

blood and visceral changes (and I see no reason why it should not), or whether it acts like any other debilitating agent and simply predisposes the patient to the action of other toxin or toxins, is at present undetermined.

Whatever the cause of the disease may be, it appears as if some toxin acting on the spleen causes destruction of the red blood cells with the liberation of haemoglobin, from which the liver by increased activity elaborates bile pigment, usually in sufficient amount to stain the skin and conjunctivae, but, as a rule, not enough for it to gain access to the urine; while the bone marrow is stimulated to increased production of red blood cells, which, owing to the demands made by the system, arrive in the circulation ill-formed and immature.

I wish to record my thanks to Surgeon-General Dallas Edge, C.B., for permission to publish the case, and to Captain H. J. S. Morton, M.B., R.A.M.C., for supplying me with the clinical notes.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

DERMATITIS FROM HANDLING GERMAN BOMBS.

A CASE of dermatitis from handling a German bomb which fell in the air raid on June 13th has lately been attending the skin clinic at Charing Cross Hospital. The patient was a Royal Naval gunner who was detailed by the Admiralty to the extremely dangerous work of removing the detonator from an unexploded bomb which had crashed through a house in the East End of London and buried itself 7 ft. deep in loose earth in the basement. He had to dig away the earth in the dark and, on reaching the bomb, to unscrew and remove the fuse. In so doing the loose powder from the exploder fell on his hands, and it was to this that he rightly attributed the dermatitis.

The dermatitis did not appear till about eight days after he had handled the bomb. When I saw him a few days later the palms of his hands were stained yellow as if by picric acid, the hands were swollen, inflamed, and oedematous, the skin felt hot and tense, and there were deep-seated vesicles between the fingers and on the dorsum similar to those of dysidrotic eczema. The state of the hands recalled the dermatitis from T.N.T. powder, of which a number of cases in munition workers have lately been under treatment at the clinic. The condition took about a fortnight to cure under soothing applications, such as calamine liniment followed by a zinc paste, and when I saw him on July 9th the skin had practically returned to normal. He informed me that should he be detailed for further work of this kind he will be protected by rubber gloves, which will be all the more necessary as the attack will probably render his skin hypersensitive for some time to come to the action of the explosive powder and irritants of an allied nature.

J. M. H. MACLEOD, M.D., F.R.C.P.,

Physician for Diseases of the Skin, Charing Cross Hospital.

HAVING had several cases of dermatitis from the bombed area in the City, I should like to add a few notes to supplement those of my cousin, Dr. J. H. Sequeira, and others. In the majority of cases the vesicles appeared on the ninth day. One case, however, of severe dermatitis of both hands, which I showed at the New London Dermatological Society, did not present any eruption till the fourteenth day after the patient had dug out of the earth an unexploded bomb, which, in so doing, he handled a good deal. The long interval in this case is probably to be accounted for by the bomb not having exploded. The dermatitis set up was similar to the T.N.T. cases of munition workers, in which the period of incubation after contact with the powder does not seem so definitely timed, but is determined more by the cutaneous irritability of the individual skin. The sago-grain vesicles on the fingers due to contact with bombs dropped may, it seems, appear as early as the third day, as occurred in one of my cases. A gentleman had gone into a building in the City shortly after a bomb exploded on July 7th. He felt the contact with "the powerful fumes" at the time. On July 10th he noticed the small lumps on his fingers and felt his

face was swollen. When I saw him two days later he had the usual vesicles on his fingers and an erythematous dermatitis of his face. About the same time I saw two other gentlemen from the same bombed area who also had erythematous dermatitis of the face, but no vesicles on their hands or fingers. Another patient, in addition to bullae on his hands, presented curious linear bullous lesions on his forearms, as if the localization and character had been determined by the patient having scratched that part with contaminated fingers. In only one of the cases I saw was there suppuration, and that was in a young girl from Hoxton, with an extensive bullous eruption of the left foot, which developed on the ninth day after perambulating in the debris. Her left boot had a large hole in the sole, through which the irritant penetrated and set up the mischief. Her right shoe was less defective and her right foot thus escaped damage. These cases seem to me to substantiate Dr. J. J. Pringle's remark, quoted by Dr. Adamson (p. 46).

G. W. SEQUEIRA, M.R.C.S.Eng., etc.,
London, E.C. Western Skin Hospital.

TREATMENT OF WOUNDS WITH BISMUTH IODOFORM PARAFFIN PASTE.

In this note I wish to point out the great advantage of the bismuth iodoform paraffin paste, or B.I.P., advocated by Professor Morison and employed by him at the Northumberland War Hospital.

The following is the method of treatment which I now adopt in bony injuries, whether recent or chronic, for it is bony injuries in which this treatment gives particularly successful results compared with other methods.

