

station showing paraplegia—one in which the symptoms are due to local concussion, another in which the cord is organically severed, and a third in which paraplegia has developed since the injury. The paralyzing effects of local concussion are often very marked. This may be caused even by the flight of a missile close to but outside the spinal canal; for example, temporary paraplegia may follow the passage of a rifle bullet from side to side between the spinous processes. In such cases the paralysis usually begins to clear up within a few days.

If no sign of return of function occurs within nine or ten days, the question of operation for removal of blood clot or possible depressed bone occurs, but must be decided at the base. If, on the other hand, a rifle bullet causing a through and through wound of the trunk traverses the spinal canal, the cord is usually hopelessly pulped. An estimate should therefore be made of the probable track of the bullet, bearing in mind that the position of the patient during examination may not correspond to that in which he was hit.

It is obvious that cases of complete sudden paraplegia should not be kept in the casualty clearing station if they are otherwise fit to travel. If, however, the paralysis has developed since the man was wounded, it is probably due to pressure from blood clot (when it is not likely to be absolute), or to displacement of fragments of bone during movement. In both these cases early operation may be indicated, but in the latter only if *x* rays show a minor degree of displacement. If displacement is great the cord is probably pulped.

If conduction, either motor or sensory, is present in the affected part of the cord when the patient is admitted to the casualty clearing station, it is usually found that fragments of bone are pressing on the cord, or that the missile causing the injury is in close relationship to it, and will probably have carried in sepsis. There may or may not be partial division of the cord. A missile with momentum sufficient to carry it far past the cord usually produces complete early paraplegia, even although it may not cause complete section. If, then, *x* rays reveal fracture or the presence of a foreign body partly or wholly in the spinal canal, operation should be done at once, with the quadruple purpose of relieving pressure, cleansing the wound, restoring normal circulation as soon as possible, and, thus, of combating sepsis.

In some cases pain is so excessive and uncontrollable by other means, that, whatever the amount of paralysis, operation is imperative in order to relieve the pain.

#### *Selection of Cases for Operation.*

Roughly speaking, it may be said that operation is indicated or advisable at a casualty clearing station:

- (1) In the presence of incomplete paralysis of motion or sensation below the lesion, especially
- (2) if *x* rays show displaced fragments of bone or the presence of a piece of metal in or near the cord.
- (3) When the symptoms of paralysis have developed after the infliction of the injury, unless due to inflammation in cases which have been "lying out," when operation is practically hopeless.
- (4) When pain, due to pressure on nerve roots, is excessive and uncontrollable.
- (5) In very exceptional cases, when the character of the wound is such that sepsis, although not already evident, is likely to develop and cause rapid death.

In all other cases it is better, when feasible, that the patient should be evacuated without delay.

In cases which are retained for more than a few hours in a casualty clearing station, urotropine should be given as a "routine" in an attempt to prevent cystitis. Too great care cannot be exercised in performing catheterization.

#### *Certain Operative Details.*

1. Local anaesthesia, by infiltration down to and including the periosteum of the laminae and articular processes, is as effective as in a trephining operation, and even more easily carried out. The patient should receive such a preparatory dose of morphine or omnopon-scopolamine that he becomes drowsy. It is rarely necessary to use a small amount of chloroform at any stage of the operation, unless the track of the missile is followed into non-anaesthetized tissues. A few whiffs may be given if

the patient complains much of the pain of the injection, but the latter should be gone on with during the administration. Adrenalin renders the field practically bloodless.

2. If the wound is in or near the mid-line it should be carefully excised down to the bone, as in a trephining operation. Suture is usually not advisable. If the wound is well to one side, a fresh, free incision should be made in the mid-line. This is sutured at the end of the operation, while the track of the missile is cleaned up and used for drainage purposes. Carrel's method should be applied.

3. Set operations should be avoided. A typical laminectomy is rarely indicated. The laminae can usually be nibbled away, as is done in most cases of trephining for depressed gunshot fracture, until healthy dura is exposed all round the injured area. All obstruction to the easy removal of fragments should be removed before any attempt is made to lift them out. The greatest delicacy should be exercised, especially if movement of these fragments causes pain or twitching. One of the great advantages of local anaesthesia is that the patient is capable of feeling such pain. This fact may prevent further gross injury to the cord.

4. If the wound is not sutured, if the dura has been opened, Carrel's method of after-treatment, with the patient lying on one or other side, should be carried out. If the dura is unopened a gauze pack may be used.

It will be seen that the operation, in cases suitable for it, is on all fours with trephining the skull in gunshot injuries, both as regards technique and indications for dealing with dura, etc., except that in the one case we are in contact with inert and in the other with vital portions of the nervous mechanism.

