a perchloridized form, to many varieties of wound and open sore, and I have followed his example very often since. In recent wounds its utility is almost infinite, but to be convenient it must be applied properly. It may, of course, be enclosed in bags of muslin; but I have preferred to put it loose in a sheet of rag, and pin the latter round the part so as not to shed the sawdust. I have always used it thus perchloridized, and mention briefly three cases in which its value was most striking:

1. One of these occurred in 1887, a case of perineal lithotomy in a boy of 11. A large drawsheet, folded several times into a triangle, was pinned round the hips and between the thighs, as is done with a baby's napkin, enclosing plenty of the loose sawdust against the buttocks and genitals. The urine drained, without tube, into the sawdust, which was changed before it became wet enough to soak into the bed. It is only the wet or soiled portion that requires to be changed, and no washing of the part is needed.

2. The second, a most difficult case occurring in private practice in 1906, was one of gangrene beginning in the toe of a diabetic male patient aged 62, spreading eventually up the leg. At first I failed to keep down the overpowering smell, even with sublimated wood wool, which I used after other conventional dressings had been unsuccessful. The perchloridized sawdust immediately stopped all offensive odour. As the disease spread I laid open the integuments freely, and rubbed the sawdust into the exposed tissues. Here, also, a towel was pinned round the leg, and enclosed plenty of the material, which was changed where saturated—about once a day. There was no question of amputation in this case, and the patient passed, as expected, into fatal coma. But although no arrest of the gangrene was possible, the room and the diseased leg became sweet, and so continued till the patient's death.

3. The third I met with in August, 1909, when I was called by a medical friend to his mother, aged 92, who had had an ulcer of the right leg thirty years. She had been in bed three weeks, and the ulcer was 6 or 7 inches long by 1½ wide. It was being dressed frequently without benefit; but she had become delirious, and was supposed to be dying. The only intelligent interference I could suggest was the arrest of any possible septic absorption, in case the delirium was due to that. A towel containing plenty of the perchloridized sawdust was pinned round the leg, and examined once a day to remove the small soiled portion. No washing or wiping was done, and the greater portion—that unsoiled—was used as before, slight fresh additions being made over the ulcer. In a couple of days she became conscious; the sore gradually became clean, and after four or five months healed entirely; and she continued as well as her feeble old age permitted. In the last week of 1910 she had a stroke, followed by two others, and died on January 19th, 1911.

I do not know of any other dressing or conventional line of treatment by which the desired result could have been attained so quickly, easily, and cheaply, or, in fact, at all.

The crude sawdust should be sifted, as Mr. Cathcart says, through a riddle with ⅛-in. mesh, and dealt with as follows: Take of tar oil 2 quarts, hydrarg. perchlor. 120 grains, turmeric 2 oz., 4 gallons of water, and mix thoroughly with 4 pecks of the prepared sawdust. The turmeric gives an agreeable yellow colour, and the tar oil a fragrant odour. Any one can prepare the material for himself, but Messrs. R. Sumner and Co., wholesale druggists, Lord Street, Liverpool, keep it in suitable packets ready for use.

II.—By F. D. BENNETT, M.R.C.S.,
LONDON.

I SHOULD like to corroborate Mr. Charles Cathcart's experience of pinewood sawdust as a surgical dressing. My experience of its merits was obtained when medical officer of a hospital on the works during the building of the Manchester Ship Canal, Mr. Robert Jones and Mr. G. P. Newbolt being consulting surgeons. The severe nature of the injuries, owing frequently to accidents caused by high explosives when blasting, would, I should imagine, resemble in many cases the severe wounds caused by shrapnel one now hears and reads so much about. Many of the wounds when treated with sawdust yielded excellent results, limbs being saved which at the time of admission to hospital seemed hopeless.

This treatment seems especially suitable when time must be of such importance in dealing rapidly with a large number of wounded as must happen at the front. In the hospital mentioned sometimes as many as twenty-five cases were admitted, after a bad accident, at the same time. These were run up to the hospital surgery on a branch railway. One of the difficulties was to deal single-handed (assistance taking time to obtain) with so many at once, and this method of treatment proved most effectual and rapid. It gave immediate relief to the patient, and could be very easily removed for a more thorough examination when necessary.

