whatever sense you will, the official handbook of the Christian religion reiterates metaphors like this: "They without us should not be made perfect." "We who are many are one body." "Members one of another."

If everything we value in the personality of ourselves and our friends is conserved, every sense corrected and made keen, every passion cleansed and strengthened, memory cleared of rubbish and set in order, our defects made good and circumstances granted of the same kind as we have already experienced but somewhat better—that would be the earthly paradise of our dreams.

But if with all this there is a further stage of synthetic creation, and if all the collective intellect and emotion of mankind be in some way unified in a Person meet to hold such fellowship with God as is expressed in the words, the Bride, the Lamb's wife, that were a destiny too great for us to contemplate as yet. We may speak the words lightly if we do not think of what they may mean; if we try to measure their content we dare hardly breathe them.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

BLOOD TRANSFUSION AND RESUSCITATION.

The difficulty of finding time to give blood to the large numbers of wounded men requiring blood transfusion has been felt by all surgeons during a busy time in a casualty clearing station.

The following routine has enabled us to give blood, in all cases in which indications for blood transfusion existed, and also to carry out in cases with multiple wounds very complete, shock-producing, sepsis-combating operations, which could not be undertaken successfully without the aid of blood.

The citrate method of blood transfusion is used. Robertson's technique in drawing blood from the donor is adopted; the blood is administered through funnel, tube, and cannula, into a vein by being poured from the bottle into the funnel. Several sets of apparatus and bottles are kept. The team sister keeps a sterile set of blood-giving instruments in a tray ready for immediate use during the tour of duty. Before the team goes on duty blood is drawn from donors; two or three bottles of 600 c.cm. each are generally found sufficient for a team doing resuscitation cases.

The receiving tubes and cork are removed from the bottle after the blood is taken, and the opening plugged with sterile gauze. The bottle can then be placed in a bath of water pleasantly warm to the hand. Citrated blood can be kept thus for twelve hours, and then administered with good results.

We have given citrated blood thirty-six hours after being drawn from the donor, but its safety after twelve hours has not yet been fully established. As many as six bottles of blood have been collected for two teams and used during their tour of duty.

The advantages of this routine are, that there is no delay for taking blood between operations, and the blood can be used quickly and freely when urgent symptoms arise in any patient in the hospital. If the blood is not used in one casualty clearing station because there is no suitable case, it need not be wasted, but can be taken to another of the group receiving wounded.

We have now used this routine in over fifty blood transfusions, given during "rush" times. Two teams operated in fourteen hours on forty-one cases of light and serious wounds, and did six transfusions. It took a medical officer an hour and a quarter to draw six bottles of blood before the wounded arrived.

For seven days one team on night duty operated on from eight to ten heavy resuscitation cases, and in addition did two to three transfusions each night.

Although finality in methods of resuscitation has not nearly been reached, gratifying results in the largest numbers of cases under casualty clearing station conditions have been obtained from the following procedures.

The treatment in the resuscitation ward is short in all cases, except in those with clean bullet wounds where there is no danger of the resuscitated patient dying of sepsis from delayed operative treatment. Forced fluids, 8 oz. by mouth and 8 oz. by rectum, are administered every half-hour, and charted, by special sisters and orderlies, who must enter with enthusiasm into the work. The operation is done under gas and oxygen, or in suitable cases under spinal anaesthesia. Towards the end of the operation the anaesthetist administers the blood, and if indicated 1,000 to 1,500 c.cm. of sodium bicarbonate solution are also run in. In this way no time is lost. Forced fluids are continued when the patient returns to the ward.

E. T. C. Milligan, Captain R.A.M.C.,
Surgical Specialist, — Casualty Clearing Station, B.E.F.

Fred. L. Napier, Captain R.A.M.C.,
Anaesthetist, — Casualty Clearing Station, B.E.F.

EXTEMPORIZED EAR SPECULUM AND MIRROR.

There are frequent occasions in the field when an ear speculum is not available. Diagnosis of ear complaints then becomes mere guess-work. I therefore venture to describe home-made appliances. The speculum is formed by rolling into shape around the end of a well pointed pencil a bright piece of thin "tin," such as is employed in hermetically sealing tobacco or cigarette tins. The tin can be cut into proper shape by the shears supplied in the field fracture box and the edges smoothed with the file also contained in that box. A hand mirror, sufficiently good for the purpose, may be evolved from the lid of a tobacco tin, through the centre of which a small round hole has been drilled.

