

already mentioned, is absent in a newborn child, and develops but gradually in learning to walk. In man the function of synergic flexion of all five toes is not an inherited capacity, but a special adaptation of the neencephalic elements and a result of the cortical influence. In man the centripetal impulses from the irritation of the foot sole reach the spinal segments corresponding to the flexor centres of all five toes. In other words, the normal plantar reflex in man is a function of the cortex, and, when the spine is separated from the cortex, this reflex—the synergic flexion of all five toes—disappears. In such cases, instead of spreading to the flexor centres of all five toes, the impulses from the sole spread only to segments to which they used to spread when there existed no special cortical mechanisms for synergic flexion of all five toes which do exist in man. The nearest function of the toes preceding their synergic flexion in man is the grasping function observed in other primates. So in pyramidal lesions, the impulses provoked by irritation of the sole must spread to the centres to which these impulses used to spread when the function of the foot was a grasping one. Thus they spread to the flexors of the second, third, fourth, and fifth toes. As for the great toe, its opponens muscle, to which in this stage of phylogeny have spread the impulses from the sole, is lost in man, therefore there would be no reaction of the great toe. This isolated flexor reaction of second, third, fourth, and fifth toes, the great toe remaining without reaction, is to be observed in some cases of pyramidal lesion, and is considered as a certain sign of pathological reaction, as a not well pronounced sign of Babinski, or an "allusion" to it.

The above arguments explain why, in the pyramidal lesions, the great toe does not participate in flexion of the toes as it does in a normal individual.

Now we come to the most important part of our discussion—namely, to the question of the extension of the great toe. This reaction realizes itself by means of the long extensor muscles, because the extensor brevis, being no separate muscle but a part of the extensor digitorum communis brevis, cannot act independently of the extensors of the other toes. We therefore must admit that in Babinski's reflex the impulse from the foot sole, instead of running to the spinal centre of the flexor hallucis, as it does in normal cases, goes to the centre of the extensor hallucis longus.

As the man's foot is evolved from a grasping organ, it is possible that in a certain stage of evolution of the grasping function into the pure static one there was a period when the flexor act was limited to the second, third, fourth, and fifth toes, the great toe having been during this act not only not flexed, but rather extended. Or, otherwise, we could admit that in the way of evolution the great toe has lost its grasping function most early, there having been a period when it used to be excluded by extension from the grasping act—that is, the flexion, of the other toes.

These suppositions are not mere hypotheses, but based on facts. The Western monkeys—Hapalidae—have claws on all digits except the great toe, which has a nail. Moreover, unlike the other monkeys and apes, the great toe of Hapalida is not opponible. These conditions are very important for the question we are discussing. They demonstrate that in the evolution of the static foot function the great toe has lost its grasping capacity earlier than the other toes. Moreover, the grasping act, like that of scraping, being limited to the second, third, fourth, and fifth toes, the great toe, not participating in these acts, must be removed from other toes, what can be done only by its extension. In Babinski's sign we probably have a rudiment of this condition.

In conclusion must be mentioned a modification of Babinski's sign, the *signe d'éventail*, which consists in the spreading out of the toes. It is very interesting that the function of the spreading out of the toes, which is absent or very limited in a normal individual, is sometimes well pronounced in cases of pyramidal lesions. Like the extensor reflex of the great toe, this phenomenon of the spreading out of the toes is observed in young children. According to the above stated arguments, it is not difficult to explain the nature of the *signe d'éventail*. It is a rudiment of mobility of the toes which existed in the grasping stage of evolution of the foot. As well as the extensor reflex of the great toe, the spreading out of the toes is present in a certain period of ontogeny, and becomes latent when the walking function is developed, but reappears when, in consequence of a pyramidal lesion,

the conditions arise for the manifestation of the phylogenetically older and more automatized mechanisms of the spinal cord. Perhaps the *signe d'éventail* is a rudiment of "showing the claws" act.

As to other phenomena analogous to the Babinski sign—those of Oppenheim, Gordon, etc.—their explanation is not difficult after what is argued with regard to the Babinski sign. Both Oppenheim's and Gordon's signs represent paradoxical extension reactions of the great toe in pyramidal lesions instead of the flexion observed in normal individuals. The synergic flexion of all five toes, seen in normal subjects at the manipulations of Oppenheim and Gordon, is, like the normal plantar reflex, a cortical function. In lesions of the pyramidal tracts this function disappears, and the spinal apparatus becoming automatic, there appear rudimentary functions explained by the facts discussed above.

