solution hourly by the rectum as long as the patient continued to retain it; (3) pituitrin ½ c.cm. every four hours until the pulse settled down. In practice this amounts to three or four injections.

Appearances of the Spleens Removed.

With one exception all the spleens were enlarged. The largest weighed 19 oz., 20 oz., and 28 oz. respectively. The tears were multiple in all, and varied in severity from nearly complete division of the organ to mere rents in the capsule. Extravasations of blood into the spleen pulp were also numerous. The spleen tissue was soft and friable.

Effects of Removal of the Spleen.

(*a*) No ill effect was noticed while any of the patients were in the casualty clearing station, and news of two patients some months after operation was entirely satisfactory. No information about the remaining four has been obtained. (*b*) A very high leucocytosis occurs rapidly after splenectomy, which is not apparently to be accounted for except as a consequence of the loss of the organ. No series of observations was made, but the following figures from four cases are illustrative:

(*a*) 42	days after operation	...	...	22,300
(*b*) 16	,, ,,	...	...	20,000
(*c*) 5	,, ,,	...	...	45,000
(*d*) 2	,, ,,	...	...	16,000
12	,, ,,	...	...	12,000

White counts on two cases of nephrectomy for injury showed no excess. (*c*) Any operation in a malarial subject is likely to determine a relapse. A case of splenectomy is no exception, and the relapse does not differ clinically from those occurring in patients with spleens. (*d*) Late haemorrhage occurs sometimes after splenectomy. This event occurred in one case. About ten days after the operation there was a sudden severe haemorrhage from vessels in the abdominal wound. A considerable amount of blood had managed to find its way into the peritoneal cavity, but its origin was entirely extraperitoneal; it was arrested by ordinary methods and did not recur. There was no history of haemophilia and to a rough test the coagulation time appeared quite short.

I am indebted to Colonel Kelly, A.M.S., for permission to publish this series of cases.

SOME POINTS CONCERNING THE OPERATION FOR VARICOSE VEINS.

BY

F. J. STEWARD, M.S., F.R.C.S.,

SURGEON TO GUY'S HOSPITAL.

I RECENTLY witnessed an operation for varicose veins performed by another surgeon; it was needlessly tedious and bloody. As the operation is much simplified by the method that I have adopted for some time, I have thought that an account of it might be helpful to others.

I have tried the various new implements that have been devised for the operation, such as strippers and extractors, but they have not given satisfactory results in my hands, so I have returned to the simpler method of excision, which I perform as follows:

The night before operation the limb is dry shaved, rubbed with ether, painted with iodine, the veins marked with an indelible pencil, and then wrapped in a sterile dressing. The patient having been anaesthetized, the limb is held in the vertical position for a couple of minutes and emptied of blood as thoroughly as possible by firm upward kneading, and a tourniquet applied to the thigh as high up as necessary.

Suitable incisions are then made and the veins removed, the cut ends of the main veins and the larger tributaries being ligatured with fine catgut. The incisions are then closed by means of Michel's clips, the limb wrapped in large sterile pads, and a bandage applied evenly and firmly, but not too tightly, from the foot upwards. The tourniquet is then removed.

As the limb is bloodless the operation can be performed very rapidly, for the thickened veins are quite easily recognized and dealt with. Time need not be wasted in tying small tributaries, for the firm bandage effectually prevents subsequent oozing with the formation of those haematomata which so delay healing. The use of Michel's clips has many advantages over ordinary interrupted or continuous sutures—they are far more rapidly applied, the necessary eversion of the skin edges is ensured, and the wounds consequently heal soundly with the formation of firm linear scars. The edges of the wounds are so thin that the use of any other form of suture is almost bound to result in more or less inversion of the skin edges, so that gaping of the incisions takes place after the sutures are removed, and results in slow and tedious healing, leaving thin wide scars that are often tender.

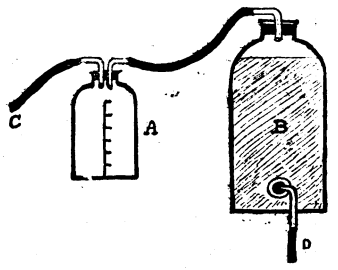
Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

AN ASPIRATOR FOR PARACENTESIS THORACIS.

