

in domains more congenial to her nature. Her sphere will always be more in the realms of pure medicine than ours, and her presence and co-operation must exercise a refining and uplifting tendency. The fear of competition from her is groundless so long as the professional practice on both sides is honourable, and we can always trust the women-folk to look after our finance better than ourselves. The jealousies that have existed to our cost between men will pale into insignificance in the presence of women, and our mutual confidences will grow. With such a partner in the field we can confidently look forward, for her clear insight and natural intuition will quickly sift and settle our difficulties and weld our scattered ranks into a homogeneous and victorious army. In fact, woman seems destined to bring about that happy union, call it trade or professional, of which we sorely stand in need, and I wish she were here already within the inner fold.

This ideal state will then give us the leisure to think out the numerous problems that bind us to the community and to the individual, and enable us to give of our best to the claims of learning and of labour.

Before concluding, let me emphasize the particular work of reconstruction we are called upon to discharge in view of the termination of this interminable war. Our brave colleagues who are out look forward to a better condition of things on their return, and it is ours to put the house in order for them. They have learnt the stern lessons of "union is strength," and "divided we fall"; and what better lesson can we carry into practice on their behalf?

If there be a better and sounder method of banding ourselves together than the one herein advocated, and seriously entertained by the Association some years ago, let it be forthcoming, and be well threshed out; and we shall gladly clutch at any straw that will direct us and our fellow voyagers into a harbour of safety. So long as mental and social unrest continues with regard to our professional status and prospects, so long will men be unable to give their undivided attention to the best work, and so long will the nation suffer, and be the poorer; hence this economic question cannot stand where it is.

The returning soldier will bring with him military regulations, which allow one surgeon to a battalion; and we in civil life must see to it that on his return there be one doctor to the thousand, with corresponding pay and allowances; and if the market requires more of us, it must requite us accordingly. Unless some such course is adopted in the immediate future men must specialize, or enter the services, or adopt some other vocation in life, or the general medical practitioner as we have hitherto known him will become as extinct as the dodo.

Let me please, Gentlemen, before sitting down, apologize as a Welshman for daring to pronounce an opinion on medical politics, whilst Wales has neither university nor college hall nor licensing body to raise a voice with medical authority. We Welshmen are deeply conscious of our inferiority in number and influence in this land of our birth; but we yield to none in our will and wish to uphold the best traditions of our noble calling. And it is to a mode of maintenance, or rather restoration, of this lofty standard that I have ventured to-day to ask your indulgent interest in a possible solution of this knotty and pressing problem.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

VANGHETTI'S OPERATION.

THE article in the *BRITISH MEDICAL JOURNAL* of July 20th on this method of utilization of the muscles of a stump to actuate artificial limbs prompts me to record my experience of the operation in two cases. The first of these was a patient with an amputation of the right arm at the junction of the middle and lower third of the humerus, who reached this country with his stump practically healed. When soundly healed the noticeable features of the stump were the mobility of the soft parts over the end of the bone, the absence of wasting of the biceps muscle, and the patient's power of still contracting it. These conditions rendered the stump, in my opinion, an ideal one for an attempt at "cinematization" by the tunnel method. The operation was performed according to the method described

in detail by Professor Pellegrini in his paper read before the Inter-Allied Conference on the after-care of disabled men in London, in May, 1918. In this operation the tunnel is formed by a bridge flap and not from a single pedicle flap; the tunnel so formed is slipped between the superficial and deep halves of the muscle mass. The operation itself presented no difficulties and has the advantage over Sauerbruch's method of lessening, if not eliminating, the risk of death of a part of the skin tunnel.

The operation was followed by a flare-up in the form of mild skin infection. Fortunately it reacted promptly to treatment, and did not interfere with primary union of the wounds. At each end of the tunnel there was, however, a little necrosis of skin, probably due to the sutures being tied too tight. These are now epitheliating, and the patient is wearing without any discomfort a length of No. 12 bougie in the tunnel until the time comes to fit the rod and connexions of the artificial limb. Happily he needs no encouragement to keep up the tone of the muscle by constantly contracting it.

The second case was that of a patient who more than twelve months ago received a gunshot wound of the left elbow with loss of the articular ends of humerus and ulna, together with a portion of the ulnar nerve. Operative attempts at the restoration of a stable joint having failed, at the request of the patient amputation was decided upon as better than either a flail or fixed joint. In this case the "clava," or peg type of motor, was formed by bringing out from the middle of an anterior flap a mass composed of the tendon of the biceps; the lower end of the brachialis anticus, and the brachial artery, which was thus divided and tied at a point below the line of the amputation itself. This mass was surrounded with skin reflected for the purpose as part of the anterior flap.