For limbs where there was no fracture a gauze dressing, with ample sawdust in a towel to support it, provided immediate rest and comfort, as well as an absorbent and deodorizer for the injured part.

For cases of fractured limbs, primitive box splints with loose sawdust were supplied, and afforded immediate rest in position for the limb. The box splints and sawdust were easily changed when necessary, and the patient saved the pain and shock of the removal of adherent dressings, for the sawdust was easily removed by a stream of sterilized warm water.

Memoranda:
MEDICAL, SURGICAL, OBSTETRICAL.

TREATMENT OF ACUTE GONORRHOEA IN THE MALE.

THE interesting articles on this subject appearing in the BRITISH MEDICAL JOURNAL have made one point quite clear—that is, that there is still a difference of opinion as to the best method of treating this disease.

I think that much of this difference of opinion is due to the standard of cure adopted by the surgeon. It is a most dangerous practice to consider a patient cured because his discharge has been quickly stopped or obscured. Such a patient frequently has several attacks (cured, as he thinks) in the course of a year or two! Was he ever cured at all? In my experience the best treatment for gonorrhoea is for the surgeon to cleanse the urethra daily (twice daily at first) by irrigation with a weak permanganate solution, and then to administer an injection of argyrol himself. The patient should be seen daily, so that the effect of the treatment can be closely watched and modified or altered as desired. If all cases were so treated, I am convinced that there would be fewer "so-called cured" carriers of the disease at large.

London, S.W. FREDERICK H. PICKIN.

STOMATITIS IN RELATION TO DIPHTHERIA.

ALTHOUGH primary diphtherial ulceration of the mouth is very rare, the importance of its recognition as a focus of infection may be illustrated by the following cases:

A schoolgirl, aged 9, was seen by me at the end of March for a condition of the mouth which had been persistent for two to three weeks since her return from home. The right cheek was much swollen, the skin glazed and shining, and a diffused purplish flush was obvious from the angle of the jaw to the corner of the mouth over the lower part of the face. The buccal mucous membrane showed extensive ulceration from the right anterior fauces to the middle line of the under lip. The ulcers were irregular in shape, the largest being the size of a half-penny. Their edges were not particularly undermined, but sloping, the surface covered by a bluish-white film, which also extended very slightly to the right tonsil. Removal by a swab left a raw bleeding surface. Microscopical examination showed numerous streptococci and staphylococci, spirilla, and rod-shaped bacilli, some showing polar staining. Numerous club-shaped involution forms were present, and mycotic organisms. The temperature and pulse were normal and the tongue coated, but the general condition was otherwise good. I was disposed to consider the possibility of diphtheria, and treatment consisted in touching the ulcers with 5 per cent. solution of silver nitrate, hot mouth washes of borax and permanganate alternately, and calomel internally. The ulcers healed in five to ten days. The case was isolated. There was no source of infection traceable.

Two days after the first examination I was called to see her room companion, aged 13, suffering from headache, vomiting, and sore throat. I found her looking extremely ill, with a temperature of 104°, frontal and occipital headache, much tenderness and swelling of the cervical glands,

and rigidity of the neck; the pulse was rapid and strong. Examination of the throat showed redness and swelling of the fauces, with a suspicious yellowish-white membrane on the right tonsil not detachable except by force. She was isolated, and the following day the membrane had spread to the soft palate, pharynx, and left tonsil; the throat was almost completely closed, a croupy cough was present, she vomited on any examination, and persistently hawked up quantities of viscous blood-stained sputum. Microscopical examination of a swab from the throat showed diphtheria bacilli, but I had no means of making cultures and had to depend on this and clinical evidence; 4,000 units antitoxin were given immediately, followed by 4,000 more in sixteen hours. Recovery was complete, despite threatened cardiac failure on the seventh day and somewhat abundant albumin in the urine in the second and third weeks. As she had been at school some weeks before developing diphtheria and the only possible known source of infection was her room companion, I considered the latter as responsible for carrying the disease, though remarkably free from toxic symptoms herself.

The importance of such cases, both in school inspection and general practice, seems to me to be necessary of emphasis.