I HAVE found the apparatus here described and figured very convenient for tapping haemothorax. Others may be using a similar arrangement, but, as I have not seen it described, a short note on it may be useful. It is quite simple and inexpensive, and can be put together from easily obtained materials. In most hospitals there is only one aspirator, but in a ward where chest cases are dealt with a second, not in general use, is a considerable convenience.

The apparatus, as shown in the figure, consists of two bottles connected by pressure tubing. The larger bottle, B, holds anything up to two quarts of water, and has an outlet at the bottom, D, to which is attached about a yard of indiarubber tubing furnished with a pinchcock (not shown in the figure). The bottle A holds fifteen to twenty ounces, and is connected by the tube C to some form of aspirating trocar and cannula. It is convenient to graduate it in ounces. The whole apparatus must be air-tight at all joints. When in use the bottle B is filled with water, and the long tube D is allowed to hang vertically, its lower end dipping below the surface of some water in a large jar. The pinchcock is placed near the lower end of the tube, and a little water run out to remove any air bubbles. The trocar and cannula having been inserted in the pleura the pinchcock is opened, and negative pressure set up in the bottle A by the fall of level in the water in the bottle B.



I have found an aspirating needle known as Hodder's convenient to use, as it provides a good attachment for the indiarubber tube. The side tube of the ordinary Potain's trocar is too short to allow of an airtight joint. When the bottle A is full, the pinchcock is closed, the indiarubber cork removed and the bottle emptied; B can similarly be refilled with water if required. The stream of blood or serous fluid is watched as it runs into A, and its volume regulated by partially opening or closing the pinchcock, and thus altering the rate at which the water escapes from B.

The advantages of the apparatus seem to me to be: (1) It is cheap and easily made; (2) it is easily cleaned; (3) a continuous negative pressure is maintained; (4) there is no arm-aching exercise of pumping necessary; (5) there is no pump to get out of order.

It might be elaborated by introducing a manometer through the cork in the bottle B, or a funnel for filling it, but in practice I do not think these are required.

J. M. FORTESCUE-BRICKDALE, M.D., M.R.C.P.,
Officer in Charge, Centre for Gunshot Wounds of the Chest, 2nd Southern General Hospital, Bristol.

BLOOD PRESSURE IN WAR TRAUMATISMS.

IN the BRITISH MEDICAL JOURNAL of August 10th (p. 132) Dr. E. F. Cyriax states that in certain cases of unilateral traumatisms the blood pressure readings taken with the Riva-Rocci apparatus were different in the two arms, but that this difference tended to disappear as recovery took

place. From the figures he gives it appears that usually, though not invariably, the systolic pressure was higher on the injured side.

These cases are probably special instances of the general law suggested by Leonard Hill and myself in a paper read before the Royal Society in 1913.[1] We suggested that the organism has the power to alter the character of the blood flow to any particular capillary area by altering the resilience or lability of the walls of the arteries supplying that area. Thus, if the walls of the arteries and arterioles contracted and became hard, almost the full percussive systolic pressure obtaining in the great arteries would be brought to bear in order to beat open the capillaries, while with lax arterial walls the capillaries would be exposed to a low systolic pressure. We instanced the conditions obtaining in an inflamed area and in a secreting gland.

It is to be hoped that Dr. Cyriax will continue his observations, as they promise to furnish confirmatory evidence of what is probably a very important though little realized function of the arterial walls.

London, W. S. RUSSELL WELLS, M.D.

LIFE-HISTORY OF ASCARIS LUMBRICOIDES.