It is, of course, too soon to say one word about the eventual usefulness of the motors in these two cases, but it appeared to me of value to describe them at this time to draw attention to two types of cases seen here at home in which the operation is indicated. There are, firstly, those cases of amputation in which the healing process has been so satisfactory that without the risk of any damage to a good stump an attempt of this kind to add to its usefulness appears a justifiable procedure; and, secondly, there are cases of late amputation to rid the patient of a limb rendered useless by complete loss of function from one cause or another, in which "cinematization" can be added to the deliberate amputation at one operation. Whilst it may be possible, as the writer of last week's article suggests, for the operation of "cinematization" to be performed at casualty clearing stations or elsewhere in France, the most numerous opportunities will surely arise at the base hospitals in this country. Those who are in doubt as to the real usefulness of these plastic motors—those who heard Professor Putti's lecture and saw his films will not be of their number—should bear in mind that if the operation fails, or the patient loses interest, or if for any other reasons no actual use is made of them, their formation in no way interferes with the fitting to the stump of an ordinary artificial limb, and the patient, therefore, is in no sense worse off. It cannot be wrong to submit any procedure which holds out a reasonable prospect of improving the function of amputation stumps to an interested and painstaking trial.

London, W.

ERIC PEARCE GOULD, M.Ch., F.R.C.S.

TREATMENT OF ACUTE SEPTIC GINGIVITIS.

IT is important to call attention to the quite unnecessary vigour with which acute septic gingivitis is not infrequently treated by wholesale extractions of the teeth. A very intractable and depressing affection if improperly dealt with, it is in reality very amenable to appropriate treatment, and that fairly quickly, the pain by which it is accompanied being speedily relieved.

The routine treatment I have found efficacious is, after thoroughly rinsing the mouth with an iodine wash, to apply tiny pellets of wool soaked in camphor and carbolic acid (equal parts) well up into each interdental gingival space for a few minutes; this quickly eases the pain produced by any instrumentation. A fresh paste made by mixing equal parts of thymol, dried alum, and oxide of zinc with the oily camphor-carbolic mixture is then carefully packed into the gingival spaces and round the necks

of the teeth beneath the edges of the gum and allowed to remain there. A mouth-wash of "sanitas" is directed to be used after food, and the toothbrush is forbidden during the treatment. I apply the local paste every other day for ten days or so. After the second or third application there is decided amelioration of the troublesome conditions—sleeplessness, pain, bleeding, and malodour—and the patient expresses himself as feeling altogether better. The disease having been thoroughly scotched and the gums returning to a healthy condition, a simple astringent wash of alum and carbolic acid is all that is necessary to complete the cure. As a preventive to its recurrence I direct the patient to paint the gums every other day with the simple tincture of iodine, and to be particularly careful in maintaining a sanitary condition of his tooth-brush.

London, W.

PERCY EDGELOW.

THE REDUCTION OF TEMPERATURE BY LOCAL ICE-BAGS.

THE following device for the reduction of hyperpyrexia seems so simple as hardly to merit description, but inasmuch as there are many practitioners to whom the idea has not occurred, and the advantages are so great, I desire to put it on record.

The method is to attack the blood stream in the great vessels at the points where they are subcutaneous, or nearly so. For this purpose a number of bags are filled with crushed ice. I first used sausage skins, but have now specially prepared rubber bags. Such bags can be readily improvised from discarded rubber gloves and the like. The sites attacked are the neck, the axilla, Scarpa's triangle, and the popliteal spaces. By this simple method it is claimed:

1. That a reduction of 3° in a quarter of an hour is obtained.
2. Cold sponging and other cumbersome methods are obviated—an enormous boon to patient and nurse.
3. The reduction is so rapid that the physician can see it accomplished before leaving the house, and in consequence can depart with a less anxious mind.
4. This method should prove especially useful to army surgeons working under the conditions which led me to devise it—namely, for heat-stroke in the Persian Gulf.

M. G. DOBBYN,
Captain R.A.M.C.

Reports of Societies.

OXFORD OPHTHALMOLOGICAL CONGRESS.

THE Oxford Ophthalmological Congress held its ninth annual meeting at Oxford on July 11th and 12th. As in former years, members enjoyed the hospitality of Keble College, and the meetings were held in the Department of Human Anatomy, kindly lent for the purpose by Professor Arthur Thomson.

The proceedings were opened by the Master, Mr. SYDNEY STEPHENSON, who gave an address on "The history of the Congress."

Discussion on Ophthalmology and the War.

