

This system works admirably for individual cases, but when the treatment must be carried out on a number of cases it requires a great amount of attention and labour day and night in order that the patients may obtain two-hourly flushes and the nurses may know the quantity of fluid each patient requires, and the necessary precautions to prevent each bottle running short of fluid.

For the treatment of a large number of patients we devised the system of bottles 2 and 3; neither need be of a greater capacity than four ounces. The system is one of siphonage with automatic flushing and refilling, so that once started no attention is required. The glass tubes A and C in these two bottles are the same, but in bottle 2 the tube B differs in that it has three bends; it produces

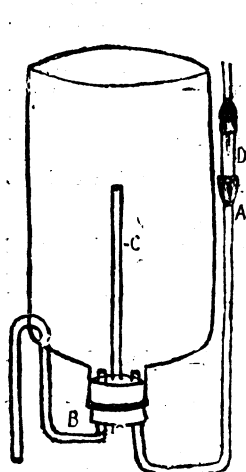


FIG. 2.

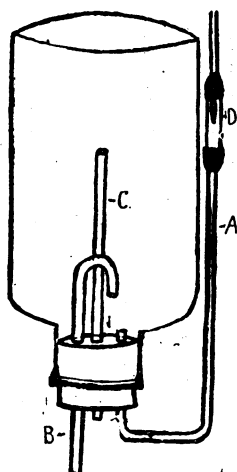


FIG. 3.

a siphon action, so that when the fluid in the bottle has reached a corresponding height to that in the siphon it overflows and flushes the wound. These tubes can be made of different lengths so as to give varying flushes, or this can be arranged by raising or lowering the height of the siphon tube. The various quantities of a flush should be marked on the bottles.

Into the length of tube A, which conducts the fluid from the reservoir to the bottle, is let in by rubber tubing a dropper to regulate the number of drops required to give

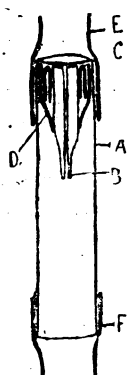


FIG. 4.—Glass dropper. A, glass tubing 4 cm. long by 1 cm. diameter; B, one half of a 2 mm. glass tubing 4 cm. long slightly drawn out in a pin-head and cut in two (glass tubing of sizes required in A and B can be obtained from Messrs. Baird and Tatlock, London); C, a small piece of rubber tubing passed over the end and turned back; D, a slightly larger piece of rubber tubing drawn over the doubled rubber tubing and serving to retain the dropper in its position in the glass tube; E, rubber tubing which connects dropper to the tube of the circulating system; F, rubber tubing which connects the dropper to the inlet tube of the bottle.

any quantity of flush every two hours; for example, if it is found necessary for the dropper to drop twenty drops a minute to give by overflow of the siphon a 2 oz. flush in two hours, the rate of the drops is arranged by a screw clip on the tubing leading from the reservoir; the drop-rate necessary for a flush of any amount of fluid at the same interval or for the same amount of fluid at different intervals can be calculated.

The system of bottle 3 is the same, but a wide-necked bottle is used and the siphon tube B is placed inside the bottle because it is less likely to be broken, and there is only one bend instead of three, which is important, for if the bends are not perfectly made an air lock may prevent siphonage.

Bottles 2 and 3 are fixed most conveniently on a little wooden bracket hung on the wall behind the patient's head.

For the purpose of treating a larger number of patients we have devised the following system. A large reservoir

holding from 2 gallons upwards, preferably of glass (one made of papier maché could be used), is fixed at the end of the ward at a height of about 6 ft. Connected to it by rubber tubing is gas piping 7 mm. in diameter fixed round the ward behind the heads of the beds. At points in this gas piping, corresponding to the heads of the beds, are branches of smaller gas piping, about 5 mm. in diameter and 8 in. in length; to these are attached rubber tubing leading to the tube of each bottle, which is placed on the bracket about 2½ ft. above the level of the patient's body. A screw clip is placed on the rubber tubing leading from the inlet tube of the bottle to the gas piping, which is used to graduate the flow of drops from the dropper.

The end of the gas piping opposite to its connexion with the reservoir should be carried to a higher level than the reservoir, and left with an open end, so as to prevent air locks. The open end is bent in a half circle so that the opening of the gas piping is directed downwards to prevent the entry of dust into the tube.