MEDICAL practitioners who have worked in tropical and subtropical countries cannot fail to be deeply interested in the recent discussion in the BRITISH MEDICAL JOURNAL on the life-history of *Ascaris lumbricoides*, and in Dr. George C. Low's paper on the same (March 9th, 1918). I have worked for fifteen years in the Fuh Kien Province of China. By systematic examination of the stools of hospital in-patients I established the fact that 100 per cent. of the population of that particular locality harboured *Ascaris lumbricoides*. Long before there arose any discussion concerning a possible pulmonary circuit I had learnt to know the "wormy cough" of the more heavily infected. It had also become a matter of practical experience that bronchitis in children could not infrequently be cured by doses of santonin and aperients alone without the assistance of expectorants. In fact, it almost seems to me now that the scientific results arrived at by the work of Lieut.-Colonel Clayton Lane and Major F. H. Stewart should have come as platitudes to us of the East—they so obviously fit in to our knowledge of signs and symptoms of *Ascaris lumbricoides* infection. On the other hand, the intermediate host theory did not fit in. By experience (often bitter experience) we knew that vegetables fertilized with night-soil were a most sure cause of infection, and that all uncooked and partially cooked vegetables must be rigorously avoided. We also knew, though I cannot give the scientific basis of the knowledge, that for any foreign resident in China a bi-monthly dose of santonin is a wise precaution. This raises the question of the duration of the life-circuit. Other questions of great importance to the practitioner in infected districts concern the length of time that the eggs can retain their vitality (*a*) stored in pits of night-soil, (*b*) in the air or in damp soil. Ankylostome eggs are destroyed by prolonged storage in pure night-soil, but it does not appear that the eggs of *Ascaris* are destroyed by any process to which the Chinese agriculturist submits them.

MABEL PANTIN, L.M.S.S.A.Lond.,
Dong Kan Hospital, Fuh Kien, China.

[1] The Influence of Resilience of the Arterial Wall on Blood Pressure and on the Pulse Curve. S. Russell Wells and Leonard Hill. *Proceedings of the Royal Society*, Series B, 1912-1913, p. 180.

H. VINCENT and G. STODEL have described to the Académie des Sciences (July 16th) a serum for gas gangrene prepared from the horse by injecting the chief varieties of anaërobic microbes which cause the disease. They produced gas gangrene in 89 guinea-pigs by inoculation of the *Bacillus perfringens* into the thigh muscles, followed by crushing by pincers these muscles in the anaesthetized animals; after this double action of the bacillus and the trauma gas gangrene usually appeared in about eighteen hours. The mortality of the unprotected animals was 79 per cent., of the protected only 4½ per cent. The serum was used in fifty soldiers with severe badly infected wounds of thighs or buttocks; all remained free from gas gangrene. It was used in thirteen cases of more or less advanced gas gangrene, four of which were regarded by the surgeons as hopeless; twelve recovered. The local and general symptoms usually showed rapid amelioration, sometimes within a few hours of the inoculation of the serum.

Reviews.

ANATOMY APPLIED TO PHYSICAL TRAINING.

IN the welcome book on *Applied Anatomy and Kinesiology*[1] by Professor BOWEN we have further evidence of a discontent with the conventional method of teaching the action of muscles. In noting the appearance of Dr. W. Colin Mackenzie's work, the statement was made that the causes which are revolutionizing our manner of looking at muscles in action were at work in pre-war times. The work now under review is further proof that this surmise is correct. Professor Bowen has approached the subject not from a clinical point of view, as Dr. W. Colin Mackenzie did, but from the standpoint of a man who has to teach teachers the principles of physical education—the principles of orthopaedics, if we use that word in its original sense. He found that even our best textbook in anatomy did not help him to explain how the movements employed in physical training were carried out, nor could the standard textbooks in physiology give him direct help as to how those movements assisted in making the growing body straight and symmetrical. Professor Bowen found, as the clinician had also discovered, that the men who could help him were Duchenne, Beevor, and Sherrington, and we have no doubt, if John Hunter's writings were as well known to our American allies as they deserve to be, Professor Bowen would have also acknowledged his help. What the author of this work has done—and he is the first to have done it so far as we are aware—is to apply to the anatomical facts of our textbooks the observations of men who have studied muscles in living men, under conditions of health as well as under conditions of disease, and has thus produced a much-needed work. Professor Bowen's book is the first volume of "The Physical Education Series," edited by Dr. R. Tait Mackenzie, Professor of Physical Education and Physical Therapy in the University of Pennsylvania. The editor, in a preface, states his belief that "a large audience awaits" Professor Bowen's book. We have no doubt that is true as regards the United States, and we hope it will also prove true of our own country, for the conditions of our industrial life make physical education a matter of real importance to us.