## Memoranda:

### MEDICAL, SURGICAL, OBSTETRICAL.

#### DERMATITIS FROM EXPLOSIVES USED IN AIR RAIDS.

DR. SEQUEIRA'S record of cases in the JOURNAL of June 30th, p. 894, induces me to supplement his notes from similar cases that have passed through my hands during a recent air raid.

The men, all soldiers, were engaged in digging out bombs, and when so doing did not wear any protective coverings. The orange staining of the skin, of hands, feet, and face, came on the next day; the hands were principally affected, and these were very deeply stained; the vesicles appeared five or six days later.

The main symptom complained of was the intense itching and irritation; the hands, as in the case of the staining, were most affected in this way. In one case the man suffered considerable irritation of the testicles. The staining on the feet and face has now, five weeks after its first appearance, disappeared, but the hands, which were so deeply coloured, are now peeling; the flakes that are coming off are stained and thickened; the new skin underneath the flakes is tender and red. There have been no outstanding constitutional symptoms. All the men complained of nausea for a few days, and were until now unable to enjoy their food. The taste was altered; they compared this to the sensation which is noticed when chewing tobacco.

No local treatment has been of any avail.

Folkestone.

W. J. TYSON, M.D., F.R.C.P.

In the BRITISH MEDICAL JOURNAL of June 30th Dr. J. H. Sequeira refers to some cases of severe dermatitis due to contact with powder from bombs dropped in the air raid on London on Wednesday, June 13th. On the day on which these cases first appeared at the London Hospital—namely, on Tuesday, June 26th—there came also to the skin department at St. Bartholomew's Hospital twelve persons suffering from this complaint. All these patients had what might be described as severe pompholyx, and the only difference from the more ordinary cases of pompholyx was in the deep yellow staining of the skin of the palms and fingers and soles and toes. As in Dr. Sequeira's cases, the eruption first appeared on Friday evening or early on Saturday morning, nine days after the air raid. Among the patients were the mother and four

children in one family, two boys in another family, one of the hospital porters, and several isolated cases. All these patients had come into contact with the yellow powder which filled the houses and streets after the raid—the mother in scrubbing down the stairs, the children and others in walking or playing or searching for relics in the dust. The clearest evidence of the nine days' incubation period was in the case of the hospital porter, who came into contact with the powder only on one occasion—namely, when carrying in wounded victims on June 13th—and in that of another patient who on June 14th dipped his hands into a pail containing water into which part of an exploded bomb had been placed, and in whom the rash appeared during the night of Saturday, June 23rd.

The eruption reached its acme in from four to five days. There was no inflammatory redness, but only the clear "sago-grain" vesicles, characteristic of cheiropompholyx, which appeared deeply under the thick epidermis, rapidly enlarged, and ran together to form large blebs, in some instances as large as a hen's egg. These vesicles, large and small, covered the palmar surface and sides of the hands and fingers and the interdigital spaces in all cases, and in two-thirds of the cases similarly affected the soles and the toes. In some the backs of the hands and feet were swollen, but in no case was any other part of the skin involved.

In the course of a week most of the vesicles had dried, and the horny layer of the epidermis was beginning to separate and to leave a new, pink, healthy epidermis. All the patients suffered severe pain—so severe that they were kept awake at night by it. In none of the cases was there suppuration, and this perhaps may be attributed to the fact that they were instructed to soak the hands and feet for half an hour several times a day in hot water, a proceeding which also eased the pain. After the soaking, calamine lotion was mopped on.

These cases are interesting particularly on account of the incubation period, and also in that they perhaps throw some light upon the causation of what we have been accustomed to call "dysidrosis" or "cheiropompholyx," and to regard as due to irritation from toxic sweat, and in some way associated with debility from nervous or other influences. These cases suggest that the eruption known as pompholyx, dysidrosis, or cheiropompholyx, may in reality be due to some external poison which gets into the sweat pores and there produces irritation. They recall a remark made by Dr. J. J. Pringle in an article on cheiropompholyx in Allbutt and Rolleston's *System of Medicine*, that "the handling of irritating substances (for example, dyes) seems sometimes concerned in its production."

H. G. ADAMSON,  
Physician for Diseases of the Skin,  
St. Bartholomew's Hospital.

#### LAND SCURVY IN ENGLAND.

In the Poor Law Infirmary, Newcastle-upon-Tyne, during the last five years up to 1917, two cases of scurvy were treated, but during the last three months sixteen cases have been admitted.

Certain features have been noted which correspond with those observed in Glasgow (BRITISH MEDICAL JOURNAL, July 7th, p. 28). Thus all the cases have been men in the habit of frequenting lodging-houses. In my opinion the disease has been produced by the entire absence of potatoes from the diet. In ordinary times other vegetables are eaten to a very much smaller extent by the type of patient admitted to Poor Law infirmaries. With potatoes unobtainable, substitutes are found, usually in the form of bread, which does not possess antiscorbutic properties. In all the cases which have come under my view the usual story has been a diet of bread and tea, with perhaps some variety of tinned meat.

