

mentioned that Wollaston invented the periscope, an instrument so frequently in our thoughts to-day.

Excessively cautious, fearing to advance by bold deductions, Wollaston constantly allowed others to reap where he had sown. In this way he lost his claim to be one of the first sponsors of the atomic theory.

#### CONCLUSION.

Dr. Chaplin concluded his review of the progress made in medical knowledge during the reign of George III in the following words:

We have seen that soon after the beginning of the reign a distinct revival of activity in its study became evident. We have shown that, at first, the revival manifested itself in an increase of clinical knowledge gained almost entirely from observation of symptoms during illness. We have pointed out the manner in which the obstacles to the advance of clinical medicine were surmounted by the application of the sciences of pathology, physiology, and chemistry, which, towards the end of the eighteenth century, had been placed upon a sound foundation. We have also devoted space to the consideration of those physicians whose activities were mainly scientific. In all this the main features of the spirit of the eighteenth century, which laboured unceasingly for the emancipation of the human intellect, for freedom of thought, and for inquiry on scientific lines, can be clearly observed. We owe to the physicians of the age of George III an immense debt for the excellent foundations they built, often with rough and improvised tools. Like the Georgian architecture, the Georgian silver, and the Georgian glass, they were large and solid, and were fashioned to stand the test of time. Men of the stamp of Hunter, Baillie, Prout, and Willan flung open the portals of medical science, through which their descendants have passed to realms of spacious and accurate knowledge.

## Memoranda:

### MEDICAL, SURGICAL, OBSTETRICAL.

#### FIBROID UTERUS TREATED BY X RAYS.

THE patient, a married woman aged 42, came to me in February, 1917, for a fibroid causing discomfort from its size, with constant backache and pressure symptoms. She had a bilobed fibroid of the whole wall.

During three months she received eight x-ray treatments, each of two to three pastille doses, filtered. The monthly periods were regular before treatment. Under x rays she had one heavy followed by two ordinary

periods, and they have stopped entirely since the sixth treatment, now five months ago.

The fundus was 4½ in. above the pubes. During treatment it was reduced to 2½ in., and three months later was only 2 in. above the pubes. In width the tumour was reduced from over 5 in. to 4 in. during treatment, and since then has become reduced another inch.

The front wall was bulged out so that the distance from pubes to umbilicus was 7½ in. at first; this has come down to being flat, and now measures 6 in.

Except during the first monthly period, she has not been in bed for a day since treatment was first begun; pressure symptoms are relieved and the backache is gone. The patient is well and strong and very pleased with the final result.

This is the fourth case of fibroid I have treated in a similar manner, and all with remarkably good results. In one case the menopause was brought about, in the two other cases the periods were only reduced in quantity.

London, W.

FLORENCE A. STONEY, M.D., B.S.

#### HYPERPYREXIA IN ENTERIC FEVER.

THE case of hyperpyrexia in enteric fever recorded in the JOURNAL of October 20th by Dr. Fonseca recalls a case complicated with pneumonia I saw a few years ago. The temperature was taken every two hours.

H. S., a girl aged 15, who was abnormally fat for her age, was seen for the first time on January 29th. Her mother said she had been ill for a week. Her face was flushed; she complained of headache; pneumonia was present at the base of the right lung. The temperature was 103.6°.

On the following day the temperature was 104°, and there was occasional delirium at night; pulse 140; haemoptysis. The next two days the temperature remained at 104°; there was still occasional delirium, and haemoptysis occurred on each day; pulse 130.

February 2nd. Temperature 103.6°; delirium constant; pulse 130, respirations 40; tympanites, spots appeared on abdomen.

February 3rd. Temperature 104°; delirium constant; pulse 130, respirations 52.

February 4th. Temperature 104.2°; delirium constant; pulse 140, respirations 72. Calomel was given.

The patient was sponged every day, which brought the temperature down, but it soon went up again.

February 5th. Temperature 105.4°; delirium constant; pulse 140, respirations 67. The temperature went up to 105.8° and then suddenly, after the patient had been sponged, it jumped to 109°, when the patient died. Ten minutes after death the temperature was 106°.