This method requires only that the reservoir should be kept supplied with fluid. The "automatic flushing" from each bottle every two hours does not require any further supervision.

With this method of automatic flushing any number of patients can be treated without any further trouble or supervision after the requisite dosage to each patient is arranged by the regulation of the screw clip, and could be carried out easily on hospital trains and ships without interfering with the dressing of the patient, as it would require only that the tubes to the wounds be disconnected and attached again to the tubes leading from the bottles.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

A CASE OF INTRAURETHRAL PRIMARY SYPHILITIC CHANCRE.

The patient stated that the last exposure to infection was on January 14th, 1917 (last day of ten days' leave). He noticed a purulent discharge from the urethra on January 16th, reported sick on January 22nd, and was admitted to No. — General Hospital on January 28th, where he was detained and treated for a few days, and transferred to No. — General Hospital on February 4th.

He then had purulent discharge from the urethra in which gonococci were found. He was treated for gonorrhoea and was marked clear on March 4th.

On March 5th he reported that owing to incessant frequency of micturition he was unable to get much sleep during the night. At the same time he noticed a hard lump in the penis, about the level of the anterior part of the corona.

On March 6th he complained of pain and swelling in the right groin. This was treated with hot baths and fomentations until March 17th, but the swelling in the groin gradually got larger. On March 10th he noticed his foreskin was swelling. This gradually increased.

When examined on March 18th there was considerable non-inflammatory oedema of the foreskin, which was of a bluish colour, quite dry, and a little indurated. There was no visible sore present on the penis or in the urethra on opening the external meatus, but there was a brownish sero-purulent discharge from the external meatus.

On palpation of the penis a uniform stony-hard tender swelling of the urethra was felt, commencing half an inch from the external meatus and extending for one and a quarter inches. The swelling was approximately three-eighths of an inch in diameter. On squeezing it a slightly purulent blood-stained discharge could be expressed from the urethra. The lymphatic glands in the right groin were much enlarged, stony-hard, discrete, and painless. There was no adenitis of glands in the left groin. There were no other evidences of syphilis.

The diagnosis of a primary intraurethral syphilitic chancre was made.

A smear taken of the discharge expressed from the urethra and stained by Giemsa's method showed gonococci, spirochaetes (resembling *Treponema pallidum*), some blood and pus cells.

On examination with a small-sized urethroscope, which was passed with some difficulty on account of the pain, an ulcer was seen in the urethra. The nearer edge of the ulcer was about three-quarters of an inch, and the further edge about one and a quarter inches, from the meatus. The edge of the ulcer was sharp, well defined, and not raised above the surrounding normal walls of the urethra. The surface of the ulcer, from which a copious brownish-tinged serum could be seen exuding, was slightly depressed, and was composed of rugged, irregular, greyish-brown granulation.

A glass capillary tube was passed down the urethroscope, and a sample of the serum from the surface of the ulcer was easily collected. Examination of this serum by dark-ground illumination showed numerous active *Treponema pallidum* (twelve to fifteen to a field).

Urethral chancres are not common, and where they do occur one edge of the sore generally presents at the external meatus involving the glans penis. This case is of interest as being an example of a urethral chancre which was wholly intraurethral, and could not be seen without the aid of the urethroscope.

P. A. CLEMENTS,
Captain R.A.M.C.(S.R.).

A SCREEN METHOD OF LOCALIZATION.

THE following fluorescent screen method of using my "ladder" localizer¹ will be found very rapid and convenient.

AB and *CD* are two wires stretched across the back of the screen, at right angles to its front and back edges. The ladder is mounted in the usual way on the back of

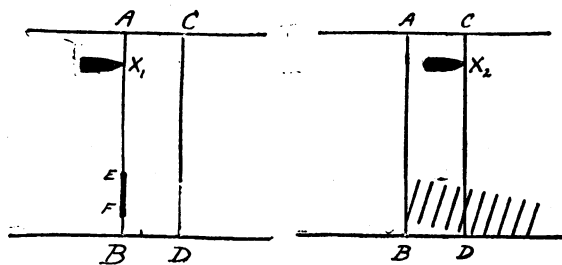


FIG. 1.