The public should be warned that foods containing antiscorbutic properties are necessary, and that such starchy substitutes as bread and rice are not sufficient.

The cases I have had under my care have been quite definite and easy of recognition, when the existence of such a disease as scurvy is remembered. The outstanding feature in all has been the presence of purpuric spots, chiefly confined to the extensor surfaces of the legs. Another constant feature has been haemorrhages round the knee and ankle and in some cases accumulation of fluid in these joints. When the ankle is involved all the

appearances of a sprain are presented. In addition haemorrhages have occurred in other situations and chiefly over subcutaneous bones (radius and tibia). The appearance is of an elongated, discoloured swelling. Several of the patients had ulcers on the legs; these were characteristic, with raised, thickened dark edges. They were also particularly indolent as far as healing was concerned. The condition of the gums varied, some of the cases having no involvement, others the soft, spongy gum, bleeding very readily. Lastly, there was constantly extreme anaemia, producing an earthy, dirty pallor of the face. The reason, in all the cases, for the patient seeking advice was the implication of the joints producing pain and stiffness.

The condition, fortunately, is very amenable to treatment, improvement following rapidly on a suitable diet with lemon juice and a mixture containing citrate of iron and quinine.

Poor Law Infirmary,  
Newcastle-upon-Tyne.

GEO. P. HARLAN, M.D., B.Hy.,  
Medical Superintendent.

## Reviews.

### SPIRITUALISM AND SANITY.

SIR OLIVER LODGE has become the chief exponent of what is commonly called spiritualism, and his advocacy has the more weight with the public because of his eminence as a scientific investigator and teacher. He published recently a book entitled *Raymond*, relating various experiences he and members of his family have had leading them to believe that they had held communication with the spirit of Sir Oliver's son killed in Flanders in 1915. Not many years ago Sir Oliver Lodge published a book entitled *The Survival of Man*, and Dr. CHARLES MERCIER has devoted a small volume to an examination of the doctrines and practices therein described.<sup>1</sup> Dr. Mercier addresses himself not to convinced spiritualists nor to those who have investigated the phenomena and found no reason to accept the interpretations put upon them, but to the "immense body of persons who have the subject more or less forced upon their attention by the strenuous propaganda of Sir Oliver Lodge," and "really desire to arrive at the truth." "I do not," Dr. Mercier says, "ask them to adopt my conclusions: I ask them to adopt my methods, which are the methods that Sir Oliver Lodge also recommends but does not follow."

The subject is one which must engage the attention of members of the medical profession because of its reaction on the mental stability of the very large number of persons who have lost near and dear relatives in the war. Dr. Mercier quotes at length the observations made by Dr. G. M. Robertson, Superintendent of the Royal Asylum, Morningside, in his annual report, to which attention was called in these columns some months ago (March 3rd, p. 302). Dr. Robertson strongly advises "those who may possibly inherit a latent tendency to nervous disorders to have nothing to do with practical inquiries of a spiritualistic nature" lest they should awaken a "dormant proclivity to hallucinations within their brains."

Dr. Mercier states that the subject of spiritualism never engaged his attention before, but he has evidently studied these two books very carefully, and his previous want of interest in the subject does not diminish his competence to form an opinion on spiritualism, for, having had occasion to read a great many books on the subject and many volumes of the *Proceedings* of the Society for Psychical Research, we are prepared to accept *Raymond* as a fair, if unusually voluminous, sample of the kind of story, the kind of evidence, and the kind of conclusions usually to be found in such publications.

After an opening chapter in which the subject to be considered is stated, Dr. Mercier seems to begin its consideration a long way off, but the reader will soon see that this is necessary in order to get a true perspective, and we do not counsel him to accept the author's licence to skip the second chapter, on the "grounds of belief." We do not propose to attempt to set out the contention of the book. To do so would not be fair either to reader or author; the argument is closely knit, and should be followed out as

<sup>1</sup> *Spiritualism and Sir Oliver Lodge*. By Charles A. Mercier, M.D., F.R.C.P., F.R.C.S. London: The Mental Culture Enterprise, 1917. (Cr. 8vo, pp. xx, 132. 4s. 6d. net.)

