

antibodies to gonococci which nature provides and distributes by the blood and lymph to the infected areas. Injections are less dramatic in appearance, but do not seem to remove the antibodies to the same degree as irrigations. By either method, however, when the visible discharge has become quite small or non-existent, the operator usually and naturally has little confidence that discharge will not reappear as soon as the treatment is withheld. This being so, these processes of lavage or injection are continued for a relatively long time, apparently in the hope of wearing down the vitality of the gonococcus. This continued washing and stretching of the main urethral channel often induces weakness of its vitality. Presently, though the gonococcus may have disappeared, the secondary bacteria of various kinds (which were acquired either at the contraction of the disease as a mixed infection, or in the subsequent operations of treatment) are able to maintain a suppuration of a less acute form than the gonococci, but of a chronic type, constituting a true gleet.

In acute gonorrhoea which recovers promptly there is no gleet stage, and its occurrence must be viewed as evidence of weakening or over-irritation of the delicate urethral membrane during treatment. So that we are in the presence of certain facts—namely, that a percentage of cases of acute gonorrhoea recover after treatment by irrigations or injections continued for a period which varies from one to three or more months. That relapse is undesirable common, and gleet is a frequent sequel after the gonococci have been overcome. This gleet is never a trifling matter, and sometimes causes the victim chronic misery. Yet what treatment can be given in place of these methods? If we had a process which could empty these gonococcal-laden mucous crypts by the gentlest squeezing from their blind ends and so express their contents into the urethral lumen (as by indenting the fingers of a glove), it would be almost ideal. For then one or two streams coming down the urethra, as by the natural lavage of voiding urine, would wash out in the best possible manner the virulent gonococcal populations, and the disease would be rapidly overcome.

No such method is available, but in electrolysis we have a fairly near imitation of such an effect. The only lavage I have ever employed is the patient's own urinary voidance, which visibly removes all mucus and gonococci removable at that moment by the natural act of micturition. By insertion of a perforated catheter and a suitably directed electric current mucous tides are set up within the gland spaces, in which gonococci and leucocytes migrate towards the catheter and seek the anode. These masses aggregate at the instrument's apertures and are visible on its withdrawal. There is nothing so striking in this treatment of acute gonorrhoea as the harvest of gonococci and pus plugs containing gonococci which one removes on withdrawing the electric catheter. Still more is obtained in the subsequent urinary voidance which removes similar material drawn into the urethra, but which did not adhere to the catheter or was detached during its withdrawal. After six years' experience of this method I am satisfied that it attacks gonorrhoea and produces a cure with the minimum of urethral irritation, and that the process does constitute a true assistance to the patient's resistance to the disease. I have already called attention to the remarkable fact of patients' immunity from rheumatism and joint troubles, a fact which I cannot yet explain theoretically.

Coming now to relapse, the main subject of this article, I have been gradually impressed with the confidence gained that the discharge will not return after ceasing the treatment. This, of course, means that the patient's resistance has not been lowered by the method of treatment, and the ultimate victory over the last gonococcus is of course due to the vitality of his leucocytes and the gonococcus antitoxin elaborated for the purpose. As these antibodies have not been irrigated away, and no chemical or other irritation has been induced, electrolysis can only have assisted recovery by a timely removal of the gonococcal populations, associated with a subtle influence on the gonococcus toxin. This latter is, I think, to be inferred as helping to explain the immunity from rheumatism. Nevertheless the process is of course not yet perfect. Although an average of three and a half weeks' treatment is required for an acute case, yet I believe that we should be able presently to overcome the disease in

half or even one-third of that time. When acute gonorrhoea can be cured within seven days of its onset I think medical practitioners will seek the possession of facilities for electrolysis, and will discard older and less efficient methods for a system which is more physiological. Since publication of the process and subsequent monographs on the subject I have realized that numerous colleagues expected something as easy and simple as tipping a tabloid into a tumbler and turning on a switch. Instead of something simpler and quicker than injections or irrigations, electrolysis involves much more work and time and trouble for the operator, who naturally obtains much better results. Like others who have endeavoured to leave the common rut of treatment, I have been amused and grieved at the fearful things done to patients with gonorrhoea in the name of electrolysis both in France and this country. Yet it is inevitable that the old and less efficient eventually gives place to the new, but not until the full realization of benefits which make the extra work well worth while.