Memoranda :

MEDICAL, SURGICAL, OBSTETRICAL.

A PORTABLE APPARATUS FOR THE CHLORINATION OF WATER.

In the *Journal of the Royal Army Medical Corps* for October, 1913, Colonel F. H. Trehearne and Captain J. J. Harper Nelson describe a method of generating chlorine and using it for sterilizing water. After a series of experiments at the Bangalore Brigade Laboratory a small apparatus was designed to facilitate the production of chlorinated water in the field. It consists of a tin case which could be carried from the shoulder by a strap, divided into two compartments to hold two bottles, a generator and a receiver. The apparatus was said to weigh not more than 12 lb., and was fitted to carry enough chlorate and acid to sterilize 1,960 gallons of water without replenishing. A subsequent design had a sterilizing capacity of 9,600 gallons. This appeared a practical apparatus, and was very favourably reported upon by Major H. C. R. Hime during the battery practice camp of December, 1913, at Rajankunti. I took over charge of one of these apparatus during the medical interdivisional manoeuvres at Poona later in the same year. I carried the apparatus about with me, and each evening prepared 20 oz. of chlorine solution, adding the required quantities to the ambulance packals. Although weighing only 12 lb., I learnt from personal experience that the box is sufficiently bulky to be cumbersome, and felt that something much simpler, stronger, and especially quicker in use was wanted. The making of a reliable chlorine solution when temporarily encamped on rough ground, by lamplight, with an apparatus consisting of glass bottles, glass and rubber tubing, and slippery stoppers, presents practical difficulties. In stationary camps or at head quarters the difficulties are less, but one of the great advantages of the chlorine method is, or should be, its practicability with small bodies of men detached from a permanent base or with large bodies on the move. It may occur in practice that the acid fails to produce the total quantity of gas unless the generating flask is warmed, and the chemical action is also hindered in some way by an increase of pressure in the generator.

I venture to put forward the following suggestion for an apparatus. Briefly the method depends upon the use of steel bulbs containing chlorine, under pressure, in sufficient quantities to make a stock solution of definite strength, when allowed to escape into a known volume of water. These bulbs I propose using with an apparatus similar to the ordinary commercial siphon soda flask, and I hope shortly to have a practical chlorine flask constructed of 20 oz. capacity, graduated, to facilitate the use of the stock solution when made. The solution will be of a strength of 1 in 550, for which purpose 15.9 grains of gas will be required for each 20 oz. of water. Steel bulbs each containing 15.9 grains of chlorine under pressure, together with a siphon flask of 20 oz. capacity into which these bulbs can be discharged, are the essentials of the apparatus. I am also arranging to have a 10 oz. chlorine siphon flask constructed of a similar pattern. The ordinary 20 oz. flask weighs 4 lb., and equipped with 6 dozen bulbs will weigh 4 lb. more. Six dozen bulbs are sufficient to sterilize 14,400 gallons of water, which to take as an example is enough, at the rate of a gallon a day per man, for a hundred

company of 200 men for seventy-two days, or roughly two months, leaving a margin of twelve days' supply for wastage. In permanent camps or at a base, where it is possible to centralize the purification of water, a large type of apparatus may be used, and I understand such an apparatus involving the use of large cylinders of chlorine has been described.

The 20 oz. flask will suit the army pattern cart water tank, mark II*, which is the largest in use, with a capacity of 217 gallons. Twenty ounces of chlorine solution emptied into a full cart will produce a dilution of one part of chlorine in 651,000 parts of water, which is sufficient to render water sterile after thirty minutes provided the water is not heavily loaded with organic matter. The shape of the bulbs suggest the use of a bandolier, to be carried by the water orderly of a sanitary section. The flask, fitted in a leather case with shoulder straps, could be carried like a water bottle, and with scarcely more inconvenience.