Sir WILLIAM J. COLLINS, K.C.V.O., M.P., who had been invited to become the Doyme Memorial Lecturer for the year, opened the discussion on ophthalmology and the war, the subject selected by the Council. In his preliminary remarks he paid a sympathetic tribute to the late Robert W. Doyme, founder of the Congress. The address on the subject commanded the closest attention of the meeting, and those who took part in the discussion which followed were Lieut.-Colonel R. H. ELLIOT (London), Captain E. H. E. STACK, R.A.M.C.(T.), Miss MARION GILCHRIST (Glasgow), Dr. T. HARRISON BUTLER (Leamington), Captain P. H. ADAMS, R.A.M.C.(T.), Captain PERCIVAL J. HAY, R.A.M.C.(T.), Captain THOMSON HENDERSON, R.A.M.C., Mr. R. J. COULTER (Newport, Mon.), Major A. C. PURCHAS, N.Z.M.C., Staff Surgeon HANSON, C.B.E., R.N.V.R., Captain WHITTINGTON, R.A.M.C., Mr. J. GRAY CLEGG (Manchester), Dr. GEORGE YOUNG (Colchester), and Mr. BERNARD CRIDLAND (Wolverhampton). At the conclusion of the discussion Sir William Collins was presented with the Doyme Memorial Medal.

Papers.

A contribution by Lieut.-Colonel R. H. ELLIOT on "Some useful devices in operative and other work" concluded the proceedings of the first day.

On July 12th Sir WILLIAM BARRETT, F.R.S., read a paper, accompanied by demonstrations and slides, on "Entoptic vision." His work on this subject, which since the introduction of the ophthalmoscope has been far too much neglected by ophthalmologists, is well known, and his presentation of it to the Congress is likely to be of great assistance to the practice of ophthalmology in the near future.

Colonel HANFORD MCKEE, C.M.G., C.A.M.C., read a paper dealing with "Some aspects of military ophthalmology," containing conclusions from experience gained during the war, which should be of value to the highest administrative authorities.

Captain PERCIVAL J. HAY, R.A.M.C., read papers on "Implantation of cartilage after excision or evisceration of the eye," and on "Vulcanite casts as a support for prostheses," both of which were illustrated by slides, photographs of operative results, and radiograms.¹

In the afternoon cases were shown at the Eye Hospital by Captain P. H. ADAMS, R.A.M.C.(T.), and Dr. ORR, after which a paper by Lieut.-Colonel ELLIOT on "Herpes zoster ophthalmicus" was read, followed by another on "The results of cataract operations," by Dr. T. HARRISON BUTLER, both of which were discussed.

Demonstrations.

In the Scientific Museum Sir WILLIAM BARRETT gave demonstrations with the entoptoscope and an optometer, Mr. SYDNEY STEPHENSON and Lieut.-Colonel ELLIOT showed interesting microscopic sections, Captain THOMSON HENDERSON showed sections of monkeys' eyes, with special reference to Descemet's membrane, and Captain ADAMS showed sections of horses' eyes, with reference to a hitherto unknown disease causing blindness. Captain T. HENDERSON showed photographs of gunshot injuries of the eyes and orbital regions, and also of contracted sockets improved by a suture operation which he described. Captain STACK showed a combined perimeter and scotometer, and Mr. R. J. COULTER improved test types.

In the Commercial Museum various novelties were on view.

Reviews.

SYMPTOMS AND THEIR INTERPRETATION.

SIR JAMES MACKENZIE'S thoughtful treatise on the interpretation of symptoms has been in the hands of the profession for nine years, and the appreciation it has met with is indicated by the fact that a second, and now a third, edition have been called for. It has been translated into other languages, and has doubtless been of real assistance in the diagnosis of the many obscure cases that have arisen in the course of military practice during the last four years. However much we may owe to the physiologists and the clinical pathologists for advance in knowledge of general medicine, there must always remain a vast number of cases which no instrumental investigations will suffice to explain. The human body, especially if it has suffered shock of any kind, will not always respond equally to tests. The irregularity of response must in itself be made a subject of study, and it is by such patient investigations as have been carried out by Mackenzie, Head, and others that the significance of local pain and tenderness as an expression of visceral disorder is gradually becoming recognized as a means of practical diagnosis.

In the third edition of *Symptoms and Their Interpretation*,² now before us, there appear two appendices. One of them deals with some observations by Mr. Ligat, recorded during 1916, to prove the diagnostic importance of hyperalgesia of the skin of the abdominal wall as an indication of visceral disease. After investigation of a large number of cases he was able to show that such tenderness could

¹ The contributions to the Congress will appear in the *Transactions of the Ophthalmological Society of the United Kingdom*, to which body the Congress is now affiliated.

² *Symptoms and Their Interpretation*. By Sir James Mackenzie, M.D., F.R.S., LL.D.(Aberd. and Edin.), F.R.C.P., F.R.C.P.I. Third edition. London: Shaw and Son, 1918. (Demy 8vo, pp. xx + 318; 19 figures. 8s. 6d. net.)