L. DOROTHY PARSONS, M.D.

Church of England Mission,
Tai-an-fu, Shantung, N. China.

IONIZATION FOR BILHARZIOSIS.

As the condition of vesical and rectal bilharziosis is so intractable, and virtually unaffected by any generally practised treatment, anything promising relief from this troublesome condition is to be welcomed. Owing to the embedded situation of the parasite, and consequent difficulty of penetration of efficacious therapeutic agents that will not, by reason of their potency, at the same time prove harmful to the mucous membranes, it is not surprising that here, as in the somewhat analogous case of ringworm, the results of ordinary treatment are so hopelessly disappointing. By the modern device of causing chemical penetration through the agency of the constant current, I would suggest that a valuable and satisfactory means for dealing with bilharzial infections may be found by means of ionization; and I think this procedure might be given a fair and extended trial in this condition. The ionizing fluid having been introduced into the bladder or rectum and a suitably insulated electrode inserted, the ordinary technique is employed. The results of ionization for ringworm are also likely to improve so much with the advance of technique as to cause this method ultimately to supplant all others.

Kimberley, S.A. G. S. THOMPSON, F.R.C.S.

Reports
ON
MEDICAL AND SURGICAL PRACTICE IN HOSPITALS AND ASYLUMS.

HOSPITAL FOR WOMEN, SOHO SQUARE.

TWO SIMPLE OMENTAL CYSTS AND ONE SIMPLE OVARIAN CYST IN THE SAME PATIENT.

(By JAMES OLIVER, M.D., F.R.S.Edin.)

THE patient, aged 65, was sent to me by Dr. Percy Elliott, of Walthamstow, on June 24th last. She had that morning consulted Dr. Elliott on account of abdominal discomfort, which she had been told was indigestion, and from which she had suffered for years. Unlike some of the practitioners whom the patient had consulted, Dr. Elliott examined the abdomen and detected the tumour.

Palpation of the abdomen revealed in the right lower half a swelling of about the size of a fetal head; this swelling was fairly freely movable, but became tender when pushed into the left abdomen. The vaginal roof was markedly puckered, but through this there was felt in the pelvis what appeared to be a portion of the abdominal swelling.

On opening the abdomen in the mid-line there presented a thin-walled glistening cyst the size of a fetal head. With a few snips of the scissors this cyst was enucleated intact from the lower border of the omentum. When this cyst was removed there presented another, similar but rather smaller, which with a few snips of the scissors was enucleated from a stretch of omentum attached to the bladder and the fundus uteri. After ligaturing and removing the portion of adherent omentum another cyst the size of a cocoa-nut was found in the right pelvis. This cyst was ovarian, and was removed after ligation of the mesovarium. The left ovary, which was cirrhotic and adherent in the pelvis, was also removed after ligation of the mesovarium. All three cysts were unilocular.

Reports of Societies.

ROYAL SOCIETY OF MEDICINE.

SECTION OF OBSTETRICS AND GYNAECOLOGY.

