

only a very limited amount of further contraction possible. Hence the fact that so many men cannot jump the trivial height of 3 ft. In some cases the strain on the peroneal muscles gives rise to painful spasm. When the boot heels are discarded the spasm is relaxed and operative treatment of the peroneal tendons is rendered unnecessary. In a flat-footed person, with ordinary boots, the peroneal muscles pull on the flattened arch, tending to produce a downward convexity, and causing pain by pulling the flattened arch against the sole of the boot. With heelless boots the peronei are no longer in continual contraction, and as the weight is no longer on the arch, the strain is removed from the plantar muscles and ligaments, and the arch gets a chance to recover. With heels the spastic condition of the calf muscles makes the front of the foot point downwards, and in walking the knee has to be lifted to let one foot clear the ground and pass the other. An American Indian is not handicapped in this way; he slightly dorsiflexes his foot and glides it past the other, swinging the leg from the hip-joint and not requiring to raise the knees. His foot scarcely leaves the ground, so that there is no jar when his heel again touches the ground, and consequently no need for rubber heels. He uses the pendulum movement recommended in "Infantry Training," a movement which is rendered impossible by boot heels. Hence the reputed "superior stamina" of the Indian. With heeled boots he would have no more stamina than a white man. His flat feet (caused by his method of carrying weights) do not handicap him, as his moccasins are heelless. A soldier of 5 ft. 7 in., weighing 154 lb., and wearing a heel three-quarters of an inch thicker than the sole, has to exert strength enough to be constantly lifting 56 lb. from the ground in trying to retain his balance.* In a man loaded with 60 lb. equipment this means that he has to support 116 lb., nearly doubling the weight he is supposed to carry. This is doubtless one factor in the etiology of soldier's heart, as every heart, even if healthy, is not equal to this strain.

A woman of 5 ft. 6 in., with an arch six inches wide, and wearing a heel two inches high, is thrown two feet off the perpendicular. Muscular effort cannot bring her back to the normal vertical line, and accordingly she keeps the tarsal and metatarsal bones in line with the tibia, and uses the metatarso-phalangeal joints as a heel, the boot heel being chiefly used to assist balance and not to support weight. This involves much strain, and to preserve the lumbar curve without overtaxing her back muscles she is obliged to use corsets. The use of waist belts by men is similarly explained. The waste of neuro-muscular energy in retaining an erect posture when wearing heels is very great, and must play a large part in producing hysteria, neurasthenia, and possibly refraction troubles. Heels are also partly responsible for hammer toes, the long flexors of the toes being supplied by the same nerve as the calf muscles, and getting spastic with them.

Sprained ankles, the stoop of old age, asthma, varicose veins, weak back, and spinal curvature may also be partly due to the effect of heels. Cycling and tiptoe exercises tend to produce flat-foot, as they develop the calf muscles and peronei, and neglect the tibialis anticus which is the most important muscle concerned in preserving the arch.

A rational boot should have the soles and heels of the same thickness. Under the arch of the foot the sole should be curved with a convexity upwards, but not so convex as to cause pressure on the sole. The leather could be reinforced by spring steel from the heel to the ball of the foot. The inner edge of the boot should be straight, so as to allow the big toe to be in line with the inner side of the arch, as in American boots. The front part of the sole should not be curved up, but flat; with "pendulum" gait the toe of the boot does not hit the ground. A boot as suggested, with an arched sole and heel of the same thickness, is in appearance almost indistinguishable from an ordinary boot. The arching of the sole is not necessary to cure flat-foot, but it looks better, and allows the boot to be laced firmly, thus compensating for the loss of muscular sense that occurs in a foot when any sort of footwear is used. In hopeless cases of flat-foot a boot with no heel will at least be more comfortable than the present day boot. The spastic calf muscles will not

relax immediately the boot heels are discarded, and consequently at first some awkwardness will be felt in walking. Very soon, however, the tibialis anticus develops, the ankles get stronger, the legs straighter at the knees, the foot gets shorter as the arch recovers, and any tendency to eversion disappears. The figure gets more erect, the chest capacity increases, and walking becomes a pleasure, and as the neuro-muscular energy (wasted in neutralizing the forward tilt caused by boot heels) becomes conserved, the health, strength, and stamina improve.