First, the wound edges are excised, if this has not previously been done. Secondly, a free incision is made and loose fragments of bone and foreign bodies are removed. Thirdly, the wound is well dried with gauze. Fourthly, methylated spirit is swabbed over the wound, and, finally, with the wound as dry as possible, B.I.P. is well rubbed into the surface; a teaspoonful is usually sufficient. The wound is then lightly packed with dry gauze, and dry gauze is placed over the surface.

The following day I usually change the surface gauze, as there may be a little oozing. Then, provided the gauze packing keeps dry, it can be left in for at least a week.

If it becomes very moist with discharge I take it out and mop up the discharge with a dry swab (in contradistinction to bathing it with a wet solution), and then repack it occasionally, gradually allowing the wound to close up.

I do not intend to discuss the pathology, as this has been done by Dr. L. G. Anderson,¹ but there are a few points to which I should like to call attention.

Firstly, the reason I emphasize keeping wet dressings away from the wound is because these leave a fluid residue which wets the gauze packing, and is thus apt to give a false impression of the amount of discharge; it also washes out some of the B.I.P.

Secondly, I consider that forcible syringing of deep wounds, especially if they are not carefully dried afterwards, is a very common cause of pocketing and spread of infection along the lines of least resistance. If B.I.P. is used as described above, I feel sure that many secondary operations for establishing drainage will be averted.

Finally, in cases undergoing this treatment, an enormous amount of redressing on the boats, trains, and in hospitals would be avoided, resulting in a great economy of dressings (almost 50 per cent.) and of time and labour for the hard-worked nursing staffs. In addition to this, the patient himself will benefit and much appreciate being dressed once a week instead of daily or oftener, as the process is usually painful and very fatiguing to an already exhausted person.

E. H. WALKER, M.B., B.S.Lond., M.R.C.S.,
Captain R.A.M.C.(T.C.),
Surgeon, York Place Hospital, Brighton.

SMALL-SPORED RINGWORM OF THE SCALP IN AN ADULT.

We are in the habit of telling people that they need not fear contagion of the ringworm fungus after the age of 15 years.

Mrs. B., aged 61, was sent to me by Dr. Llewellyn, of Bath, a few weeks ago with a rather large oval patch on the side of the scalp. Some children with tinea tonsurans had stayed with this lady and had used her brushes. I

¹ *Lancet*, March 3rd, 1917.

extracted some of the "stumps" and asked Professor Walker Hall to examine them. He reported that the majority of the hairs contained the *Microsporon audouini*.

In the Section of Dermatology of the Royal Society of Medicine on January 18th, 1917, Dr. Graham Little showed a case and said he had never met with a previous example of ringworm of the scalp in an adult. In the discussion Dr. MacLeod said that in all his experience at Charing Cross Hospital and the Victoria Hospital for children he had only seen one instance of *Microsporon audouini* affecting the adult scalp. The President (Dr. J. H. Stowers) said he thought it more than probable that instances are overlooked owing to an erroneous impression existing that this disease is limited to childhood.

Clifton, Bristol.

HENRY WALDO, M.D., M.R.C.P.

Reports of Societies.

SHELL SHOCK.

At a meeting of the Section of Medicine of the Royal Academy of Medicine in Ireland, on May 11th, Dr. F. C. PURSER read a paper on shell shock. He grouped the cases met with in this country into three classes: (1) Shell shock proper; (2) traumatic neurosis; (3) mental alienation. The symptoms of the first class were: (a) Headache; (b) insomnia; (c) dizziness, probably mental confusion; (d) tachycardia; (e) tremor; (f) general mental and physical depression. Most cases recovered fairly well with rest, warmth, quiet, and occupation. Other symptoms which made the outlook less favourable were: (a) loss of memory; (b) mental confusion; (c) epileptiform attack; (d) *petit mal*; (e) profuse sweating. The President, Dr. H. C. DRURY, said that "family stock" was an important factor in these cases. It must be concluded that the shell shock cases had less stable nervous systems than normal persons. Dr. CRAIG said that in the cases he had seen symptoms developed six weeks or so after some shock—for instance, being partially buried. Sensory phenomena were curiously uncommon, except retinal hyperaesthesia. Officers frequently exhibited some of the symptoms of exophthalmic goitre. With regard to treatment, he had not much faith in suggestion, but had found ionization often useful. Colonel CLARKE considered twitching of the face an important sign. Sweating was very marked. Many of the cases were miners in civil life, and might therefore exhibit nystagmus due to their previous occupation. Captain LAW frequently found accidental burial the exciting cause. He considered "suggestion" useless, and recommended quiet surroundings. Sir J. W. MOORE commented on the tendency to relapse. Dr. CRAWFORD thought brain concussion largely accountable. His own experience of shell fire resembled the effects of a kick on the head. Dr. PURSER, in reply, agreed that in ordinary cases sensory symptoms did not occur, but in more severe they did. As regards treatment, the men ought to be employed, but kept out of touch with war matters. He still had some faith in suggestion.