## REFERENCES.

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## Memoranda:

## MEDICAL, SURGICAL, OBSTETRICAL.

## THE DOSE OF COLCHICUM IN GOUT.

Most authorities agree that colchicum is a specific in gout. Dr. Sidney Martin, F.R.S., I think, teaches that "the only drug of any use in gout is colchicum, and the only preparation of colchicum of any use is the wine." My experience leads me to suggest that the tincture is also useful if given in suitable doses. But the most effective preparation of colchicum is the acetic extract.

I suggest that the *B.P.* dose of the extract—namely,  $\frac{1}{2}$  to 1 grain—is altogether too small to be of any use, and that, since the acetic extract (*B.P.* 1885) is no longer official, the value of the extract has been lost sight of. The average effective dose of the acetic extract is not  $\frac{1}{2}$  to 1 grain, but 2 to 6 grains. This, so far as I am aware, has proved a perfectly safe dose in the following prescription:

R. P. opii ...	...	...	...	gr. j
P. ipecac. ...	...	...	...	gr. j
P. cambog. ...	...	...	...	gr. ij
P. aloes ...	...	...	...	gr. iv
Ext. colch. acet. ...	...	...	...	gr. viij

Misce; fiat pil., div. in 4. Mitte 12 or 24.

Dose: One pill three times a day, or two at night and one in the morning.

I have known many instances in which three pills (and by persons accustomed to take them even four) have been taken for a dose (= 6 and 8 grains of the extract) without any noticeable result other than that desired. But the average dose above mentioned rarely, if ever, fails to relieve rapidly and completely all the symptoms, especially in acute cases.

J. SYDNEY MATTHEWS, M.R.C.S., L.R.C.P.

London, S.W.

## "BRACHIAL" NEURITIS AND ITS TREATMENT.

THE able and interesting article by Dr. R. T. Williamson in the *BRITISH MEDICAL JOURNAL* of June 7th, 1919, p. 699, leads me to say that, judging by my own experience, the term "neuritis" has been eagerly seized on by the general public, and the idea seems widespread that neuritis is very difficult to cure. During the past twenty years I have seen many cases of neuritis, and found the majority of them curable, at any rate for a time, many for years. In a very large percentage I have found more or less arthritis. Three cases of primary brachial neuritis with very similar symptoms have recently come under my notice:

1. A woman, aged 41, who for over a year had assisted in nursing a rheumatoid patient, and had worked hard in other ways.
2. Housewife, aged 43, who for a long time has done all the work of a small house, including washing and ironing. This latter form of work is very trying to the right arm, and has been a considerable factor in producing neuritis in other cases.

3. Charwoman, aged 56, emaciated and in poor general health; nothing definite was found to account for the neuritis beyond the strain of her work.

In treating these cases I used the galvano-cautery, commencing with six or eight "dots," close to the vertebrae (upper dorsal), and repeating the applications every other day, increasing the number at each sitting until from twenty to thirty were given at a time.

In all three cases great relief was experienced after four treatments. Patients (1) and (2) went on with their work and did not use a sling; patient (3) gave up work. (1) and (3) took a few doses of an opium and hyoscyamus mixture at first. All three cases are now free from pain and much improved in health.

The following brief notes of cases not primary may be of interest:

(a) Man. Two falls on to left shoulder, from a bicycle, within a fortnight. Very severe neuritis followed. No treatment relieved the pain during the first three months. I then applied a large blister near the lower cervical and upper dorsal vertebrae keeping the raw surface open for ten days with savin ointment. Great relief was experienced within a few days. Investigation showed sarcoma of the head of the humerus.