There are many points, had space permitted, which deserve our commendation, and a few, perhaps, which demand our criticism. There is one of these latter points which, because of its practical importance, we cannot afford to let pass by without protest. It is one regarding the improvement of breathing by physical training. In his account of expiration Professor Bowen repeats the erroneous statement, so common in even our best textbooks, that expiration is a purely physical, not a muscular, act. When, however, he comes to interpret the traced records taken of the movements of the living thorax, he realizes that there is the clearest evidence in their expiratory phases that expiration is just as much a controlled and muscular act as inspiration; but evidently the authority of tradition is too great for him, and, instead of trusting his own eyes and judgement, he repeats the ancient and erroneous teaching. The inclination to follow accepted teaching in spite of his better judgement is a weakness shown in many parts of Professor Bowen's otherwise excellent book. He accepts, too, the well-expanded—super-expanded—chest as the ideal for which teachers should work. For instance, he notes that when we attempt to fill our lungs beyond a certain point we expand our thorax at the expense of our abdominal capacity. In the extreme phase of inspiration, as the thorax expands the abdomen diminishes, because the abdominal viscera are drawn within the subdiaphragmatic space. He would aim at obtaining all the expansion that could be obtained by both thorax and abdomen for the direct expansion of the lungs. Now those who are familiar with the training in chest expansion by a certain school of London teachers know that irrevocable harm has been, and is being, done to the lungs of young men. Lungs are really delicate organs, and Nature has taken a great deal of pains to safeguard them

[1] *Applied Anatomy and Kinesiology: The Mechanism of Muscular Movement.* By Wilbur Pardon Bowen, M.S., Professor of Physical Education, Michigan State Normal College, Ypsilanti, Michigan. Philadelphia and New York: Lea and Febiger. 1917. (Med. 8vo, pp. xii + 316; 189 figures.)

doing eighteen or twenty cases a day and drawing the maximum pay, Harrisson regularly examined more than 100 recruits, working from 10 a.m. to 10 p.m. He had associated with him four lay assistants or clerks, and the work, although expeditious, was well done; he knew exactly the type of recruit which the army required, and he could size up a man while another was examining a single organ. The fact that very few of his recruits were afterwards turned down was proof of his discriminating perspicacity. When the Conscription Act was passed he had a different type of individual to deal with, but his scrutinizing eye readily detected the malingerer, and he did not hesitate strongly to express his opinion of many of the medical certificates presented to him. He was himself incapable of any mean subterfuge; any certificates which were merely a colourable imitation of the truth drew forth his power of strong invective.

He was a genuine sportsman, and never happier than when riding a steeplechase, and not infrequently he was first at the winning post.

It was always a great pleasure to perceive the strong affection which united all the members of the Harrisson family, and Damer was ever a central figure; those who had the privilege of joining in the family reunions had always most enjoyable evenings. There is only a sister left, but of the rising generation there are many worthy members, and General Harrisson arrived from France in time to see his uncle alive.

Damer Harrison survived by twelve months his only child, Major Roland Damer Harrisson, D.S.O., killed in action. This catastrophe had a very telling effect on the father; he lost his buoyancy, and work became to him more a labour than a pleasure. His end came fairly rapidly and free from suffering, and those who knew his temperament are pleased that he had no lingering illness. About seven weeks ago he was laid up with a sharp attack of influenza. This was followed by extensive cerebral thrombosis, motor and sensory aphasia, and right hemiplegia. He died on September 1st in his 67th year.

JAMES BARR.

JAMES LAMBERT, M.D.GLASG., M.R.C.S.ENG., L.S.A., Birkenhead.