A. R. Rendle,
Captain R.A.M.C.(T.C.).
N. Russia.

Reports of Societies.

DISCUSSION ON INFLUENZA.

The following is a continuation of the report, printed at p. 574 in our last issue, of the discussion on influenza at a meeting of the Fellows of the Royal Society of Medicine held on November 13th.

In discussing the morbid anatomy of the disease Dr. B. H. Spilsbury said that he regarded the condition as a primary infection of the air passages by Pfeiffer's bacillus, the failure to find this organism in 40 per cent. of his *post-mortem* cases being due either to the search not being sufficiently thorough or to the organism having disappeared before death. Following this infection an invasion of the air passages and lungs by pneumococci or streptococci occurred, one of these organisms being responsible for the pneumonias. The changes found elsewhere in the body were due to acute toxaemia, and in no case had he found a pyaemic or septicaemic condition.

Sir Bertrand Dawson, speaking from the clinical side, said that though the onset was generally acute, it might be subacute or insidious. The seriousness of the cases depended upon the relative prominence of (1) the septicaemia, and (2) the amount of involvement of the respiratory tract and its nature. The evidence tended to show that Pfeiffer's bacillus played a dominant part as a pioneer preparing the way for other organisms.

Colonel W. Longcope, U.S.M.C., said that by segregation and isolation it had been possible to prevent the spread of the disease in hospitals. In one hospital the patients were segregated according to the germ found, with the result that very little pneumonia developed.

Dr. R. Murray Leslie said that pulmonary tuberculosis was a late complication. He had had under his care during the past few months young soldiers showing symptoms and signs of tuberculous disease within periods varying from a fortnight to four or five months after an attack of influenza.

Captain W. E. Carnegie Dickson, R.A.M.C., gave an account of his experience of his "mixed influenza vaccine" with the approximate composition, taking the whole as 20, of streptococci 5 parts, staphylococci 5 parts, pneumococci 3 parts, minute Gram-negative influenza-like bacilli 3 parts, Friedländer's bacilli 2 parts, other organisms (*M. catarrhalis*, etc.) 2 parts. In prophylactic use 60, 100, and 150 million were given to adult males at weekly intervals; 40, 60, and 100 million to adult females. The amount of reaction produced by these doses appeared suitable in the majority of cases. In most cases without pulmonary complications the disease appeared to be shortened and the occurrence of complications prevented. In the severe cases, though the vaccine appeared to be helpful, there were not a sufficient number of cases upon which to base a scientific opinion. He had given the vaccine prophylactically to about 150 persons, and so far

G. A. Wills), and the Head Master of Clifton College. A number of subscriptions have already been promised, but it is desired to raise a sum of at least £2,500. Subscriptions may be sent to Mr. James Rafter, M.A., Registrar of the University, and cheques should be crossed "Michell Clarke Memorial Fund." Dr. Michell Clarke was an active member of the British Medical Association; he was for many years honorary secretary of the Bath and Bristol Branch, and afterwards its president.

TREATMENT OF ANTHRAX BY NORMAL OX SERUM.

THE treatment of anthrax by the intravenous injection of ox serum was originated by R. Kraus of Buenos Aires, formerly of Vienna, who considered that hypodermic and intravenous injections gave equally good results, but Hyman and Leary,[1] who report a case successfully treated by four doses of 80 c.cm. and three intramuscular injections of 100 c.cm. each, state that intravenous injection has a much more intense effect. The serum is heated for half an hour to 56° C. Penna, Cuenca, and Kraus reported 140 cases of anthrax thus treated, with one death. This is compared with Sclavo's mortality of 6 per cent. among 164 cases treated with his immune serum reported in 1903. The authors conclude that Sclavo's immune serum owes its efficacy in small part to specific immune bodies and in the main to a non-specific protein reaction which can equally be obtained by the injection of any other protein, and that for these purposes perhaps the least objectionable is heated normal ox serum, which has the advantage over normal horse serum that it does not produce serum sickness.

THE COVENTRY CASE.

THE Council of the British Medical Association, at a special meeting on November 26th, reconsidered its original decision to appeal against the judgement delivered by Mr. Justice McCardie in the Coventry case, and decided not to enter an appeal. A statement of the reasons for taking this course will be made at an early date. The Council has appointed a Special Committee to consider the position which has arisen and to report thereon to the Council.