FIG. 2.

the screen at *EF*, on the line of *AB*. Thus, with the screen horizontal, the vertical plane through *AB* includes all the wires of the ladder.

The tube is set so that the foreign body whose depth is sought is in the line of the vertical central ray, and the screen is placed horizontal and in such a position that the shadow of a chosen point of the foreign body *X*₁ lies on the wire *AB*. The shadows of all the ladder rungs are then superposed along *EF*, and the screen appearance is as shown in Fig. 1.

The tube is next displaced parallel to the front edge of the screen, so that the shadow of the foreign body moves to the wire *CD*, giving a picture similar to Fig. 2. It is clear that the depths of the foreign body and of that point of the ladder whose shadow lies on *CD* are the same.

In practice it is convenient, with a rectangular diaphragm, to expose first a narrow strip about *AB*, to verify that the bullet and ladder shadows are both exactly on that line; then to change to a narrow strip along the line of *X*₁ and *X*₂, so as to see the foreign body's shadow as clearly as possible in setting it on the line *CD*, and finally to open sufficiently to see the shadows of the ladder rungs. The wire *CD* should be mounted on an adjustable slider, so that it can be set at distances from *AB* suited to foreign bodies of very various depths.

JOHN H. SHAXBY, B.Sc., Honorary Captain,
Radiographer, 3rd Western General Hospital, Cardiff.

ABDOMINAL WOUND: FAECAL SMELLING GAS.

AMONG the series of cases of gunshot wound of the abdomen reported in the BRITISH MEDICAL JOURNAL of March 10th an instance of complication by faecal smelling gas in the subcutaneous tissue does not occur; the following case may therefore be of interest.

Pte. N. was admitted to the head quarters of a field ambulance six hours after being wounded. The entrance wound was one inch posterior to the top of the twelfth left rib. A piece of metal was felt lying subcutaneously at the mid point of a line drawn vertically upwards from the left anterior superior spine to the left costal margin. Surgical emphysema was present over the whole of the left side of the abdomen, spreading upwards over the left chest, and reaching as high as the nipple. The patient complained of great abdominal pain on the left side, and examination revealed tenderness and rigidity of that side of the abdomen. The pulse was 140, respirations 20. It was deemed advisable to operate in the field ambulance. An incision was made over the left rectus muscle; the subcutaneous tissues

were oedematous, of a dark red colour, and gave off a strongly faecal odour. Two holes in the descending colon from which faecal matter was escaping were stitched up. The patient recovered from the anaesthetic, but died six hours later. Pressure of work prevented a *post-mortem* examination being made.

Two suggestions as to the cause of the faecal smelling gas occur: (1) Gas gangrene with superadded *B. coli* infection; (2) escape of intestinal gas from the colon into the subcutaneous tissues.

British Salonica Force.

C. S. STADDON,
Captain R.A.M.C.(S.R.).

LUMBAR HERNIA.

LUMBAR hernia is stated to be comparatively rare; perhaps it is on this account that the textbooks do not give detailed descriptions of the sac as they do for other forms of hernia. The sac has been found on dissection to have been reduced along with the contents. A rare form of "sacless" inguinal hernia of the caecum is described. The following case, in which there was no peritoneal sac, may therefore be worthy of record.

C., a male of the Tonga tribe, aged 55, presented himself with a swelling in the left lumbar region. History and symptoms are not easy to get from natives, but this man volunteered the information that the swelling developed as the result of a fall, and that it gave him pain at the seat of the lesion, and also caused pain and a dragging sensation in the corresponding region on the right side. He was found to have a left lumbar hernia through the triangle of Petit, which protruded to the size of a large fist on coughing. Radical cure was undertaken.

