

developed more or less typical lobar pneumonia; of these seven died. So that, although the incidence of pneumonia was low, the case death-rate for pneumonia was high.

Preventive Measures.

As soon as the epidemic declared itself measures to prevent its spread were adopted.

All cases, when they reported sick with a temperature of 99° or over, were immediately sent to hospital. The whole of the contacts of three units were passed through the Levick spraying chamber. No reduction occurred in the number of admissions from these units, there being a greater incidence after than before the use of this method. In other units gargling with permanganate solution (1 in 5,000) was tried, but no effect was noticed.

In one unit spraying the nose and throat with acroflavine solution (1 in 1,000) seemed to have a distinct preventive effect. In many huts where it was used after the occurrence of two or three cases no further cases developed. The results here would seem to warrant further trial of this method.

Bacteriology.

The bacteriological investigations comprised the examination of: (1) Smears and growth from nasopharynx, (2) smears and growth from sputum, (3) blood cultures, and (4) growth from cerebro-spinal fluid.

Forty-three cases were chosen at random and examined on different dates, with the following results. Out of the 43 cases only in 16 was the nasopharynx swabbed.

1. *Nasopharynx*.—(a) *Smears*. Amongst other organisms present there was a predominance of a Gram-positive diplococcus. Pfeiffer's bacillus was absent in all cases.

(b) *Culture*. The same organism—namely, a Gram-positive diplococcus—was obtained, Pfeiffer's bacillus being absent in all. 2. *Sputum*.—(a) *Smears*. Forty-one sputa were examined, in 32 of which Gram-negative bacilli were found, often in clumps, as well as Gram-positive diplococci. In the remaining 9 cases there was an abundance of Gram-positive diplococci.

(b) *Culture*. The media used were agar, trypsin blood agar with rabbit's blood enrichment, and trypsin agar with human blood. The same sputa were used.

(1) *Agar*.—Minute transparent circular colonies about the size of a pin's head were obtained at the end of forty-eight hours. The colony was slightly granular towards its centre. On staining the culture by Gram's method the organisms were seen to be Gram-positive diplococci.

(2) *Trypsin Agar with Rabbit's Blood Enrichment*.—After forty-eight hours two distinctly different colonies were visible. The one was a thin semi-transparent colony about the size of a pin's head, and presented a somewhat granular appearance. On staining by Gram's method the organisms were identical with the Gram-positive diplococci found in smears of sputa and of growth obtained in agar.

The other colony was a minute discrete transparent colony with a smooth rounded edge, with no evidence of stippling on the surface. These organisms did not take up the stain readily by Gram's method, so a modification of Gram's (as regards time) was adopted. The length of time for counter-staining with 1 in 20 carbol-fuchsin was increased to three, five, and ten minutes respectively; the period of ten minutes was found to be the most satisfactory. The organism was a small cocco-bacillus with rounded ends, slightly larger than that found in smears of sputum, feebly stained towards the centre, and was Gram-negative.

(3) *Trypsin Agar with Human Blood*.—Growth was more luxuriant on this medium than on "trypsin agar with rabbit's blood enrichment," but presented the same cultural appearance. This organism—Gram-negative bacillus—was only feebly stained by basic aniline dyes, and had no action on the sugars. Plates gave the following results:

32 plates showed a mixed culture of Gram-negative bacilli with Gram-positive diplococci.

9 plates showed Gram-positive diplococci and no Gram-negative bacilli.

3. *Blood*.—Nine cases with marked symptoms were chosen for blood cultures. Of these all were sterile.

The two organisms found in the sputum were in every respect identical with the Pfeiffer's bacillus and the pneumococcus.

THE National Medical Institute of Mexico, which was founded in 1890 for research on the flora, fauna, climatology, and geography of Mexico, and for the exploitation of these resources, has by a recent decree been transformed into the Institute of General and Medical Biology. The institute has been engaged in the study and classification and action of native plants.

Memoranda: MEDICAL, SURGICAL, OBSTETRICAL.

LARGE DOSES OF SALICIN IN INFLUENZA.