MEDICAL CANDIDATES FOR PARLIAMENT.

IN the following list we give the names of all the medical men who are candidates for Parliament so far as information has reached us. The list is probably incomplete, and we shall be grateful to any correspondents who will correct or add to it. We understand that several more medical men would be willing to stand if constituencies were available. We are informed that the Medical Parliamentary Committee is endeavouring to arrange for a supply of medical speakers to assist candidates.

Basingstoke, Hants: Sir Auckland Geddes, M.D.
Bilston, Staffs: Lieut.-Colonel J. Kynaston.
Bishop Auckland, Durham: Dr. V. H. Rutherford.
Bristol, North: Dr. B. N. Blood.
Clackmannan and Eastern [Stirling]: Major W. A. Chapple.
Derby, High Peak: Dr. Clifford Brookes.
Farnworth, Lancashire: Sir Thomas Flitcroft.
Leeds, North: Major A. C. Farquharson.
Liverpool—Wavertree: Dr. Nathan Raw.
London—
Bermondsey: Dr. A. Salter.
North Paddington: Captain Donald Campbell.
Putney: Dr. H. Jackson.
Shoreditch: Dr. C. Addison.
Whitechapel and St. George's: Dr. Ambrose.
Morpeth, Northumberland: Major T. M. Allison; Captain Gerald D. Newton.
Moseley, Birmingham: Dr. R. Dunstan.
Stockport, Cheshire: Lt.-Col. F. E. Fremantle.
University of London: Major-General Sir Wilmot Herringham.
Universities of Scotland: Sir W. Watson Cheyne, Bt.; Dr. P. Macdonald; Professor W. R. Smith.
University of Dublin: Sir R. H. Woods, M.Ch.Dub., F.R.C.S.I.
University (Queen's) of Belfast: Sir William Whitla, M.D.Q.U.I.
Wallasey (Cheshire): Dr. B. V. P. McDonald.
Western Isles (Inverness, Ross, and Cromarty): Dr. Donald Murray.
Willesden: Dr. J. S. Crone.

[1] *Boston Med. and Surg. Journ.*, 1918, clxxviii, 318-323.

THE ABOLITION OF GAS WARFARE.

THE cessation of hostilities brings with it the great problem of safeguards for the future. The numerous perplexing claims to be dealt with, all of them of great importance, may tend to overshadow certain aspects of the war which urgently demand recognition. Amongst these is the employment of lethal gases as a weapon of warfare. Its introduction by the Germans was a violation of the principles of morality which had hitherto exercised some guiding control over civilized warfare. It was further a violation of the spirit of the second Declaration attached to the Regulations of the Hague Convention, ratified in 1907, which states: "It renounces the use of projectiles the sole object of which is the diffusion of asphyxiating or harmful gases."

The Allies were forced in self-defence to employ the same method, but now that the need is over, fresh safeguards must be devised to prevent any nation ever again employing gas as a weapon.

The use of gas is self-condemned for the following reasons:

It is an uncontrollable weapon, whose effects cannot be limited to combatants.

It is an "unclean" weapon, condemning its victims to death by long-drawn-out torture.

It opens the door to infinite possibilities of causing suffering and death, for its further development may well lead to the devising of an agent which will blot out towns, and even nations.

As members of the medical profession, we necessarily know more than any others the suffering entailed by the use of gas. Most of us have seen its victims on the field and in hospitals at home, since the time when the first deadly wave of chlorine was let loose on our troops. We therefore feel it our duty to bring the question to the notice of the allied nations and of their representatives who will attend the Peace Conference.

Are the best efforts of science to be chiefly devoted to devising more and more potent methods of causing death by chemical agencies, instead of to the service of industry and the increase for mankind of beneficent knowledge?

Surely in the coming Comity of Nations it ought to be decided to abolish for ever such a malignant weapon. Let those to whom will be entrusted the drawing up of peace conditions have the knowledge that one such condition must be the abolition of all forms of gas warfare.

NORMAN MOORE,
President, Royal College of Physicians of London.

GEORGE H. MAKINS,
President, Royal College of Surgeons of England.