THIS veteran was, until a few years ago, a familiar figure in Birkenhead and Liverpool, and at the medical gatherings of the Liverpool Medical Institution and those of the Lancashire and Cheshire Branch of the Association, of which he was member of Council for many years. He was born in the neighbourhood of Northwich, and in early life was apprenticed to a doctor in Hartford, close by, who kept thoroughbred horses, on which Lambert frequently followed the hounds. He went to Glasgow for his further medical studies, taking his degree there and London diplomas in 1855. This was the time of the Crimean war, when he became surgeon to a transport, afterwards settling in Birkenhead, where he lived ever since. He was for many years a Poor Law medical officer, also surgeon to the Borough Hospital, and all his life took the greatest interest in surgical practice, in which he kept himself abreast by reading, and did some pioneer work there by tying the external iliac artery and performing Pirogoff's amputation of the foot. In all respects his professional judgement was good. Of late years his legs gradually failed, though previously strong and active, and quite recently he became so infirm as to fall in the street and in the house, being unable to rise of himself. His mind and memory remained clear till not many days before the end. He was much respected in Birkenhead and was buried with his parents at Witton churchyard, Northwich, on September 10th. It is estimated that he lived to be 93 or thereabouts.

RUSHTON PARKER.

SURGEON-GENERAL CHARLES PLANCK, Bengal Medical Service (ret.), died at Lyden Croft, Edenbridge, Kent, on August 23rd, aged 87. He was the son of George Planck, Secretary H.M. Customs Department, London, and educated at Guy's Hospital, taking the M.R.C.S. and L.S.A. in 1855; he took the F.R.C.S.Edin. in 1881 and the M.R.C.P.Lond. in 1888. He entered the Indian Medical Service as assistant surgeon on August 4th, 1855, became surgeon on August 4th, 1867, surgeon-major on July 1st, 1873, and deputy surgeon-general on August 4th, 1881, retiring on August 4th, 1886. He served in the Indian Mutiny, when he was field surgeon with Sir James Outram's force which relieved Lucknow, and also took part in the action at Cawnpore in which the Gwalior rebels were defeated, receiving the medal and clasp. Afterwards he held successively the posts of superintendent of Agra Central Prison, of inspector-general of prisons in Burmah, and of sanitary commissioner of the North-West Provinces, now the United Provinces of Agra and Oudh.

DR. JOHN SMITH, of Callander, who recently died at the age of 90, graduated M.D.Edin. in 1855. He had been in practice in the district for over sixty years and had been medical officer of the parish for about fifty years.

Medical News.

DR. THOMAS W. HICKS, M.B.E. (East Finchley), has been made a Justice of the Peace for the County of Middlesex.

AT a meeting of the Dumfries Town Council, on September 5th, Dr. Joseph Hunter, who has been medical officer of health for the burgh during the past fifteen years, was presented by the members and officials of the council with a silver pedestal electric lamp as a wedding gift.

AN American Sanitary Commission, consisting of four doctors and six nurses, sent out by the Rockefeller Foundation, arrived at Guayaquil, Ecuador, on July 9th; it will co-operate in the prevention of yellow fever in that country.

THE widow of Count Della Somaglia, president of the Italian Red Cross, has given in memory of her deceased husband £4,000 to be applied towards the foundation of a hospital for tuberculous children in Rome.

A CASE of rabies in a dog at Plymouth has been confirmed by the Board of Agriculture and Fisheries. Several other suspicious cases have been reported and are now under investigation. In view of these circumstances and the fact that it is known that in more than one instance persons have been bitten by suspected dogs, the Board has made an Order prohibiting the movement of dogs out of the counties of Devon and Cornwall and requiring the control of dogs within a large area of those two counties. Any case in which symptoms suspicious of rabies are observed should at once be notified to the police.

THE National Baby Week Council, which has as its special object propaganda work in connexion with maternity and child welfare, decided at the last meeting of the Council to devote some of its official energies to propaganda work in connexion with the proposed Ministry of Health. A preliminary meeting is to be held at Bedford College, Regent's Park, on Wednesday, September 18th, at 5 p.m., to discuss some of the difficulties presented by the problem from various points of view. (Admission will be by ticket only, which may be obtained from the Secretary, National Baby Week Council, 27A, Cavendish Square, London, W.1.) It is hoped that this meeting will be followed by others in the provinces.