The operation was performed under spinal anaesthesia, the patient lying on the left side with the hips raised two inches; five grains of stovaine were injected through the third lumbar space, the patient was then turned on his back for a minute or two, and then on his right side, with a pillow under the loin. The skin and fascia were divided by the oblique lumbar colotomy incision, the external oblique pulled forward, and the triangle of Petit exposed. Lying in this space there was a quantity of loose areolar tissue and masses of subperitoneal fat. This tissue being picked up search was made for a sac, but none was found; as the dissection progressed there was pulled up through the hernial aperture a loop which from its consistence appeared to be bowel, but no sac had been opened, and the bowel had no peritoneal covering; a finger passed through the opening in the abdominal wall entered a kind of false cavity, but not the general peritoneal cavity. Lest there might be an adherent sac, which might be reduced *en masse* with its contents, an attempt was made to strip the outer coat, but it was at once apparent that it was the coat of the bowel which was being stripped. The question was definitely settled by a small incision into the bowel and the appearance of faeces. The opening into the bowel was closed, and the fibrous covering stitched over it; then the loop of bowel, which could not be pulled out far into the wound, was reduced within the abdominal cavity, redundant masses of subperitoneal fat were removed, and the stumps introduced within the opening to serve as a pad on the inner face. The aperture, less than two fingerbreadths wide, was closed by a mattress suture, muscles and fascia were brought together, and the skin incision closed. Slight sensation returned as the cutaneous stitches were being introduced. The patient made an uninterrupted recovery.

Sac.—It would appear that the descending colon was not completely covered by peritoneum, and that the hernia was from the posterior uncovered portion; thus the peritoneal sac was absent. In the movements of protrusion and retraction the bowel must obviously have loosened its fibrous connexions to the abdominal wall, and this would account for the false cavity felt on introducing the finger.

Closure of the Aperture.—Owing to the fibrous nature of the edges, and their tendinous attachment to the crest of the ilium, difficulty was experienced in closing the aperture as the edges would not approximate, and there was a tendency to tearing or splitting of the aponeurosis by the suture. It might have been possible to make use of some fibres of the quadratus lumborum to close the opening, but this was not attempted.

WM. Y. TURNER, M.B., Ch.B.
Livingstonia Mission Hospital,
Bandawe, Nyasaland.

In his annual report for 1916, Dr. F. W. Alexander, M.O.H. for Poplar, refers to ophthalmia neonatorum and its notification, a subject to which he has devoted much attention during recent years. In his report for 1910 he urged the compulsory notification of this disease. Since February, 1914, notification has been compulsory in every sanitary district of England and Wales. In Poplar upon the receipt of a notification the case is immediately visited by a health visitor, and is kept under constant observation; if necessary the services of a nurse are procured from one of the nursing associations working within the borough.

¹ BRITISH MEDICAL JOURNAL, July 3rd, 1915, and *Journ. Rönt. Soc.*, vol. xi, No. 45.

education, high attainments, and profound accomplishments. Had his lot as a physician been cast in a more extensive field than a fashionable seaside resort can offer his fame would have shone with bright effulgence. While his health lasted he was extensively sought after as a consultant in this district and for many miles around. By the public generally he was beloved for his kind and cheery disposition, his goodness of heart, and his deep sympathy with suffering. His charity was abounding yet circumspect and discriminating. Few, if any, deserving people ever appealed to him in vain. His memory will live long in the hearts of all who knew him. His death was as calm and peaceful as his life had been serene and beautiful. Let the earth lie lightly on the mortal remains of John Roberts Thomson, for he was a man of noble parts, an eminent physician, a charming colleague, a friend of mankind, and a gentleman."

SURGEON-GENERAL WILLIAM SIMSON PRATT, C.B., R.A.M.C. (retired), died at Bideford, North Devon, on September 8th, aged 68. He was born on January 21st, 1849, educated at Edinburgh University, where he graduated M.B. and C.M. in 1872, and entered the army as surgeon on April 1st, 1874. He was promoted to surgeon-major in 1885, to surgeon-lieut.-colonel in 1893, full colonel in 1902, and surgeon-general on December 29th, 1905, retiring on January 21st, 1909. He served in the Sudan campaign of 1884-85, when he was mentioned in dispatches, received the medal with a clasp and the Khedive's bronze star, and was specially promoted to surgeon-major. He was made C.B. in 1906. He was principal medical officer at Gibraltar in 1900-02, and subsequently held the same post in the Southern Command.