One of the chief advantages of the apparatus will be the rapidity and ease with which a fresh solution of chlorine can be prepared. With the chemical generator now in use it takes twenty minutes to have a flask of solution ready, and another thirty minutes must be allowed for the action of the chlorine in the water. For parties of men who fill their own packals or water vessels a wait of nearly one hour after a camp is fixed upon is an inducement to neglect precautions. I am convinced that once the siphon chlorine flask is introduced the speed and handiness of the means employed will ensure its success. I would refer those who are interested to an article by Captain J. J. Harper Nelson in the *BRITISH MEDICAL JOURNAL* of May 8th, 1915. A full account of a series of experiments testing the efficiency of the chlorine method is given by him, including a description of the apparatus now employed for obtaining the chlorine solution of the required strength.

H. R. RISHWORTH, I.S.M.D.,
Assistant Surgeon.

TWO CASES OF TUBERCULOUS MENINGITIS OCCURRING SIMULTANEOUSLY IN A FAMILY.

THE coincidence of two cases of tuberculous meningitis occurring in the same family is so unusual that the following details may be interesting:

A girl, aged 14 years, had been seriously ill for about ten days with typical meningeal symptoms which were attributed to tuberculous meningitis, when her sister, aged 16 years, commenced with a similar illness. There is a tuberculous family history—a maternal aunt at present suffering from pulmonary tuberculosis—but neither of the patients had presented symptoms. As the simultaneous occurrence of two cases of meningitis in one family aroused suspicion as to their exact nature lumbar punctures were performed for the purpose of differential diagnosis.

In the case of the elder patient, who was violently irritable, an anaesthetic had to be employed. The cerebro-spinal fluid was under very high tension and was perfectly clear. Tubercle bacilli were found in the centrifugized deposit from this specimen.

Unfortunately the fluid from the younger girl contained a large admixture of blood, which obscured its naked-eye characters and made the bacteriological examination more difficult. Tubercle bacilli, however, were demonstrated by the use of the Ellerman-Erlandsen method. Both specimens were examined by microscopical and cultural tests for the presence of Gram-negative diplococci, with negative results.

That both these cases should be proved bacteriologically to be due to the tubercle bacillus is in itself of considerable interest, but at the present time, when it is desirable to collect accurate records of cases of epidemic cerebro-spinal fever, that interest is augmented. Both patients have since died, and without the investigation recorded much doubt would have existed as to the accuracy of the diagnosis.

It may not be out of place to mention that, in every case reported to the medical officer of health of Derby as cerebro-spinal meningitis, lumbar puncture is performed for diagnosis before removal to the Borough Isolation Hospital, and practitioners are encouraged to report all cases of meningitis met with, so that this procedure may be adopted. The practice has also been carried out *post mortem* in cases of sudden death in cases presenting symptoms suggestive of cerebro-spinal fever; two out of four such cases have thus been proved to be due to the *Diplococcus intracellularis meningitidis*.

I am indebted to Dr. Patey, of Derby, for his courtesy in informing me of the above-mentioned cases, and for

allowing me to carry out and publish details of this investigation. The bacteriological examinations were conducted by Mr. Peckham at the Public Health Laboratory of the Derbyshire County Council; to him I am grateful especially for the happy result of his investigations of the second specimen.

E. H. WALKER, M.B., Ch.B.,
Assistant Medical Officer, Public Health Department,
and Resident Medical Officer, Borough
Isolation Hospital, Derby.

Reports

MEDICAL AND SURGICAL PRACTICE IN HOSPITALS AND ASYLUMS.

CITY HOSPITAL NORTH, LIVERPOOL.

A CASE OF TETANY.

(By T. H. DONOVAN, M.D., D.P.H., Resident Medical Officer.)

THE following notes on a case of well-marked tetany may be of interest.

W. K. K., aged 1 year, was admitted on May 6th, being notified as suffering from diphtheria and measles. A culture from the throat was negative as regards diphtheria, but showed *B. septus* in pure culture. There were well marked purpuric spots on the trunk and extremities. The child was much wasted, and was suffering from gastro-enteritis. Inquiry showed that its dieting had been quite unsuitable, and included fat bacon and cheese! On May 15th carpo-pedal spasms were observed; the hands were next affected, the "obstetric hand" being well marked. The muscles of the face were next involved, producing trismus. Dyspnoea due to spasm of the thoracic muscles was present for some days.