## Universities and Colleges.

### UNIVERSITY OF MANCHESTER.

FROM the annual statement made by the Vice-Chancellor of the University of Manchester (Sir H. A. Miers) on the occasion of degree day on June 30th, it appears that the number of students that have withdrawn from the university during the past session to join the forces or to render national service, is approximately 64, and this, with the number who had previously withdrawn, makes a total of over 460 students, with 50 of the teaching staff and 36 of the servants of the university who are absent on military, naval, or other service, while 26 members are occupied in service at military hospitals. If to these be added the former students, there are in all about 1,700 past and present members of the university giving national service in some way; over 80 members had received distinctions for services in the army or navy. The normal activities of the university have been much curtailed both in teaching and research, and in one department the students have entirely disappeared. On the whole, however, the work has been maintained with greater success than was anticipated two years ago. The energies of the university were now either directly or indirectly wholly connected with the business of the war. Ordinary research had been abandoned, and the departments had devoted themselves to experimental and advisory work for various Government departments. Since the end of 1915 the Public Health Department had made over 60,000 examinations for the military hospitals in the Second Western Command, and special investigations had been carried out in connexion with the prevention of disease. There were now 560 men and 400 women students remaining at the university, which was less than half the usual number, and almost all of them were qualifying either as doctors, chemists, nurses, engineers, or to contribute in some way to the national service. At the beginning of the past session the total number of students was 1,028, which included 314 in the faculty of medicine, but was exclusive of those only attending evening classes. While the entry of men students had grown steadily less, there had been an increase of women students, mainly due to the remarkable increase of entries in the faculty of medicine. There were now 91 women medical students as compared with 67 in the previous session.

In alluding to the fund for the endowment of a department of Russian at the university, the Vice-Chancellor said he was now at liberty to announce that the anonymous gift of £5,000 was from Sir Wm. Mather, who had also given a further £1,000, and the original condition attached to the first gift that a further £15,000 should be obtained was now removed. The fund now stood at about £9,500, but the university needed at least £20,000 for the purpose.

### UNIVERSITY OF LIVERPOOL.

THE following candidates have been approved at the examinations indicated:

M.D.—F. C. Wilkinson.

FINAL M.B., CH.B.—Part II: R. A. Cooke, \*S. G. Evans, \*P. E. Gorst, \*Phoebe A. Ince, W. A. Jackson, †G. R. James, †V. E. Jones, V. I. Levy, G. A. Mitchell, G. S. Swan, †Constance M. Tinkler, Frances Weightman, Mary H. Wild, H. G. Young. Part III: A. L. Davies, R. R. Evans, S. D. S. Greval, Mary E. Illingworth, W. M. Jones, Edna E. Mawson, M. B. Strock.

\*Therapeutics. †Forensic Medicine and Toxicology.

### UNIVERSITY OF GLASGOW.

THE following candidates have been approved at the examination indicated:

M.B., CH.B. (M., Materia Medica and Therapeutics; P., Pathology; M.J., Medical Jurisprudence and Public Health).—J. S. Aitken, M.; C. O. Anderson, P.; J. D. Arthur, P.; A. K. Begg, M.; A. S. Bisset, P.; W. G. Burns, P.; J. Caddies, M., P.; W. J. S. Cameron, P.; T. W. Carstairs, P.; J. G. Coltart, M., P.; H. L. Coulthard, P.; A. M. Davidson, P.; \*J. Donald, P.; W. Edgar, P.; M. F. Gibson, M., P.; G. O. Grant, P.; J. Hewitt, M., P.; H. J. Hollis, P.; R. G. Howat, M., P.; J. A. Jenkins, M.; S. H. W. Kamerasse, M., P.; J. Kirk, P., M.J.; A. C. Lindsay, M., P.; R. M'Courtney, P., M.J.; D. Maclean, P.; F. K. Macmillan, P.; A. W. M'Rorie, P.; R. Mair, M., P.; J. M'K. Maxton, M., P.; J. S. Meighan, P.; M. S. Molena, M., P.; J. B. Morrison, M., P.; B. F. Niblock, P.; \*J. Nicol, P.; J. W. Peden, P.; J. Pollock, M., P.; J. M. Ritchie, P.; W. Scotland, M.; H. H. Spencer, P.; N. E. Stone, M., P.; J. B. Sweet, M.; J. L. Turpie, M.; J. A. Walls, P.; R. R. Watt, M., P.; E. Young, P.; E. Young, M.; Helen F. Allinson, P.; Susan S. Bryce, M., P.; \*Elizabeth P. Cameron, M., P.; \*Mary T. L. Clark, M., P.; Emily L. Clow, M., P.; Veronica C. J. Davies, M., P.; Edith D. Dobbie, P.; Charlotte A. Douglas, M., P.; Margaret H. Grant, P.; Helen Hogg, M., P.; Alison M. Hunter, P.; Alice M'Elwee, M., P.; Alice M'Glashan, M., P.; Annie I. C. MacLardy, M.; Margaret E. MacLaren, M., P.; Mabel M. Maclean, M., P.; Caroline J. MacLennan, M., P.; Agnes H. Macwhirter, M., P.; Georgina Murdoch, M., P.; Kathleen Nicol, P.; Margaret M. Paterson, M., P.; Louisa E. Pigeon, M., P.; Helen L. Ralston, M., P.; Margaret N. Robertson, P.; Elaine B. S. Stocquart, M., P.; Muriel A. Stow, M., P.; Jean B. Thomson, M., P.; Marion Thomson, M., P.; Helen B. Wilson, M., P.