In 1891 I published the results of the treatment of 250 cases of the then so-called "Russian" influenza with large doses of salicin. During the continuance of that particular epidemic, and during those which followed in the next five or six years, I treated upwards of 2,000 more cases in exactly the same way—namely, by 20 grains of salicin given every hour—with exactly the same result—namely, that of rapid recovery obtained in an average of one day and a half without any complications, sequelae, or with the loss of a single life. At the commencement of this epidemic of "Spanish" influenza which is now coming to a close, I started treating the cases I had to attend in the same manner, with the result that in every case recovery has taken place within twenty-four hours. The first two or three doses removed all pain and discomfort, while the temperature was materially reduced. Also, as happened in the 1891 and other epidemics of about that date, the result of saturating the system with salicin was to do away with the infectivity of the patient. Twenty-seven years ago I rarely had more than one case at a time in a household, with perhaps the attendant who looked after the patient, who took it before he or she was thoroughly under the influence of the drug, and during this present epidemic I have been looking after 120 young ladies who, being in Government and other employment, live in a large hostel. Among all of these only nine cases have occurred, and each one of these could be traced to infection outside the hostel, in the office in which the sufferer had been working. Not one single case caused it to spread among the other inmates of the house, salicin in every case being administered and pressed at once. It seems to me that by administering these large doses of the drug fearlessly we have a method both of curing the disease rapidly and preventing the spread thereof. It is needless to say that in no single case have I come across the slightest ill effects from the large doses of the drug given.

London, W.

E. B. TURNER, F.R.C.S.

REDUCTION OF DISLOCATION OF HEAD OF HUMERUS.

KOCHER'S method of reduction causes pain, and in my experience frequently fails. Traction on the arm with the foot in the axilla gives excruciating agony. Reduction under anaesthesia necessitates two surgeons, and, in my opinion, chloroform is not without extra danger.

The following manipulation is probably not original, but I find no account recorded in the ordinary textbooks.

The surgeon requires the assistance of two men. The patient sits in a chair with the sound arm over the back. One assistant sits in a chair on the injured side, both his hands are placed on the axillary border of the scapula (fingers towards the vertebrae), and he is told to press the shoulder blade towards the spine. The other assistant stands on a chair behind the patient, takes hold of the wrist and forearm, and is told to pull the arm up, the tips of the fingers of the injured limb pointing towards the ceiling, the elbow extended, the palm of the hand looking forwards, the biceps parallel with the ear of the patient. The surgeon supports the head of the bone by gentle pressure with his thenar eminence. This procedure is continued until the muscles are felt to relax, usually less than five minutes. The arm is gradually lowered, and, if everything has been done slowly—no sudden movement—the humerus will be found in position when the arm is brought to the side.

I claim for this method the immediate cessation of pain from the moment the manipulation commences. The vertical position corrects the shortening of the muscles by taking away pressure from the nerves of the brachial plexus, the fixation of the scapula rendering such extension complete.

I have had no difficulty by this method in reducing various kinds of dislocation, but the subspinous variety has not come under my observation.

W. H. COSENS,
Major R.A.M.C., Medical Officer in Charge
Dorchester Auxiliary Hospitals and
Prisoners of War Hospital, Dorchester.

ill. Having done so he was asked to explain his conduct by the Central Division of the Birmingham Branch, and did so. It was a dying case, and he followed the rule of the Association. He got a letter from Dr. Davidson, the Secretary of the Coventry Division, which was practically a censure.

Mr. McCall objected to the letter being referred to as it was not produced, and as he was told there was no such letter.

Witness said he destroyed it. As to its contents, the writer said he was told to see the case if the case—although dying, mind you—is transferred to another doctor. He subsequently received Rule "Z."

In cross-examination he said he wrote to Dr. Burke on April 24th, 1914, saying that he considered he had to deal with canting humbugs; that he had done with the Coventry Division of the British Medical Association. Rule 26 contained this exception: "In circumstances of great urgency, affecting the life of the patient, member may accord such professional recognition to a practitioner whom he otherwise would not meet, as the necessities of the case require." He had acted on that. He could not say whether the words "even in a dying case, mind you" were in the letter referred to in his evidence in chief, or were an interjection of his own.

Dr. David Holmes, M.B.Ed., L.R.C.S.Ed., who was examined by Mr. Schwabe, said that from 1880 to 1885 he was on the staff of the Birmingham General Dispensary, and then practised at Aston, Birmingham, for twenty years. For reasons of health he sold his practice and went to Lowestoft. In 1910 he became medical officer of a medical institute at Radstock near Bath, and in 1912 he accepted a position on the staff of the Coventry Provident Dispensary. He left Radstock because he was boycotted. He was not and never would be a member of the British Medical Association. Before taking up the post at Coventry he received a warning letter from Dr. Vaughan Pendred, in which it was stated that the boycott had been consistently and successfully enforced. He, however, found nothing derogatory in the conditions at the dispensary except that there was a notice outside the door bearing the names of the medical staff. That was removed by the dispensary authorities after the General Medical Council had been consulted.