THE war service record of the School of Physic, Trinity College, Dublin, contains the names of over 1,100 past and present students. Of these, 79 have been killed or have died on service. The following honours have been gained: K.C.M.G., 1; C.B., 15; C.M.G., 14; D.S.O., 48; bar to D.S.O., 4; M.C., 78; bar to M.C., 7; Military Medal, 1. Upwards of 160 individuals have been mentioned in dispatches, several more than once, and 13 have received foreign decorations. The students of the other schools of the university have volunteered for service in an equally enthusiastic manner. The registrar of the school will be glad to receive information from those in a position to supply it in order to keep the record up to date.

THE Central Hospital, founded by private subscriptions with a subvention from the Chinese Government, has recently been opened in Peking. It is built from the design of an American architect, and has accommodation for 150 patients. The director is Dr. Wu Lien Te, a graduate of Cambridge and a distinguished bacteriologist, who was president of the International Conference on plague held at Moukden in 1911. The staff includes Chinese as well as foreign physicians and surgeons.

IT is announced that the medical department of the United States army will shortly issue an appeal to American colleges and universities to alter their curriculum so that third and fourth-year students may receive special training which will qualify them as officers and workers in the department. The course proposed is intended chiefly for men who are specializing in biology,

zoology, plant pathology, and agricultural bacteriology. The plan has already been tried in two colleges with such success that the medical department wishes it to be applied in as many as possible.

IN 1916 N. Barlow found that one of the most striking effects of intravenous injection of mercuric chloride in combination with the administration of quinine was the very rapid reduction of an enlarged spleen, justifying the hope that the combination may establish a complete cure more rapidly than quinine alone. Greig and Ritchie (E. D. W. Greig and W. D. Ritchie, *Ind. Journ. Med. Research*, Calcutta, 1917, v, 401–7) have tested this by taking 54 control cases on 30 grains of quinine in three oral doses daily, and 50 cases treated in the same way as regards quinine, but, in addition, by intravenous injection, on alternate days for eight injections, of 11 c.cm. of a solution of mercury perchloride 1 in 1,000 in saline. All the patients were chronic malarial subjects from East Africa and Mesopotamia, who had been under treatment for six months or more in India, and the spleen was three fingerbreadths or more below the costal arch, except in two, in which it was two fingerbreadths. The cases were more chronic than Barlow's. As complications of the injections salivation was noted in two cases, slight phlebitis in three or four, diarrhoea in five, and two cases had febrile relapses and temporary splenic enlargement while under treatment. Although not confirming Barlow's observations fully, the results show that the combined treatment has a greater effect in reducing splenomegaly than quinine alone has; thus, whereas under quinine alone the treatment failed in 16 cases, under the combined method failure occurred in 7 only. The reinforcement of quinine by mercurial injections may therefore be recommended.

Letters, Notes, and Answers.

ORIGINAL ARTICLES and LETTERS *forwarded for publication are understood to be offered to the* BRITISH MEDICAL JOURNAL *alone unless the contrary be stated.*

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

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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.

MEDICAL men who cycle may be glad to know of a device which is intended to replace the ordinary trouser clip. Walker's bicycle puttee consists of a clip which holds the trouser neatly and securely in place without straining the cloth. It is manufactured by Brown Brothers, Limited, 22–34, Great Eastern Street, London, E.C.2. The price is 2s. 7½d. a pair, post free.

NEGLECTED PHIMOSIS.

DR. DUNCAN J. MACKENZIE (M.O.H. Glossop, etc.) writes: In these days of increased attention to maternity and child welfare it is well to take note of matters to which the attention of visitors in connexion with the early notification of births should specially be directed. Amongst these I should place phimosis. We see in practice the trouble caused in the adult by the neglect of circumcision in youth. In addition to local effects, the association of heart affections with neglected phimosis inclines one, after making all allowance for the probability that congenital phimosis may be accompanied by other congenital defects or vulnerabilities, to the view that the poison of rheumatism, whatever it is, may be introduced through the retained smegma. When so much of the midwifery in the country is in the hands of midwives, there is, I think, a danger that the slighter degrees of phimosis, or simple adhesion of the prepuce, may be overlooked. In such a case the services of the visitor should come in useful.