PROFESSOR JULES COURMONT of Lyons died of cerebral hæmorrhage while making his visit at the Hôtel-Dieu the day after returning from a military mission to the British front. He was born at Lyons on January 26th, 1865, began the study of medicine in 1882, and graduated at the university of his native city in 1891. In 1892 he became *agrégé* and in 1896 physician to the hospitals. He worked for many years at microbiology and general pathology as chief assistant in Arloing's laboratory. In 1900 he was appointed to the chair of hygiene in the University of Lyons, and from that time gave his attention more and more to social questions. He did valuable service to sanitary reform in Lyons and the whole department of the Rhône. He founded a Pasteur institute and an antituberculosis dispensary at Lyons. In 1912, in conjunction with M. Herriot, mayor of the city, now Minister of State, he began to organize an international exposition at Lyons where everything relating to the welfare of the city was to be represented, but the outbreak of war interfered with the fulfilment of the project. Courmont was mobilized and did important work, especially in organizing the hospitals for contagious diseases in the 14th military district. He was a corresponding member of the Académie de Médecine, a member of the Comité Consultatif d'Hygiène de France, and vice-president of the Superior Council of Hygiene. He was an officer of the Legion of Honour.

PROFESSOR RAOUL LEFOUR of Bordeaux, who died in November, 1916, was born at Chenailles in the Creuse. He studied medicine at Bordeaux and afterwards at Montpellier, where he took his doctor's degree in 1875. In 1880 he won the appointment of *agrégé* in the Bordeaux faculty with a thesis on the relations of uterine fibromata to pregnancy and parturition. He quickly made his mark as a teacher and at the same time gained a place amongst the foremost obstetricians of Bordeaux. He was appointed surgeon-accoucheur to the hospitals, and in 1895 succeeded Lugeol as surgeon-in-chief to the Pellegrin Maternity. On the retirement of Moussous in 1898, Lefour succeeded to the chair of clinical obstetrics, which he held for eighteen years. Although his health had been failing for some years, when the outbreak of war called most of his colleagues to active service he insisted on resuming his hospital work. Lefour was the author of several contributions to the literature of his speciality, including a clinical and experimental study of the influence of knots of the cord on the fetal circulation and chemico-biological researches on the blood of the fetus.

PROFESSOR ANNIBALE SALOMONI, of the University of Messina, who died on April 18th, was born at Cremona in 1854. He studied medicine at Pavia and after graduation worked for some time under Billroth in Vienna, and in various other universities. He was appointed professor of surgical pathology at Messina in 1894 and continued to occupy the chair till his death. He was very popular with his professional brethren and with the people of Messina; after the great earthquake he worked day and night among the sufferers, many hundreds of whom he saved from death. On the entry of Italy into the war Salomoni offered himself for military service, and was director of a hospital at Piacenza, where he worked till disabled by illness. He was the author of many publications on descriptive and topographic anatomy, operative surgery and surgical pathology, and of a valuable report on ankylostomiasis in the Cremona district.

DR. CHARLES LIVON, director of the Medical School of Marseilles, died recently at the age of 67. In 1893 he founded the antirabic institute of Marseilles, and since the beginning of the war he has been head of the auxiliary military hospital of that city. He was the author of a manual of vivisections, and of a large work on experimental physiology in three volumes, published from 1892 to 1910.

PROFESSOR PAUL DUPUY of Bordeaux, who lately died at the age of 90, was born in 1827, took his doctor's degree at Paris in 1857, and was appointed professor in the Bordeaux Preparatory School of Medicine in 1864. In 1878, when the school was transformed into a Faculty, he was appointed professor of medical pathology. He wrote on many subjects—medical, political, social, financial, and philosophical. His last book, published in 1911, dealt with Auguste Comte, the prophet of positivism.

The Services.

TERRITORIAL DECORATION.

THE Territorial Decoration has been conferred upon the following medical officers of the East Anglian Field Ambulance: Lieut.-Colonel J. Howard-Jones, M.D., D.Sc.; Major Henry Waite (attached R.E. Signal Service) and Major D. G. Newton, M.B., F.R.C.S. (attached Yorkshire and Lancashire Regiment).

Medical News.

THE Right Honourable Christopher Addison, M.D., M.P., Minister of Reconstruction, will distribute the prizes to successful students of Charing Cross Hospital on Monday, October 1st, at 3.30 p.m.