Treatment consisted in lavage, intestinal antiseptics, and a mixture of potassium bromide and chloral, and, of course, suitable dieting. Improvement was immediate, and the child was discharged on June 1st quite recovered from tetany, and its nutrition much improved.

The relation between tetany and infectious disease mentioned in textbooks has not been observed here. Dr. Richardson, with an exceptional experience here and in other city hospitals admitting all classes of infectious disease, has not seen any case amongst the great number of cases coming under his notice. I have to thank him for permission to publish these notes, and also the nursing staff for the efficient manner in which they carried out the treatment.

Reviews.

A RED CROSS UNIT IN SERBIA.

DURING the winter of 1914-15 when, in the presence of the gigantic drama then unfolding, so many people found the daily round of duty unsatisfying and longed to get something to do abroad, Mr. and Mrs. BERRY obtained leave to organize a hospital unit to reinforce other foreign units already in Serbia or about to go there. The unit was recruited almost entirely from the Royal Free Hospital, London, and its adventures are related in a volume entitled *The Story of a Red Cross Unit in Serbia*.¹

On arrival it was sent to the chief watering place of the country, Vrnjatchka Banja, and given a disused hydro-pathic establishment and a school; 100 beds were at once established, but eventually the unit controlled six hospitals with 360 beds, and there was also a British Red Cross Unit in the town. The worst misfortunes of Serbia had not then begun, the chief, and very serious, danger was typhus fever. Consequently the first task was to improvise disinfectors and destructors and to attend to the sanitary policing of the surroundings; fortunately Austrian prisoners were numerous and proved willing helpers. In his plans for the prevention of the dissemination of typhus fever Mr. Berry went whole-heartedly on the assumption that typhus fever is carried by lice and by lice only, and the fact that the measures he took, though improvised and in some respects of a summary kind, were completely successful is important evidence of the truth of that theory. One of the hot springs was used for cleansing all patients admitted,

¹ *The Story of a Red Cross Unit in Serbia*. By J. Berry, B.S., F.R.C.S., F. May Dickinson Berry, M.D., B.S., W. Lyon Blease, LL.M., and other members of the Unit. London: J. and A. Churchill, 1916. (Demy 8vo, pp. 307; illustrated. 6s. net.)

A word of caution is necessary, however. The possibility of early laryngeal tuberculosis or of some other gross intralaryngeal lesion should always be borne in mind as a possible cause of the existing aphonia. In only one of the cases I have treated by "chloroform hypnosis" has there been, so far as I am aware, any relapse.—I am, etc.,

Manchester, Aug. 7th.

WILLIAM MILLIGAN,
Major R.A.M.C.(T).

THE FASTING TREATMENT OF DIABETES.

SIR,—It is quite likely that in my remarks on Dr. Spriggs's paper on the fasting treatment of diabetes I should confirm statements made by Dr. Leyton, for our experience seems to have been much the same. I cannot claim to have treated "many dozens of cases," but I have obtained very gratifying results with the majority of the thirty odd in which I have employed it since Allen published his paper in 1915.¹ If I paraphrased the remarks made by Dr. Leyton in his paper read at the Royal Society of Medicine, I did so quite unconsciously and unintentionally, for I only heard a portion of it, and have become fully acquainted with its contents since my letter was sent to you on June 17th.

With regard to the table in my letter to which Dr. Leyton refers, most of the figures are the mean of three or more observations made on materials bought in the open market and prepared for table by the ordinary methods of cookery. They are, of course, only average values, but in practice one is bound to work with averages, and it is surprising how nearly the figures given by direct analysis of a mixture of vegetables, in spite of individual variations, correspond as a rule to the added values worked out from such a table. The example of boiled turnip which Dr. Leyton selects for criticism raises an important and interesting point—namely, the difference between the carbohydrate of a food as usually ascertained by the chemist and the available carbohydrate, which is the important clinical value. The "carbohydrate" as ordinarily reported in food tables is estimated by difference—that is, by subtracting the percentages of protein, fat, ash, and water from one hundred—hence all the errors in these estimations are charged to the carbohydrate; and, further, the "carbohydrate" includes woody fibre, gums, pectins, etc., that are of no food value. The only satisfactory method is to estimate the carbohydrate by direct analysis, and this is the way my figures have been obtained. Turnips are singularly free from starch and sugar, the bulk of the "carbohydrate" consisting of pectose bodies which gelatinize on boiling, but do not yield dextrose either then or on digestion. As starch and sugar are practically non-existent in turnips, the carbohydrate value of 1 gram for 5 oz. I have allowed errs rather on the safe side. Taking Atwater and Bryant's figures for blackberries—7.5 per cent. to 16.7 per cent.—we have an average of 12.1 per cent., which is about as much above my average figure as the latter is above the 8 per cent. given by Street in his report on diabetic foods.² I think therefore that it may be taken as a fairly safe working figure.—I am, etc.,

London, W., Aug. 5th.