Passed in Medical Jurisprudence and Public Health of the Fourth Professional Examination under the new medical ordinance: W. Barras, M. Chalmers, K. J. A. Gillanders, E. F. Irving, A. Kennedy, V. J. Perry, I. M. Robertson, J. J. Robertson.

\* Passed with distinction.

### UNIVERSITY OF ABERDEEN.

THE Duke of Richmond and Gordon was installed Chancellor of the University of Aberdeen on July 6th, and delivered an address.

The following degrees were conferred:

M.D.—J. M. Duncan, R. Richards.

M.B., CH.B.—\*C. Reid (with second-class honours), J. W. Bowman, \*F. W. Carter, C. A. Harvey, B. W. Jones, D. W. MacKay, Achyuta Menon Mannatazhat, A. Y. Milne, G. F. Mitchell, A. G. Reekie, J. M. Savage, J. I. Watson, C. Wood.

\* Passed Fourth Professional Examination with distinction.

W. L. Yell has passed the Final Professional Examination with distinction, but will not graduate until he attains the necessary age.

The John Murray Medal and Scholarship has been awarded to G. R. McRobert as the most distinguished graduate M.B. of 1917.

### ROYAL COLLEGE OF SURGEONS OF ENGLAND.

THE meeting of the Fellows of the College for the election of three Fellows into the Council in the vacancies occasioned by the retirement in rotation of Mr. Harrison Cripps and Mr. V. Warren Low, C.B., and by the death of Sir Frederic Eve, was held on Thursday, July 5th. The result of the poll was as follows:

Candidates.	Votes.	Plumpers.
MR. VINCENT WARREN LOW, C.B. ...	295	38
MR. JAMES SHERREN ...	228	32
MR. W. HARRISON CRIPPS ...	220	10
Mr. Francis J. Steward ...	197	53
Mr. H. Betham Robinson ...	188	15
Mr. Harold Barr Grimsdale ...	147	28
Fleet Surgeon Percy W. Bassett-Smith, C.B. ...	137	13

The President declared Mr. Harrison Cripps and Mr. Low duly re-elected and Mr. James Sherren duly elected. Mr. Cripps being third on the poll becomes substitute member for the late Sir Frederic Eve until July, 1920.

633 Fellows voted; 626 by post and 7 in person.

## Obituary.

ARTHUR WEBB JONES, M.D., B.S.LOND., F.R.C.S.ENG., COLONEL A. H. TUBBY, C.M.G., A.M.S. writes:

By the untimely death of Arthur Webb Jones, the British community in Alexandria and numerous friends have sustained a great loss. Dr. Webb Jones was educated at Malvern College and St. Thomas's Hospital. He received the diploma of F.R.C.S.Eng. in 1900; not content, however, with this, he worked for the degrees of the University of London whilst engaged in active practice in Egypt, and he became B.S. in 1911 and M.D. in 1913. As the subject of his thesis for the latter degree he selected "Bilharziosis in Women," and on this question he was able to write authoritatively owing to his wide experience in gynaecological surgery in Alexandria.

For five years—1900–1904—Webb Jones served in the Egyptian army in the Sudan; and on leaving to settle in private practice in Egypt he received the official thanks of the Sirdar and Governor-General of the Sudan for his services. His merits and abilities were recognized by his appointments as medical officer for the Alexandria district, to the Egyptian State Railway, and of surgeon and gynaecologist to the Government hospital there. During the Gallipoli campaign the medical and surgical resources of Egypt were taxed to the uttermost, and Webb Jones volunteered and did yeoman service to the British troops from May, 1915, to December, 1916.

Webb Jones had not been out of Egypt since 1913, and when an epidemic of typhus fever broke out this spring in Alexandria, it found him, fatigued and somewhat out of health, though keen as ever upon his duties. He was called upon to give an intravenous injection of saline solution to a brother practitioner, dying from typhus, and accidentally inoculated himself in doing so. In about ten days the disease showed itself, and despite the assiduous and affectionate care of Colonel Sandwith, Consulting Physician E.E.F., of Captain Walker, R.A.M.C., and other friends, he succumbed on the eleventh day. His funeral was attended by representatives of every official and administrative branch with which he was or had been connected, and by very many others who desired thus to express their sorrow. Although it was not given to Webb Jones to fall fighting in the front ranks, yet it may be truly said that the manner of his death was that of one who fell with his face to the foe, for he died at the post of duty, and in the effort to save the life of a fellow medical man.