IN consequence of its declaration of war against Germany the Republic of Cuba has increased its army to 17,000 men. The medical service is being reorganized, and one colonel and twenty other officers of lower rank are to be commissioned.

THE inaugural address at the London (Royal Free Hospital) School of Medicine for Women for the session 1917-18 will be delivered by Dr. Louisa Garrett Anderson, C.B.E., on Monday, October 1st, at 3.30 p.m., at 8, Hunter Street, Brunswick Square. The subject of the address will be Ambition. Academic dress will be worn.

THE opening ceremony of the seventy-sixth session of the School of Pharmacy of the Pharmaceutical Society of Great Britain will be held on Wednesday, October 3rd, at 3 o'clock, at 17, Bloomsbury Square, London, W.C.1, when the Hanbury gold medal will be presented, and Lieut.-Colonel E. F. Harrison, C.M.G., will deliver the inaugural sessional address.

AN announcement by the Ministry of Pensions appears in our advertising columns this week, inviting applications from medical practitioners from Westmorland, Lancashire, and Cheshire, to serve on medical boards for the examination of, and the assessment of pensions for, men discharged from the army for neurasthenia and functional nervous disorders.

SIR FRANCIS LOWE, M.P., and Mr. William Forrest Bowen, President of the Incorporated Dental Society, have been nominated by the Lord President of the Council as additional members of the Departmental Committee appointed

to investigate the extent and gravity of the evils connected with the practice of dentistry and dental surgery by persons not qualified under the Dentists Act.

THE New York Board of Health states that the city is apparently free from poliomyelitis. Only 77 cases have been reported this year.

THE *Morning Post* printed on September 19th a translation from an article in the official organ of the Serbian general head quarters, eulogizing the work of the British hospitals on the Serbian front, and expressing gratitude to the British people, who have placed at the disposal of the Serbian army on the Salonica front field hospitals of the most modern equipment with a total of 10,000 beds.

DR. JOHN HENRY BARTLET, senior surgeon and honorary consulting physician to the East Suffolk and Ipswich Hospital, who died on May 27th, aged 87, left estate of the gross value of £272,430, of which £249,709 is net personalty. After making provision for a number of legacies he left the residue of his property, exceeding £200,000, to the East Suffolk and Ipswich Hospital for a home of rest for patients recovering from illness.

ACCORDING to the *Medicina Pratica* of August 31st, in an air raid over the Romagna the Austrians threw sweet meats, which Dr. Pizzo Zanotti, director of the laboratory attached to the municipal bureau of hygiene at Ravenna, found to contain cultures of pathogenic germs. Most of these were dead, probably owing to desiccation, but in the fresh state they were capable of causing most serious infections.

A FRENCH Society of Urology has been formed under the patronage of Professor Guyon. Its true begetter is Professor Leguen, whose object, as set forth by himself, was to gather together the scattered forces of urology in France into a compact unit which is to fight scientifically, honourably, but energetically against the pretensions of German workers. The society, membership of which is to be exclusively French, will meet once a month in the buildings of the Faculty or at the Necker Hospital.

As the result of a preliminary consideration of the reports on the physical welfare of mothers and children recently presented to them by the special inquirers they had appointed, the Carnegie United Kingdom Trustees contemplate the acquirement or erection of a suitable building in London for the housing of a central institute to serve as a co-ordinating agency for the various organizations connected with infant and maternal welfare in England and Wales, and of a similar central institution in Scotland. As an experiment and to stimulate local effort, the Trustees will select certain urban areas in which they will be prepared to meet the cost of the erection and equipment of model welfare centres to be controlled and maintained by the local authority with the aid of imperial grants. The Trustees will also consider favourably in a few instances applications from local authorities for help toward the initial capital outlay on open spaces for children's playgrounds which the authorities may have acquired and are prepared to maintain. The Trustees hope in these ways, during the next three or four years, to employ the limited fund at their disposal in promoting a few well-devised experiments in organized effort towards the solution of a grave national problem.