P. VERNON DODD, M.D.,  
M.R.C.S.

Hythe, Kent.

## Reports of Societies.

### VALUE AND LIMITATIONS OF SANATORIUM TREATMENT FOR TUBERCULOSIS.

THE discussion on this subject (see BRITISH MEDICAL JOURNAL, November 17th, p. 650, and November 24th, p. 690) was continued at the meeting of the Medical Society of London on November 26th, when the President, Sir ST. CLAIR THOMSON, was in the chair.

Dr. CAMAC WILKINSON, while thinking sanatoriums invaluable and indispensable in the treatment of certain forms of tuberculosis, expressed the opinion that the present system could only touch the fringe of the disease. The victims who could not pay for their own treatment numbered at least 250,000 to 300,000. After the war, including soldiers and dependants, there would be 300,000 needing treatment. There were 11,000 beds in sanatoriums, and all authorities now admitted that each case needed, on an average, six months' residence. Thus there would be room for 20,000 every year. This meant that 6.6 per cent. of these victims could have treatment in one year, and 50 per cent. of these were dead in three to four years, so that benefit was chiefly limited to 3.3 per cent. of the total. Thus 93.3 per cent. of the cases needing treatment could not enter a sanatorium for at least a year. In other words, 20,000 cases were treated and 280,000 left out. The problem should not be discussed as it affected a small proportion of victims; no system could be called a success which could not offer immediate, expeditious, economical, convenient, and effective treatment to the majority of sufferers. The cost might be stated in three distinct ways: (1) The bare cost of treatment, which would certainly be £50 for each case, representing £1,000,000 for 20,000 cases; (2) every man was worth at least £50 a year to the State, many ten times that amount—this represented a further dead loss of £500,000; (3) the economic loss from loss of occupation and wage, varying from £50 to £150 per case, represented another £1,000,000 to £3,000,000 per annum. The total loss from prolonged residence in sanatoriums was from £2,500,000 to £4,500,000 every year. He disagreed with Dr. Lister's opinion that the tubercle bacillus was a harmless pest to most of us, considering that it caused one-third of the total deaths of men and women occurring in the prime of life.

Dr. CRACE CALVERT thought that statistics were not of much use, as it was difficult to get particulars of patients who had gained permanent benefit, most of whom did not report again to the sanatorium. Every patient should be given sanatorium treatment except those suffering from advanced or marked disease. He thought sanatorium should be given before home treatment. Sanatoriums

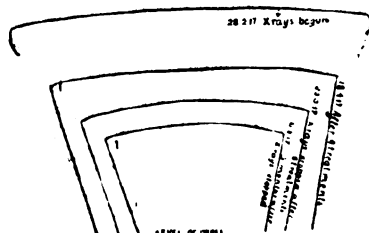


Diagram of fundus uteri to scale.

## MEDICAL CERTIFICATES.

SIR,—Having regard to the Government's new scheme for the medical re-examination of men for the army, specialists and medical practitioners will no doubt now be consulted in large numbers and asked to give certificates for use before appeal tribunals.

As is known, there have been, and no doubt will be, many cases of false personation; so may I suggest that doctors should take all necessary precautions before giving certificates to men who are strangers to them—for example:

1. Require the man to sign his name on the certificate before he parts with it, so that it may be compared with the man's signature on his application to the tribunal.
2. Require in the case of a Russian the production of his Alien Registration Card, which has his photograph on.
3. State on the certificate the name and address of the doctor or person by whose suggestion or recommendation the man says he has been advised to consult him.

This latter precaution may seem strange, or perhaps be thought unprofessional; but may I point out that, in the present anxious times we are going through, doctors have a duty to the State as well as to the man who consults them, and should not forget that the object very often of their being consulted at all is not any real anxiety of the man about his health, but to try and get exempted from military service of any kind.

A man does not now need a certificate from any well-known specialist to get a new examination and be "regraded." His own medical or panel doctor is sufficient.