Rebélus.

THE INTERNAL SECRETIONS.

THE work on this subject by Professor E. GLEY has been translated into English by Dr. MAURICE FISHERG, and published in New York under the title, *The Internal Secretions: Their Physiology and Application to Pathology*.¹ After a brief historical sketch of how this doctrine of internal secretions developed, he defines the endocrine glands as those presenting cells with characteristic granular elements in close relation to the efferent vessels of the organ, the venous blood of which must have the physiological action and the properties of a specific substance. Many of the organs, however, which are included among the endocrine glands do not satisfy all these postulates.

¹ *The Internal Secretions: Their Physiology and Application to Pathology*. By E. Gley, M.D., Member of the Academy of Medicine of Paris, etc. Translated from the French, and edited by Maurice Fisherg, M.D. New York: Paul B. Hoeber. 1917. (Cr. 8vo, pp. 241, 2 dollars.)

But several of them, nevertheless, belong to that category by virtue of certain facts connected with them. The spleen and the thymus are examples of such organs. Neither is histologically or embryologically a glandular organ, yet they discharge into the blood products akin to internal secretions. In addition to the methods of studying the products of internal secretions by an analysis of the blood from certain organs, and by physiological experiments, there is another and a simpler—in fact so simple that it has turned experimenters from the rational path of investigating the physiological properties of the venous blood to the administration of organic extracts. That method, however, though not absolutely defective, is incomplete and inadequate. For there is *a priori* no proof that the substances present in the extract existed in the living glandular tissue; that the substances present in the living gland are regularly excreted into the venous blood of the gland; and that there is a conglomeration of substances which is evidently not discharged at random or continuously into the venous blood of the organ, but that at certain times when required for special purposes one definite substance, the sole product of secretion, passes into the venous blood. Upon such narrow basis the practice of opotherapy has been introduced, and Professor Gley utters many warnings against the hypotheses that are too liberally formulated, and against the risks of acting upon them.

OPHTHALMOLOGY.

THE last volume of *Transactions of the Ophthalmological Society of the United Kingdom*² was published before the lamented death of the president, Mr. Walter Jessop, whose presidential address on some ophthalmic lessons of the war forms the opening chapter. Succeeding chapters include full reports of discussions on the treatment of syphilitic eye affections by the newer methods, and on foreign bodies in the eye and orbit; the latter dealing for the most part with civilian injuries, but not exclusively so. A later meeting was given up to communications on injuries of the eye, at which a paper by Professor F. De Lapersonne was read, and Major J. F. Cunningham contributed notes on war injuries of the eye and orbit in cases seen at the Boulogne base since April, 1915. Captain M. H. Whiting also read a note on concussion changes in the crystalline lens observed in the present war, and Mr. Jameson Evans discussed the peripheral lesions of shell concussion. Mr. Treacher Collins discussed very fully the subject of concussion hypotony. Subsequent discussions were held on diseases of the eyelids and orbit, diseases of the cornea, diseases of the uveal tract, diseases of the optic nerve and retina, and diseases of the lens—all adequately reported in the present volume of *Transactions*, and the valuable report of the subcommittee of the society on detachment of the retina is printed in full. To the section on diseases of the nervous system Dr. S. A. Kinnier Wilson contributes a paper on dysmetropsia, a term which he proposes to substitute for "dysmegalopsia" to signify disturbance in the visual appreciation of the measure or size of objects, whether by over- or under-estimation. This account of the pathogenesis of a symptom to which attention has not often been drawn is of interest to the neurologist and to the ophthalmic surgeon. The volume ends with the report of council, in which it is announced that Sir George Berry will deliver the Bowman lecture this year.

Dr. WILBRAND of Hamburg, who is an authority upon the relation between diseases of the eye and nervous system, published shortly before the war a volume of lectures³ in which he maintained that it is impossible to construct a complete theory of the act of sight by the consideration of the physiology and anatomy of the organs of sight, without amplifying the knowledge thus gained with facts obtained clinically and in the pathological laboratory. In these lectures he seeks to combine pathological with physiological facts, and to furnish his hearers with a complete theory of vision. Commencing with the functions of the eye, he passes back along the optic tracts to the visual cortex, examining in turn the functions of each part of

² *Transactions of the Ophthalmological Society of the United Kingdom*. Vol. xxxvi. London: J. and A. Churchill. 1916. (Demy 8vo, pp. 513; illustrated. 12s. 6d. net.)