SUMMARY.

1. To cure flat-foot the heel and sole should be of the same thickness.
2. Arch supports and thickening inner side of sole and heel fail to cure because the os calcis is raised from the ground with the aforementioned results.
3. Boot heels rob the arch of its elasticity instead of supporting it.
4. Exercises should aim at developing the tibialis anticus, and not the calf muscles as hitherto taught.
5. A heel even a quarter of an inch thick is harmful.
6. Flat-foot is no disability if heelless boots are worn, except in hopeless cases.
7. Boot heels help to produce soldier's heart, myalgia, and numerous other ailments.
8. With heelless boots women would not require corsets.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

A SIMPLE SPLINT FOR FACIAL PARALYSIS.

In the case of injury to a motor nerve—for example, the radial (musculo-spiral)—the muscles supplied by it are paralysed and the contraction of opposing sound muscles, aided in the above case by gravity, when splinting is not resorted to, overstretches the flaccid paralysed muscles.

It is universally recognized that where recovery is going to take place it will be delayed and rendered imperfect if this overstretching is permitted to take place. In the limbs this overstretching is easily corrected by appropriate splints. In injury to the facial nerve of one side, with resulting facial paralysis, overstretching of the paralysed muscles will be caused by the contraction of the muscles of the opposite side, especially when the latter muscles are put into use, as in smiling, laughing, talking, and during mastication. Moreover, the sound muscles will be placed at a disadvantage, as their points of attachment are drawn nearer to the point of origin. Not only is one side paralysed, but the sound side is hampered in its range and power of action. Consequently, the patient experiences a double difficulty in talking and masticating.

To avoid this, the following simple yet effective appliance has been invented and brought to my notice by Miss Jennings, who is assistant in the electrical and massage departments at No. 1 Australian Auxiliary Hospital at Harefield. It was used by her before the war, and has been in use at Harefield for over two years. It consists of a piece of malleable German silver wire, bent so as to hook into the corner of the mouth and over the ear of the affected side, like the curl side of a spectacle. It is easily adjusted by bending the ear piece till the tension is correct and comfortable. Its advantages are: (1) Simplicity and lightness; (2) prevention of overstretching of the paralysed muscles, and so rendering recovery more rapid; (3) it gives the sound muscles a fixed point to work against and by preventing shortening renders them more effective in action; (4) it is greatly appreciated by the patients, who state that they feel more comfortable and can masticate much better. If properly adjusted there does not appear to be any tendency to make



* This can be proved roughly by using a log of this weight, tilting it by a block of wood three-quarters of an inch thick to represent the boot heel, and attaching a rope to the centre of the log, and leading it over a pulley and attaching weights.

the mouth sore, and it is so simple that any one can, with a pair of pliers, easily make the splint in a few minutes.

CHAS. E. DENNIS, Lieut.-Colonel A.A.M.C.
Harefield, Middlesex.

THE CAUSE AND CURE OF CONSTIPATION.

THE habit of swallowing aperients is the direct cause of habitual constipation. Liquid faeces pass along the large bowel too easily, thus causing it to lose peristaltic tone, as it has not the normal work to do. In the sigmoid flexure and rectum normal faeces form a compact solid mass which is expelled by a strong muscular effort. If an aperient is taken this compact mass is largely broken up, and expulsion thereby made easier. Easy expulsion means less muscular effort; less muscular effort is followed directly by deterioration of the quality and tone of the muscles concerned.

The cure of constipation calls for patience and perseverance. A convenient hour must be chosen, and at this time every day a serious attempt must be made to defaecate; the endeavour, if unsuccessful, should be continued for from fifteen to thirty minutes. The endeavour trains and develops the muscles. If still unsuccessful, a suppository of soap or glycerine may be inserted twice a week. The most obstinate case of constipation can be cured in this way in from one to six months. As soon as a regular habit of defaecation is established there will be no further trouble; change of environment and diet may cause some slight embarrassment, but the abdomen and its contents being well developed the difficulty is overcome in a few days. During illness there may be constipation, but on recovery the habit of defaecation is soon re-established. If lacerations, however slight, of the perineum were invariably stitched, the muscular effort necessary to empty the rectum would not cause displacement of the uterus.