R. MCKENZIE JOHNSTON,
President, Royal College of Surgeons of Edinburgh.

A. FREELAND FERGUS,
President, Royal Faculty of Physicians and Surgeons, Glasgow.

JOSEPH O'CARROLL,
President of the Royal College of Physicians of Ireland.

JOHN B. STORY,
President, Royal College of Surgeons in Ireland.

WILLIAM OSLER,
Regius Professor of Medicine in the University of Oxford.

T. CLIFFORD ALLBUTT,
Regius Professor of Physic in the University of Cambridge

much worse case than a man who has lost one of his feet, but who quite rightly receives a recompense for his loss.—I am, etc.,

EDWARD E. PREST.

Ayrshire Sanatorium, New Cumnock.

*** We understand that the official view is that a man's actual earnings are not taken into account in any estimate or revision of his pension; the disability alone is considered. Under an alternative scheme, however, a man who so desires may have his pension calculated on a comparison of his present earnings with what he earned before enlistment. Members of Pension Boards are directed not to ask a man's present earnings, except under the alternative scheme.

DUBLIN UNIVERSITY ELECTION.

SIR,—Now more than ever it is essential that medical men should be elected to Parliament. At the coming election a medical practitioner, Sir Robert Woods, will contest the representation of Dublin University.

It is important that those medical graduates of Trinity College, Dublin, who desire to exercise the franchise and are not already on the Register should at once send in their names to the Registrar at Trinity College with the registration fee of £1. Holders of the higher degrees—M.A., M.D., and M.Ch.—are already voters, but those who have only taken Bachelor degrees can now become entitled to vote at the forthcoming election by proceeding as above.—I am, etc.,

JAMES CRAIG,

Dublin, Nov. 26th. King's Professor of Medicine.

BRITISH MEDICAL LITERATURE IN FOREIGN COUNTRIES.

SIR,—In your number for September 28th, page 352, I find some information, taken from the *Montpellier Médical*, as to certain methods used by German booksellers and publishers in order to introduce and propagate German medical literature in Holland.

The statement as regards the obliging ways of the Germans may perhaps be somewhat exaggerated; yet there are undeniably some points of great importance in the statement, and the medical profession in Norway can corroborate the fact, that the German business methods have done an exceedingly great deal to propagate German scientific literature, perhaps as much as the intrinsic good qualities which nobody can deny the German scientific literature.

The fact is that German books, pamphlets, and periodicals are much more easily attainable in most countries than books in any other foreign language. And this from two reasons.

First, because of the German publishers' system of sending out their publications "on approval" (sale or return terms) to booksellers in foreign countries, where the buyers can have a look at them, get an impression of their contents, their outfit, and in this way avoid ordering from abroad books which may turn out to be entirely different from what was expected and wanted. German books can from this reason regularly be inspected whenever and wherever required.

But there is another and still more ponderous reason, namely, the splendid organization and co-operation of the German publishers, particularly their catalogues comprising all German publications concerning medicine as well as all other branches of science. When one asks a bookseller in this country for information about foreign publications on some particular topic, he will present one with the latest "compendium catalogue" comprising all German books on the subject which are at present on the market, containing all the necessary information about each individual book—namely, price, number of pages and illustrations, year of last edition, etc.

As regards English or French literature, one will be lucky if able to look at one of the three-yearly (or yearly) catalogues, which the bookseller may, or may not, have. No English or French books have been put at the bookseller's disposal on "sale and return" terms, and most buyers naturally take "the line of least resistance"—they buy the German books.

Readers in all foreign countries would undoubtedly highly appreciate if a similar arrangement—a periodically issued catalogue from all British publishers, containing not only the last year's publications, but all books on the market—could be brought into life. One cannot insist too strongly that a co-operated effort of all English publishers on the lines indicated is needed in order to facilitate the access to the valuable English scientific literature.

It would be a great advantage to the scientific world abroad, and, one would think, no disadvantage to the British authors and publishers.

It is only fair to add that one firm of English publishers—the University of London Press—are taking steps to send books to Norway on "sale and return" terms, thanks to the representations that have been made to the publishers by the Secretary of the Royal Society of Medicine, and thanks to the kind interest which Sir William Osler and Dr. Monrad-Krohn have taken in the matter. Be it also mentioned that some other British publishing firms have during the last few years sent some works for reviewing in Norwegian medical periodicals.—I am, etc.,

F. G. GADE, M.D.,

Editor of *Norsk Magazin for Laegevidenskaben*.