Of course the medical profession cannot help being consulted, but they might, I think, help the tribunals and the authorities as much as they can, and not let the obtaining of certificates become a scandal. At one sitting of a tribunal over which I presided lately we had certificates from the same specialist in no less than five cases, and in two of them the specialist was not a specialist in the man's alleged trouble; and in asking one why he consulted this particular specialist, he said he was told he would be more likely to get off if he had one from him. "Why didn't you bring a certificate from your own doctor?" I asked a man, to which he replied in an unguarded moment: "That would have been no good. He knows there's nothing really wrong with me." *Verb. sap. sat!*—I am, etc.,

F. BRINSLEY-HARPER,  
Member of the Appeal Tribunal for London,  
and of the Russian Tribunal.

London, E.C., Nov. 26th.

## BIPP AND SIMILAR PASTES MADE WITH PARAFFIN: A WORD OF WARNING.

SIR,—If the paraffin is not perfectly refined, as late samples do not seem to be, its use in these pastes is often followed by a rash of a pseudo-erysipelatous nature on the skin round the wound. This is not due to the iodoform, as may be proved by leaving the latter out.

In some cases this rash spreads all over the body. I have had several cases lately in which the internal use of paraffin has been followed by a similar rash—particularly one striking case, in which the patient had been using paraffin harmlessly for years until the last few weeks, when she evidently struck on an impure sample.—I am, etc.,

Highbridge, Somerset, Nov. 27th.

NESBITT BURNS, M.D.

## Universities and Colleges.

## SOCIETY OF APOTHECARIES OF LONDON.

The following candidates have been approved in the subjects indicated:

**SURGERY.**—C. W. Bower, \*H. R. Chadwick, \*I. Harding, \*S. Mikhail, \*D. Mintzman, \*S. G. Mohamed, \*K. S. Vine.

**MEDICINE.**—J. Behesnilian, \*C. W. Bower, \*C. G. Bann, \*D. A. Dyer, \*I. Harding, \*S. C. Ho, \*D. Mintzman, \*T. F. Reason, \*K. S. Vine.

**FORENSIC MEDICINE.**—J. Behesnilian, I. Harding, M. Ibrahim, S. Mikhail, J. E. Nicole, T. F. Reason, G. E. Spero, K. S. Vine.

**MIDWIFERY.**—L. E. Lewis, D. Mintzman, J. E. Nicole, K. S. Vine.

\* Section I.

† Section II.

The diploma of the society was granted to Messrs. C. W. Bower, R. H. Chadwick, S. Mikhail, S. G. Mohamed, T. F. Reason, and K. S. Vine.

## Obituary.

THE RIGHT HON. SIR L. S. JAMESON, Bt., C.B.,  
M.D.LOND.

SIR LEANDER STARR JAMESON died at his house in London on November 26th, in his 65th year. He and M. Clemenceau were the two most striking figures contributed by medicine to politics in this age. Both were general practitioners in their early days; both in early middle life took to politics on very stormy seas. Jameson was for four years Prime Minister of Cape Colony, and Clemenceau is just commencing his second term of office and fourth year as Prime Minister of France.