³ *Die Theorie des Sehens*. Von Dr. Wilbrand. Wiesbaden: Verlag J. F. Berman. 1913. (Sup. roy. 8vo, pp. 31; 2 plates, 10 figures. 1s. 9d.)

as the years roll by is very disappointing and provides food for thought.

I am of opinion that the following are the chief reasons for this unfortunate state of affairs: (1) The publicity which has been given to the discussion of this disease and the unfortunate terms which have been used, the name "great white plague" is not likely to attract patients in the early stage. (2) The fear of being regarded as infectious deters many from admitting that they are sufferers; thus the means defeats the end. I find it very difficult to persuade some people that a person may suffer from pulmonary tuberculosis and yet not be infectious. (3) The prominence given to after-care schemes destroys in the minds of many the belief that if treated at the proper time after-care, except as indulged in by the patient himself, is unnecessary. (4) Public utterances about the advisability of segregating consumptives by force. This is particularly objectionable at a time when any local authority which is willing to do its duty will find that it has not got sufficient accommodation to segregate the willing. (5) The unwillingness of medical men to explain to patients that they can be cured. It is scarcely worth while to quibble with terms, and to say that pulmonary tuberculosis cannot be cured is only to quibble. Small-pox often leaves scars, but no one says it cannot be cured. If it be remembered that practically all town dwellers have been infected with tuberculosis by the time they reach 20 years of age, it must be clear that cure in the case of such a disease must be rather a question of degree, and it should be our duty to arrange if possible that patients are prevented from reaching that degree of disease which precludes a cure; and patients should certainly not be watched to see whether they will commence to spit tubercle bacilli if they are suffering from the symptoms of active disease.

In order to get patients in a curable stage to go to sanatoriums, as few people as possible should intervene between the patient and his admission. The idea present in the minds of most people is that a sanatorium never cures and therefore a patient is never sent until incurable.

In conclusion, I would suggest that a sanatorium should not be looked upon merely as a means of preventing people from dying, but chiefly as a means of preventing many of the most favourable cases from becoming chronic, by making them discontinue their work for a comparatively short time. At the present time these latter often live for years continuing their work, but often remaining infectious.—I am, etc.,

EDWARD E. PREST.

Ayrshire Sanatorium, New Cumnock,
June 14th.

MEDICAL STUDENTS IN AND OUT OF THE RANKS.

SIR,—I am glad that the question has been raised as to what is going to be done for those medical students who, answering their country's call, gave up their studies and their prospects of early qualification.

My only son, to whom I was looking for relief, accepted a commission in 1914 when in his second year. He has now been on foreign service for over two years, and, providing he is not killed, looks like serving at least two more years. By that time he will be 24 years of age, and will still have four more years before he can qualify, not to speak of the year or two of hospital work before he will be fit to succeed me. Meanwhile those students in his year who, quite as fit as he, but endowed with less patriotic feelings and more concern for their own individual welfare, resisted their country's call, are now enjoying complete immunity from service, together with good hospital appointments as unqualified house-surgeons (at £90 a year), and are within a year of being able to take up practice. One wonders whether patriotism really pays. Still I do not envy them or wish my son had emulated them. I am only anxious to know whether, if my son does ever come back, he will be granted any facilities for shortening the time which he would normally require to complete his course. I scarcely need point to ways by which this could be done, when one remembers the holidays which were the rule in normal times. It only needs some little rearrangement on the part of the university authorities in the matter of these holidays, and the facilities for examination, to reduce the time required by one or even

two years. I trust that we may have an authoritative pronouncement on this matter.—I am, etc.,

July 15th.

J. A. A.

PART-TIME CIVIL SURGEONS.

SIR,—Colonel Galloway's very handsome tribute to the work of part-time civil surgeons employed in the examination of recruits will be much appreciated and might well be extended to those who have undertaken work in military hospitals.

Here, too, the duty undertaken has been purely patriotic and the rate of pay quite inadequate. The part-time civil surgeon is nearly always employed in a subordinate capacity, often the work expected of him cannot, under any conditions, be said to come within the terms of his employment, and he is subjected to those irritating and petty annoyances which are unknown in a civil hospital.—I am, etc.,

Caterham, July 15th.

G. A. CLARKSON, F.R.C.S.

PAYMENT OF MEDICAL OFFICERS TO V.A.D. HOSPITALS.

SIR,—The question of the payment of medical officers to V.A.D. hospitals is to come before the Annual Representative Meeting next week. I opine that few, if any, of the medical officers concerned would wish to receive any payment for their services. But I would suggest that they allow the money to be collected by some central body—for example, the British Medical Association, or the Royal Medical Benevolent Fund, in order to form a fund for the help of the families or dependants of those members of our profession who have lost their lives or health while on active service. Such a fund is likely to prove very useful at the end of the war.—I am, etc.,

Bolton, July 16th.