Kristiania, Nov. 12th.

*** The paragraph to which our correspondent refers was inserted in continuation of articles published at various times since March 6th, 1915. We called the attention of several leading British publishing firms to our first article and received several interesting replies. The subject was raised first in relation to Scandinavian countries, and Mr. John Murray, dealing, in our columns on March 27th, 1915, p. 552, with the suggestion that the smallness of English trade in medical books in these countries is in a great measure due to the fact that very few copies are sent there for review, expressed the opinion that this was a case of putting the cart before the horse. "My experience," he wrote, "is that few review copies are sent to Norway and Sweden because the demand for English books is comparatively so small. . . . The Swedish booksellers want copies on 'sale or return,' and unless there is a steady and continuous demand this practice invariably spells loss for the publisher." Messrs. Macmillan expressed their interest in the suggestion, and stated that they proposed to act upon it in the future. Messrs. Longmans, Green and Co. stated that they had not overlooked the possibility of the demand for medical works in the English language in Scandinavia. As it was represented to us by other publishers that medical periodicals published in Scandinavian countries were not known to publishers in this country, we printed on April 3rd, 1915, a list of such periodicals published in Sweden, Norway, Denmark, and Finland.

If we are to accept Mr. John Murray's opinion we are in a vicious circle. English publishers do not send medical books to Scandinavia because there is no demand, while Scandinavia and Holland do not demand English books because possible buyers cannot see the books before ordering and the publishers do not co-operate to bring them to notice.

Universities and Colleges.

UNIVERSITY OF LONDON.

THE following candidates have been approved at the examinations indicated:

THIRD M.B., B.S.—*Olive Rendel (Honours), L. S. Banes, Irene Bastow, S. Batchelor, Alethea J. Bolton, P. C. Conran, Hilda M. Denton, Susan A Finch, H. L. G. Foxell, Maud Gazdar, J. C. Gie, L. B. Goldschmidt, C. H. Gould, W. H. Grace, Blanche A. M. Henderson, W. B. Heywood-Waddington, R. H. Hodges, E. A. Hutton-Attenborough, Muriel E. Landau, Janet McA. McGill, M. W. H. Miles, L. M. Moody, P. G. Quinton, W. M. A. Rahman, Enid E. Sanger-Davies, S N. Sennett, J. H. Sheldon, A. L. Telling, Gladys M. R. Webster.

B.S.—T. H. Sanderson-Wells, M.D.

* Distinguished in Pathology.

The following have passed in one of the two groups of subjects:

THIRD M.B., B.S.—*Group I:* S. C. de Silva Wijeyeratne, Alice M. Griffiths, Mary I. Hounsfield, F. R. Law, Annie Lloyd, T. D. Pratt, H. B. Russell. *Group II:* C. Y. Eccles, A. W. Holgate, I. H. Lloyd, Alice L. Lloyd-Williams, Adeline M. Matland, Enid M. Pfeil, M. C. Polhill.

THE MEAGRE GOVERNMENT GRANT TO UNIVERSITIES AND COLLEGES.

THE Chancellor of the Exchequer and the President of the Board of Education received on November 23rd a deputation from the universities and institutions of university rank of Great Britain and Ireland to lay before the Government the need for further financial assistance to enable the universities to maintain the standard of their work, and to develop their activities. The deputation was introduced by Sir Donald

MacAlister, Vice-Chancellor of the University of Glasgow, and the general financial requirements of the universities were stated by Sir Oliver Lodge, Principal of the University of Birmingham; among the other speakers were Sir George Adam Smith, Principal of the University of Aberdeen, Sir Alfred Ewing, Principal of the University of Edinburgh, Sir Bertram Windle, M.D., President of University College, Cork, Professor C. M. Gillespie of the University of Leeds, Sir Alfred Dale, Vice-Chancellor of the University of Liverpool, Sir Gregory Foster, Provost of University College, London, Professor W. H. Bragg, Quain professor of physics, and Sir Bertrand Dawson, Dean of the Faculty of Medicine in the University of London. In reply, the Chancellor of the Exchequer expressed the Government's recognition of the vital importance to the nation of maintaining the efficiency of the highest form of education in the country, and promised sympathetic consideration of any recommendations that might be made to him by the President of the Board of Education. Mr. Fisher invited the universities to submit written statements, which he promised would receive careful consideration.