Jameson was the son of an Edinburgh Writer to the Signet, but the family removed to London, and he received his medical education at University College, London. He was a typical specimen of the student who never seems to work but gets through his examinations punctually, and often with distinction. Probably he never read very much and learnt the medicine and surgery he knew in the best school—the out-patient room and the wards. However he got his knowledge, he was a very competent practitioner, and gave his contemporaries the impression that he could become quickly proficient in any subject to which he chose to give his attention. He took the diploma of M.R.C.S. in 1875, graduated M.B., B.S.Lond. in the same year, and M.D. in 1877. After holding the office of house-surgeon he became resident medical officer of University College Hospital. His tenure of this office was interrupted by illness, and later by a visit of many months to the United States with a patient. It was no great surprise to those who knew his adventurous, energetic, and ambitious temperament that on his return he accepted an offer to go into a practice in Kimberley. There he was eminently successful as a practitioner, and became the fast friend of Cecil Rhodes. In 1889, in response to an appeal from Rhodes, Jameson threw up his practice and went on a mission to Lobengula, the Matabele chief, who respected him for his medical skill. Jameson was successful, the Chartered Company was founded, and he went with the pioneers of 1890, but not in an official capacity. In the following year he became Administrator of Rhodesia, and had to encounter difficulties of all sorts—disease, scarcity of food and water, and disaffection among the pioneers. He succeeded in overcoming these, but in 1893 had to face a rising of the Matabele. This he quelled, and established British administration on a firmer and wider basis. In 1894 he was in England with Rhodes; in the following year he went back to South Africa, and became the most ardent champion of the political rights of the new settlers—the Uitlanders—who had flocked to the Rand. In December, 1895, he led the raid into the Transvaal. However his motives may be judged, it was not a prudent enterprise, but prudence was not one of Jameson's qualities. The raid failed miserably; he surrendered with a small force to the Boers on January 2nd, 1896, was tried in London in the following May, and sentenced to ten months' imprisonment; owing to the state of his health he was released in December and soon went back to Cape Colony. He served in the South African war in 1899–1900, and in the latter year entered the Cape Legislative Assembly as member for Kimberley. Rhodes died in 1902, and before the general election of 1904 Jameson had become the recognized leader of the Progressive party; that election yielded that party a small majority, and Jameson became Prime Minister. His administration was marked by great financial reforms, by a vigorous policy of railway extension and agricultural development, and by an Education Act, but the great feature and merit of his administration was the pressing forward of the movement for the consolidation of the British States of South Africa in a national union. A Customs conference at Pietermaritzburg in 1906 confirmed the fiscal union, and in 1907 Jameson attended the Imperial Conference in London. Jameson extended the franchise, and one result of the bitter feeling the war had left was that his Government was defeated at the general election of 1908. In opposition he continued to work for the consolidation of the South African union. He sat again in the Cape Parliament from 1910 to 1912 as the leader of the Unionist Party, the policy of which had been settled at the Bloemfontein

Conference in 1910. In March, 1912, illness forced him to resign the leadership of the party, and afterwards he lived mostly in England, occupying himself especially in the work of the Chartered Company and the progress of Rhodesia. He had become a director of the De Beers Company in 1900 and of the British South Africa Company in 1902; in 1903 he became the president of that remarkable company, which has added great provinces to the British Empire, and retained the office till his death. He received the C.B. in 1894, when administrator of Rhodesia, was created a Privy Councillor in 1907, and a baronet in 1911.

This is a very brief sketch of an astonishing career. It seems impossible that any one should make such a career again. There are no more empty continents left. He made one gigantic blunder in supposing that he could do with a handful of men that which it took all the resources of the British Empire and years of hard fighting to accomplish. He was rancorously assailed by politicians, who hoped to use his failure to further their own party purposes; but in the darkest days his integrity and patriotism commanded the respect of his enemies, and he never lost the affection of his friends.

A memorial service will be held at St. Margaret's, Westminster, on Wednesday next at 12.30 p.m. It is intended that the remains shall eventually rest at Matopos, beside those of Cecil Rhodes.

WE regret to announce the death of Dr. **ELSIE INGLIS**, on November 26th, at Newcastle, shortly after landing on her return from Russia. Dr. Inglis was the organizer and leading spirit of the Scottish Women's Hospital Units, which have been established and maintained in France, Serbia, Corsica, Salonica, Rumania, and Russia. Elsie Maud Inglis was the second daughter of the late J. F. Inglis, Chief Commissioner at Lucknow. She studied medicine in Paris, Edinburgh, and Glasgow, and took the diplomas of L.R.C.P. and S. Edin. and L.R.F.P.S. in 1892. In 1899 she graduated M.B., C.M. Edin. She served as surgeon to the Edinburgh Hospital and Dispensary for Women and Children, and lecturer on gynaecology in the school of medicine of the Royal Colleges, Edinburgh. On the outbreak of war Dr. Inglis proceeded to organize a medical service of women. The Scottish Women's Hospital Units, staffed entirely by women, having been refused by the War Office, offered their services to various allied Governments. During the first months of the war Dr. Inglis and her staff worked at Royaumont. In April, 1915, she went to Serbia to act as Commissioner to the Scottish Women's Hospital established there. The greatest hardships were heroically overcome, and in recognition of her splendid services, notably in dealing with an outbreak of typhus, she received the Serbian Order of the White Eagle, 5th Class, as announced in our columns of April 22nd, 1916. Through the Serbian retreat the party remained to care for the wounded during the enemy occupation of Krushevatz. Subsequently the hospital was evacuated and the staff sent as prisoners to Vienna, being eventually released through the intervention of the American Embassy. In September, 1916, Dr. Inglis took out a new field medical unit of seventy-five women, which was attached to the Serbian Division of the Russian army, and did fine work through the Dobrudja campaign. The unit subsequently worked for nine months at Reni on the Russo-Rumanian front, and on November 24th they arrived in England. Dr. Inglis's health, which had held up through indescribable hardships, gave way soon after reaching port. She was a born leader, entirely patriotic, and free from self-seeking.