AT a meeting of the Section of Obstetrics and Gynaecology on October 8th Mr. J. D. MALCOLM read a paper on *Intestinal fistula after abdominal operation upon the abdomen*. He discussed the condition sometimes arising after an abdominal section in which the surgeon believes that if the patient's bowels will move recovery will follow, but if the bowels will not move the patient will die. The symptoms were usually attributed to paralysis or paresis of the intestine, and this in turn was commonly believed to be due to septic peritonitis. Mr. Malcolm expressed the opinion that in many of these cases the cause of trouble was not a septic peritonitis but that the symptoms were due in part to a feebleness of peristaltic force, in part to some more or less definite obstruction of the intestine, and that the condition might be correctly described as one of acute intestinal stasis. When opium was given in full doses after every abdominal section most of the cases did well, but if no gases escaped from the anus the patient always died not later than the fifth day, and a slight spreading peritonitis was found after death. If in one of these cases a second operation was performed in the hope of finding an obstruction early on the fourth day or sooner, but when the symptoms were well developed, there was never any sign of spreading peritonitis in a typical case. Moreover, sometimes, if no second operation was undertaken, a patient, immensely distended and apparently moribund, would, without apparent cause, begin to pass gases from the rectum, and all the symptoms would be completely and rapidly resolved. It was argued that the peritonitis found after death, when death occurred, could not be the cause of the symptoms and that it was a consequence of the mode of death. The effect of modern treatment by substituting stimulation of the bowel and rational feeding for continuous administration of opium and starvation was pointed out, and records of cases were given in support of these views. The importance of not making a fistula unnecessarily was insisted upon, but the fact that this treatment would occasionally save a life was shown by the records given. The making of a fistula for the relief of distension was not likely to be successful in a case of septic peritonitis. If an early diagnosis could be made in a strong patient an immediate release of adhesions might give the most satisfactory results, but after the third day, if the patient was weak and if there were many adhesions, an extensive operation would almost certainly prove fatal, whereas a simple formation of a fistula might bring about a cure. The paper was discussed by Dr. TATE, Dr. BRIGGS, Dr. HUBERT ROBERTS, Dr. GILES, and Mrs. SCHARLIEB. Dr. H. RUSSELL ANDREWS recorded a case of severe bleeding after the menopause due to *Rupture of a vein in the endometrium*. Dr. ARTHUR GILES and Dr. CUTHBERT LOCKYER showed a case of *Pregnancy occurring within the ovary*. Mr. DONALD ROY communicated a case of *Puerperal eclampsia*, fatal from rupture of a large subcapsular haematoma of the liver into the peritoneal cavity. Other cases and specimens were shown.

THE Right Hon. Sir Christopher Nixon, a former President of the Royal College of Physicians in Ireland, left personal estate in the United Kingdom valued at £41,087.

worked up in very small quantities and a sample sufficient for a dose for a human being was injected intravenously into a rabbit. If the rabbit did not live forty-eight hours the whole sample was rejected. The firm was ready to submit the product to any further test.

In reply to the Comptroller, who remarked that the fact that the firm did not propose to manufacture in this country created a difficulty, Mr. Potts said it was proposed to manufacture here when times were quieter. Every consignment passed at one important stage through the hands of one man, so that at present it was more satisfactory to manufacture in one place.

Letters were read and evidence was called to show that there was a shortage of salvarsan in this country and that the price had risen considerably.

In reply to the Comptroller, Mr. Potts said Messrs. Poulenc Frères would be prepared to pay a reasonable royalty. He urged that the licence should be for the whole length of the patent. Messrs. Poulenc Frères's alternative process of manufacture would be a good ground for a compulsory licence for the whole term of the patent. They asked for a licence to sell in this country and to manufacture here later.

Mr. Gray, on behalf of Messrs. Meister, Lucius, and Bruning, said that the firm was prepared to supply salvarsan in sufficient quantity, but if the Board of Trade was in any doubt as to whether the firm was in a position to do, it was not for him to say that some one else should not be given permission to manufacture. Enormous harm might be done by having an impure supply of the preparation or by having variations in dosage. A licence to manufacture abroad must be determined at the end of the war, otherwise the rights of the patentees would be unfairly affected. He asked that, in view of the merits of the invention, the royalties should be made as high as possible. He could not see why Messrs. Bresillon and Co. wanted a licence when they proposed to buy from Messrs. Poulenc Frères.

Mr Ellis intimated that if Messrs. Poulenc Frères obtained a licence Messrs. Bresillon would withdraw their application.

Mr. Potts said his clients were prepared to sell at the price obtaining before the war—namely, 10s. a dose, and to pay a royalty at the rate of 10 per cent.

The Comptroller thought that the product should be submitted to a test in this country, and, Mr. Potts agreeing, the Comptroller remarked that perhaps arrangements could be made with a public body.

The court stated that it would make a recommendation to the Board of Trade.

HYOSCINE AND MENTAL HEALING.