SIR,—I venture to suggest that the strictly legitimate reply to this last monstrous imposition upon dispensing panel doctors is to give notice to their Insurance Committees that, if they do not repudiate the absurd contention of the Commission, the doctor will cease altogether to dispense. It will then become the duty of the Insurance Committees to provide chemists for nearly every large village, and of the chemists to supply every costly remedy out of the drug fund.—I am, etc.,

Chichester, July 21st.

G. C. GARRATT.

A NOTE ON EPIDEMICS.

SIR,—It seems to me that the epidemic disease described by Dr. Burnford differs in some important respects from glandular fever. The few cases I have seen corresponded exactly with the description given by Dawson Williams (*Encyclopaedia Medica*, first edition, vol. iv, p. 156). The more important points of difference are briefly as follows: In glandular fever the first symptom is generally pain and stiffness of the neck, and in many cases there is pain in the abdomen. After two or three days an oval swelling (glandular) appears under the edge of the sterno-mastoid muscle, almost invariably on the left side, followed in a day or two by a similar swelling on the right side and a generalized adenitis. The symptoms generally last about a fortnight. In all my cases abdominal pain was marked, and in the first case caused some anxiety till the typical swelling appeared. The symptoms, of course, may be modified in adults.—I am, etc.,

Thornhill, July 21st.

M. BRYSON, M.B.

Medico-Legal.

THE COVENTRY CASE.

Pratt and Others v. the British Medical Association and Others.

IN the King's Bench Division on July 15th, before Mr. Justice McCardie, the hearing was begun of an action by Dr. Ernest Camden Pratt, Dr. David Holmes, Dr. Andrew St. Lawrence-Burke, and Dr. Charles Hodge Cairns, registered practitioners of Coventry, against the British Medical Association, and Drs. William H. Lowman, William J. Pickup, John Orton, and Thomas Webb Fowler, registered medical practitioners of Coventry, and members of the Coventry Division of the British Medical Association. The plaintiffs claimed damages for alleged conspiracy to injure them in their profession, and to libel and slander them, and for alleged libels and slanders. The allegations were denied. For the preliminary particulars here briefly given we are indebted to the *Times* Law Reports.

Mr. Schwabe, K.C., and Sir Hugh Fraser appeared for the plaintiffs; Mr. McCall, K.C., Mr. Hollis Walker, K.C., and Mr. A. Neilson, instructed by Messrs. Hempson, solicitors, appeared for the defendants. Counsel stated, in opening the case, that since the proceedings had been begun Dr. Cairns, one of the plaintiffs, had died. The libels alleged charged the plaintiffs with conduct detrimental to the honour and interests of the profession in carrying on a dispensary in Coventry. It was alleged that the dispensary was conducted on principles fundamentally opposed to those approved of by the Coventry Division of the British Medical Association in the following respects: (1) The absence of a maximum wage limit upon the patients treated; (2) the administration was under lay control; (3) the members accepted unnecessarily low rates of subscription; (4) a dispensary conducted under these conditions stood in the way of any betterment of local contract practice conditions. The defendants pleaded that the occasion was privileged.

The first two days of the hearing were given up to the opening address for the plaintiffs by Mr. Schwabe, which was concluded on July 17th, when Dr. St. Lawrence-Burke gave evidence and was cross-examined by Mr. McCall. On July 18th the evidence of Dr. Holmes and Dr. Pratt was taken, and several lay witnesses from Coventry were heard. On July 19th Mr. Farren, for many years honorary secretary and collector to the dispensary committee at Coventry, and Mr. Gray, for more than forty years a member of the committee, gave evidence.

The hearing was resumed on July 22nd, when Mr. McCall, in his opening address for the defence, submitted that (1) there was no illegal conspiracy, (2) there was no defamation, either in the way of libel or slander, and (3) if there were, all the publications, including the *BRITISH MEDICAL JOURNAL*, were privileged. Moreover, no express malice had been shown; and, finally, the suggested agency of each defendant for the others was unfounded. The charge against the British Medical Association failed, as it was against a corporation.

In the course of the legal argument, Mr. Justice McCardie said that the real question was as to the permissible limits of quasi-coercive action. It was, he said, a matter that touched

all professions and trades. Later he asked how the case differed from that where a labour leader says to an employer, "If you continue to employ that man, I will call out the union men." To this Mr. McCall replied: There is a great distinction between a trade-union leader, who has wide powers over the members of the trade union, when he says to an employer that he will use the power of the trade union to call out the men, whether they wish it or not, and a number of medical men who say to another medical man, "If you continue to be associated with this institution, which we object to, we shall refuse to meet you; this is a question of loyalty to professional interest and honour, and we invite all our members to agree with us in that policy." There was nothing illegal in that.