Of his abilities as a surgeon I have been given opportunities of forming an opinion. He was a sound diagnostician and a careful and skilful operator. His judgement was good and his successes notable. Looking through his notebooks we find his cases carefully recorded, and he was in the habit of adding his subsequent impressions and investigations to the account of each case, thus continually striving to perfect his knowledge and technique, and so to crystallize his experiences. As a colleague and friend, Webb Jones was most desirable, and happy were those who were admitted to his friendship. A winning manner, entirely free from any trace of self-assertion, and a sense of complete reliability which he diffused combined to render him a quiet tower of strength in trouble and illness. Had Arthur Webb Jones been permitted to reach the allotted span of life he would have gone far. He leaves a widow and a young family, and numerous friends to grieve at his departure.

DR. J. T. BALLANTYNE, the senior practitioner of Darwen, Lancashire, died on June 26th at the age of 72. After studying medicine in the University of Glasgow he graduated M.B., C.M. in 1878, and first practised in Glasgow. A few years later he went to Darwen, where he practised for nearly forty years. He was a J.P., and was long a member of the Darwen town council, on which his knowledge of sanitary science was of great value. After serving some years as alderman he was unanimously elected mayor of the borough in 1898. In spite of the cares of a busy practice he found time to take a leading part in municipal affairs, and his year of office was successful. A colleague, "W. M.," writes: "Dr. Ballantyne was for many years president of the Darwen Medical Society, attending the meetings regularly, and taking a keen interest in all scientific questions. He was ever ready to further the welfare of the society, and regarded it as his special duty to promote good fellowship among the members. He had great diversity of tastes; his love of arts and music and his fondness for travel made him a delightful companion. In his public and private work he was one of the most fearless of men, and was at all times strongly opposed to any suggestion savouring of inefficiency or humbug. He could sing a good song and tell a good story, and appeared at his best when making a speech at a Darwen dinner. A huge man, with a large heart, he was always kind and sympathetic towards suffering humanity. He gave largely and unostentatiously. Darwen owes him a deep debt of gratitude for the forty years of strenuous life which he devoted to the public interest of the town of his adoption."

DR. ANDREW LEGAT died at South Shields on June 15th in his 94th year. He was educated at the University of Edinburgh, took the diploma of L.R.C.S.Edin. in 1844, and graduated M.D.Edin. in 1845. He had practised in South Shields nearly the whole of his life and only retired a few years ago. He was appointed a magistrate for South Shields in 1880 and was one of the oldest occupants of the bench. He had taken a great interest in the work of the British Medical Association and was an ex-president of the North of England Branch. In 1856 Dr. Legat wrote an account of the first case of apparent drowning treated in England by the Marshall Hall method. He also claimed to be the first medical man to give chloroform, in the North of England, for operation.

DR. JAMES THOMAS CALLCOTT, who died from heart failure recently at Invergarry, N.B., aged 68, was born in Sunderland and received his medical education at University College, London, and the University of Durham. He took the diploma of M.R.C.S.Eng. in 1874 and graduated M.B.Durh. in 1880 and M.D. in 1883. He was medical superintendent of the City Asylum, Gosforth, and had previously held the post of assistant medical officer to the Lancashire County Asylum, Whittingham, and deputy medical superintendent to the Durham County Asylum, Winterton. Dr. Callcott, who was unmarried, was a keen salmon fisher, and for several years pursued his favourite hobby while on holiday in Scotland. He was a member of the Newcastle-upon-Tyne Division of the British Medical Association.

MR. WILLIAM GEORGE TOTTENHAM POSNETT died on June 17th, aged 46. He received his medical education at the schools of the Royal College of Surgeons in Ireland and took the diploma of L.R.C.P.I. in 1893 and became a Fellow of the College of Surgeons in 1900. He held the position of surgeon to out-patients at St. Paul's Hospital for Urinary Diseases, London, and had been pathologist to the Johannesburg Hospital and in the Transvaal Government Bacteriological Laboratory. He was at Bloemfontein during the Boer war, and was one of the operators at No. 8 General Hospital, where he performed over 600 major operations. During the Zulu rebellion he held a commission as surgeon-captain. In August, 1914, he offered his services to the French Red Cross; he served at Yvetôt and received a warm letter of thanks from the French medical service. In July, 1916, he was appointed by the War Office to examine recruits. He was then in the best of health, but often spoke of the bad ventilation and insanitary state of the recruiting stations. About Christmas last he began to have rises of temperature, which he attributed to malaria. He gradually lost weight and suffered from cough and hoarseness. On March 13th tuberculous laryngitis was diagnosed and both lungs were found to be affected. Dr. Arthur Ransome, F.R.S. (Bournemouth), writes: "I have drawn the attention of the medical officers of the L.C.C. and the Local Government Board to the risks their officers are running under those conditions, and believe they have taken active steps to abate the evil. For Mr. Posnett, as my son-in-law, I had a warm affection, and early realized his great abilities as a surgeon, and this qualification, coupled with his high sense of duty, make his early death a loss to his country, as well as to those belonging to him; but if these lines should open the eyes of the authorities to the dangers to which medical men are subjected at home, as well as abroad, perhaps the sacrifice will not have been in vain."