P. J. CAMMIDGE.

Universities and Colleges.

UNIVERSITY OF LONDON.

MEETING OF THE SENATE.

A MEETING of the Senate was held on July 19th.

Recognition of Teachers.—The following have been recognized as teachers in the subjects and at the institutions indicated: Dr. R. A. Lyster (Hygiene—St. Bartholomew's Hospital); Dr. E. Holland (Midwifery and Diseases of Women—London Hospital).

Household and Social Science.—Miss Janet Lane-Claypon, M.D., has been appointed head of the Household and Social Science Department, King's College for Women, with the title of dean.

Council for External Students.—Dr. S. Russell Wells has been appointed chairman of the council for external students.

MEDICAL SCHOLARSHIPS.

THE following medical scholarships have been awarded by the London Intercollegiate Scholarships Board at the institutions indicated:

¹ *Amer. Journ. Med. Sci.*, 1915, p. 480.

² Report of the Connecticut Agricultural Experimental Station, 1913.

UNIVERSITY COLLEGE.—*Bucknill Scholarship* (Faculty of Medical Sciences) and the *First Medical Entrance Exhibition* divided equally between Messrs. H. D. Cadman and H. A. Harris. *Second Medical Entrance Exhibition*: Mr. H. G. Goldwater.

KING'S COLLEGE.—*Warneford Scholarships*: R. H. Yelf, C. E. Bacon, and J. N. Morris.

WESTMINSTER HOSPITAL MEDICAL SCHOOL.—*Arts Scholarship*: L. J. Soutter.

KING'S COLLEGE HOSPITAL MEDICAL SCHOOL.—*Arts Scholarship*: N. C. Scott. *Science Scholarship*: A. G. Dobrashian.

LONDON (ROYAL FREE HOSPITAL) SCHOOL OF MEDICINE FOR WOMEN.—*St. Dunstan's Exhibition*: E. M. K. Salmond. *Isabel Thorne Scholarship*: O. J. Flecker. *Mabel Sharman Crawford Scholarship*: M. H. S. Auden. *Prox. Accessit*: P. M. Phillips.

The Services.

EXCHANGES.

CAPTAIN R.A.M.C.(T.) attached to battalion not proceeding abroad desires exchange with M.O. to battalion or field ambulance about to proceed to or already in France.—Address No. 3099, BRITISH MEDICAL JOURNAL Office, 429, Strand, W.C.

Surgical specialist at a base hospital in France desires to exchange with surgeon attached to casualty clearing station, field ambulance, or R.G.A.—Address No. 3100, BRITISH MEDICAL JOURNAL Office, 429, Strand, W.C.

Captain R.A.M.C.(T.), Yeomanry regiment, desires exchange into field ambulance, base hospital or regiment at front or abroad.—Address No. 2899, BRITISH MEDICAL JOURNAL Office, 429, Strand, W.C.

Obituary.

WILLIAM TAYLOR, M.D., F.R.C.P. EDIN.,

EDINBURGH.

