

Memoranda :

MEDICAL, SURGICAL, OBSTETRICAL.

THE ETIOLOGY OF BERI-BERI.

IN the BRITISH MEDICAL JOURNAL of June 14th, 1913, there is a memorandum by Mr. E. G. Fenton, who directs attention to the possibility that factors other than the consumption of polished rice are concerned in the causation of beri-beri. In the JOURNAL of July 5th, 1913, there are memoranda by Dr. Lindsay and Dr. Laidlaw on the same subject.

In the various publications which from time to time we have issued on the etiology of beri-beri, attention has repeatedly been drawn to the fact that the problem presented to us in 1906 was to determine the cause of this disease as it occurred in the Federated Malay States and Straits Settlements.

The observations and experiments which we carried out enabled us to state in 1909 that beri-beri, as it occurs in the countries with which we are concerned, is caused by the continuous consumption of polished rice as the staple of diet. Since that date further and complete confirmation of the accuracy of that statement has been obtained, and it is now beyond dispute that the etiology of beri-beri in the Federated Malay States and Straits Settlements has been demonstrated. From reports received we believe that in Siam and the Philippine Islands this disease is of similar origin.

We are not acquainted with any systematic observations and experiments having been carried out in either Southern Nigeria or Brazil which would permit of a conclusive statement being made on this subject so far as these countries are concerned. We sympathize with our colleagues in their doubts, but we disclaim all responsibility for the wide sweeping statements and generalizations which have been made by writers who have had no experience of the disease.

Facts have been determined by us, and if we were in a position to apply the knowledge gained beri-beri would cease to exist in this country, but those who are familiar with the difficulties of applying scientific results in actual practice will appreciate the position.

While fully recognizing the very valuable work which has been done by those investigators who have sought to isolate the important substance or substances contained in the subpericarpal layers (not, as stated by Mr. Fenton, in the pericarp, which is valueless) we cannot but regret the tendency of most recent writers to exalt the importance of *polyneuritis gallinarum*, and to ignore the human disease. The fact that polished rice, when forming the staple of diet in man, produces beri-beri, rests on quite other evidence than that produced by experiments on domestic fowls.

To those who would seek to advance our knowledge of the causation of beri-beri in other countries, we would suggest the necessity of determining that the disease known to them as beri-beri is the same as the disease which is known by that name here. After all, beri-beri is only a form of polyneuritis.

A survey of the voluminous literature which concerns itself with this disease will show not only that forms of polyneuritis of different origin have been called beri-beri, but that even diseases of which polyneuritis may not be a prominent feature—such as “epidemic dropsy,” “Ceylon beri-beri,” and the like—have been included under this name. It is not to be expected, therefore, that any single etiological factor will satisfactorily explain all the recorded outbreaks of so-called beri-beri.

Institute for Medical Research, Kuala
Lumpur, Federated Malay States.

H. FRASER,
A. T. STANTON.

I HAPPENED to be medical officer in 1901–2 (attached R.A.M.C.) to the prisoners of war camp and hospital at Deadwood, in the island of St. Helena. There was an outbreak of beri-beri, which affected about 60 per cent. of the Boer prisoners. Etiologically we were puzzled to account for it, the rice and fish theories had to be discarded, as the Boer at home does not live on these articles of diet to any extent, nor did they figure in his dietary at Deadwood. They were free from the disease on arrival. Eventually we dis-

covered that the land on which the prisoners' tents were pitched had formerly been a camping-ground for Indian coolies and negroes, employed at road-making and house-building by the British East India Company. These coolies possibly brought the disease with them from India. This would be some time in the Twenties, as the company was broken up and their fleet of ships sold in 1832. It was a far cry from 1902, but it suggested one way of accounting for the visitation, namely, that the infection had come from the ground, the micro-organism being dormant there all those years. The ground was not at all of a marshy character.