Obituary.

SIR PHILIP SYDNEY JONES, M.D., F.R.C.S., Sydney.

OUR correspondent in Sydney, N.S.W., writes:

Sir Philip Sydney Jones, the oldest and most popular medical practitioner in Sydney, died on September 18th in his 83rd year. He was born in Sydney in 1836, and received his early education in this city. He proceeded to England and completed his medical education at University College, London. In 1860 he graduated M.D.Lond., and in 1861 became a Fellow of the Royal College of Surgeons of England. He also spent some time in study in Paris. He returned to Sydney in 1861, and commenced practice. He was elected honorary surgeon to the Sydney Infirmary, as the present Sydney Hospital was then called, and held this office for twelve years. In 1876 he retired from general practice and confined himself to consultation work. In 1882 he was appointed a member of the Royal Commission to investigate and report upon the rearrangement of the quarantine station. He was President of the Australian Medical Congress which met in Sydney in 1892. It was, however, chiefly in connexion with the open air treatment of pulmonary consumption that Sir Philip was best known. He was the initiator and was mainly instrumental in the establishment of the Queen Victoria Homes for Consumption at Wentworth Falls and Thirlmere. He was the President of the Board of Directors of these Homes, and only resigned this position last January owing to failing health. He was one of the founders, and the first president of the National Association for the Prevention and Cure of Consumption in New South Wales. It was in recognition of his work in combating consumption that he was knighted in 1902.

Sir Philip was also keenly interested in medical education, and was a member of the senate of the university from 1887 till his death. He was vice-chancellor for two years. He was one of the first committee formed to establish the Royal Prince Alfred Hospital, and he was a director of that institution for nineteen years. He was also interested in the work of the Kindergarten Union in this State. He was a member of the board of management of the National Museum, and was for fifty-one years a member of the Royal Society of New South Wales.

Sir Philip was a widower, and leaves three sons and four daughters, one of his sons being in the medical profession in this city. The funeral took place at Rookwood Cemetery, and was largely attended by representatives of the various bodies with which he had long been associated.

N. C. MACNAMARA, F.R.C.S.E. AND I.,

Consulting Surgeon to Westminster Hospital; formerly Treasurer of the British Medical Association.

WE regret to record that Mr. N. C. Macnamara died at his residence at Chorley Wood, Hertfordshire, on November 21st, at the age of 86. He was the son of Mr. Daniel Macnamara, surgeon, and entered the medical profession by taking the diploma of M.R.C.S. in 1854. He became assistant surgeon in the Indian Medical Service in the same year, surgeon in 1866, and surgeon-major in 1873. He was for many years civil surgeon of Mirzapur, and afterwards professor of ophthalmic surgery in Calcutta. While holding that post he founded and organized the Mayo Hospital, a large general hospital for Indians in Calcutta, of which he was the first surgeon-superintendent; the appointment has ever since been held as an additional charge by the ophthalmic surgeon. He served in the Sonthal rebellion of 1855–56, and during the Mutiny was medical officer of the Tirhut Volunteers, but did not see active service in the Mutiny. He retired in 1876. While in India he published in 1866 a volume of lectures on diseases of the eye, of which a fifth edition appeared in 1891, and in 1873 lectures on diseases of the bone, of which a third edition was published in 1887. He also wrote a history of Asiatic cholera, and from 1871 to 1873 was editor of the *Indian Medical Gazette*. Later, while resident in London, he wrote the articles on cholera and tetanus in the first edition of Quain's *Dictionary of Medicine* (1882), and those of cholera and leprosy in Davidson's *Hygiene and Diseases of Warm Climates* (1893).

Macnamara became F.R.C.S.Eng. in 1875 and F.R.C.S.I. in 1887. He was appointed surgeon and lecturer on clinical surgery to the Westminster Hospital in 1875, and also surgeon to the Royal Westminster Ophthalmic Hospital; when he retired from active work in 1897 he was appointed consulting surgeon to these institutions. He was a member of the council of the Royal College of Surgeons from 1885 to 1901, and vice-president in 1893 and 1896. He delivered the Bradshaw lecture in 1895 on osteitis, and the Hunterian Oration in 1901. The subject he chose for the oration—the human skull in relation to brain growth—is an indication of the nature of the studies to which Macnamara devoted much of his leisure, both before and after his retirement. He contributed two volumes on the evolution of purposive living matter to the *International Scientific Series* in 1910, wrote books on the origin and character of the British people, and on human speech, and in 1900 published *The Story of an Indian Sept*. His last book, published about three years ago, was entitled *Instinct and Intelligence;* in it he showed how side by side with increasing complexity of structure there appeared a corresponding power of self-adaptation.