R. D. MOTHERSOLE.

Universities and Colleges.

UNIVERSITY OF OXFORD.

THE following candidates have been approved at the examinations indicated:

SECOND B.M.—*Materia Medica and Pharmacology*: T. A. Brown, E. H. Claver, J. C. Dixey, R. Gainsborough, C. F. Krige, J. E. B. Morton, A. E. Thomas. *Pathology*: H. G. Burford, J. C. Dixey, F. B. Dutton, J. E. B. Morton, H. W. Toms, B. Tordaff, K. F. D. Waters. *Forensic Medicine and Public Health*: J. J. Conybeare, G. R. Cowie, E. A. Crook, F. B. Dutton, W. F. Harvey, R. M. Humphreys, E. W. Lush, J. J. Conybeare, J. P. S. Walker. *Medicine, Surgery and Midwifery*: J. J. Conybeare, G. R. Cowie, E. A. Crook, W. F. Harvey, R. W. Lush, J. P. S. Walker.

UNIVERSITY OF CAMBRIDGE.

THE following medical degrees were conferred at a Congregation on July 13th:

M.D.—G. A. Lilly, N. Mutch.
B.C.—A. R. Jennings.

UNIVERSITY OF LONDON.

At a meeting of the Senate on June 20th Mr. C. H. S. Webb and Mr. W. Sampson Handley were recognized as teachers of surgery at the Middlesex Hospital Medical School, and Dr. Charles Bolton was appointed acting director of the Graham Research Laboratory in the absence on military service of Dr. Boycott.

UNIVERSITY OF BRISTOL.

THE following candidates have been approved at the examinations indicated:

FINAL M.B., Ch.B. (Part I only).—Evelyn B. Salter.
D.P.H. (Part II, completing examination): I. B. Barclay. (Part II only): H. J. Drew-Smythe.

UNIVERSITY OF EDINBURGH.

GRADUATION CEREMONY.

A GRADUATION ceremony in medicine, arts, and science took place in the M'Ewan Hall of the University on July 11th. The Principal presided, and Dr. W. Russell, professor of clinical medicine and President of the Royal College of Physicians, gave an address on "The need of the future: efficiency based on moral responsibility." The great aim and purpose of undergraduate days, he said, was not to pass examinations, however important as a test they might be, but to be fitted to become true students and observers of the reactions and contests of the human body against injurious domestic influences as well as against obnoxious alien forces. The task of the new graduates was to cultivate the faculty of sound judgement; that truth

was expressed in the phrase, "With all thy getting and understanding" in the Book of Wisdom, and had been embodied by a poet laureate in the words "Knowledge comes, but wisdom lingers." Some of them would at once have to take their places in armed camps; others would have to do the work of men called to those camps, but individually they could best serve their country and the great cause for which the world was suffering and fighting by cultivating personal efficiency. Opportunity came to the man who used well the material about his hands. The mind of men and women were turning anxiously to the contemplation of after-war conditions, but though prevision was given to few it would be safe to prophesy that human nature would not be radically altered. It could hardly be hoped that the false prophet, the facile-tongued charlatan not unknown even in medicine, the narrow specialist, and the faddist who never learnt that truth was a bigger thing than the gnat which filled his eye, could be got rid of. Still some pre-war points of view would be got rid of, and others established. There would be regroupings and rearrangements, a new earnestness, less selfishness, and a widened sense of service for the commonwealth.

Later in the day a commemorative service was held in St. Giles's Cathedral, when the Rev. Dr. Galloway, Principal of St. Mary's College, St. Andrews, preached.

The following are the successful candidates:

M.D.—F. O. Clarke, W. J. Crow, F. B. Dreyer, *P. W. MacLagan, J. G. O. Moses.

M.B., B.S.—G. G. Allan, J. G. Allan, L. G. Allan, R. Andrew, J. S. Bow, Sarah Boyd, W. W. Brown, W. D. Brunton, J. C. Burns, W. E. Canekaratne, Ba Than Chain, Fakir Chand, Datta Pares Chandra, T. S. Duncan, H. B. Dykes, P. B. Eaton, W. Everett, N. P. R. Galloway, Aja Singh Garewal, J. B. Kirk, J. L. Lamont, D. M'Eachran, Annie M. Mackay, W. D. Mackinnon, D. W. M'Lean, R. Mailer, A. R. Matheson, R. A. Nathaniel, J. MacR. S. Nichol, R. D. Osler, A. van der Poel, F. W. Poole, C. B. B. Reid, H. B. Renton, S. S. Rosebery, A. O. Ross, J. H. M. Sandison, J. Schneider, J. M. L. H. Smellie, G. L. M. Smith, J. O. P. Smith, Janet Smith, J. H. R. Smith, S. L. Smith, A. Strachan, Ying Kwan To, J. M. Tyrrell, L. Walker, W. A. Weatherhead, J. D. White, J. Wolfson, A. T. Woodward.