A story told me by an old resident on the island—a farmer with whom I was on friendly terms—has, I think, a significant bearing on the soil emanation infection theory. This gentleman, Mr. K., when a lad of ten rode out with his father one morning, and, when a mile or so from home, suddenly came on about a score of men's heads “sticking out of the ground.” There was a man walking to and fro amongst the heads, applying a big bottle to the lips of each in turn. The uncanny picture so terrified young K. that he did not wait even for his pony, but turning his back, and at the same time a deaf ear to his father's reassuring shouts, ran crying all the way home to his mother. He learnt later that those heads belonged to beri-beri patients, the initial step in whose treatment consisted in their being interred in Mother Earth, their heads only showing above the surface. As Mr. K. quaintly remarked: “They buried them all for a start, and the fellows who did not die were dug out again and sent back to work.”

When this old ground was condemned and the camp moved to a fresh field, there soon appeared a marked improvement in the general health, practically all recovering. It was notable also that there was no case of beri-beri amongst the troops, some of whom were quartered not far from the original prisoners of war camp.

Singapore.

JAMES P. CASEY, L.R.C.S., L.R.C.P.

CAESAREAN SECTION FOR ACCIDENTAL HAEMORRHAGE.

ABOUT 2 a.m. on June 29th I was called to see Mrs. R. L., aged 34, who was expecting her first baby at the end of August. Her husband, who came for me, said she was sick, losing blood, and as white as a sheet. I found her very pale and complaining of considerable pain. The pain had commenced in the left groin nearly two hours before I saw her. Half an hour after its commencement she began to lose blood. The haemorrhage soon became profuse, and her discomfort was increased by vomiting. The pain became worse in the left groin, spread to the right side and then all over the abdomen. I saw at once that the haemorrhage was alarming, but there was no dilatation of the os uteri. I gave her a hypodermic injection of morphine and atropine, and remained with her for three hours. I then left her and returned after an interval of three or four hours. On my second visit I found the pain had been more severe, and she was still losing a considerable quantity of blood.

I had her removed immediately to a nursing home, and about thirteen hours after the onset of symptoms opened the abdomen. I found quite two pints of blood in the peritoneal cavity. The uterus looked like a thick-walled ovarian cyst with twisted pedicle. I incised the uterus and removed a well-developed seven months male child, dead. The placenta was almost central in position in the fundus, but rather to the left, and had been detached to the extent of 2 square inches. At one part the uterine wall was almost as thin as ordinary writing paper, but I discovered no rent and wasted no time in searching for one. The surgeon assisting me suggested that I should remove the uterus, but I did not act upon his suggestion. My patient, who was profoundly anaemic before the operation and had a pulse of 128, made an excellent recovery, and left the home just within the month. A week later she menstruated.

I decided upon Caesarean section in this case because at the end of nearly twelve hours there was almost no sign of any dilatation of the os, and dilatation by any of the methods usually adopted for inducing labour would have been tedious. Further, she had already lost so much

blood that speed was necessary to save her life. As things turned out, even speedy delivery by the vagina would not have saved her. I diagnosed the condition as one of placenta praevia. I was wrong, but I am convinced that Caesarean section would be the most speedy and successful method of dealing with a case of placenta praevia where the cervix is rigid and the haemorrhage severe.

JOHN IRVING, M.B.,
Consulting Surgeon, Huddersfield Royal Infirmary.

Reports

ON

MEDICAL AND SURGICAL PRACTICE IN HOSPITALS AND ASYLUMS.

LONDON HOSPITAL.

PUERPERAL SEPTICAEMIA DUE TO *BACILLUS COLI*.

[Reported by W. P. BONNER, M.R.C.S., L.R.C.P.]

ON May 21st, 1913, a multipara was admitted into the London Hospital under the care of Dr. Russell Andrews. Five days previously she had miscarried at the second month of pregnancy. There was no medical attendance until two days later, when a doctor was called in because the patient complained of bearing-down pain in the lower abdomen. The doctor kindly wrote to me saying that "On examination I found the placenta presenting, but so adherent that I could only remove a small part of it with the finger. The temperature and pulse were normal." "On the following day the condition was the same."