Mr. Macnamara was an active member of the British Medical Association. He was vice-president of the Section of Surgery at the annual meetings of 1881 and 1895, and president of the Section of Ophthalmology in 1891. He was treasurer of the Association from 1885 to 1887; he was also a member of the Council for several years, and in 1891 chairman of the Committee on the Eyesight of Railway Servants, which presented a valuable report. When president of the Metropolitan Counties Branch of the Association he directed attention to the unsatisfactory position of medical teaching in London, and he was chairman of the Committee of the British Medical Association on Medical Education and a Teaching University for London which reported in 1891. As a member of the old Parliamentary Bills Committee he took an active interest in the movement for obtaining army rank for medical officers and the formation of a Royal Corps, and was a member of the Departmental Committee of the War Office on the Army and Naval Medical Services which sat in 1889.

Enough has been said to show that Mr. Macnamara was a man of great energy, industry, and enthusiasm, but a further instance is afforded by the following account by Mr. J. Y. W. MacAlister of his part in securing for the Royal Medical and Chirurgical Society the house in Hanover Square, which it occupied for some years. Mr. MacAlister writes:

When I was appointed in 1887, and began to look into the affairs of the society, I saw that it was indeed in a parlous state. Its old lease at 53, Berners Street, had only fourteen years to run. For that house it was only paying £14 per annum. The annual accounts just barely balanced, and yet no provision had been made for what was to happen at the end of the fourteen years. I ascertained that when the lease expired the rent would be raised to certainly not less than £400, and probably £500 per annum, and that a large sum would be required for reparations. I had difficulty in getting those in authority to realize the seriousness of the position, and came to the conclusion that the best way out of the difficulty was to secure such a house as would provide accommodation for the society's own needs, and such extra accommodation as would enable it to live by taking in lodgers, or, in other words, by providing accommodation for other societies. At last I found 20, Hanover Square, which seemed to me just what was wanted. But, unfortunately, it had been acquired by speculators who had already let out contracts for rebuilding for their own purposes, and although at first they would not listen to me, ultimately they agreed to let me have the house for £23,000, which left them a fair profit on their expenditure, but they insisted that I must give

them an answer within a week, as the contractor was then engaged in his preliminary operations. A couple of days convinced me that it was hopeless to get the authorities to decide so promptly, and one morning when I was gloomily considering what should be done, Macnamara came into my room. I told him the whole story; he went round with me to No. 20, agreed that it was "just the thing," and there and then gave me a letter to his bank making himself responsible for the £23,000 if the council of the society did not take the opportunity. The next day the contract was signed, and as soon as possible thereafter, but not without a good deal of opposition and difficulty, the council of the society agreed to purchase the house on the understanding that I could raise the necessary money for purchase and alterations on debentures. I told the story at the inaugural dinner which was given in the new house under the chairmanship of Sir Edward Sieveking, but Macnamara reproved me for doing so! Nevertheless, whenever I had an opportunity I told the Fellows how much the society owed to his confidence and generosity, and I should be glad to have it recorded in your pages.

Medical News.

THE Swiney lectures on geology, in connexion with the British Museum (Natural History) will be given during December and January by Mr. Thomas J. Jehu, M.D., F.R.S.E. The subject of the course, which consists of twelve lectures, is man and his ancestry. The introductory lecture will be delivered on Tuesday, December 10th. The course will be given at the Royal Society of Arts, John Street, Adelphi, at 5.30 p.m. on each day.

OF the compliments which Great Britain has endeavoured to pay to the imperishable genius of France, perhaps the most graceful is that of the University of Glasgow. It elected the President of the French Republic to be its Lord Rector in 1914; last year it extended the term of office for a fourth year, and now it has again extended it. It is rewarded by the promise of President Poincaré to visit Glasgow within a few months.