MR. JUSTICE ROWLATT, in sentencing Orlando Edgar Miller, a lecturer on "higher thought" and "faith healing," sometimes erroneously described as a Christian Scientist, to three months' imprisonment in the second division, said, according to the report in the *Times*: "This conviction, in my judgement, is a very important one, because it shows, and I hope it will show to all others who, with no knowledge or with a little knowledge which is more dangerous than complete ignorance, undertake to deal with dangerous poisons, that in spite of the rhetoric which may be brought to bear on these occasions and all the tall talk about other cures and a wonderful system of mental treatment and the unity of the infinite and all that sort of stuff, when a British jury finds that people have been subjected to the influence of deadly poisons by incompetent people it will go straight to the business mark and say it is manslaughter." The medical evidence in the case was to the effect that death was due to paralysis of the stomach set up by the administration of hyoscine (BRITISH MEDICAL JOURNAL, July 18th, p. 156, and October 3rd, 1914, p. 607). The defendant called a number of witnesses to testify to the efficacy of the treatment; several former patients stated that they were cured of consumption and tuberculosis by it.

Universities and Colleges.

UNIVERSITY OF CAMBRIDGE.

THE following degrees have been conferred:

M.D.—R. F. Higgin.

M.B., B.C.—L. E. S. Sharp, C. G. H. Moore.

The following candidates have passed in the examination indicated:

D.P.H. *(Both Parts)*.—E. Bach, J. L. Bocarro, J. M. Davidson, L. L. Fyfe, H. D. Gimi, I. J. Khaw Oo Kek, J. McC. Lang, R. C. Malhotra, B. P. Mozoomdar, *W. H. Peacock, R. N. Roy, †A. G. G. Thompson.

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

UNIVERSITY OF GLASGOW.

THE following candidates have been approved at the examinations indicated:

FINAL.—*A. D. Brown, *D. MacC. Blair, *D. C. Bowie, *A. M. Davidson, *J. Donald, *R. G. Letters, *W. B. M'Queen, *A. W. M'Rorie, *A. S. Strachan, *Lydia I. H. Torrance, *W. G. W. Harrison, *J. G. Harrower, M. Hyman, *Alice M'Glashan, *J. Stewart, *J. S. Young, *A. F. M'Millan, N. Morris, *J. C. Knox, *J. M. Macfie, *W. F. Shanks, *J. S. Martin, *W. Adams, *H. Stuart, *F. C. Logan.

* Passed with distinction in one or more subjects.
† Under old and new regulations.

ROYAL COLLEGE OF SURGEONS OF EDINBURGH.

AT a meeting of the College held on October 21st Mr. J. W. B. Hodsdon was elected President for the ensuing year. Mr. Hodsdon has been a member of Council and the Representative of the College on the General Medical Council for a number of years.

The following gentlemen having passed the requisite examinations were admitted Fellows:

T. S. Allen, A. J. Ballantine, N. H. Bolton, H. H. Davis, H. E. K. Fretz, W. G. Goudie, D. L. Graham, J. D. Gunn, D. J. Guthrie, A. J. G Hunter, J. B. D. Hunter, F. G. Lloyd, R. M Manwaring-White F. L. Nash-Wortham, J. W. Pell, G A. Platt, E. L. Reid, J. W. Richardson, S. J. Simpson, L. J. Thompson, D. B. Walshe, R. E. Walker, and W. Q. Wood.

Obituary.

DR. WILLIAM HALDANE, of Bridge of Allan, Stirlingshire, who has recently died, was born at that place in 1847. He received his school education in Stirling, and then proceeded to the University of Edinburgh, later migrating to Glasgow, where he graduated M.B. and C.M. in 1872. Afterwards he held the office of resident physician in the Glasgow Royal Infirmary under Sir Thomas M'Call Anderson, and was subsequently assistant to the Professor of Clinical Medicine in that university. He was also house-surgeon to the Glasgow Lock Hospital. Becoming M.D. in 1876, he was admitted to the Fellowship of the Faculty of Physicians and Surgeons of Glasgow in the same year. He became a Member of the Royal College of Edinburgh in 1894, and a Fellow in the following year. Dr. Haldane commenced practice in Braemar, where he enjoyed the confidence of the late King Edward VII, then Prince of Wales. More than thirty-five years ago he returned to his native place, where he soon got a large practice. He was Vice-President of the British Balneological and Climatological Society. In Bridge of Allan he took a great interest in local affairs. He was a J.P. for the county of Stirling, and was for many years chairman of the school board, of the water company, and other public bodies. He acted as surgeon-major in the volunteers. He was the author of a paper on Bridge of Allan as a health resort which appeared in the *Scottish Medical Journal* in 1898, and of other contributions to medical journals. Dr. Haldane was held in the highest esteem both by the public among whom he worked and by his professional brethren. He leaves a widow and family.