On admission the patient was a little pale, otherwise her general condition was good. Temperature 100°, pulse 80. Lochia very scanty in amount. There was no laceration of the vagina or cervix uteri. The uterus was about the size of a large fist, fairly firmly contracted and freely movable. Cultures were taken from the interior of the uterus by a method similar to that used by Menge and Krönig, and grew colonies of *Bacillus coli* and a few Gram-positive cocci in groups. The blood gave pure cultures of *Bacillus coli*.

The treatment of this case was: On the night of admission a general anaesthetic was administered, the interior of the uterus explored, and an offensively smelling piece of placenta removed from the posterior wall. A hot intrauterine douche (of 3j of tincture of iodine to 1 pint of water at 118° F.) was given, and finally the interior of the uterus carefully swabbed over with 2 per cent. solution of iodine in rectified spirit. The patient was given a subcutaneous injection of ergot and put back to bed in Fowler's position, the head of the bed being raised 2 ft. On the following day four-hourly vaginal douches of diluted sanitas heated to 112° F. were commenced. The patient has made a rapid and complete recovery.

The chief facts remarkable about this case are:

First, the rarity of this condition, "*Bacillus coli* septicaemia," as compared with that of streptococcal infection. Amongst the cases of puerperal septicaemia admitted into the London Hospital during the last eighteen months there have been at least 34 cases with positive blood cultures:

28	cultures of	<i>Streptococcus</i> pure.
1	" "	<i>Staphylococcus aureus</i> .
1	" "	Anaërobic cocci.
1	" "	Gram and diplococci.
1	" "	Pneumococci.
2	" "	<i>Bacillus coli</i> .

Secondly, the mildness of the symptoms as compared with the majority of streptococcal cases. In this case there was no history of any rigors, and on the day after the uterus was cleared out the temperature and pulse became normal, and have remained so ever since. At the end of the third week the blood cultures remained sterile, and the patient was so well in health that she left her bed, and a few days later went away to a convalescent home.

I am indebted to Dr. Russell Andrews for permission to publish this case, and to Dr. G. T. Western for the bacteriological investigations.

Reports of Societies.

MEDICAL SOCIETY OF LONDON.

At a meeting on October 13th Sir DAVID FERRIER gave a presidential address on the *Cerebro-spinal fluid in health and disease*. There existed, he pointed out, a system of canals continuous on the one hand with the pericellular or perineuronal spaces, and on the other hand with the subarachnoid space. These played an important part in the nutrition of the brain cells, probably forming the medium of interchange between them and the blood in the capillaries, giving up water and carbon dioxide and taking up oxygen and sugar. Of greater importance from the point of view of pathology was the fact that the subarachnoid space was continuous with the sheaths of investment of the cranial and spinal nerves, and through these entered into communication with the peripheral lymphatics, thus furnishing a means of entry for organisms and toxins into the central nervous system. The cerebro-spinal fluid was being continually secreted, and was continually escaping. It did not exceed in amount a few ounces at most. If allowed to escape it was secreted more copiously. Normally, the cerebro-spinal fluid escaped both by the lymphatics and by the veins; but the chief exit, as had been shown by the experiments of Leonard Hill, was the venous sinuses of the dura mater. It was held by Key and Retzius that the escape took place by way of the Pacchionian bodies, which are merely polypoid proliferations of the subarachnoid tissue which insert themselves into the venous sinuses of the dura mater and diploë. Cushing, however, was of opinion that a more direct communication existed between the subarachnoid space and the longitudinal sinus. Most physiologists were agreed that the cerebro-spinal fluid was secreted by the choroid plexuses, but though it was obviously a secretion, the cells of the choroid plexus offered remarkable resistance to the passage into the fluid of most substances that might be introduced into the circulation; urotropin, chloroform, and alcohol were among the chief exceptions. On the other hand, drugs and toxins were absorbed from the cerebro-spinal, and produced their characteristic effects with as great if not greater rapidity than when introduced directly into the circulation. The speaker then considered in detail the composition of the cerebro-spinal fluid, mentioning that it contained the active principles of the secretion of the pituitary gland, which it would thus bring into immediate contact with the spinal tissues. He spoke of the mechanical effects subserved by the cerebro-spinal fluid, showing that it acts as a distributor or equalizer of pressure throughout the whole cranial cavity. Whether it also acts as a sort of water cushion to protect the brain against shocks was more than doubtful. The same conditions which led to the uniform transmission of the normal increase of arterial tension explained the effects of sudden or gradually increased pressure on the brain, such as that caused by a severe blow on the skull, by the rapid injection of a non-absorbable substance, by bullets of high velocity traversing the brain, and by the growth of intracranial tumours. In the last case pressure propagated into the intravaginal sheath of the optic nerve was the cause of papilloedema or so-called optic neuritis. Another indirect result of increased tension of the cerebro-spinal fluid was the degeneration of the posterior columns of the spinal cord, which occurred in cerebral tumour. In the diagnosis of parasyphilitic affections great reliance had been placed on what was termed in Germany the four reactions: (1) The Wassermann reaction in the blood; (2) an excess of globulin in the cerebro-spinal fluid; (3) lymphocytosis of the fluid; and (4) Wassermann reaction of the fluid. He said it would appear from the most recent work that all four reactions might be found in tabes, general paralysis, and cerebro-spinal syphilis, and that one could not, as had hitherto been supposed, accurately differentiate syphilitic from parasyphilitic nervous affections by this method. The great test was the therapeutic one, for in parasyphilitic affections mercurial or salvarsan treatment did not influence the Wassermann reaction. The recent discovery of the *Spirochaeta pallida* in the substance of the brain and cord in undoubted cases of general paralysis and tabes seemed to have obliterated the last distinction