By the Court: The dispensary had never, so far as he knew, been otherwise brought to the notice of the General Medical Council. As to lay control at the dispensary, he saw nothing wrong in that, because the medical matters were regulated by the medical committee. As to the boycott, the main thing was the difficulty of getting a consultant; it was like a solicitor not being able to consult a barrister. He also found it difficult to obtain a locumtenent, and was refused attendance at the Coventry and Warwickshire Hospital. Except for the boycott, he knew no reason for the refusal. He had also found it difficult to get patients admitted to the hospital. When the ban was removed pending this action, at the suggestion of the Lord Chief Justice, the difference was enormous. The boycott began about ten years ago. He saw the article in the BRITISH MEDICAL JOURNAL of April 4th, 1914, and took it to refer to the officers of the Coventry Dispensary. He had never been summoned by the Coventry Division to explain his conduct, nor to the Central Ethical Committee.

By the Court: Neither the Coventry doctors nor any Branch of the British Medical Association had ever announced in a concise form their reasons for the boycott so that the public might understand it.

Cross-examined, witness said he left Radstock because of a boycott. He had known of the dispute at Coventry since 1907. He agreed that a dispensary failed of its purpose if it gave medical attendance and care to those who were able to pay the ordinary cost of medical attendance in any considerable numbers. He thought it ridiculous to make it a fundamental principle for a dispensary that every medical practitioner in the district who wished so to act should be a medical officer of the dispensary, provided he conformed to the rules thereof. He saw no objection to the medical staff being in a minority on the committee. There were four out of twenty-eight in this case. A competent and qualified medical man might properly entertain the opinion that there should be a wage limit. The question of eliminating members earning more than £2 a week was never discussed in committee.

By the Court: The question upon the wage limit did not touch professional conduct in the ordinary sense, but the question of remuneration of one or more medical men. Here there was only a small number with more than £2 a week. Some of his dispensary patients used to pay him 2s. 6d. a visit, and there was no rule of the dispensary to prevent his accepting it. He believed the five medical officers had resigned from the dispensary owing to the coercion of the British Medical Association. He did not think he came within any of the four classes mentioned in the alleged letter, but he thought the defendants were referring to him when they spoke of the failures of the profession. In his opinion all the Coventry men except Dr. Harman Brown were animated by spite and ill-will towards him, although, apart from the dispensary question, he had had no quarrel with them.

In re-examination, he said that ill-will against him had been specifically expressed in a letter from Dr. Lowman to Dr. Cox where he said, "The feeling in the Division is quite unanimous, and especially against the men who had taken posts in opposition to their wishes." Practically all the other medical men in Coventry belonged to some other institution.

Mr. Justice McCardie: What is the difference between a private club and a provident institution?—A private club is

where a medical man simply has books of his own and they pay to him or to his collector. That is a private medical club.

Ernest Camden Pratt, L.S.A., examined by Mr. Schwabe, said that before he came to Coventry in 1912 he had practised mainly in connexion with friendly societies. He received a letter from Dr. Pendred on his appointment to the dispensary, and he replied, saying that he thought it was conducted more to the advantage of the medical man than the general run of such institutions. He had joined the British Medical Association in 1911 because of the National Insurance Act. On June 6th, 1913, he wrote a long letter to Dr. Cox, pointing out that he considered the British Medical Association were making a mistake in the matter of the dispensary, but saying that he agreed his membership of the Association was incompatible to his then position, and offering to resign from the British Medical Association. His resignation was refused. He subsequently saw Dr. Kenderdine and refused to resign from the dispensary. On June 8th, however, having previously attended a meeting of the Coventry Division, he did say he was willing to resign at the end of the year on the ground that, though he was satisfied with the work and remuneration at the dispensary, it was detrimental to the interests of the medical men at Coventry. By that he meant financial interests. Before he took up his appointment at Coventry, Dr. Kenderdine had told him he would be boycotted, even if he took it on trial for a short period. He found nothing which he considered detrimental to his honour as a medical man in occupying the appointment at the dispensary.

In cross-examination, he admitted he knew the Coventry men objected to the dispensary before he joined it. He did not think it right that medical men should have complete control although they should take part in the management. He agreed that the medical man should have the right to choose his patients and the patients should be entitled to choose their medical attendant. He quite admitted that when he wrote the letter already referred to he thought his position was incompatible, and would not blame other medical men for taking the same view. In October, 1913, he was anxious to return to the British Medical Association. His wife had urged him on social grounds. The Association had refused to let him climb down; in fact, he resigned from the dispensary late in 1917. He did not admit that Dr. Kenderdine came to him merely as a friend, but he did say that as an old friend he desired to save him from the bad opinion of the profession. It was true that on February 4th, 1918, he wrote that he had quarrelled with his colleagues at the dispensary, and that in his opinion they had proved themselves rank outsiders, but he had since changed that view. Difficulties had arisen because the other medical officers had taken over his patients while he was away. He had not gone fully into the facts before forming an opinion, but he could not say he had ever apologized.