WE have by an oversight failed to record the death of Dr. J. STEWART BOYD at Richmond on October 6th, 1916, after an illness of seven months. He was greatly missed at Custom House, Essex, where he had an extensive practice for twenty-seven years.

## Medical News.

THE Minister of Pensions has appointed Colonel Sir John Collie, R.A.M.C., to be Director of Neurasthenic Institutions.

THE annual meeting of the National Association for the Prevention of Consumption will be held at 20, Hanover Square, on Monday next, at 5 o'clock, when Lieut.-Colonel G. Sims Woodhead will give an address on farm colonies for the tuberculous.

DR. C. W. SALEEBY will give a lecture on "Armoured Men" at the Royal Institute of Public Health on Wednesday next, at 4 p.m., in place of Lieut.-Colonel Monckton Copeman, whose lecture, owing to an official engagement, has been postponed until the autumn course.

ON July 5th John Henderson Bell, M.D., of Beaufort Mansions, Chelsea, convicted in the previous week of attempting to produce a disease in a sergeant of the Australian forces, was charged at Clerkenwell police court with a similar attempt in the case of Sergeant-Major Hawkins. Dr. Bell, in giving evidence on his own behalf, denied the charges. The magistrate found him guilty, and sentenced him to six months' hard labour for each of the two offences, the sentences to run concurrently. Leave to appeal was granted in both cases.

A Maternity Nursing Home at 13, Princes Gate, S.W.7, was opened by the Professional Classes War Relief Council early in 1915 for the benefit of the wives of professional men adversely affected by the war. Over three hundred babies have been born therein. Applications for admission or for assistance in regard to maternity expenses at home should be made to the secretary. We are in a position to say that the institution is well conducted and deserving of support. Probably many doctors in various parts of the country come across cases which have been hard hit by the war, and to whom such an opportunity as the institution affords of getting over the period of confinement would be a great boon.

THE special appeal tribunal appointed by the Minister of Pensions to consider appeals from invalided soldiers and sailors against decisions that their disabilities are not attributable to, or have not been aggravated by, naval or military service, has now begun to hear cases. The medical members of the tribunal are Dr. Norman Moore and Mr. Bilton Pollard.

A JOURNAL entitled *Quaderni di Medicina Legale* has lately been started in Italy. It is to appear monthly in 50-page numbers, and will deal especially with subjects of military legal medicine, malingering, and injuries and accidents among working people. It is edited by Dr. A. Cevdalli, professor of medical jurisprudence in the University of Parma, and is published at Milan (via Mascheroni, 20).

*Psychobiology* is the title of an American periodical which is to appear every second month. It will be devoted chiefly to the publication of the results of research in the field common to psychology and the various biological sciences, or having a distinct bearing on the biological foundations of psychology. Manuscripts intended for publication should be addressed to Professor Knight Dunlap, Johns Hopkins University, Homewood, Baltimore.

At the second Medical Congress of Venezuela, held in January, resolutions were passed inviting the Academy of Medicine to promote the fusion into a national league of hygiene the existing organizations against malaria, tuberculosis, syphilis, alcoholism, ankylostomiasis and quackery, and to appoint a permanent commission to organize and direct an investigation into the diseases of the country. It was decided to send to Sir Leonard Rogers of Calcutta "a message of admiration and gratitude" for his introduction of emetine in the treatment of dysentery and hepatic abscess. The third meeting of the congress will be held at Bolivar in 1919.

At a recent meeting of the administrative council of the Pasteur Institute, Paris, Dr. Albert Calmette, director of the Pasteur Institute at Lille, and Dr. Louis Martin, director of the Pasteur Hospital, were unanimously appointed subdirectors in the room of Dr. Chamberland and Professor Metchnikoff. Dr. Chamberland, who died in 1908, has had no successor till now. Dr. Calmette, who founded the Pasteur Institute at Saigon, has taken a leading part in the campaign against tuberculosis in France, and Dr. Martin, who has been associated with the Paris Institute since 1902, has made researches on the bacteriology of diphtheria, the prophylaxis of contagious diseases, tuberculous meningitis, tetanus, anthrax, and sleeping sickness. At the same meeting M. Vallery-Radot, Pasteur's son-in-law and biographer, was elected president of the administrative council.