* Awarded gold medal for thesis.

† Passed with first class honours.

‡ Passed with second class honours.

The following scholarships and prizes have been awarded: Ettles Scholarship, Beane Prize in Anatomy and Surgery, and the James Scott Scholarship in Midwifery: R. Mailer. Mount Scholarship in the Practice of Physic: L. G. Allan. Conan Doyle Prize: J. E. Hurworth. Scottish Association for Medical Education of Women Prize and the Dorothy Gilfillan Memorial Prize: Susan A. Robertson. Cunningham Memorial Medal and Prize in Anatomy: A. J. C. Hamilton. Whiteside Bruce Bursary: W. M. Robb.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

At a quarterly council meeting on July 12th Sir George Makins, K.C.M.G., C.B., Surgeon-General (temporary) A.M.S., was elected President in succession to Sir W. Watson Cheyne, who had held that office since 1914. Mr. Charters J. Symonds and Mr. William F. Haslam were elected Vice-Presidents.

The President was elected a member of the Committee of Reference under the Military Service Acts.

CONJOINT BOARD IN SCOTLAND.

The following candidates have been approved at the examinations indicated:

FINAL EXAMINATION.—J. F. Campbell, J. H. Brown, F. M. H. Sanderson, W. U. D. Longford, H. E. C. Collins, D. McG. Stewart, Mung Sun Low, A. G. Bee, F. Jones, Eliza J. Stewart, D. C. McNair, C. J. Middleton. (*Medicine*): Indranarayan Borrah, G. P. de Silva, C. R. C. Moon. (*Surgery*): I. Davies. (*Midwifery*): B. M. Lyman, G. P. de Silva. (*Medical Jurisprudence*): I. Davies, J. D. Begley, J. A. A. Duncan, A. H. B. Hudson, A. S. Hughes, Rebecca Goodman, Hassan Amin Madwar, Q. Stewart, C. C. Magee.

CONJOINT BOARD IN IRELAND.

The following candidates have been approved at the examinations indicated:

FINAL EXAMINATION.—H. G. P. Armitage, J. J. Campbell, T. Curran, J. B. Dwyer, P. J. Flood, H. W. Hackett, J. Harvey, J. Hegarty, J. E. Lucas, T. J. Lynch, E. McCarthy, T. P. MacDonnell, F. J. Power, J. F. Seale, D. J. Steele, R. T. Stoney.

THE London County Council is establishing a school treatment centre at Balliol House, Whitechapel, for the treatment of 1,540 dental cases and 660 minor ailment cases a year, and a dental and minor ailments centre in Bethnal Green.

THE *New York Medical Journal* states that a recent investigation made by the United States Public Health Service in connexion with studies of school children in rural districts showed that 49.3 per cent. of the children examined had defective teeth, 21.1 per cent. had two or more teeth missing, and only 16.9 had had dental treatment. Over 14 per cent. never used a toothbrush, 58.2 per cent. used one occasionally, and only 27.4 per cent. did so daily.

Obituary.

MAJOR WILLIAM GUTHRIE PORTER, R.F.A.(Ter.),
D.S.O., B.Sc., Ch.B., F.R.C.S.(Ed.),
EDINBURGH.

On June 8th, while going forward to find a suitable position for the battery he commanded, Major Porter was shot by a German sniper.

Porter was well known as a rising specialist. In 1912 he produced an excellent textbook on *Diseases of the Throat, Nose, and Ear*, written with a view to meeting the requirements of the general practitioner. In the same year he and Dr. Logan Turner brought out their joint work on the *Skiagraphy of the Accessory Nasal Sinuses*. In addition, Porter contributed the article on "General therapeutics of diseases of the ear" to Allbutt and Rolleston's *System of Medicine*, and papers on the "Treatment of laryngeal tumours," "Resection of the nasal septum," "On a fold sometimes found in front of the posterior nasal opening," and "Nystagmus of the right vocal cord and soft palate in a case of cerebral disease." At the time of his death he was surgeon to the Eye, Ear, and Throat Infirmary (Edinburgh) and to the Ear and Throat Department of the Royal Hospital for Sick Children, and aurist to the Edinburgh Royal Institution for Education of the Deaf and Dumb.

He was a man of unusual ability, a hard worker, a brilliant operator, and a conscientious observer, so that had he lived a few years longer there can be little doubt that he would have been among the foremost oto-laryngologists of the country.