**LIEUT.-COLONEL HENRY AUGUSTUS FITZROY NAILER**, Madras Medical Service (retired), died at Bedford on October 12th. He was educated at the universities of Madras (where he graduated M.B. in 1874) and of Edinburgh, taking the diplomas of L.R.C.S. and L.R.C.P. Edin. in 1875. He entered the I.M.S. as surgeon on March 31st, 1877, became surgeon-major on March 31st, 1879, surgeon-lieutenant-colonel on March 31st, 1897, and retired on October 20th, 1903.

## Medical News.

**DR. SIDNEY REGINALD DYER**, P.M.O. H.M. Prison, Brixton, has been appointed medical inspector of prisons for England and Wales.

**DR. ARTHUR HENRY NORRIS**, medical inspector since May, 1914, has been appointed by the Home Secretary to succeed the late Mr. C. E. B. Russell as chief inspector of reformatory and industrial schools.

AT a meeting of the Harveian Society of London to be held at the St. Mary's Hospital Medical School on December 13th at 5.30 p.m., a discussion on neurasthenia will be opened by Dr. F. W. Mott, F.R.S.

THE report of the Medical Research Committee for the year ending September 30th, 1917, states that its income was diminished by £7,000. As its income is made up of one penny for each insured person, it would seem that there were 1,680,000 fewer insured persons.

**SURGEON-GENERAL T. M. CORKER**, C.B., M.D., A.M.S., Lieut.-Colonels **J. C. Cottell**, R.A.M.C., and **C. K. Morgan**, C.M.G., R.A.M.C., and Major **J. Fitzgerald Martin**, C.M.G., R.A.M.C., have been appointed Knights of the Grace of St. John of Jerusalem.

DURING December the Camera Club (17, John Street, Adelphi, W.C. 2) is showing an exhibition of black-and-white drawings of ward life by patients and staff of the 3rd London General Hospital. Admission, between 11 a.m. and 5 p.m., is free; tickets can be obtained from any member of the club, or on application to the honorary secretary.

AT a meeting of the Zoological Society of London on November 20th Mr. R. I. Pocock, F.R.S., F.Z.S., curator of mammals, exhibited the head of a castrated bushbuck (*Tragelaphus*) which had lived several years in the Zoological Gardens at Clifton, to show the effects of the operation on the horns. The horns differed from those of a normal bushbuck in being slender, subcylindrical, untwisted, unkeeled, with a backward curvature like that of the horns of a goral or serow.

THE West Midland Joint Disablement Committee, formed under the scheme of the Ministry of Pensions, provides for three medical representatives being elected by the profession in the five counties constituting the area of the joint committee. The following have been elected: Dr. T. Ridley Bailey (Staffordshire and Shropshire), Dr. Evans (Worcestershire and Herefordshire), Mr. W. F. Haslam (Warwickshire and Birmingham). Dr. Ridley Bailey was also appointed a member of the Executive Committee and chairman of the Treatment Subcommittee.