A RECENT report shows that the Red Cross Advanced Stores Dépôt of the Joint War Committee of the British Red Cross and the Order of St. John has been at work at Baghdad for some time, and that there are twelve Red Cross motor launches in use. It is desired to establish a large fleet of such launches, picking up the sick and wounded along the banks, with motor ambulances to bring them to the river by the shortest route. Eighteen motor launches were dispatched from England between May 29th and the end of June, and five others are building. The hospital ship *Nabha* has rendered great service. The vessel had its own ice-making plant, and was able to turn out two tons of ice every twenty-four hours, which had been of great assistance to the hospitals. Provision is being made for a considerable number of hospitals in Baghdad, and also for an officers' convalescent hospital of fifty beds, and a convalescent camp of one thousand beds.

THE sixty-eighth annual meeting of the American Medical Association was held at New York from June 4th to 9th. The secretary reported that the membership on May 1st, 1917, was 82,501, and the number of Fellows 44,010, an increase for the year of 829. The Chairman of the Board of Trustees, Dr. W. T. Councilman, reported that the weekly average issue of the *Journal* of the Association during 1916 was 67,255. The principal item of expense in publication was that of paper, which was equal to one-third of the total expenditure; the cost of ink, rollers, wire, linotype, metal and supplies generally, together with that of labour, had increased. It was proposed to decrease the size of the *Journal*. A resolution had been passed at the February meeting of the Board that all papers read at the annual meeting should be treated as volunteer papers, and published in full or in abstract in the *Journal* or rejected as might seem best. The Chairman of the Council on Health and Public Instruction, Dr. Frank Billings, reported that the financial condition had made it necessary to abandon for the time being the programme of investigation, education, and legislation which had been followed during the past four

years. During the past year the Council had confined its efforts to the production of literature which could be supplied to State Boards of Health, educational and philanthropic bodies, women's clubs, and similar organizations. From June 1st, 1915, to May 16th, 1916, the Council printed and distributed 1,133,500 pamphlets, of which 750,000 were on minimum health requirements for rural schools; the others were on defence of research, conservation of vision, prevention of cancer, public health, sex hygiene, social insurance, care of babies, and public health measures as to venereal disease. The report stated that the Council was opposed to the use of alcohol except in the preservation of pharmaceutical preparations. It was decided that the next meeting should be held at Chicago under the presidency of Dr. Arthur Dean Bevan of that city.

## Letters, Notes, and Answers.

THE telegraphic addresses of the BRITISH MEDICAL ASSOCIATION and JOURNAL are: (1) EDITOR of the BRITISH MEDICAL JOURNAL, *Atiology, 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 16, South Frederick Street, Dublin.

The address of the Central Medical War Committee for England and Wales is 429, Strand, London, W.C.2; that of the Reference Committee of the Royal Colleges in London is the Examination Hall, 8, Queen Square, Bloomsbury, W.C.1; and that of the Scottish Medical Service Emergency Committee is Royal College of Physicians, Edinburgh.

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.

#### INCOME TAX.

H. M. S. has for many years deducted two-thirds of his rent, rates, etc., in making his income-tax return. This year the surveyor refuses to allow two-thirds but offers "one-half."

\*.\* The statutory rule is that H. M. S. can deduct a reasonable proportion of his rent, etc., "not exceeding" two-thirds. What proportion of his yearly outlay for rent and rates is expended for professional rather than private purposes is, of course, a question of fact. Speaking generally, the professional cost would probably bear a higher proportion to the private cost in large towns, and as two-thirds is the maximum, something less is generally accepted as applicable to smaller towns. One test that may be suggested is whether or not H. M. S. would spend more than one-third of his present rent if he were a solicitor, for instance, with a separate office and an identical income. A case presenting some slight analogy is that of a clergyman, who can deduct only one-eighth of his rent for a room set aside for the purposes of his calling.

### LETTERS, NOTES, ETC.

#### FINGER SPLINT FROM CACTUS STEM.

MR. F. D. BANA, M.B.Bomb., M.R.C.S.Eng., D.P.H.Oxon. (Bombay), writes: A trolleyman, with a painful swelling on the first interphalangeal joint of the right index finger, applied for treatment here on May 25th, 1917. He had improvised a hollow splint from the fresh stem of a cactus, having removed the soft pulpy part from the centre. The splint measures 2½ in. in length by 1 in. at one end and ¾ in. at the other in diameter. From its slightly sausage-shaped curve it fitted the index finger comfortably, following the slight convexity of the finger, which, as everybody knows, is not quite as straight as the other fingers when extended. The fresh juice of the core of the stem is often used by the natives to paint any painful swelling; it adheres as a varnish. In this case the splint served as an excellent temporary support for the finger by resting it and preventing movement of the swollen joint.

#### SCALE OF CHARGES FOR ADVERTISEMENTS IN THE BRITISH MEDICAL JOURNAL.

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