In early manhood he was a well-known football player, but of late years such holidays as he allowed himself were spent in camp with Territorial artillery, of which he was an enthusiastic officer. When war broke out Porter gave up his medical work and became permanently a combatant. The writer had heard from friends who returned from France on leave how absolutely fearless he was, and letters received after his death from both officers and men testify to his great courage, while the latter also bear witness to his kindness of heart and consideration for others. All these things those of us who were privileged to enjoy his friendship knew—and more. We knew, for instance, his lovable nature, his high code of honour, his unselfishness, and his modesty, for while extremely self-reliant, he never seemed conscious that he possessed unusual ability. That he did more than ordinarily well as an artillery officer is shown by the fact that during the war he rose to the rank of major, was mentioned in dispatches, and received the D.S.O. When Porter died there passed away a distinguished specialist who was at the same time not only a gallant but also a distinguished soldier.

DR. JAMES USHER HUXLEY died at Oxford on his 83rd birthday on June 24th. After serving an apprenticeship under Dr. Bell of Rochester he entered King's College, where he had a distinguished career. He took the diplomas of M.R.C.S. and L.S.A. in 1860, and graduated M.D.Lond. in 1864. He served on the staff of the Exeter Hospital for seven years and then removed to Torquay, where he practised for forty years. He retired from practice on reaching the age of 75. He was a collector of china and works of art. In 1882 he married the eldest daughter of Sir Benjamin Collins Brodie, who, together with five daughters, survive him.

DR. THOMAS SHELDON died at his residence in Powis Square, W., on June 20th, in his 83rd year. He was the eldest son of William Sheldon, J.P., of Stratford-on-Avon. He studied medicine at University College Hospital and the University of Edinburgh, qualifying M.R.C.S. in 1859, and taking his M.D. degree in 1863. He was in the same year at Edinburgh as Joseph Bell and Argyll Robertson. After qualifying he served as resident physician at the Edinburgh Royal Infirmary under Dr. Warburton Begbie. For fifty-four years he practised in Kensington, where he was well known and greatly respected. He was the first medical officer to the Kensington Division of the Post Office, and held this post for thirty years. Dr. Sheldon took great interest in his duties at Justice of the Peace for the County of London. He married Elizabeth Anne,

daughter of Peter Pearse, a well-known city solicitor, and had three sons and two daughters. One son is a fleet surgeon, R.N., and another, who followed his father in practice, is a temporary lieutenant in the R.A.M.C.

DR. CHARLES CARTER SHEPHERD, who died recently at Cardiff, was born at Barbados and received his medical education at St. Bartholomew's Hospital and the University of Aberdeen. He graduated M.B., C.M.Aberd. in 1879, and M.D. in 1890. He had been in practice at Cardiff since 1891, was a member of the Cardiff Division of the British Medical Association and of the Cardiff Medical Society. He leaves a widow and eight children.

THE death is announced of Dr. W. AWUNOR RENNER of Freetown, Sierra Leone. He studied at University College, London, and at Liverpool and Brussels. He took the diplomas of M.R.C.S.Eng., L.R.C.P.I. and L.M. in 1880, and the M.D.Brux. in the following year. He became an assistant in midwifery to Professor Briggs of the University of Liverpool, and also assistant in surgery to Professor Rushton Parker, and worked under the late Sir William Mitchell Banks. Dr. Renner was in the Government service of Sierra Leone for over twenty-nine years. After serving at first as assistant colonial surgeon, he, on the formation of the West African Medical Service, became P.M.O., and was commended by the late Mr. Joseph Chamberlain, then Secretary of State for the Colonies, for the manner in which he carried out his duties. Dr. Renner retired from the Government service in 1913 and devoted himself to public affairs. He was appointed a councillor, and in November, 1916, mayor, of Freetown, which position he held at the time of his death.

Medical News.

SIR ROBERT ARMSTRONG-JONES has been placed upon the Commission of the Peace for the County of London.

DR. L. A. TAYLOR, Honorary Secretary of the Dudley Division of the British Medical Association, and Dr. J. Reidy, a member of the Stepney Borough Council, have been appointed to the Commission of the Peace for the County of Stafford and the County of London respectively.

It has been brought to the notice of the Ministry of Pensions that a number of pensioners are appealing to the charitable on the ground of insufficient means. The Local War Pensions Committee, whose address is obtainable from the nearest Post Office, have ample powers for dealing with all deserving cases of this nature from public funds, and the charitable public are therefore urged to refer such applicants to this body.

THE Imperial Nurses Club, 137, Ebury Street, London, S.W.1, was opened last November by Lord French. It forms a resting-place for members of the military and civil nursing profession passing through London. It has been of special value to those proceeding to or from active service abroad. Funds are needed to place the club on a firm footing, and donations may be sent to the honorary secretary.