THE death of ARCHIBALD MITCHELL, M.B., C.M.Edin., on October 18th, at the early age of 42, has caused profound sorrow to his brother practitioners and many friends. A slight attack of influenza paved the way for acute lobar pneumonia, which caused his death. During the thirteen years in which he was in practice in Ilford he upheld the best traditions of the profession. Without being brilliant in any particular branch of medicine he combined sound knowledge and well-balanced judgement, which made his opinion much valued by his fellow practitioners. A truly charming character, his Scottish upbringing perhaps helped Nature to endow him with the absolute unselfishness which characterized him. No petty or personal motives ever influenced his judgements. During the unhappy weeks preceding the launching of the Insurance Act this singleness of purpose and devotion to others had full scope and won the gratitude and respect of all the medical men in the district. With these characteristics he combined a charm of manner, a quiet humour, and a keen interest in things outside his profession which made him beloved by his friends. His work was always thorough. The Ilford Emergency Hospital owes him much, as also does the Ilford Scottish Association. The profession in Ilford is poorer for his death.

LIEUTENANT-COLONEL ANDREW ARTHUR MACROBIN, R.A.M.C. (retired), died at Kensington on October 14th, and was buried at Kensington Cemetery, Hanwell, on October 17th. He was educated at Aberdeen, where he graduated M.B. and C.M. in 1866, and entered the army as assistant-surgeon on March 31st, 1868. In March 1873 he became surgeon, in 1880 surgeon-major, and in 1888 attained the rank of lieutenant-colonel, retiring on April 13th, 1898. He served in the Franco-German war of

1870-71, in a British ambulance with the German armies, and received the German steel war medal. He served also in the Ashanti war of 1874, when he was present in the battles of Amoaful and Ordahsu, and at the capture of Kumasi, receiving the medal and clasp.

Medical News.

OWING to the necessary curtailment of the number of pages in the weekly issues of the BRITISH MEDICAL JOURNAL and SUPPLEMENT, all correspondents are particularly requested to write as succinctly as possible.

WE are asked to state that thermogene is not a German product. It was invented by a Belgian chemist, Mr. Charles Vanderbroeck of Brussels, and was acquired fourteen years ago by the present proprietors. It is entirely British owned, and British made by British labour at the company's factories in Sussex.

OWING to the war, it has been decided to postpone the dinner of the London (Royal Free Hospital) School of Medicine for Women usually held on the second Wednesday in December.

A MEETING in aid of the Army and Navy Male Nurses' Association will be held by the kind permission of Mr. and Mrs. Donald Armour at 89, Harley Street, on Wednesday next at 3 p.m.

SIR W. WATSON CHEYNE, President of the Royal College of Surgeons, will open a discussion on Surgical Experiences of the Present War, at the meeting of the Medical Society of London on Monday, November 16th. The paper by Mr. Austen, announced to be read on that day, has been postponed owing to his absence on active service.

THE Bradshaw Lecture before the Royal College of Physicians of London will be delivered by Dr. Nestor Tirard on November 3rd, and will consist of clinical contributions to the study of glycosuria. The FitzPatrick Lectures, on leper houses and mediaeval hospitals, will be delivered by Dr. C. A. Mercier on November 5th and 10th.

THE Master of Christ's College, Cambridge, states that the University is taking in Belgian students from all Belgian universities, and a committee is endeavouring to organize systematic teaching in French and Flemish, and also hospitality. There are already some fifty students and more than twenty professors in residence. Though the resources of the committee are limited, no student need be kept away by want of means. The Master of Magdalen states that there are a number of Belgian professors at Oxford, including nine from Louvain, that a Belgian Students' Committee has been formed, and that it is intended to give facilities to professors and students for free admission to University institutions and lectures.