Conclusions.

1. The child should be encouraged from infancy to form a regular habit of defaecation.
2. The giving of drugs to children, except under medical supervision, should be prohibited.
3. The bowel ought to be stimulated by a suppository in preference to taking aperient medicine, because the suppository stimulates but does not lessen muscular effort. The aperient softens the faeces and so causes less muscular effort to be made during defaecation.
4. The advertisement and display of aperients ought to be attacked. The local medical society ought to publish propaganda leaflets setting out that aperients are not only quite unnecessary to good health, but harmful, and that constipation can be cured by self-effort.

Derby.

A. C. ADAMS.

RESTORATION OF FUNCTION AFTER PENETRATING WOUNDS OF JOINTS.

MAJOR EVERIDGE appears to have been working on the knee-joint on the same lines as I have on the elbow-joint since 1913. In our conclusions we are agreed. It is essential in all cases of injury or sepsis of these joints to establish at a very early stage, usually at the end of a week, gradual progressive movements. I have been working with a loose-jointed Thomas type of arm splint, the variation of position being attained by a pair of webbing straps attached above to the ring and below to the bars of the splint near the wrist. By varying daily the tension of the straps, so that in the course of a week the joint is acutely flexed, and then relaxing them daily until the joint is extended, I have got most gratifying results in very severe fractures of the elbow-joint and in cases of septic compound fractures of the humerus.

Major Everidge's apparatus is ideal, but a little complicated. I venture to suggest that an attempt be made to simplify it by using the ordinary beam suspension available in all hospitals; and to get the daily or more frequent minute degree of variation of position by webbing straps from the back of the ring to the irons of frame near the ankle-joint. Too much emphasis cannot be put on the necessity of early and gradual movements of all joints we have to deal with in this war. Unless constantly supervised the patient will get his limb comfortable and still, instead of varying the joint position frequently and so preventing the formation of adhesions. In examining

numerous radiographs of the majority of compound fractures often not involving the joint, the most striking point is that the joint appears hazy, like a bad radiograph. Comparing the sound joint radiographed on the same plate, it is seen at once that the fault is in the joint of the injured limb, not the radiograph. I believe this hazy condition indicates a degree of septic arthritis, and certainly these joints, if kept still for a very short time, form firm adhesions. Forcible movement makes them worse, but a frequent minute variation of the angle of flexion or extension of the joint gives a good result. Major Everidge's paper will do great good by drawing attention to the importance of early movement in all cases of joint injury, even when septic.

Reading.

W. J. FOSTER, F.R.C.S.

"CHRONIC" DIPHThERIA.

A FEW days ago a boy, aged 7, was brought to me with a twelve months' history of nasal discharge, attended by repeated attacks of sore throat, earache, cervical adenitis, general malaise, and drowsiness. I noted a muco-purulent nasal discharge, excoriation of the nares and upper lip, slight enlargement of the right tonsil and of the cervical glands on that side, and a temperature of 99.6°. A throat swab sent to the public health laboratory proved to be positive for diphtheria.

This looks like a case of a carrier in whom, for over a year, there have been repeated mild attacks of diphtheria of such frequency as almost to constitute a chronic condition of the disease.

Sheerness.

W. A. NORMAN-ROBINSON, M.D., Ch.B.

Rebuelus.

HIRST'S "OBSTETRICS."

PROFESSOR HIRST'S well-known *Textbook of Obstetrics*,¹ which appeared first in 1898, has already had a long career of usefulness and popularity, and the recently published eighth edition is likely to maintain its already high reputation.

The author states in his preface that he has aimed at a condensation of the text and the omission of all unessential matter. In this particular instance the aim was peculiarly laudable, for our recollection of the last edition was that the book was being allowed to run to seed by the introduction of unessential, and in some instances almost irrelevant, matter. The stern application of the pruning knife (or shall we say the blue pencil?) was needed. The author would indeed do well to pursue his aim with the next edition also, as there are still pages of matter which might advantageously be omitted, or transferred to his companion volume on gynaecology. The publishers might also note that sixteen pages of advertisements are fifteen, if not sixteen, pages too many in an already heavy book.