(b) Man. Sent for treatment as an obstinate case of sciatica resisting ordinary treatment. Rectal examination revealed carcinoma.

(c) Man. Brachial neuritis. Arm useless for seven months. Investigation showed arthritis of the shoulder and also of other joints. Pain relieved and arm restored to usefulness in ten weeks by means of minute multiple acupuncture and counter-irritants designed to produce small pustules.

I have used the remedies mentioned for many years, and as the result of careful observation I have come to the conclusion they are both diagnostic and curative. I claim to be able to produce valuable evidence in this way in cases of suspected malingering.

Bournemouth.

W. J. MIDELTON.

#### ADRENALIN IN BLACKWATER FEVER.

THE use of adrenalin chloride in blackwater fever was first suggested, I believe, by Dr. W. S. Barnes, retired Government medical officer of British Guiana. The drug is given in the dose of 20 minims every four hours. After the first three or four doses the urine clears up remarkably. No quinine is given. Iron tonics without quinine are prescribed during convalescence. The action of adrenalin in this instance cannot be explained as due to vasomotor constriction. In my opinion the explanation is probably the balancing of a suprarenal insufficiency, which insufficiency is perhaps the cause of haemoglobinuria in some cases of malarial infection.

J. A. ROBERTSON, L.R.C.P. and S.Ed.,  
Government Medical Officer.

Plantation "Mara," Berbice River, British Guiana.

#### MOTHER'S EYESIGHT v. CHILD'S LIFE.

THE following may interest more from the benefit derived from the rapidity of action than from any rarity in the case, which is obviously a common one.

On July 12th, 1919, Mrs. —, aged 35, one child aged 11 and one subsequent miscarriage, who had engaged me for her confinement in September, sent for me. She complained of dimness of vision. There was considerable oedema of the legs and vulva and difficulty in walking. There was no external inflammation of the eyes. She saw with right eye barely  $\frac{1}{8}$ ; with left, fingers only. There was albumin in the urine. On ophthalmoscopic examination I found flame-shaped haemorrhages.

On July 16th I motored the patient into Newcastle to see the consulting oculist (Mr. J. D. Wardale), who diagnosed albuminuric retinitis, with considerable oedema of the maculae, especially the left. On July 18th, with the consent of the patient and husband, I induced premature labour by means of inserting a bougie between the uterus and membranes and leaving it *in situ*. At 10 a.m. on July 19th, after slight pains during the night, the os was patulous. At 6 p.m. on the same day I was able to introduce two fingers, and at 8 p.m. I judged there was sufficient dilatation to allow of forceps; chloroform was given, and at 9 p.m. a 7-months child was delivered (which lived four hours). The mother made a good recovery, and her sight is improving.

The mother of the patient told me the following: A pregnant woman in her neighbourhood began to lose

her sight. The doctor told her that she might get it back when the child was born. She was allowed to go on to full term, at which time she was totally blind, and has remained so for the last five years. The child is living.

Shotley Bridge.

A. G. C. Pocock, M.B.Durh.

#### CLINICAL AND SCIENTIFIC PROCEEDINGS.

AT the meeting of the Oxford and Reading Branch of the British Medical Association held at the Radcliffe Infirmary, Oxford, on July 1st, the following cases were demonstrated in the out-patient department: Two cases of erythraemia (polycythaemia), by Sir WILLIAM OSLER; one was a woman of about 50, with dyspnoea and enlarged spleen and red count 6 to 7 millions; the splenic notch could be both felt and seen. Dr. COLLIER showed a case of severe puerperal septicaemia (now convalescent). Mr. ANGLIN WHITELOCKE showed (1) epithelioma of tongue which had survived partial excision five years ago, but showed glandular recurrence; (2) a woman recovering from severe haemorrhage into the peritoneum from ectopic gestation. Dr. MALLAM showed (1) severe Hebra's prurigo in a male aged 30, and (2) Von Recklinghausen's disease in a man who was developing (? propter hoc) spastic paraplegia; this man gave a positive Wassermann reaction. A large fluctuating abdominal tumour which had puzzled many was then shown. Sir WILLIAM OSLER suggested a catheter, and the tumour of several months' duration was promptly cured. The President's comments on the cases were highly instructive; his wit and geniality were keenly appreciated, and helped to quicken the feeling of brotherhood between the members. Papers were then delivered as follows in the Board Room: The Radcliffe Infirmary extension at Headington, by the Rev. G. P. CRONSHAW. The principles of treatment of the psycho-neuroses, by Dr. McDUGALL. Some points on closing traumatic openings in the intestine, by Colonel A. P. DODDS-PARKER. Two rare forms of cancer, by Mr. HASTINGS GILFORD. Some notes on the operative treatment of fractures, by Mr. W. B. SECRETAN. The function of a venereal clinic, with illustrative cases, by Major A. G. GIBSON. All were well illustrated and extremely interesting. A paper by Colonel Collier on systolic murmurs in young adults was held over until the next meeting.