THE annual meeting of the Medico-Psychological Association of Great Britain and Ireland will be held at 11, Chandos Street, Cavendish Square, London, on Wednesday, July 25th, at 2.45 p.m., under the presidency of Lieut.-Colonel David G. Thomson, M.D., when the usual reports will be presented and the regulations and syllabus for the training and examination of candidates for the certificate of proficiency in nursing and attending on the mentally defective will be considered. A paper by Dr. Mercier on madness and unsoundness of mind will be read for him by Sir Bryan Donkin.

SIR A. GARROD THOMAS, M.D., of Newport, has been elected to represent South Monmouth in the House of Commons by a majority of 6,042, which is the largest on record. Sir Garrod Thomas stood in support of the Government. He is an ex-president of the South Wales and Monmouthshire Branch of the British Medical Association, and was vice-president of the Section of Diseases of Children when the Association held its annual meeting in Swansea in 1903.

THE *Dictionary of National Biography* has been presented to the University of Oxford by the family of the late Mr. George M. Smith, and will in future be published

by the Oxford University Press. Mr. George M. Smith undertook the great work at his sole risk and expense in 1882; during fifteen and a half years, 1885-1900, under the editorship of Sir Leslie Stephen and Sir Sidney Lee, the original promise of quarterly publication was faithfully kept; the sixty-third volume, which completed the *Dictionary*, was published in 1900, and three volumes of supplement, bringing the record down to the death of Queen Victoria, were published in 1901; Mr. George M. Smith died on April 6th in that year. In 1908-9 these sixty-six volumes were reissued in twenty-two volumes, now the current edition. In 1912 Mrs. George M. Smith, to whom the *Dictionary* had been bequeathed, published the second supplement of three volumes, containing the lives of all notable persons who died between January 22nd, 1901, and December 31st, 1911.

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.2, on receipt of proof.

THE telegraphic addresses of the *BRITISH MEDICAL ASSOCIATION* and *JOURNAL* are: (1) EDITOR of the *BRITISH MEDICAL JOURNAL*, *Antiology*, *Westrand* *London*; telephone, 2631, Gerrard. (2) FINANCIAL SECRETARY AND BUSINESS MANAGER (Advertisements, etc.), *Articulate*, *Westrand* *London*; telephone, 2630, Gerrard. (3) MEDICAL SECRETARY, *Medisecra*, *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.

LETTERS, NOTES, ETC.

A STATE MEDICAL SERVICE.

DR. FERDINAND REES (Wigan) writes: From the article on a State Medical Service in your last issue one must infer that the British Medical Association considers it its duty to tackle the advocates of a State medical service wherever they may venture to appear. The medical profession has always been very Conservative in its ideas, probably because the majority of its wealthy customers have belonged to that political party. The aim of the keen medical shopkeeper has always been never to offend his wealthy customers. The majority of the medical profession have always been the flunkies of the wealthy. The squire, the parson, and the doctor have always run in harness; but the squire has always determined the direction and the pace. Dr. Brackenbury (the champion of the British Medical Association) has an epigram about treating men, women, and children which reminds one of the advice, which the successful medical tradesman is so fond of giving to the young practitioner, "Treat the patient." Keep the patient on your visiting list as long as possible and run up as big a bill as possible. Of course there may be some tradesmen who make big incomes by "small profits and quick returns." Some sixpenny doctors have been most successful from the monetary point of view. The Robin Hood maxim of robbing the rich to give to the poor has been very popular with some practitioners. To be the amuser of fashionable ladies has proved very lucrative to other practitioners. No wonder that Christian Scientists and quacks flourish! Is disease a reality? Is scientific medicine a myth? From the way the Brackenburys talk one would imagine that every one nowadays had free choice of doctor. Why is the specialist so increasingly popular? Is the present method of remuneration essential to the happiness of patient and doctor? Would not the community obtain more efficient doctoring if there were collective action against disease? Why should the doctor be bothered with bills and book-keeping and a study of the arts of trade and advertisement? Let your champion deal with a few of these questions.

SCALE OF CHARGES FOR ADVERTISEMENTS IN THE BRITISH MEDICAL JOURNAL.

	£	s.	d.
Seven lines and under
Each additional line
A whole column
A page

An average line contains six words.

All remittances by Post Office Orders must be made payable to the British Medical Association at the General Post Office, London. No responsibility will be accepted for any such remittance not so safeguarded.

Advertisements should be delivered, addressed to the Manager, 429, Strand, London, not later than the first post on Wednesday morning preceding publication, and, if not paid for at the time, should be accompanied by a reference.

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