Dr. Alfred Cox, Medical Secretary of the British Medical Association, gave evidence on July 22nd and 23rd, describing the machinery of the Association and the circumstances that led to the action, and evidence was also given by Dr. James Neal, Deputy Medical Secretary.

The hearing of the action had not been concluded at the time of our going to press.

Universities and Colleges.

UNIVERSITY OF LONDON.

THE following candidates have been approved at the examination indicated:

M.D.—Branch I, *Medicine*: A. J. Eagleton, I. H. Pearse, W. N. Pickles, G. F. Rodrigues. Branch VI, *Tropical Medicine*: R. Y. Stones.

LONDON HOSPITAL MEDICAL COLLEGE.

The following awards have been made: Medical Prize, £20, S. N. Sennett; Honorary Certificates, E. Miller, A. B. K. Watkins. Obstetric Prize, £20, J. C. Ryder Richardson; Honorary Certificate, J. Fanning. Andrew Clark Prize in Clinical Medicine and Pathology, £26, A. B. K. Watkins; Honorary Certificates, S. N. Sennett, E. Miller. Sutton Prize, £20, A. B. K. Watkins. Anderson Prizes in Elementary Clinical Medicine, £3, M. C. Hartley, R. A. Madgwick; Honorary Certificates, A. R. Crane, J. J. Coghlan. Prizes in Elementary Clinical Surgery, £5, E. L. Sergeant, M. Marcus, M. C. Hartley; and F. F. Langridge and C. W. Tomkinson equal (prize divided). Letheby Prize in Organic Chemistry, £10, S. Sandler.

UNIVERSITY OF GLASGOW.

THE following degrees were conferred on July 20th:

M.B., CH.B.—*J. G. Harrower, *W. R. D. Hamilton, †M. Hyman, †Margharita M. L. Couper, C. O. Anderson, Ellen D. Anderson, J. D. Arthur, W. Barras, D. C. Bowie, W. G. Burns, M. J. Cahalane, H. A. Cochrane, E. M. E. Cumming, J. F. Cunningham, A. M. Davidson, A. B. S. Drysdale, W. Edgar, D. Finlayson, Grace A. Fleming, G. Gordon, A. S. Goudie, Jane E. Hanson, Lillias B. Hardie, A. Henderson, J. Irving, R. P. Jack, J. C. Laurie, J. Lipsey, A. J. Macartney, D. MacColl, Isabella Q. McFadzean, T. McGowan, J. W. Mackay, A. A. McLaughland, D. Maclean, W. R. McLinden, F. K. Macmillan, J. M. Melvin, Florence F. M. Milne, W. Napier, B. F. Niblock, Elizabeth P. Y. Paterson, N. B. Peacock, R. J. Peters, J. B. Potter, Rahmat Ullah Qureshi, W. Scotland, Katherine Scott, Margaret M. C. Steedman, J. A. Walls, T. M'S. Wilson, G. M. Wishart.

*With honours.

†With commendation.

The principal, Sir Donald MacAlister, who performed the capping ceremony, conveyed the congratulations of the Senate to the recipients of the degrees, and to the large majority of the men who had offered themselves for the service of the country in its need he wished God-speed and all honour.

ROYAL COLLEGE OF SURGEONS OF EDINBURGH.

THE following candidates having passed the requisite examinations have been admitted Fellows:

C. H. B. Avarne, F. B. Craig, W. R. Higgins, E. W. Kirk, D. Lees, L. N. Morris, F. L. Spalding, K. V. Trubshaw, A. S. Wilson.

Obituary.

THE sudden death of Dr. JOHN JAMES COWAN, while on holiday at Tenby, on July 1st, has deprived Malvern of a well-known and greatly respected practitioner. He was the son of the late Inspector-General Michael W. Cowan, M.D. After graduating M.B., C.M. in 1890 at Edinburgh, he spent five years as assistant medical officer to the Roxburgh District Asylum, Melrose. During the past twenty-four years he practised in Malvern and the adjacent country, and for the last ten years was honorary surgeon to the Malvern General Hospital. In 1915 he founded the Malvern Royal Naval Convalescent Hospital for the sick and wounded of all Admiralty ratings. Dr. Cowan's skill as a surgeon, sound judgement, sterling character, and cheery disposition will long be remembered by many in the district.