THE doctors of Wimbledon and district have unanimously agreed: "That, owing to the increased cost of living and the still greater increase in the cost of conducting medical practices, there shall be a general increase in the fees charged for professional attendance and consultations; such increase to be subject to variation or remission in individual cases where some good reason is shown." When messages arrive after a doctor has left home, and these entail inconvenience to other patients by compelling doctors to postpone or break appointments, it has been agreed to charge an extra fee for the special visit.

In a paper read before the Southern Association of Gas Engineers and Managers, Mr. John West, M.Inst.C.E., gave the results of recent experiments in the carbonizing of coal in which he had co-operated. The application of such methods would, it was calculated, bring about a general increase of from 20 to 25 per cent. in the make of gas per ton of coal carbonized. This would mean a corresponding reduction of the amount of coal necessary, a saving of plant and labour, and a reduction of cost to the public. He urged the necessity of fixing a calorific power standard, and said that the great aim of all gas engineers should be to make and sell gas as cheaply as possible so that the public might be encouraged to use it more extensively for all purposes. It had been calculated that if the 100,000 tons of coal used in Southport for domestic purposes were carbonized, 5,500 tons of tar, 1,000 tons of ammonia sulphate, and 600 tons of high explosive products could be saved, and crude material obtained for the manufacture of dyes and drugs.

ON November 28th a meeting was held at Lady Wantage's house, 2, Carlton Gardens, to discuss the progress of the work of Queen Mary's Convalescent Auxiliary Hospitals, Southampton, and to promote the establishment of a permanent institution for limbless sailors and soldiers. Lieut.-General Sir Francis Lloyd, chairman of the committee, presided, and spoke warmly in support of the proposal to

raise a fund of £100,000. The object of the fund will be to extend the accommodation for limbless men whilst they are waiting to have artificial limbs fitted, and to put the hospitals on a permanent basis for the future, so that the necessary repairs, replacements, and refittings may be continuously undertaken. There is accommodation at present for 600 officers and men, but the hospitals are always full, and there is a long waiting list. It is hoped to raise the number of beds to 1,000. An indication of the work already done at Roehampton is given by the following round figures: 11,500 officers and men have been fitted with artificial limbs; 2,200 men have been placed in permanent employment; and 6,400 have been passed on to local pension committees or restored to their old employment. Sir Francis Lloyd's appeal for funds was endorsed by the Right Hon. Walter Long in an eloquent speech.

## 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.

### QUERIES.

#### EDWARDS'S LITHOTOMY SEARCHER.

LITHOTOMUS asks for information about a lithotomy searcher presented to the Museum of the Royal College of Surgeons of England in 1871 by its inventor, Dr. G. Edwards, who practised for many years in Cheltenham and died in November, 1886. It is made of nickel-plated steel, is over a foot in length measured by the curve, and is of the calibre of a No. 8 catheter, English scale. The dealer's name is "Weiss, London," but this firm has not now any record of it.

### LETTERS, NOTES, ETC.

#### TRANSFUSION OF WHOLE BLOOD.

In the article on the transfusion of whole blood, published in the JOURNAL of last week, p. 695, the citrate method was inadvertently attributed to Kimpton. The citrate method, as used in the transfusion of blood in man, was designed in the winter of 1914-15, the earliest writers on the subject being Hustin of Brussels and Lewisohn and Weil in America. A modification of the apparatus used recently, devised by Mason and Rivers, was described in the *Journal of the American Medical Association* in June, 1917, p. 1677. Kimpton's method consisted in the application of paraffin to the inner surface of the cylinder.

#### "COLLOSOL COCAINE."

THE SECRETARY, Medical Research Committee, writes as follows with reference to a letter published last week:

On page 710 of your issue of November 24th you publish a statement from the firm of Crookes Collosols, Ltd., with reference to the above preparation, in which it is said that they have "recently had the advantage of having collosol cocaine tested by Dr. Dale, of the Medical Research Committee." It is important that this statement should not be misunderstood as indicating that the Medical Research Committee, or any members of their staff, undertake the examination of proprietary remedies at the request of the makers.