THE new President of the Local Government Board has issued a strongly-worded circular to local authorities, asking them to let him know without delay what they are doing with regard to housing. Sir Auckland Geddes declares it to be essential that local authorities should take immediate steps to submit all housing schemes to the Board. One of the questions he asks is whether any work, such as the development of housing sites and the construction of roads, sewers, etc., can be put in hand immediately demobilization begins without waiting for the final approval of the plans of the houses.

IN view of the continued prevalence of influenza the Local Government Board has issued regulations for preventing the spread of the disease. They have special reference to music-hall performances of a continuous character, and provide that the entertainments shall not be carried on for more than three consecutive hours; that there shall be an interval of at least thirty minutes between two successive performances; and that during the interval the building shall be effectually and thoroughly ventilated. With regard to cinemas, where notice has been given to the proprietor of a cinematographic exhibition that a public elementary school has been closed on account of the prevalence of influenza, children may not be admitted during the continuance of the closure of the school. By the latest order the period during which the entertainment may be carried on has been increased to four hours in the case of cinemas.

AT the meeting of the Zoological Society of London on November 6th Dr. R. T. Leiper gave a demonstration on the "new" rabbit disease. The chief cause of mortality was found to be a coccidial invasion of the intestinal wall or of the lining of the bile ducts. In many cases changes in the liver attributed to coccidiosis were the result of infection with *Cysticercus pisiformis*, the larval stage of the dog tapeworm *Taenia serrata*. Large swellings in the region of the head and neck, suspected to be cancerous, were due to *Coenurus serialis*, the larva of the dog tapeworm *Taenia coenurus*. The coccidial infections passed from infected to healthy animals through the faeces. When freshly passed the coccidial oocysts were not infective. They only became so after a period of delay in which certain developmental changes took place. These changes proceeded more rapidly in dry than in wet faeces. Prevention depended upon the systematic periodical removal and destruction by burning of all pellets and contaminated bedding, and the use of some fluid to destroy such oocysts as remained in the hutch. There would appear to be no risk of infection to man.

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.

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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.
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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.

GOUT AS A PREVENTIVE OF INFLUENZA.

DR. W. JOHNSON SMYTH (Bournemouth) writes: The faulty chemical state of the blood in gout is rarely associated with tuberculosis. The present influenza pandemic has proved most aggressive in persons below the gouty age. The lowered consumption of nitrogenous foods all the world over has lessened, we may assume, the usual amount of uric acid and other azotized blood contents.

I suggest that these nitrogen-containing bodies may form a rampart against influenza infection. Though our military and naval forces may receive a normal supply of nitrogenous diet, yet we must bear in mind the exceptional activity and exposure of these forces, entailing a high degree of oxidation resulting in a less than usual approach to the lithaemic state. The influenza epidemic of 1890 was relatively localized and mild, so that some new factors must be found if we are adequately to explain the severity and widespread prevalence of the present infection.

HAEMORRHAGIC SPIROCHAETAL BRONCHITIS.

DR. H. G. WATERS, Chief Medical Officer, East Indian Railway Company (Allahabad, India), writes, with reference to the note published on June 29th of Violle's report of an outbreak of spirochaetal bronchitis at Toulon: This is the first confirmation of epidemic spirochaetal bronchitis I have seen. Castellani reported a case of bronchitis with spirochaetes a year before I discovered the epidemic at Tundla (1907) but no one else, so far as I have seen recorded, has come across the acute epidemic form. Isolated cases have occurred on the East Indian Railway at Delhi, Tundla, Allahabad, and Jamalpur, and White Robertson reported another two at Gya; all these cases were acute, with one or two relapses. I have not seen the chronic form recorded by Castellani as occurring in Ceylon.

*** Violle states that in the cases he described the evolution of the disease occurred on the average in one month. He does not state whether the spirochaetes persisted in cases which relapsed.

DIRECT SALE OF MILITARY MOTOR CARS.

CAPTAIN E. WILSON HALL, R.A.M.C., writes: May I suggest that facilities be made, after peace is declared, for general practitioners who have been serving in the navy or the army, to obtain motor cars from the navy, army, or British Red Cross Society direct, rather than through a third party? In this way a large number of really serviceable cars would be obtained by the profession, and the benefit derived by the direct transaction very great, both to the individual and the general public, as otherwise the price asked by the agents will, I am sure, place the car out of reach financially of many of us.