(To be continued.)

Universities and Colleges.

UNIVERSITY OF CAMBRIDGE.

THE degree of Master in Surgery is now known by the initials M.Ch. instead of M.C. as heretofore, and the initials used in abbreviation for the degree of Bachelor of Surgery have correspondingly been changed from B.C. to B.Ch.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.

At an ordinary comitia on July 25th, the President, Dr. Norman Moore, being in the chair, the following gentlemen, having passed the required examination, were admitted Members of the College:

Geoffrey Fourne, L.R.C.P., Francis Henry Mosse, L.R.C.P., Francois Roberts, M.D.Camb., L.R.C.P., William Willis Datziel Thomson, M.D.Belfast, John Grattan Wilson, M.B. Lond., L.R.C.P., Cecil Denyer Wood, M.B.Oxon.

Licences to practise physic were granted to 73 candidates, and diplomas in public health were granted, in conjunction with the Royal College of Surgeons, to 6 candidates:

S. L. Baker, T. F. Brown, Gnanayudam Mangalanathan Dominic, H. Isaac, E. D. Richardson, E. L. White.

Officers were elected for the ensuing year; they included as censors Dr. Newton Pitt, Dr. F. W. Mott, F.R.S., Sir Humphry Rolleston, K.C.B., Dr. Raymond H. P. Crawford. Dr. T. Arnold Chaplin was elected Harveian Librarian, in succession to Dr. Norman Moore, who had held the office for many years and resigned it on his election as president. Dr. Leonard Guthrie and Dr. P. H. Horton-Smith were elected members of council.

A copy of the revised edition of the *Nomenclature of Diseases*, 1918, was received. The thanks of the College were presented to Dr. Leonard Guthrie for his work as secretary of the committee and editor, and he was asked to accept an honorarium of two hundred guineas.

The Moxon medal was awarded to Dr. F. W. Mott, F.R.S. On the recommendation of the adjudicators it was decided not to award the Weber-Parkes prize this year.

The following universities and medical colleges were added to the list of institutions whose graduates in medicine are admissible to the Final Examination of the Examining Board in England, under the conditions of paragraph iv, Section III, of the Regulations—namely: University of Vermont, Burlington; University of Alabama, Mobile, Ala.; Women's Medical College of Pennsylvania; Union University, Albany, N.Y.; University

of Louisville, Ky.; St. Louis University School of Medicine, St. Louis; Long Island College Hospital, Brooklyn, N.Y.; University of Pittsburgh; Medical College of State of South Carolina; Syracuse University, New York.

The following schools were recognized for instruction in chemistry, physics, and biology, or in one or other of these subjects: Leeds Grammar School, Downside College, Royal Masonic School, Bushey; Shrewsbury School, Merchant Taylor's School, Crosby; Barry Intermediate School.

ROYAL COLLEGE OF SURGEONS OF ENGLAND. An ordinary council was held on July 25th, when Sir George Makins, president, was in the chair.

Diplomas of membership were granted to 70 candidates found qualified at the recent examination.

A further donation of fifty guineas was made to the Belgian Doctors' and Pharmacists' Relief Fund.

Mr. R. Lawford Knaggs was elected a member of the Court of Examiners in Dental Surgery in the vacancy occasioned by the retirement of Mr. W. G. Spencer.

Medical News.

DR. A. LINNELL of Paulterspury has been unanimously elected chairman of the Northamptonshire Insurance Committee.

CAPTAIN MORRIS JONES, M.C., R.A.M.C., of Colwyn Bay, has been appointed to the Commission of the Peace for the county of Denbigh.

AT the instance of the Ministry of Food, arrangements have been made by the Local Government Board and the Board of Agriculture conferring on local authorities power to make rat destruction regulations, and to supervise their execution. It is proposed to rely chiefly on poisoning, and the Treasury is to contribute towards the cost, which it is believed will not be great.

OWING to a recent improvement in the situation the Ministry of Munitions of War is now in a position to release quantities of calcium carbide for public purposes on a somewhat more lenient basis. The Department therefore considers it unnecessary to continue to refer applications from medical practitioners to the British Medical Association for recommendation, and has thanked the Association for the very valuable assistance which it has rendered in this matter. Medical practitioners who experience any difficulty in obtaining supplies of calcium carbide should now communicate direct with the Controller of Non-Ferrous Material Supplies, Ministry of Munitions of War, 8, Northumberland Avenue, London, W.C.2.