SURGEON-MAJOR WILLIAM JASPER RENDELL, R.A.M.C. (retired), died at Wadebridge, Cornwall, on May 30th. He was born at Wadebridge, where his father practised for over forty years, on December 20th, 1831, took the M.R.C.S. and L.S.A. in 1853, and entered the army as staff assistant-surgeon on May 26th, 1854. He became staff surgeon on February 6th, 1866, and surgeon-major on March 1st, 1873, retiring on June 1st, 1874. He served in the 55th Foot from 1855 to 1866, in the 91st Foot in 1867-68, and in the 13th Foot (the Somerset Light Infantry), from 1868 to 1874. He served in the Crimea campaign in 1855, and was present at the siege and capture of Sebastopol (medal with clasp, and Turkish medal); in the Indian Mutiny in 1857-59, including the action at Sikandra (medal); and in the Blutan campaign on the north-east frontier of India in 1865 (medal with clasp). He leaves a widow and one son.

DR. ROBERT TRIMBLE of Burgh-by-Sands, Carlisle, who died on June 11th, was a son of the late Dr. Trimble of Castle Bellingham, co. Louth. He took the diploma of L.R.C.S.I. in 1864, and the fellowship in 1874, and graduated M.D. Glasg. in 1865. After practising in Ireland in succession to his father, he removed to Preston, where he dwelt for twenty-seven years, subsequently moving to Burgh-by-Sands, where he held the post of district medical officer and public vaccinator. He was consulting surgeon to the Preston and County of Lancaster Royal Infirmary; and a member of the English Division of the Border Counties Branch of the British Medical Association.

ALEXANDER HARBINSON, M.D., R.U.I., M.R.C.S.Eng., and L.M. 1871, died on July 2nd at Millbank, Elgin. For twenty-three years he had been senior assistant medical officer of the Lancaster County Asylum. During that period his devotion to work and self-sacrifice won for him the confidence and esteem of all with whom he was associated, and general regret was expressed at his departure for Scotland in 1897. In his retirement he still interested himself in medical affairs, being a student to the last, and a keen supporter of the British Medical Association. He was J.P. for the County of Elgin and member of the Spynie School Board, and took a great interest in all public affairs.

PERTSHIRE has lost its oldest medical practitioner by the death of **DR. ROBERT ROBERTSON** of Errol in his eighty-seventh year. After completing his studies in Glasgow he started practice in his native village of Errol, and served that community faithfully and well for over fifty years. The occasion of his jubilee was marked by a handsome presentation from his many friends in the district. He was long a member of the British Medical Association and of the Perthshire Medical Society (now the Perthshire Branch) and of the Forfarshire Medical Society. Dr. Robertson took an active interest in all local affairs, and was well known as an antiquarian and a successful horticulturist. He was also a J.P.

DR. JOHN CUNNINGHAM of Sunderland died on July 10th, aged 69. He was a native of Dumfries and received his medical education at Anderson College, Glasgow, taking the diplomas of L.R.C.P., L.R.C.S. Edin. in 1874, and the M.D. Brux. degree with distinction in the following year. After practising in his native county for eleven years he removed to Sunderland, where he continued to practise until his death. He was a member of the Sunderland Division of the British Medical Association. He leaves a widow and two sons, one of whom is a member of the medical profession and is at present with the R.A.M.C. in Egypt.

DR. RICHARD WEIL of New York, who died recently, had been since 1906 an active member of the staff of the Huntington Fund for Cancer Research. He was one of the founders of the American Association for Cancer Research, and took a leading part in the foundation of the *Journal of Cancer Research*, of which he was editor-in-chief. On the reorganization of the New York Memorial Hospital he became assistant director of cancer research and attending physician. In 1915 he resigned those offices on his appointment to the chair of experimental medicine at Cornell, but he continued his work on cancer.

Medical News.

DR. A. J. RICE-OXLEY has been appointed a justice of the peace for the County of London.

DR. S. E. BAXTER of Wollaston, honorary secretary and treasurer of the Northamptonshire Division of the British Medical Association, has been elected a member of the Northamptonshire County Council.

DR. T. BRAILSFORD ROBERTSON, formerly Professor of Biochemistry and Pharmacology in the University of California, has been appointed Professor of Biochemistry, and Dr. J. J. R. Macleod, formerly Professor of Biochemistry and Physiology in the Western Reserve University, Professor of Physiology in the University of Toronto.

THE Italian journal, *Tuberculosis*, which has for some time been in a state of suspended animation, is about to come to life again. It used to be published at Milan under the editorship of Professor Ronzoni; it will henceforth appear in Rome under the direction of Professors Ronzoni and Sforza. It will be the authorized mouthpiece of the Italian antituberculosis organizations.

THE House and Library of the Royal Society of Medicine will be closed for cleaning from Thursday, August 1st, to Saturday, August 31st, inclusive. During that time, however, medical officers of the Naval, Military, and Air Services (including the Medical Corps of the Dominions and our Allies) will be admitted to the Library between 10.30 a.m. and 6.30 p.m.