Dr. Dale and his colleagues undertook an investigation of collosol cocaine on account of the scientific interest of the properties which earlier statements had attributed to the preparation, and the practical importance which the matter would have under present conditions if those statements had been correct. The manufacturers were asked to furnish samples for investigation, and complied with the request. At a later stage further samples were submitted to the Medical Research Committee by a Government department with a request for an opinion on the claims made for the preparation. These samples were examined with the others.

Having failed completely to substantiate the claims made for collosol cocaine, but having every reason to believe that the manufacturers had been simply mistaken in their statements, Dr. Dale gave them a general indication of his conclusions, and advised them in their own interest to withdraw this preparation from their list. This communication was of a verbal and confidential nature, and gave Crookes Collosols, Limited, no authority to use Dr. Dale's name or to publish their own statement in such a manner that any part of it could even mistakenly be attributed to him. Those who are interested in knowing the true nature of the findings concerning collosol cocaine by the Committee's Department of Biochemistry and Pharmacology may be referred to a short article by Drs. Barger and Dale and Miss Durham, which is appearing in the next issue of your contemporary the *Lancet* (December 1st).

#### CEREBRO-SPINAL FEVER AND ITS TREATMENT.

DR. C. ALWYN STEWART, A.A.M.C. (Weymouth), writes in answer to Captain A. M. Watts (October 13th, p. 502): The serum I used was a polyvalent antimeningococcal serum prepared by Dr. R. J. Bull at the Melbourne University. Captain Watts has evidently confused the dosage of the serum when used intravenously and subcutaneously with that when used intrathecally. Large doses are required in the two former—from 25 to 30 c.cm. is the dose I give in the last instance—the same as that of the Lister or Rockefeller Institute. The reason for excluding cases over 35 years of age and hopeless cases in the corrected column was to secure a uniform comparison, as one group of cases would contain a larger percentage of these and so obscure the value of the treatment. The mortality of the disease is, in my experience, exactly doubled in cases 35 years of age and over compared with cases between the ages of 12 and 35. I define a hopeless case as regards treatment as one that dies within two or three hours of admission to hospital, one that is obviously moribund, or a deeply unconscious patient with a marked purpuric rash—these last never recover, in my experience. I consider a mild case to be one in which there is little vomiting, no rash, no loss of consciousness, and no development of delirium. I may also add that I abandoned lumbar puncture only as a form of treatment very early in 1916, and only gave the figures for completeness and comparison. I consider a severe case to be one in which the initial vomiting is severe, repeated and of a marked toxæmic nature, in which there is a marked rash and in which there is not a high initial temperature. The foregoing remarks also answer most of the observations made by Dr. Pringle (BRITISH MEDICAL JOURNAL, November 17th, p. 671). My "ingenious" statistical method was devised after much thought to obtain a uniform comparison amongst my own cases, not to put to shame the figures of other observers. With regard to the apparent anomaly of mild cases resulting in death, may I explain that the term is intended to indicate the condition of the patient during the early stages of treatment, and the fact of death occurring in some of these cases is an argument for the inadequacy of the treatment indicated. I agree with Dr. Pringle that no "mild" case should die.

#### DELIVERY OBSTRUCTED BY PRESENCE OF HYMEN.

M.R.C.S., L.R.C.P., writes: A young woman, married just over nine months, was attended by me at her confinement. A cribriform hymen was present, occluding the whole outlet except in three places. Below the orifice of the urethra a small foramen was present, in the centre of hymen another foramen, and at a distance of half an inch from the posterior wall of the vagina a third. The upper two were not more than a quarter of an inch in diameter; the lowest orifice was big enough to admit the tip of the finger, but only then with difficulty. The hymen was thick, but not hard or fibrous. Before delivery I had to make extensive incisions in the membrane. A case like this makes one think that the value of judging the chastity of a woman by the presence of a hymen is small. In the same week I examined a highly neurotic childless woman who had been married seven years, and found a similar hymen present about one inch and a quarter in depth at its greatest measurement. The husband had never experienced any difficulty, but the woman had certainly got very much worse as regards her neurotic troubles since marriage. In the first case the cribriform hymen seems to have suggested to the husband that she should see a doctor, but she did not. The husband is a strong healthy young man and his wife exceptionally strong and healthy.

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