

Total Provincial ... .. 6

Total Council ... .. 24

### ROYAL FACULTY OF PHYSICIANS AND SURGEONS, GLASGOW.

THE following have been admitted, after examination, as Fellows: E. M. E. Cumming, H. K. Rowntree.

## Medical News.

At a meeting of the Royal Society of Edinburgh, on March 6th, Dr. Francis A. E. Crew, Dr. W. Osborne Greenwood, and Professor J. C. Meakins were elected Fellows.

THE Cantor Lectures before the Royal Society of Arts will be given by Mr. L. G. Radcliffe on "The Constituents of Essential Oils," on Monday evenings, March 20th and 27th, and April 3rd, at 8 p.m.

DR. ANDREW BALFOUR, C.B., C.M.G., will give a lecture at the Royal Sanitary Institute, 90, Buckingham Palace Road, S.W.1, on Wednesday, April 26th, at 5.30 p.m., on "The Outlook in Tropical Medicine."

At the first annual meeting of the National Institute of Industrial Psychology, it was announced that a public meeting, arranged by the Institute, will be held on March 27th at the Mansion House, London. The report for 1921 was presented by the Chairman of the Executive Committee, Mr. H. J. Welch, and among the speakers was Dr. C. S. Myers, F.R.S., who has resigned the Directorship of the Psychological Laboratory at Cambridge in order to devote his whole time to the work of the Institute.

MISS KATE C. GARRICK, daughter of the late Sir James Francis Garrick, K.C., for ten years Agent-General in London for Queensland, has by her will bequeathed £10,000 to the Senate of the University of Queensland to found a James Francis Garrick professorship of either law or medicine, as may seem best to the University, in memory of her father.

THE Board of Control has, with the approval of the Minister of Health, appointed the following Committee to consider the nursing service in county and borough mental hospitals, and in what directions it can be improved: Dr. C. Hubert Bond, Commissioner of the Board of Control (chairman); Dame Louise Samuel, Mrs. How-Martyn, Mr. E. A. Medus, Dr. H. Wolseley-Lewis (Medical Superintendent, Kent County Mental Hospital, Maidstone), and Dr. G. F. Barham (Medical Superintendent, London County Mental Hospital, Claybury). The name of a matron of a mental hospital is to be added.

A POST-GRADUATE course in obstetrics will be held at the Clinique Baudelocque, Paris, from April 25th to July 13th. The subjects will include the pathology of gestation and parturition, pathology of the newborn, obstetrical operations, gynaecology, and syphilis and its relation to the functions of reproduction. The fees for the different parts of the course and further information may be obtained from the secretary of the Faculty of Medicine, Rue de l'Ecole de Médecine, Paris.

THE thirty-fourth annual meeting of the American Pediatric Society will be held at Washington on May 1st, 2nd, and 3rd.

THE College of Ambulance can supply a motor ambulance equipped with x-ray apparatus and staffed by a radiographer, nurse, and bearers for use where a patient cannot be transported. It is free to the poor, and the fees charged to others can be obtained, together with all other particulars, on application to the College of Ambulance, 56, Queen Anne Street, Cavendish Square, W.1.

LOUVAIN University has received a legacy of £20,000, which is to be used for erecting a special building for cancer research.

AN epidemic of alastrim is reported to have spread all over the island of Jamaica; 2,300 cases have been reported during ten months, the epidemic having started in Kingston. Alastrim resembles a mild form of small-pox, and is thought to have originated in Brazil. Its occurrence has been reported in Cuba, Australia, and Canada during the past ten years.

THE Council of the Royal Sanitary Institute has established an examination in tropical hygiene for sanitary inspectors, the syllabus of which has been prepared to cover the special duties, including mosquito prevention, sanitation of native quarters, tropical conditions on health, tropical diseases, and has received the general approval of the Colonial Office and the London School of Tropical Medicine.

RECRUITING has been opened for the 8th (London) Sanitary Company, the establishment of which embraces a large proportion of N.C.O.s as inspectors. The course of training includes instruction in theoretical and practical sanitation, in addition to ordinary Territorial Army training, which includes fifteen days in camp annually, but the camp training may be excused. Application should be made to the O.C. 8th (London) Sanitary Company, Duke of York's Headquarters, Chelsea, S.W.3, any Monday or Wednesday between 6 and 8 p.m.