has in several instances been, added to the paraffin; in all the cases nitrogen was introduced first.—I am, etc.,

Leeds, Oct. 20th.

H. DE CARLE WOODCOCK.

THE ASYLUM SERVICE.

SIR,—In a leading article in the *BRITISH MEDICAL JOURNAL* of October 18th on the asylum service, it is suggested that assistant medical officers should agree on some temperate statement of their disabilities in view of the proposed Durham conference.

The correspondence which has already appeared in the *JOURNAL* indicates in its anonymity a difficulty in obtaining the considered judgement of a body of assistant medical officers, no machinery existing for such a purpose.

My object in writing is to invite communications from other assistant medical officers, and, if possible, to set up with them some machinery whereby a considered and authoritative statement of disabilities may be presented.

I am sure all assistant medical officers must be very grateful for the kindly consideration of their difficulties shown in your leading article.—I am, etc.,

F. J. STUART,

Senior Assistant Medical Officer, Northampton
County Lunatic Asylum.

October 20th.

REX v. HAMILTON.

SIR,—The following comprise the committee of the above fund, and would be pleased to receive donations:

P. Daniel, Esq., F.R.C.S., 1A, Upper Wimpole Street, W.
S. R. Deane, Esq., M.R.C.S., Scothorne Villa, Lincoln.
Mrs. Moran, Mill Hill House, Barnes.
Miss Gallahar, The Shanty, Abinger Road, Bedford.
Dr. W. H. Gimblett, 86, Sutherland Avenue, W.
Dr. Dobell, The Terrace, Barnes.
Honorary Treasurer, H. Moran, Esq., Mill Hill House, Barnes.

The following are the subscriptions up to date:

	£	s.	d.
F. M. G., Chiswick	10	0	0
H. Somerville, M.R.C.S., Sharnbrook, Beds	0	5	0
J. W. Heekes, M.R.C.S., Barnes	1	1	0
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Mrs. Moran, Mill Hill House, Barnes	5	5	0
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D. C. Dobell, M.B., The Terrace, Barnes	2	2	0
W. H. Gimblett, M.D.	2	2	0

—I am, etc.,

London, W., Oct. 21st.

W. H. GIMBLETT, M.D.

Universities and Colleges.

UNIVERSITY OF CAMBRIDGE.