AT its meeting on July 23rd the London Panel Committee decided to invite London panel practitioners to send a new motor ambulance for expeditionary service to the British Red Cross Society to replace one subscribed for earlier in the war, but now worn out. The cost of an ambulance is now approximately £450, and to maintain the car on the road for twelve months a sum of £200 is required.

THE series of congresses to be held at Monaco to promote the expansion of the thermal, mineral, and climatic stations and baths of the allied and friendly nations will deal with hydrology, hygiene, alpinism, thalassotherapy, and watering places. In connexion with the congresses there will be an exhibition. The whole is under the patronage of H.R.H. the Prince of Monaco. Professor Maragliano, Senator of Italy, has been elected general president.

No. 8 of the *Athenaeum Subject Index to Periodicals*, 1916 (Bream's Buildings, Chancery Lane), is devoted to education and child welfare. It consists of twenty pages. In addition to the subject index there is a list of authors, with entries following their names showing the headings under which their papers are registered. The *Index* is indispensable to serious workers, and the method of publication in groups of subjects allows each one to choose exactly what he requires.

THE annual meeting of the Poor Law Medical Officers' Association was held at 34, Copthall Avenue, E.C.2, on June 27th, with Dr. A. A. Napper in the chair, the president, Surgeon-General Evatt, being unavoidably absent. The report of council was submitted by the honorary secretary, Dr. A. Withers Green, who afterwards opened a discussion on the future of the Poor Law in connexion with the proposals of the Local Government Committee on Reconstruction, in which Drs. Claude Taylor, Thackray Parsons, and Denning took part. We are asked to say that a full report of the meeting will appear in the *Medical Officer*.

THE American Zionist medical unit has been organized because it is recognized that existing conditions make medical relief even more necessary now in Palestine than in normal times. The Turkish military authorities have closed hospitals, removed some of the best doctors and taken away appliances. War brought famine, and famine led to an epidemic of typhus. A sum of £50,000 has been provided from the Palestine Restoration Fund for the equipment of a medical unit. It consists of forty-four persons (doctors, dentists, nurses, pharmacists and mechanics), but it is hoped to add to this staff later. The unit is taking to Palestine a full equipment for a hospital of 100 beds and ambulances, and a quantity of clothing. The present intention is to set up a central hospital of 100 beds in Jerusalem, taking over for the purpose the building originally owned by a German society, but now known by the Hebrew title of L'maan Zion. Travelling hospitals, to be supplied from permanent dispensaries in the cities, will visit the country districts. The unit will give relief to Arab, Jew or Armenian, irrespective of race or sect. Though it is only a small

enterprise in comparison with the Red Cross work carried on in every belligerent country, it has a special interest as the beginning of a new effort to alter the health conditions of Palestine and educate the population in hygiene.

BRODIN and SAINT-GIRONS state that the number of leucocytes diminishes immediately after a meal, but then rises, presenting two maxima—the one two or three hours and the other four or six hours afterwards. The number of polynuclear cells follows a nearly parallel course.

OWING to the growth among boys of the habit of smoking to excess the police authorities in Berlin, on October 13th, 1917, forbade smoking by youths under 16. A boy under that age may now neither buy nor smoke tobacco in public, and those in authority over him are to be held responsible for enforcing this regulation, breaches of which are to be punished by fines up to 60 marks or imprisonment.

WE referred in our issues of November 24th and December 15th, 1917, pp. 709 and 816, to the proceedings taken by the police against Mr. Edward Yeates, F.R.C.S.I., on the charge of wearing military uniform without lawful authority. The defendant refused to give an undertaking not to continue to wear the uniform of medical officer of the New Zealand Expeditionary Force, holding that having engaged for the whole period of the war he was entitled to wear it; he denied the validity of the notice in the *New Zealand Gazette* stating that his appointment had been cancelled at his own request. The magistrate inflicted a fine of 25 guineas and 10 guineas costs. An appeal against the conviction was heard at the London Sessions on July 17th. The Chairman upheld the decision of the court below, but, in view of the appellant's undertaking not to wear the uniform in future, reduced the fine to 1s. The decision of the courts here, on the evidence admitted before them, appears to have rested on the notice in the *New Zealand Gazette*, the validity of which they felt bound to accept. The Chairman at the appeal stated that there was no reflection on the appellant's honour. This will be a satisfaction to Dr. Yeates, who was arrested in a most unceremonious manner, and treated in a way which could not fail to convey the impression that the authorities considered he had acted dishonourably in continuing to wear uniform. While all reflections upon his character as an officer and a gentleman are thus removed, we still think that Dr. Yeates has had less than justice. General G. S. Richardson, commanding the New Zealand Forces in the United Kingdom, stated at the hearing of the case in November that the matter arose out of a dispute with the New Zealand Defence Department. We are informed that Dr. Yeates served as a medical officer in the New Zealand Expeditionary Force, and we understand that this has been confirmed by the Premier of New Zealand. This is sufficient to prove that Dr. Yeates has good grounds for his contention.