IN consequence of the war the Council Club of the Royal College of Surgeons decided not to hold its usual dinner this quarter, but sent instead a cheque for 30 guineas as a contribution to the Royal Medical Benevolent Fund. Many dinners and festivals of the kind will be abandoned, and it is hoped that as far as the medical profession is concerned this generous and thoughtful example will be followed. The medical profession will certainly be hit hard by the war in many ways, and already special demands upon the Fund are being made, of which the following is but one example: A young doctor, only seven years in practice, volunteered. He was killed in the field within the first week of the war, and has left a widow and two children in great temporary distress.

WE are informed that a special exhibition of objects and relics associated with naval and military surgery, nursing and ambulance is being arranged at the Wellcome Historical Medical Museum in Wigmore Street. The collection will include miniatures, portraits, prints, autograph letters, commissions, and relics of famous naval and military surgeons, surgical instruments and appliances used in naval and military surgery in bygone times, and medical and surgical chests, cases and cabinets used in war time. Pictures, prints, and drawings of field ambulance work, military hospitals, appliances, and equipments will also be on view. The curator will be glad to hear from medical practitioners who may be willing to lend relics, instruments, or objects of a similar character. Any objects lent will be treated with the greatest care, and insured against loss or damage. Particulars and descriptions of loans should be addressed to the curator, the Wellcome Historical Medical Museum, 54A, Wigmore Street, London, W.

Letters, Notes, and Answers.

☞ *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.

J. A. asks for advice in the treatment of a woman, aged 38, whose fifth child is 12 months old. Six months ago oedema of the legs came on suddenly and has increased since in spite of treatment by, among other substances, suprarenin, thyroid extract, hexamethylene, pituitary extract, digitalis, diuretics, and an autogenous vaccine. It now invades the buttocks and there is ascites. The heart sounds are feeble. The urine (2½ pints in twenty-four hours) is strongly alkaline and contains 1.7 per cent. of albumin (serum albumin and serum globulin) associated with large quantities of basic sodium phosphate and calcium carbonate; no sugar; urea 2 per cent. Cultures of urine show the presence of staphylococci and *Bacillus coli*. There are no casts.

ANSWERS.

T. J.—Under the agreement our correspondent is precluded from all professional practice within the borough. In the circumstances, however, it is improbable that his late partner, if approached on the subject, would refuse him permission to act as honorary surgeon to the hospital for Belgian refugees.

LETTERS, NOTES, ETC.

SURSUM CORDA.

To Those who guide the destinies of Earth
Let us give thanks and praise to-day
That on this realm we love They have imposed
A task tremendous and sublime.

O royal privilege, immortal boon
To hazard all upon the faith we share,
Secure of honour, doubtful all beside,
To give ourselves, our lovers or our sons
For England, Belgium, France, the World!

What have we done to merit this award?
It seemed that we had lost our ancient might,
Our ancient manhood, lapped in Plenty's bower.
But we were not abandoned by the Gods,
All things conspired to prove us dedicate,
Britannia's brow predestined to achieve
This crown of anguish and of chivalry.

If we must fall, how otherwise than thus
Would we have chosen that our sun should set?
What prouder pageantry of doom than this
That fills the world with flame could heart desire

Only we shall not fall, we shall prevail,
Marching with our allies to victory,
Trampling the fierce aggressors underfoot,
Sweeping their stealthy commerce from the seas,
Aye and their battleships, presumptuous grown
Since all too long their menace we endured.

We must prevail, however huge the cost
In maimed and mangled bodies, broken hearts,
Demolished shrines, burnt homesteads, ravaged fields.
These are the currency of warfare. See!
Invisible Watchers tier on tier arrayed
Hang on the issue, knowing here at stake
The priceless gains of toilsome centuries
In all that lifts us nearer to Themselves.

Hail hallowed Sword, ploughshare of Destiny!
Without thee nothing prospers long on earth,
Nor can our heaven-aspiring dreams take root
Until the blood of heroes waters them.
Therefore we know that when the war-clouds lift,
Out of the carnage, wreckage, wrath, despair
The soul of Man shall rise with strength renewed
To assail the ramparts of Divinity.

CHARLES J. WHITBY (Bath).