KÜSLER AND GÜNZLER (*Centralbl. f. Bakt.*, I Orig., Bd. 78, p. 442) report the results of the employment of the proprietary antiseptic "sano" by inhalation for the treatment of carriers of the meningococcus and the diphtheria bacillus. Its chief active constituent appears to be sodium hypochlorite but it contains borax also. This constitution may be compared with that of Dakin's solution, which contains chlorinated lime, sodium carbonate, and boric acid. The solution was converted into spray by means of an apparatus, superheated steam being employed as the nebulizing agent. From the description and the figure in the text the apparatus would appear to be that of Wassmuth, which Gordon and Flack found to be inferior to their own instrument (*BRITISH MEDICAL JOURNAL*, 1916, vol. ii, p. 673). Küsler and Günzler state that with the apparatus they used a very fine state of division is produced and that the working was economical. Spray derived from a solution containing 2.3 parts of chlorine per 1,000 could be inhaled for several hours without causing irritation; on the other hand, the inhalation of spray of an ordinary sodium hypochlorite solution containing 2.39 parts of chlorine was found to be irritating to the respiratory tract. It was found that in the case of meningococcus carriers, the inhalation of a spray of the solution containing 2 parts of chlorine per 1,000 for one hour on each of three successive days led, in most cases apparently, to a permanent disappearance of meningococci from the nasopharynx. The observations on diphtheria carriers were too limited to be of much value.

Letters, Notes, and Answers.

CORRESPONDENTS who wish notice to be taken of their communications should authenticate them with their names—of course not necessarily for publication.

AUTHORS desiring reprints of their articles published in the *BRITISH MEDICAL JOURNAL* are requested to communicate with the Office, 429, Strand, W.C.2, on receipt of proof.

THE telegraphic addresses of the *BRITISH MEDICAL ASSOCIATION* and *JOURNAL* are (1) *EDITOR* of the *BRITISH MEDICAL JOURNAL*, *Aitology, 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.

DERMATITIS FROM UNCLEAN TOOTH-PLATES.

DERMATOLOGIST writes: Skin eruptions are sometimes caused through tooth-plates not being properly cleansed with soap and a suitable brush. Mr. J. G. Turner, in writing on dental sepsis in the *JOURNAL* of June 13th, 1914, said the best brush made, though big and ugly, is well chosen. This brush can be obtained from Messrs. Ferris and Co., Union Street, Bristol.

INFANTILE DIARRHOEA.

A CORRESPONDENT who has had a good many years' experience of general practice desires to impress on all young medical practitioners that in dealing with the worst forms of acute febrile diarrhoea in infants "the cardinal fact is that the poison is usually in the milk given, which in the warm summer months has been bacteriologically contaminated." The cure, he says, consists in cutting off the supply of all forms of milk food for a few days and feeding the infant on bland fluids freed from milk. This is sound teaching. The common belief that an infant will collapse if deprived of nutriment for a few days, though very natural, is erroneous. During the acute stage the digestive processes are wholly, or almost wholly, suspended, and the stomach and intestines need rest. Our correspondent advises resort to mutton tea, made in the same way as beef tea, or white of egg water or barley water, in suitable cases, but pure water will often serve the purpose quite as well. The great point, as our correspondent says, is to avoid milk and all milk preparations. He adds that if a wet nurse can be obtained the infant may usually safely have the breast milk.

BRITISH HEALTH RESORTS.

DR. T. D. LUKE (St. Ronans, Venlaw Brae, Peebles) writes: I was asked some time ago to prepare for Messrs. A. and C. Black a guide to British health resorts, endeavouring as far as possible to bring into prominence the many attractions which our own country offers in the way of first class spas and seaside resorts. Apart from the well-known spas, however, there are many wells and springs scattered through the country which have at least a local repute and are of some historic interest. I shall be very grateful to any members of the profession who will send me details of any such wells, etc., in their district so that the chapter on this subject may be as complete and informative as possible. All our big spas had small beginnings, and who knows, some of these at present neglected sources of mineralized water may be of value, and blossom out into health resorts. It is at any rate believed and hoped that once the great war is over most people will think twice before taking a far journey to Germany and leaving money there which could with equal benefit and greater propriety be spent at home. No one who was "caught napping" at Naheim, Homburg, Kissingen, or Wiesbaden at the end of July, 1914, will willingly enter Germany again in search of health. That is pretty certain.

SCALE OF CHARGES FOR ADVERTISEMENTS IN THE BRITISH MEDICAL JOURNAL.

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