The following candidates have been approved at the examinations indicated:

D.P.H. (Both Parts).—W. J. Cran, W. M. Elliott, *R. L. Gamlen, W. G. Hamilton, J. Johnstone, Rose F. Jordan, W. MacAdam, C. R. Macleod, A. MacMillan, G. Milne, J. Paterson, O. Shields, B. K. Singh, R. S. Taylor, J. W. Turner, H. G. Waters, E. C. Williams, A. J. Williamson, G. J. Wilson.

* Distinguished in the practical application of Pathology and Sanitary Science.

Degrees.

The following degrees have been conferred:

M.D.—K. Comyn, C. B. Heald, G. W. Twigg.
M.B., B.C.—R. Gamlen, A. E. Herman, A. C. Roxburgh, L. W. K. Scargill, G. A. Smythe.
M.B.—C. C. H. Binns, L. T. Rutherford, T. E. Osmond.
B.C.—R. S. Morshead.

ROYAL COLLEGE OF SURGEONS OF EDINBURGH.

The following candidates have been admitted to the Fellowship:

H. E. Arbuckle, J. F. Bennett, J. D. Fiddes, P. L. Foote, McW. Henry, H. F. Holmden, H. C. Mersereau, J. J. H. Nelson, A. B. Pestonji, R. F. Steel, H. M. B. Stratford, A. R. Thomas, S. H. M. West, H. B. Wyman.

CONJOINT BOARD IN IRELAND.

The following candidates have been approved at the examination indicated:

FIRST COLLEGE.—J. Cusack, L. Finnegan, P. J. Flood, W. F. Moorhead, W. H. Pierce, W. H. Sexton.

Obituary.

JOHN ADAM, M.A., M.D.,

DINGWALL.

THE many friends of Dr. Adam throughout the North of Scotland will receive the news of his sudden death with sincere regret. Although his health for some time past had not been robust he was able to do a fair amount of professional work. After spending the morning of October 18th visiting patients, Dr. Adam returned to his residence, and between two and three o'clock a patient called to see him. Mrs. Adam went upstairs to deliver the message, and her husband, who seemed to be in his usual health, said he would be down in a minute. His non-appearance took Mrs. Adam upstairs again, when she found the doctor lying unconscious on the floor of his bedroom. Medical aid was summoned, but despite every attention Dr. Adam never rallied, and he died a few minutes after midnight.

John Adam was the eldest son of the late Mr. Adam, Humberston, a well-known agriculturist in Ross-shire. He was educated at Dingwall Academy, and subsequently studied at Edinburgh University; there he had a distinguished career, and graduated M.A. in 1873. He then studied medicine, graduating M.B. and C.M. in 1876 and taking the degree of M.D. in 1881. Shortly afterwards he commenced practice in Dingwall, and continued to do so until his death. He was medical officer for several parishes, and discharged the important duties connected with this wide district with unflinching zeal, tact, and ability. In his professional capacity he was always at the call of duty, ceaseless in his attention to his patients; time and distance were seldom considered, and his unflinching urbanity and kindness made him welcome wherever he went. To the poor and needy his kindness was unflinching, and he often gave medical attention without any prospect of fee or reward.

Dr. Adam took a prominent part in the public life of Dingwall; for many years he was a member of the town council; he showed a great interest in education, and for eleven years was an active member of the school board. In 1834 he joined the Volunteer Force, and in 1904 attained the rank of lieutenant-colonel, and was senior medical officer of the Seaforth and Cameron Brigade. For many years he was surgeon to the Ross Memorial Hospital, an institution in which he took a great interest. Some years ago, under the strain of hard work, his health broke down, and he was presented with a handsome testimonial; it enabled him to take a lengthened trip to Africa, by which his health was restored.

Dr. Adam was a member of the British Medical Association, and a past-president of the Northern Counties of Scotland Branch, and took a keen interest in its affairs. He was a strong opponent of the Insurance Act, and refused to allow his name to go on the panel.

Dr. Adam was 60 years of age, and is survived by Mrs. Adam and two daughters, to whom the sympathy of numerous friends in the North of Scotland is extended.

THOMAS WILSON, M.R.C.S.ENG., L.R.C.P.EDIN.,

WALLSEND.