Professor Hirst is an operating gynaecologist as well as an obstetrician, and is a prominent opponent of any efforts to divorce the two subjects. In many respects his volume is eloquent evidence of the advantages of the unification which he has advocated, although, as indicated above, we think he has introduced an unnecessary amount of gynaecology into the book. It is more in the general outlook of the author, in his thorough practicalness, and in the lucidity of his teaching, that one realizes that he has been accustomed to deal with both subjects—with his hands as well as his head—and therefore takes a wide and comprehensive view. His knowledge of obstetric literature and history is encyclopaedic, but in his teaching the art of midwifery is ever given its proper share of attention.

Professor Hirst's opinions are always frankly and unequivocally expressed and his reasons therefor explained. It is positively refreshing to meet an author who has the courage to describe Abderhalden's serum reaction as already discredited. We shall be surprised if before long there is not a chorus of assent from other observers. With regard to scopolamine-morphine treatment in labour

¹ *A Textbook of Obstetrics* By Barton Cook Hirst, A.B., M.D., LL.D., F.A.C.S., Professor of Obstetrics in the University of Pennsylvania, etc. Eighth edition, revised and reset. Philadelphia and London: W. B. Saunders Company. 1918. (Med. 8vo, pp. 863; 715 figures, 38 in colour. 21s. net.)

such a calamity, a gunshot wound penetrating the abdomen, which occurred to me in France, and I am quite sure had I known what I do now and sewn his wound up instead of using a drainage tube, that this man would have been alive now. I quite agree with Mr. Dowden that I should have mentioned this danger of ulceration or kinking of the bowel by a drainage tube. I completely forgot it, but it is the most real and serious danger of a drainage tube. Strangely enough, within a few days of the publication of my paper I was asked to see as an emergency the case of a colleague of mine. He had been operated on the evening before for empyema. When I saw the case he had a steady haemorrhage which had been going on all night. I opened him up quickly and found the cause of the bleeding was coming from a big hole in his lung which had been made by each respiratory movement pushing the lung up against the rigid drainage tube. With packing and open treatment he made an uninterrupted recovery.

I have dealt with five cases of empyema by lavage and sewing up and am pleased with my results, and propose shortly to write a paper on the subject. As regards thymol paraffin wax, I have had several inquiries from France and America as to the composition. For internal application—for example, filling up a bone cavity—I use two parts paraffin molle to one part wax and 2 per cent. thymol. For the treatment of large superficial wounds I use equal parts paraffin molle and wax with 2 per cent. thymol, and find it is a good and comfortable dressing.

Messrs. Mayer and Meltzer are making for me a passage tube of soft rubber made ready in lengths. All that is necessary to do is to sterilize and cut off such lengths as are required.—I am, etc.,

Windsor, Sept. 16th.

FRANK HATHAWAY.

MEDICAL MISSIONARIES.

SIR,—In your Educational Number you give some particulars of the increasing opportunities which present themselves for the work of medical missionaries.

The difficulties created by the war have made it exceedingly difficult to carry on the mission hospitals of the Church Missionary Society in the many fields in which it is at work. Twenty-eight out of our all too small staff of doctors are on war service, and others have served for shorter periods in the R.A.M.C. Its missions in Palestine and Turkish Arabia were naturally closed on the outbreak of war with Turkey, and its European workers with difficulty escaped from the country. In spite of terrible damage to property some hospital work has been restarted, at the request of the British authorities, for the benefit of the civilian population of Palestine. In Bagdad at the outbreak of war a new hospital was in process of erection, and there also it is hoped soon to reopen work.

The Mission Hospital in Uganda has played an important part in military operations in East Africa, and in other places the war has helped to prove the vital importance of these mission hospitals.