DR. WILLIAM TAYLOR, who died at his residence in Edinburgh on July 31st, after an acute illness, was in his 80th year. He was born in Forfarshire, and after some years spent in business in Australia studied medicine in the University of Edinburgh and graduated M.D. in 1867. It was this comparatively late entrance into the ranks of the profession which made Dr. Taylor the academical contemporary of so many men his juniors in age. He was elected a Fellow of the Royal College of Physicians in 1883. He had then been associated with the University for several years, first as assistant to Laycock, the Professor of Practice of Physic, and next as assistant to Professor James Spence, whose textbook on *Systematic Surgery* he re-edited with scrupulous care. He was always greatly interested in midwifery, and was elected a Fellow of the Edinburgh Obstetrical Society in 1868. He was fond of telling how he maintained the fetal circulation in a pair of twins after birth by means of artificial heat in water; indeed, he published an account of the case in the *Edinburgh Medical Journal* of 1865 (vol. x, p. 752), although he was then only a medical student who was given charge in the Maternity Hospital. He made many contributions to the *Transactions of the Royal Scottish Society of Arts*, and had been its president. He also wrote papers on the restorative treatment of varicose veins, on the treatment of neuralgia and rheumatism by currents of hot air, and on recrudescence in scarlatina. He made a special study of gout, and was fond of saying that all great men were gouty, adding, with a smile, that all gouty men were not, however, great. His eldest son, W. Macrae Taylor, took part in the South African war (medal), and is at present serving at the front (Major, R.A.M.C.). Dr. Taylor is also survived by another son and by two daughters, the elder of whom is serving abroad as a nurse.

Sir HALLIDAY CROOM writes: During his early days Dr. Taylor was very intimately associated with the University. He was assistant to Professor Laycock for two years and afterwards became assistant both in the University and in private to the late Professor Spence, in connexion with whom for many years he taught bandaging and minor surgery. At this sort of teaching he was a special adept, and after leaving the University he opened a class of his own which was extraordinarily popular and which after two or three years' duration he gave up no one knew why. He kept up his association with the University by regular attendance at the Assistants' Club. In this way maintaining his touch with the younger men. From his earliest years to the end of his life he was deeply interested in mechanical work and in electricity. In his

house he had an excellent installation which he used extensively. He was a Fellow and President of the Royal Physical Society, to which he communicated many papers. Amongst the more medical societies to which he belonged his attention was specially directed to the Obstetrical Society, which, in his early days, he attended and took very often a lively part in the discussions. For years he rented Swanston Cottage in the Pentland Hills, so long and so intimately associated with Robert Louis Stevenson, and here he entertained hosts of friends with reminiscences and readings from the distinguished author. The social element of his nature was further developed in his long membership of that famous old club, the Monks of St. Giles, where he entertained his brethren with poetry and most happy and witty speeches.

THE LATE SIR VICTOR HORSLEY.—We have received the following letter:

Sir,

In one of the accounts of Sir V. Horsley in the *BRITISH MEDICAL JOURNAL* of July 29th there is a sentence which says that "he grew less tolerant as he grew older. . . ." (p. 164). Perhaps you will allow me to hint that his impatience and intolerance over delay in reforms which his statesmanlike foresight realized were already overdue, for the good of humanity, arose, in recent years, partly from two things:

1. The feeling that, having reached middle age, his time for helping forward things was becoming short, whilst other labourers were still "few."

2. His disquietude at the way in which the ramifications and "combines" of evil seemed lately to display their forces more openly against the public weal.

Now, the question arises as to whether "intolerance" of this origin can be stigmatized as a "fault"? If we recognize that alongside of his quickness and grasp of intellect there ran a capacity for irritation and disappointment over what naturally appeared to him to be the denseness and inertia of those who possessed the power to act and did not, then we have some clue to his nature, and to what he frequently suffered in silence and patience. Seeing we are discussing faults, surely it has been a far graver "fault" for most of us, his 20,000 or more colleagues to have held back and not really striven to sacrifice ourselves, as he certainly did year in and year out, on behalf of national health and its sequence—happiness? For instance, when and where have any of us expressed as he did constant dismay over the dwelling of thousands of families in single rooms? Yet, hygienically, as a guardian of the public health, he was nothing but right; and we had, and have, only to rise as a united profession and determine on a radical national reform on this basic health matter, to make any Government listen and probably act. Again, why have we not been doing our duty, both individually as patriots and unitedly as a profession, which has as a first duty the guardianship of the public health, by protesting, for instance, against the recent taxation of valuable foodstuffs? It is a medical rather than political matter.

Would that we all had Victor Horsley's power of visualizing the homes of the hungry poor and the thin bodies and pale faces of the growing breakfastless children, or the trembling old age pensioners, at present starving on their meagre 5s. a week. We should forthwith begin to express ourselves forcibly and aim at wise corporate advice and action on behalf of the heart of the great empire to which we belong and which he, as one of us, served faithfully and to the end.