THE death of Dr. Thomas Wilson, which took place, after a short illness, at Wallsend on October 18th, has closed an exceptional medical career. In the Tyneside area he was a most familiar figure, and was held in the highest esteem by all with whom he came in contact. He was born at Darlington in 1834, and was in his 79th year. After attending school at Darlington he studied at the College of Medicine, Newcastle. While attending lectures he acted as pupil-apprentice to Dr. Thompson at Jarrow. The face of Tyneside has altered vastly since those days. In order to reach his classes Dr. Wilson was often obliged to utilize a sculling boat, and not infrequently he got aground on sandbanks, for the Tyne, on which huge *Dreadnoughts* now float easily, was at that time very shallow in parts. It is now nearly fifty years ago since Dr. Wilson established himself in practice

Medical News.

THE Earl of Derby has become president of the twenty-ninth congress of the Royal Sanitary Institute to be held at Blackpool on July 6th to 11th, 1914.

The Legislative Council of Nigeria has voted £400 in response to Mr. Austen Chamberlain's appeal for £100,000 for the endowment of the London School of Tropical Medicine.

SURGEON GENERAL SIR R. HAVELOCK CHARLES, G.C.V.O., will, on October 29th, at 4 p.m., present the prizes at the Royal Army Medical College, Grosvenor Road, S.W., on the conclusion of the 106th session.

THE annual meeting of the Society for Training Teachers of the Deaf and for the Diffusion of the German (Pure Oral) System will be held at 33, Cavendish Square, W., on Wednesday next, at 3.30 p.m.

WE are asked to state that the public are invited to hear the address which, as announced last week, is to be given by Sir Gilbert Parker, M.P., at the West London Hospital Post-graduate College on Thursday next at 5 p.m.; tea and coffee will be served at 4.15.

THE National Association for the Prevention of Infant Mortality and for the Welfare of Infancy has arranged a second post-graduate course on the feeding and care of infants to be held from January 12th to 22nd, 1914. Further particulars can be obtained on application to the Secretary, 4, Tavistock Square, W.C.

THE council of the Royal Meteorological Society has awarded the Symons Gold Medal to Mr. W. H. Dines, F.R.S., in recognition of the valuable work which he has done in connexion with meteorological science. The medal will be presented at the annual meeting of the Society on January 21st, 1914.

THE fifth Norman Kerr Memorial Lecture will be delivered before the Society for the Study of Inebriety, by Sir Thomas S. Clouston, M.D., LL.D., on Monday, November 3rd, 1913, at 4 p.m., in the Hall of the Royal College of Physicians, Queen Street, Edinburgh. The subject is "The Clinical Aspects of the Study of Inebriety."

STEPS are being taken at Haslemere to raise an adequate fund for the permanent endowment of the educational museum established in the town by the late Sir Jonathan Hutchinson. The trustees under his will have expressed their readiness to maintain the museum for another year, and at the end of that period to hand over the freehold site, the museum, and its contents to a trust committee.

THE Medical Committee of the Royal Dental Hospital of London will be "at home" to all old students from 2.30 p.m. to 5 p.m. on Saturday, November 22nd. The various departments of the hospital and school will be open and specimens and cases of interest shown. The annual dinner will take place the same evening at the Hotel Metropole, Mr. Rees Price in the chair. Past and present students who desire to obtain tickets should communicate with the dean at the hospital in Leicester Square, W.C.

DUFF HOUSE, near Banff, formerly the residence of the late Duke of Fife, has been opened as an institution for the treatment of disorders of metabolism. The patients will be under the direction of the physicians in respect of diet, exercises, baths, etc. The senior physician is Dr. E. I. Spriggs, formerly assistant physician to St. George's Hospital, and the junior physician is Dr. R. Gompertz, formerly surgical registrar, King's College. The institution is provided with a laboratory and has the services of an analytical chemist and a consulting bacteriologist.