Perhaps, however, few things are more remarkable than the way in which missionary doctors from China are participating in the medical care of the Chinese who are labouring in France, where they are supported by Chinese dressers trained in the mission hospitals, including doctors trained at some of the missionary medical schools.

These facts indicate the urgency of the missionary problem, which will be greatly accentuated after the war, and it is hoped that many men and women who are now engaged in war service will realize the call to take part in this great work, which cannot fail to influence large areas in many parts of the world.—I am, etc.,

CHARLES F. HARFORD,
Captain R.A.M.C.

B.E.F., France, Sept. 2nd.

Universities and Colleges.

UNIVERSITY OF LONDON.

KING'S COLLEGE HOSPITAL MEDICAL SCHOOL.

THE following awards have been made:

Burney Yeo Scholarship: A. D. Porter, B.A., Pembroke College, Cambridge; H. L. Rayner, B.A., Balliol College, Oxford. Senior Scholarship, Tanner Prize, Todd Prize and Medal: L. M. Moody, M.R.C.S., L.R.C.P. Class Prizes: Surgery and Psychological Medicine, A. N. M. Davidson; Obstetric Medicine, H. Kamal; Forensic Medicine, H. N. W. Collins; Hygiene and Diseases of Children, E. A. Crichlow.

The Services.

TRANSFERS TO THE ROYAL AIR FORCE MEDICAL SERVICE.

A RECENT Army Order announces that on October 1st next all medical officers and other ranks of the Royal Army Medical Corps employed exclusively with the Royal Air Force will be transferred or attached to the Royal Air Force unless prior to that date they give notice of objection to such transfer or attachment. Medical officers and dental surgeons holding temporary commissions will be required to relinquish their temporary commissions in the R.A.M.C. or General List respectively. In the case of an officer serving under a yearly contract which has not expired a *pro rata* gratuity will be issued. Officers of the Regular, Special Reserve, or Territorial Force R.A.M.C., will be attached to the Royal Air Force, and will continue to serve on the conditions of their present terms of service.

Medical News.

DR. J. S. CRONE, J.P., Deputy Coroner for West Middlesex, has been adopted as prospective Liberal candidate for the new division of West Willesden, in which he has practised for thirty-five years.

THE presentation of the Shrieval Chain and Badge to Colonel and Sheriff-elect William R. Smith, M.D., will be made by Alderman Sir William Treloar, in the absence of the Earl of Athlone, Chairman of the Presentation Committee, at 12 noon on Thursday, September 26th, at the Apothecaries' Hall, Water Lane, Queen Victoria Street, E.C.4.

THE Gresham Lectures on Physic will be delivered by Sir Robert Armstrong-Jones at Gresham Hall, Basinghall Street, at 6 p.m. on November 12th, 13th, 14th, and 15th. The public will be admitted without tickets.

THE annual distribution of prizes at Charing Cross Hospital Medical School (University of London) will take place in the out-patients' hall at the hospital, on Tuesday, October 1st, at 3 o'clock.

THE Royal Sanitary Institute will hold a discussion at the Audit House, Southampton, to-day (September 21st), at 11 a.m., on infant welfare work, to be opened by Lieut.-Colonel H. R. Kenwood, C.M.G., Chadwick Professor of Hygiene, University of London.

THE Académie des Sciences has awarded the Montyon prize to Drs. Henri Guillemard and André Labat, of Paris, for their researches on asphyxiating gases. The prize is of the value of £100.

THE Government of the Republic of Cuba has presented to the Italian Red Cross through Dr. Antonio Martin Rivero, its Minister Plenipotentiary at Rome, the sum of £14,414 for distribution among the families of soldiers who have died in the war and men who have been invalided.

SENATOR COUNT GIUSEPPE FRASCARA has been named by royal decree President-General of the Italian Red Cross, in the room of Count Della Somaglia, who died recently of typhoid fever. The new president at various times represented Alessandria in the Chamber of Deputies, and became a Senator in 1910.

Two women psychologists, Dr. Mabel Fernald and Dr. Margaret Cobb, have been appointed to the Army Medical Department at Washington. According to Major R. M. Yerkes, of the Psychological Division, trained women can be used for the highly specialized work of handling the army reports and may eventually be called upon to help with work in special hospitals dealing with cases of reconstruction.