Yours truly,
MARY D. STURGE.

Medical News.

THE Wounded Allies Relief Committee, of Sardinia House, Kingsway, has presented to the Russian Red Cross Society a second fleet of motor ambulances.

In 1915 the Académie Française proposed as the subject of the prize for poetry offered by the State "The Glory of Pasteur." The prize has been awarded to Dr. Charles Richet, the distinguished professor of physiology in the University of Paris.

SINCE the commencement of the war 615 past and present students of University College Hospital Medical School, London, have joined the navy and army, 11 have died on service, 53 have been mentioned in dispatches, and honours have been conferred upon 21.

THE Board of Education has instituted a scheme for providing interned British prisoners of war with good books of an educational character. It is already in a position to supply books on almost any subject for reading or private study, and desires that the fact should be made known to interned prisoners. Requests for books, or lists of suitable books which would be given to this book

scheme, should be addressed to Mr. A. T. Davies, Board of Education, Whitehall, London, S.W.

THE Central Midwives Board met on August 4th to consider penal charges against two midwives. Sir Francis Champneys presided. The charges in the first case were concerned principally with neglect of ophthalmia neonatorum. Two out of four charges were cancelled but the remaining two were admitted. Total blindness was caused in one instance and the midwife was struck off. The case against the second midwife was dismissed, the board finding that no offence under the rules had been committed.

Letters, Notes, and Answers.

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.

THE telegraphic addresses of the *BRITISH MEDICAL ASSOCIATION* and *JOURNAL* are: (1) EDITOR of the *BRITISH MEDICAL JOURNAL*, *Attitology Westrand, London*; telephone, 2631, Gerrard. (2) FINANCIAL SECRETARY AND BUSINESS MANAGER (advertisements, etc.), *Articulate Westrand, London*; telephone, 2630, Gerrard. (3) MEDICAL SECRETARY, *Mediseera Westrand, London*; telephone, 2634, Gerrard. The address of the Irish office of the British Medical Association is 15, South Frederick Street, Dublin.

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.

LETTERS, NOTES, ETC.

ACUTE ASCENDING PARALYSIS. TEMPORARY SURGEON HALLIDAY SUTHERLAND, Royal Naval Hospital, Pembroke Dock, South Wales, has glycerinated portions of the spinal cord from a case of acute ascending paralysis (Landry's paralysis), and would be glad to hear from any physiologist or pathologist who has facilities for the inoculation of monkeys, and who may wish to study the disease in these animals.

MEDICATED WINES.

THE Central Control Board (Liquor Traffic) has issued an amending order directing that the following provision shall be inserted in any order of the board made with reference to the sale of medicated wines:—"Provided also that in any case where such medicated wine, or mixture, or preparation is sold or supplied in a bottle or other vessel enclosed in a sealed packet, and is so sold or supplied at any time before the 9th day of October, 1916, it shall be deemed to be a sufficient compliance with the terms and conditions of this order if such sealed packet bears such label."

FORMALIN IN PRURITUS ANI.

DR. J. CROPPER, Lt. R.A.M.C. (Chepstow) writes: Two or three years ago I published a note on tincture of iodine in this troublesome affection. Further experience showed that some cases were cured and remain so. In others the effect wore off after some months; in a few no good resulted. This is the history of many "cures," but may partly be accounted for by supposing that similar symptoms may be caused by different infections, or by the same organism at different times, just as conjunctivitis may be caused by five or six different organisms, if not more. Again, pruritus ani may be intense without much discharge, or may be accompanied by profuse weeping or even fetor and pus. I now submit the following, which, in addition to others, has succeeded in the case of a medical friend who found no benefit from iodine, but responds to x-ray treatment temporarily. The remedy is formalin, that is, the ordinary solution of formaldehyde (40 per cent.), 1 per cent. or 2 per cent. in starch jelly—the latter is about the strongest which it is advisable to use. If irritation is severe, which rarely happens, the application can easily be sponged off, and the irritation ceases at once. The remedy is cheap, easily got, and above all clean. The effect is almost immediate, and so far I have not had a failure with it even in chronic cases. I have tried both eusol and succus alii without much effect.

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NOTE.—It is against the rules of the Post Office to receive postage letters addressed either in initials or numbers.