ON Saturday, November 1st, collections will be made throughout London on behalf of the Mothers' Day Fund, and on the following day the Lord Mayor, who has consented to receive donations to the fund at the Mansion House, will attend in State a service at St. Paul's Cathedral. The object of the fund is to extend the work already being done by various societies with the object of reducing infant mortality and promoting the well-being of surviving children. The methods employed are partly educational, partly nutritional, well-cooked dinners being served daily to expectant or nursing mothers at the cost of 1d. or 2d. a meal, or gratis if the mothers are exceptionally poor. It is hoped that the present endeavour, one thoroughly meriting support, will make it possible to continue to maintain the present mothers' dining rooms and to start others in boroughs where they do not at present exist. The arrangements are in charge of the Women's League of Service, 31a, Mortimer Street. The honorary secretaries of this league are both medical women—namely, Dr. Florence Willey and Dr. Barbara Tchaykovsky.

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., on receipt of proof.

TELEGRAPHIC ADDRESS.—The telegraphic address of the EDITOR of the BRITISH MEDICAL JOURNAL is *Attology, Westrand, London*. The telegraphic address of the BRITISH MEDICAL JOURNAL is *Articulate, Westrand, London*.

TELEPHONE (National):—

2631, Gerrard, EDITOR, BRITISH MEDICAL JOURNAL.

2630, Gerrard, BRITISH MEDICAL ASSOCIATION.

2634, Gerrard, MEDICAL SECRETARY.

Queries, answers, and communications relating to subjects to which special departments of the BRITISH MEDICAL JOURNAL are devoted will be found under their respective headings.

QUERIES.

RINGWORM asks if any ill effects, more particularly on the eyes, have been noticed from the glare of a Lodge tube, used in an x-ray apparatus for ringworm, for reverse current.

LETTERS, NOTES, ETC.

HERPES AND VARICELLA.

DR. JAMES BUSFIELD (Enfield) writes: In further support of the alleged connexion between shingles and chicken-pox (of which I must admit to having been somewhat sceptical) I should like to report the following: I attend a family with five grown-up daughters. The first, second, and third had chicken-pox when the third was an infant. On September 15th the second began with a typical attack of shingles; on October 2nd, seventeen days later, the fourth developed chicken-pox, and no other source of infection could be traced. The fifth was away from home until September 24th, and up to the present has remained well.

SHIP SURGEONS.

MARINE writes: If ship surgeons would follow the advice of "B.A., M.B." they have the matter of remuneration in their own hands. Salaries of £20 or even £25 a month are being given by the leading steamship lines if doctors stick out for it. Otherwise they only get £10 and poor accommodation. But other members of the profession should help. It is said that doctors taking a holiday cruise on tourist vessels go for their passage money, signing on for 1s. a month and providing their uniform. This is hardly fair to their colleagues; a little consideration on their part would end in all getting adequate recompense for their skill and time. Let me urge no one to accept less than £20 to £25 a month. Ship surgeons must be had and the matter is simply one of withholding our services until the payment is on a fair basis. I would also advocate the fee system being insisted on. No one, unless he has experienced it, can imagine the thousand and one trivial things a ship's surgeon is called on to do by passengers where his services are free.

TREATMENT OF CHRONIC ULCER OF THE LEG.

DR. G. ARBOUR STEPHENS (Swansea) writes: Dr. Winkelried Williams's kindly reference in his paper on the treatment of chronic ulcer of the leg to the introduction of calcium iodide by me deserves, I think, a little amplification. It is, on his own showing, the most supported treatment of all those mentioned; for, in addition to three named supporters, he adds, "and others," whilst there is also mentioned one anonymous authority who found it of no use in his one and only case. "J. D.'s" hypersensitive stomach, in view of the extensive use at the present day of calcium iodide, must be quite a curiosity. I am sorry Dr. Williams did not give it a trial worthy of the name, when he might have found the drug, especially combined with subcutaneous injections of distilled water as recommended in the BRITISH MEDICAL JOURNAL of April 5th, the best treatment of all.

SCALE OF CHARGES FOR ADVERTISEMENTS IN THE BRITISH MEDICAL JOURNAL.

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A whole column	3 10 0
A page	10 0 0

An average line contains six words.

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