ASTHMA AND IDIOSYNCRASY TO HORSES.

AT a meeting of the Medical Society of Christiania on February 6th, Dr. Arent de Besche gave an account of his investigations into the relation of asthma to certain domestic animals. An asthmatic himself, he had some years earlier almost died from the effects of a prophylactic injection of horse serum. For about four months after this he could attend circuses, enter stables and drive horses with impunity, though he could do none of these things previously without precipitating an attack of asthma. He has investigated thirty-one cases of asthma with special reference to idiosyncrasy, and has found in eleven cases that the asthmatic attacks were definitely connected with the presence of horses or their products. When a finger was placed on a horse and then on the conjunctiva of such a patient, conjunctival flushing and oedema with abundant lacrymation ensued. In five of his cases idiosyncrasy to horses was also betrayed by a cutaneous reaction, a drop of horse serum applied to an ordinary vaccination scratch provoking a large wheal. In the case of an asthmatic whose attacks were precipitated by the presence of cats, the conjunctival and cutaneous reactions to cat serum were positive. Another asthmatic showed idiosyncrasy to a certain protein in his food, presumably derived from wheat. In eighteen cases no definite idiosyncrasy could be found to account for the attacks of asthma. Dr. de Besche concluded that the substance provoking asthma in the subjects of "horse asthma" is probably volatile, and laid stress on the importance of excluding idiosyncrasy to the horse (by his conjunctival and cutaneous reactions) before giving an asthmatic an injection of antitoxin obtained from the horse.

SOLDIER'S RISKS.

THE *New York Medical Record* of August 3rd quotes estimates based on statistics of the allied armies which show that a soldier now has twenty-nine chances of coming home to one chance of being killed. He has forty-nine chances of recovering from wounds to one of dying from them. He has one chance in five hundred of losing a limb. He will live five years longer because of the physical training he has received. He is freer from disease in the army than in civil life, and he has better medical care at the front than at home. In other wars from ten to fifteen men have died of disease to one who has died from bullets; in the present war one man dies of disease to every ten whose death is caused by bullets.

THE BELL FUND.

DR. S. A. KINNIER WILSON asks us to acknowledge donations to the Dr. J. H. Bell Fund from Dr. J. Dundas Grant (£2 2s.) and Mr. W. Gilchrist Burnie (£5 5s.). Subscriptions should be sent to Dr. Wilson, at 14, Harley Street, London, W.1.

THE BELGIAN DOCTORS' AND PHARMACISTS' RELIEF FUND.

Subscriptions to the Second Appeal.

The following subscriptions have been received up to September 9th:

	£	s.	d.
Dr. C. A. Rayne	5	5	0
Dr. Robert J. Carlisle ...	2	0	0
Sir Alfred Pearce Gould (monthly)...	5	5	0
Dr. Dundas Grant ...	10	10	0
Mr. W. J. Shepperd ...	0	10	6
Mr. J. V. C. Denning ...	1	1	0
Dr. Edward Byrd... ...	1	1	0
The Sunderland Pharmaceutical Association*	16	17	6
American Red Cross Commission for Belgium	200	0	0
Captain A. P. Thom, R.A.M.C.	1	1	0
Mr. D. T. Jones, M.P.S.	1	1	0
Mr. E. Spencer Evans (monthly)	0	10	0
Dr. J. B. Davey	1	1	0
Dr. J. Auriol Armitage†	5	5	0

* Per Mr. Cuthbert Hodgson. † Second donation this year.

The munificent gift of £200 from the American Red Cross has been received through Mr. Ernest P. Bicknell, the Commissioner for Belgium, who writes: "This contribution is for the month of September, 1918, and is from the Commission for Belgium of the American Red Cross. A monthly contribution of the same amount will be made for the remaining months of the year."

Subscriptions to the Fund should be sent to the Treasurer, Dr. H. A. Des Vœux, at 14, Buckingham Gate, London, S.W.1, and should be made payable to the Belgian Doctors' and Pharmacists' Relief Fund, crossed Lloyds Bank, Limited.

THE Chief Inspector of Factories announces that the post of certifying factory surgeon for Lincoln is vacant.