IN a recent report the French Minister of Commerce called attention to the fact that the cultivation of medicinal plants, which was formerly a very active industry in France, has rapidly fallen off in the last half-century. Before the war the value of the imports of medicinal plants, mainly from Germany and Austria-Hungary, was estimated at tens of millions of francs. The Minister has therefore set up a committee for the purpose of organizing and intensifying the cultivation, gathering, and preparation of medicinal plants.

THE Board of Trade announces that the Order in Council authorizing the standard uniform for the mercantile marine can be purchased at the price of 1d. a copy through any bookseller or directly from H.M. Stationery Office, Imperial House, Kingsway, London, W.C.2; 37, Peter Street, Manchester; 1, St. Andrew's Crescent, Cardiff;

23, Forth Street, Edinburgh; and from E. Ponsonby Limited, 116, Grafton Street, Dublin. This Order contains detailed particulars of the uniform which has been approved by the King. It is an offence under the Defence of the Realm Regulations for any unauthorized person to wear the uniform, or any uniform so nearly resembling it as to be calculated to deceive; or for any person falsely to represent himself to be a person entitled to wear the uniform.

THE Local Government Board has issued an order, dated September 6th, 1918, amending the Public Health (Tuberculosis) Regulations, 1912, so as to provide for the notification of any case of tuberculosis discovered at examinations undertaken by National Service medical boards, to the medical officer of health of the sanitary district in which the man resides. The notification of the case will be made by the chairman of the medical board, or by some member of the board designated by him. The fee for each notification will be 1s., but no fee will be payable to any person holding a commission in any of His Majesty's Forces and receiving pay in respect thereof.

IN an editorial note on the Ministry of Health in the *British Journal of Ophthalmology*, August, 1918, the opinion is expressed that "most of the discussions which have as yet taken place have given evidence of much unpractical theorization and of divergent or even mutually destructive principles. They have been lacking in the responsibility of constructive statesmanship, which is wholesomely restrained in its architectural experiments by the necessity of making its bricks out of the materials which are available. Hence it would be wise for the medical profession to come down to earth and start seriously to work. . . . Now, the first requirement of political organization is proper representation of sectional interests. Our own branch of medicine has recently set up a body, the Council of British Ophthalmologists, which is intended to be truly representative. Time alone will show whether this aspiration is justified, but if it is, public bodies, whether governmental or otherwise, have in this council an authoritative source of information on all matters relating to the public welfare which involve questions of ophthalmological interest." Finally, the opinion is expressed that other branches of medicine might well follow the lead of the British ophthalmologists.

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.

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*, *Aitiology*, *Westrand*, London; telephone, 2631, Gerrard.
 2. FINANCIAL SECRETARY AND BUSINESS MANAGER (Advertisements, etc.), *Articulate*, *Westrand*, London; telephone, 2630, Gerrard.
 3. MEDICAL SECRETARY, *Mediscya*, *Westrand*, London; telephone, 2634, Gerrard. The address of the Irish Office of the British Medical Association is 15, 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.

BOOKS FOR PRISONERS OF WAR.

SIR ALFRED T. DAVIES, K.B.E., of the British Prisoners of War Book Scheme (Educational), informs us that, largely owing no doubt to the capture of many thousands of British and Colonial prisoners by the Germans since last March, the requests for books have of late enormously increased. The organization, of which he is chairman and honorary director, exists to provide British prisoners of war interned in enemy or neutral countries with books for the purpose of study. He will gladly furnish information about the work to inquirers. Communications should be addressed to him by name at the office of the scheme, Victoria and Albert Museum, South Kensington, London, S.W.7, the words "Prisoners of War" being written in the bottom left-hand corner of the envelope. No catalogue is issued of educational works needed for prisoners, but almost any book is permissible if it does not refer to the war. Among the headings we note anatomy, biology, chemistry, medicine, physics, physiology, and zoology. Offers of books of all grades, in good condition and up to date, are invited.

MANGANESE A POISON.