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 postal address of the *BRITISH MEDICAL ASSOCIATION* and *BRITISH MEDICAL JOURNAL* is 429, Strand, London, W.C.2. The telegraphic addresses are:

1. EDITOR of the *BRITISH MEDICAL JOURNAL*, *Aitiology*, *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.

LETTERS NOTES, ETC.

EPSOM COLLEGE.

A LIFE GOVERNOR writes: Each year the Council of Epsom College appeals in your columns for further funds, and shows that what they have leaves a large amount of need unhelped, even in normal times. The war must have increased this need enormously. A committee is now appealing for "some thousands" for a war memorial, but it does not propose to use it to help the war widows and orphans, but to rebuild the nave of the chapel, "to the honour and glory of God." May one call to the remembrance of the committee the words of one who said "Inasmuch as ye have done it unto the least of these, ye have done it unto Me"?

TYPHUS AND VERMIN IN THE EIGHTEENTH CENTURY.

DR. ALEX. KING (Castries, St. Lucia, B.W.I.) writes: In connexion with recent investigations as to the conveyance of typhus fever and the part played therein by parasites, the following quotation may be of interest. It is taken from the recollections of Grace Dalrymple Elliott, a lady who had a somewhat varied and exciting career in the end of the eighteenth century. She was, among other things, a mistress of George IV while he was still Prince of Wales, and a great friend of "Egalité" Orleans. She went through most of the Terror in or near Paris, and, on account of her well-known Royalist sympathies, made the acquaintance of the inside of several revolutionary prisons.

"Three weeks after this I was once more removed from this prison, to my great grief and consternation, and taken at nine o'clock at night, just as I was going to bed, to the late Queen's stables, where many of the poor people of Nantes had just arrived on their way to Paris to be tried. They were in most miserable plight, having marched on foot from Nantes, many of them very ill, some dying on the road, it is supposed, of the gaol distemper. This, however, I doubt, as I slept on the same straw with them all night in the stables, and though they were full of vermin I got nothing dirty from them. This I impute to a sweet-scented sachet I always carried in my corset . . ."

Note the calm assumption of cause and effect—"vermin" and "gaol distemper"—stated as if it were a matter of common knowledge, which no one would cavil at. We have all heard of "gaol fever" and "ship fever"; many of us have known typhus fever in over-populated tenement houses in large towns in, for instance, the West of Scotland, and have always associated the condition with squalor, dirt, and overcrowding; but I do not recollect having, until very lately, heard the connecting link of "vermin" so positively mentioned. Yet this passage was written in the seventeenth nineties, about 120 years ago.

MEDICAL SICKNESS AND ACCIDENT SOCIETY.

OVER THIRTY YEARS A MEMBER writes: It is evident that widespread dissatisfaction exists among members of the Medical Sickness Society regarding the recent action of the committee, and the suggestion in the letter from "Another Old Member" in the issue of July 13th, p. 48, of a postal vote deserves support. What is now required is that some member, preferably not serving in the R.A.M.C., should come forward and offer to receive communications, etc., and so bring about concerted action.

YET ANOTHER OLD MEMBER writes: I also wish to protest against the discontinuance of the bonus to members on reaching the age of 65. It seemed to me that a distinct pledge was made that such a bonus should be paid in the place of other benefits we sacrificed for it.

THE PREVENTION OF VENEREAL DISEASES.

DR. OTTO MAY writes: In my recently published book on the *Prevention of Venereal Diseases*, the City Corporation Clinic in conjunction with St. Bartholomew's Hospital was, by a regrettable oversight, omitted from the list of treatment centres established under the Local Government Board scheme. The centre in question was among the earliest to be opened.

TUBAL TWIN PREGNANCY.

MAJOR GORDON TAYLOR, R.A.M.C., writes: I have read with interest Mr. McCann's kindly comment upon my paper on tubal twin pregnancy (*BRITISH MEDICAL JOURNAL*, July 6th, p. 10). My memory fails me on the question of the insertion of the umbilical cords in that case. I trust that the patient from whom the specimen in the Museum of the College of Surgeons was removed made a better recovery in his skilful hands than did the luckless Frenchwoman in mine.

DIPHTHERIAL INFECTION OF WOUNDS.

WE gave on June 15th an abstract of the report of a committee of the Canadian Army Medical Corps on the occurrence of diphtherial and diphtheroid infection in wounds. A correspondent in this country informs us that he recently had to treat several cases of diphtheria among the nursing staff of a hospital. After ordinary causes had been excluded he found three soldiers with wounds infected with Klebs-Loeffler bacilli. The men were admitted from France.

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