AN Officers' University and Technical Training Committee has been appointed by the Boards of Agriculture and Education, the Minister of Labour, and the Minister of Pensions to advise as to what courses of education and training it may be desirable to arrange for the benefit of officers and ex-officers of his Majesty's Forces and men of like standing, particularly with a view to fitting them for suitable employment after the war; it will consider any general questions arising in connexion with such education and training, and, when necessary, will advise individual officers as to suitable courses of training. The chairman of the committee is Lieut.-General Sir Alfred Keogh, G.C.B., and among the members is Sir William J. Collins, M.P.

THE Food Controller has announced that he is prepared to grant licences for the purchase and sale of milk of greater purity than the ordinary supply at prices higher than those fixed in the milk Order for the time being in force. Two grades of this higher quality have been arranged by the Local Government Boards for England and Wales and for Scotland respectively. Grade A is milk produced under exceptionally clean and hygienic conditions from a herd free from tuberculosis, and immediately bottled in sterilized bottles on the premises where it is produced, in such manner that the lip of the bottle is entirely covered. Grade B is milk produced under specially clean conditions from a herd free from tuberculosis. In the case of Grade A the price, wholesale or retail, in excess of the maximum prices permitted by the milk Order shall not exceed 4d. per imperial quart bottle and 3d. per imperial pint bottle. The price in excess of the milk maximum prices permitted by the Order in the case of Grade B must not exceed 4d. per imperial gallon when sold retail, 3d. per imperial gallon when sold wholesale by the producer, and 3½d. when sold wholesale by any person other than the producer. A full statement of the conditions can be obtained from the Secretary, Milk Section, Ministry of Food, London County Hall, Westminster Bridge Road, S.E.1.

Letters, Notes, and Answers.

IN order to avoid delay, it is particularly requested that ALL letters on the editorial business of the JOURNAL be addressed to the Editor at the Office of the JOURNAL.

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, *Attiology, 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.

INCOME TAX.

J. A. inquires as to the legal authority for claiming to have allowances for life assurance, abatement, etc., set against civil income instead of against "pay" taxable at the reduced "service" rates.

* * This is provided for specifically by Section 11 (a) of the Finance Act, 1917, and is continued by the current Finance Act; for the years up to and including the financial year 1916-17, the allowances had to be made from the "pay" first and the civil income next, and, as our correspondent realizes, the reversal of that rule for 1917-18 and future years carries an appreciable benefit. We may add that the rule extends even to civil *unearned* income in preference to "pay," the order for the allowance being, civil earned, civil unearned, and lastly "pay."

G. R. P. inquires as to the position of civilian medical practitioners in receipt of army pay for work on medical boards, V.A.D. hospitals, etc., with regard to the special service rates.

* * Section 30 (1) of the Finance Act of 1916 restricts the application of the special service rates of tax to "any person who has served or is serving as a member of any of the naval or military forces of the Crown, or in service of a naval or military character in connexion with the present war for which payment is made out of money provided by Parliament, or in any work abroad of the British Red Cross Society or the St. John Ambulance Association or any other body with similar objects." As regards the V.A.D. hospitals, the work referred to by our correspondent is presumably not "abroad," and so far as medical board work is concerned it would seem that the authorities regard this as of a civilian rather than of a military character, probably because it does not carry liability to military discipline.

MEDICAL SICKNESS AND ACCIDENT SOCIETY.

DR. A. WITHERS GREEN (Wardrobe Place, E.C.) writes: For the past few weeks letters have appeared complaining of the action of the Medical Sickness, Annuity, and Life Assurance Friendly Society in deciding to withhold, after the end of 1918, the bonus from members reaching the age of 65. From inquiries at the office it can be learnt that this action has been due to war conditions and appears to be quite wise and necessary. It would be much more reasonable if members, instead of complaining in a public journal, were to obtain first-hand information from the office of their society, 300, High Holborn, London, W.C.1.

All members received the thirty-fifth report and statement of accounts before the annual meeting was held, in which, at the last paragraph, the actuary (Mr. S. G. Warner) definitely recommends that the remaining Sickness Fund surplus should be left untouched after the end of 1918, on account of the entirely exceptional circumstances brought about by the large number of war injuries and sickness which may become claims on the Sickness Fund on the return of the invalids to this country.

SCALE OF CHARGES FOR ADVERTISEMENTS IN THE BRITISH MEDICAL JOURNAL.

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