DR. JAMES GAIRDNER, M.O.H. Crieff, calls attention to the inclusion of manganese among the poisonous metals in the new edition of *Nomenclature of Diseases*. Twenty-three years ago Dr. Gairdner, in one of his annual reports, expressed the view that manganese is injurious to health.

ANTIVERMIN UNDERCLOTHING.

IN view of the proved association between trench fever and lice, we have had several inquiries from battalion medical officers as to where antivermin underclothing may be obtained for themselves or their men. We know that Mrs. Arnold-Forster's War Work Dépôt (Registered), Highbury Street, Portsmouth, makes a feature of preparing antivermin suits for distribution by officers at the front, and also to individual applicants. They are made of butter muslin dipped in a solution of lysol (3ij to the pint), and are intended to be worn next the skin. The price is 2s. 6d. a suit. After washing and drying, the garments can be redipped in a solution of the same kind.

AN ENDOWMENT FOR LITHOTOMY.

IN *Paris médical* of August 17th Dr. A. Satre of Grenoble gives an account of a curious volume containing a collection of ordinances and regulations made in Lorraine in the reign of Louis XV. He found it in an old château of Lorraine where he had installed his ambulance at a distance of some kilometres from the enemy's lines. It bears date 1769. Among its contents is a decree of the sovereign court of Lorraine and Bar concerning a foundation in the Lunéville hospital by Stanislas Leczinski, King of Poland, Duke of Lorraine and Bar, and father-in-law of Louis XV, for the gratuitous cutting for stone of poor patients belonging to the two provinces. The operation was to be done twice a year, at the beginning of May and September. Parish priests and local officers were enjoined to take strict precautions to prevent abuse by giving certificates of poverty too easily. Patients were to be admitted, cut, fed, nursed, and treated with medicines gratuitously till perfectly cured.

AN OLD NOTE-BOOK.

DR. NASH (Sydney, N.S.W.) writes: As a young man, newly returned from abroad with a university degree, it was my lot to start practice in a colliery district near Newcastle and to work there for about nineteen years. Looked back at, those days, weeks, months, and years of a very strenuous professional life are regarded without regret except in respect to my own shortcomings. It was my custom to write up daily, in books, notes of midwifery cases, urine examinations, special examinations, and operations, without thought other than to be thorough in my work. Was the labour expended worth while? From the £ s. d. point of view, no. But in mid-April of this year, eighteen years after leaving Wallsend for Sydney, a woman came to me for advice. She said: "You attended me when my only child was born. I had convulsions at the time." Referring to my note-books, the following was found in the Urine Book: "Mrs. —. Pale yellow; sp. gr. 1019. Reaction: Acid. Heat (boiling): No change. Heat + acetic: A faint cloud. Liq. pot.: No appreciable change. Liq. pot. + boiling: Much flaky material. HNO₃ (cold): Greenish coloration extending halfway up column of urine, a ring of pink colour surmounting the greenish. v. Mid. Book No. 1199 and Albuminous urine (26-11-94)." The notes in this book told of a case of puerperal eclampsia with albuminuria. To me the mental satisfaction derived from perusal of the notes written in November, 1894, and January, 1895, were sufficient reward for whatever trouble they gave me in the making. There is hope within me that the recording of them will be beneficial to my patient of to-day. It is interesting to know that the son born on November 26th, 1894, 'midst a nerve storm and a tempest of muscular commotion, sequel to an auto-poisoning maternal blood, has in the present war gained the Victoria Cross, and gave his life for the Empire in his 23rd year.

THE Chief Inspector of Factories announces that the appointments of certifying factory surgeons for Dumbarton and for Dingle (Kerry) are vacant.

SCALE OF CHARGES FOR ADVERTISEMENTS IN THE BRITISH MEDICAL JOURNAL.

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All remittances by Post Office Orders must be made payable to the British Medical Association at the General Post Office, London. No responsibility will be accepted for any such remittance not so safeguarded.

Advertisements should be delivered, addressed to the Manager, 429, Strand, London, not later than the first post on Wednesday morning preceding publication, and, if not paid for at the time, should be accompanied by a reference.

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