DR. H. S. COOPER, on the occasion of leaving Yaxley, where he has practised for twenty-two years, has been presented by his friends and patients with an illuminated address, a gold-mounted umbrella, and a tortoiseshell-handle walking stick. At the same time Mrs. Cooper was given a gold and amethyst brooch.

A GENEROUS gift has enabled the authorities of the Western Infirmary, Glasgow, to nominate a member of the nursing staff to take the course of training at King's College for Women (University of London) to qualify as a sister tutor.

AT Keighley West Riding Court, on March 4th, an iron-worker was summoned by Dr. J. C. Wilson, of Haworth, for assault. Dr. Wilson had attended the man's child, who died of diphtheria, and a week or two later Dr. Wilson was stopped in the street by the man, who used abusive epithets to him and assaulted him. The defendant, in court, withdrew the allegations of negligence, and was bound over to be of good behaviour for twelve months. The chairman said that the magistrates thought Dr. Wilson had acted very generously in the matter.

AT their last meeting the governors of the Royal Bucks Hospital, Aylesbury, accepted with regret the resignation of Dr. Horace Rose from the position of surgeon-in-ordinary. Dr. J. Steele of Aylesbury was elected in his place, and Dr. Rose, in view of his length of service, was elected honorary consulting surgeon.

THE number of deaths from influenza in the week ending March 11th in the 105 great towns was 201, against 306, 525, and 670 in the preceding three weeks; in London the figures were 30, against 49 in the week ending March 4th. Thus the number of fatal cases from the disease continues to decline.

## 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, *Medisecra*, *Westrand*, London; telephone, 2630, Gerrard. The address of the Irish Office of the British Medical Association is 16, South Frederick Street, Dublin (telegrams: *Bacillus*, Dublin; telephone, 4737, Dublin), and of the Scottish Office, 6, Rutland Square, Edinburgh (telegrams: *Associate*, Edinburgh; telephone, 4361, Central).

## QUERIES AND ANSWERS.

### DIET AND GALL STONES.

DR. F. D. SPENCER (Wolverhampton) asks whether anything is known of a special diet for a patient who is constantly making gall stones. The suggestion is that as all gall stones are composed of cholesterol it should be possible to eliminate from the diet food that is likely to produce cholesterol.

### TREATMENT OF TREMOR.

"W. G. W." desires suggestions as to any medicinal or other means for the alleviation of tremor of the right hand and foot in a lady, aged 77, who has been subject to the condition for some six or seven years. It is thought to be due to very slowly advancing paralysis agitans. There is no tremor elsewhere, nor other signs of the condition, and beyond some senile degeneration of the myocardium she is in good health and unduly active for her age.

### CATHETER LUBRICANTS.

"X. Y. Z." would be much obliged if any member would inform him of the proper and safe strength of a cocaine lubricant or ointment (or allied preparation) to be used to smear on a catheter or bougie which has to be retained in the bladder for hours and causes great irritability. The case is one of stricture—where immediate dilatation or operation is not advised.

### MEDICAL BOOK-KEEPING.

"SEEKER" writes to inquire if any medical practitioner who has evolved a complete but labour-saving system of keeping accounts and medical records of private work in general practice would describe it. He states that in looking for a practice he has seen many varieties of system, or lack of system, from the most meagre to an elaborate card-index system which apparently required far too much time and attention; moreover, the latter did not yield quickly a record of the work and income for a short period.

### TREATMENT OF BROKEN CHILBLAINS.

DR. G. H. WAUGH (Rugby) writes: In answer to "J. B." (p. 420), the best treatment is sterilized gauze soaked in a mixture of equal parts of liq. plumbi sub. fort. and glycerin, changing the dressing as often as necessary on account of the discharge from the raw surfaces.

### INCOME TAX.

"COUNTRY PHYSICIAN" lodged a claim to repayment of income tax with the local inspector of taxes. Later he was informed that a fire had occurred in the office in which the claim and documents had been destroyed, and more recently has been told that the duplicate claim which was then sent in had not been received.

\* \* We suggest that our correspondent should request the inspector to obtain if possible special authority from the Board of Inland Revenue to repay the amount due without a formal claim, but after production by the solicitors who dealt with the claim of their record of the particulars. It might possibly save some further delay if the request was made direct through the Head Office of the Inland Revenue in Dublin. We have not heard of a similar case, but seeing that two claims have been destroyed or lost in transit we think that in the special circumstances repayment might be made without further expenditure of time and labour on preparing formal statements and vouchers.