## Reviews.

#### THE RELIGION OF A DOCTOR.

A PHILOSOPHIC writer of forty years ago observes, in one of his paradoxical dissections of human frailty, that an honest God is the noblest work of Man.

To the medical man more than to any other the difficulty of honest achievement is very great. With his earliest professional training he is brought face to face with the mysteries of life and death, and all through his professional career they meet him at every turn. As the natural end of his own life approaches, his thoughts will of necessity turn from the known to the unknown. He has learnt that many of the higher qualities of mind and thought may be brought to degradation by physical changes in the brain. He has seen many a "noble mind o'erthrown," many a promising career ruined, and many a valuable life cut short by forces quite uncontrollable by human agency. At one period his religious views may, indeed, tend to be materialistic, but at another he will have to admit the existence of some moving power, the force of which becomes more and more fully recognized as years advance.

As a writer on the subject of healthy old age Dr. BODLEY SCOTT has already given to the profession a charming account of the physical means by which that desirable goal may be reached. He has now put forward a small work dealing with *The Religion of a Doctor*,<sup>1</sup> in which he discusses the relation of the medical man to the mysteries of human life and to his conception of the possible future. Three hundred years ago the author of the first *Religio Medici* was "content to understand a mystery without a rigid definition." The writer of to-day deprecates anything savouring of positive assertion. "The old conception of the Jewish god—an anthropomorphic deity, full of human moods, of anger and jealousies—is no longer possible to the reverent mind. The God of absolute

<sup>1</sup> *The Religion of a Doctor*. By T. Bodley Scott. London: T. Fisher Unwin, Ltd. 1919. (Cr. 8vo, pp. 98. 5s. net.)

## HONOURS.

THE sixth Supplement to the *London Gazette*, dated August 22nd, contains the following list of honours and mentions of medical officers of the Royal Navy and Royal Naval Volunteer Reserve in recognition of services rendered on ships and other places in connexion with the war:

*To be C.M.G.*

Surgeon Commanders: John Falconer Hall, Thomas Tendron Jeans, Francis Bolster.

*To be C.B.E. (Military Division).*

Surgeon Captain Charles Sharman Woodwright.

*To be O.B.E. (Military Division).*

Surgeon Commanders: John Alexander L. Campbell, Hugh Clift, Thomas Dufour Halahan, Cecil Hugh Myddleton Hughes, William Ludgate Martin, Claude Woodham Morris, William Edwin Ormsby, Montague Louis B. Rodd, Herbert Wells B. Shewell, Paul H. Mills Star, Robert William G. Stewart, Percy Temple Sutcliffe, Arthur Richard Thomas.

Surgeon Lieutenant Commanders (acting Surgeon Commanders): William Edmund Harker, Edward John Steegmann, Robert Joseph Willan, M.V.O., Walter Kenneth Wills.

Surgeon Lieutenant Commanders: Francis Cooke Alton, James Campbell Bringan, Henry Burns, Sheldon Francis Dudley, Sidney Wilfred Grimwade, Thomas Walter Jeffery, Gerald Roche McCowen, Gerald Nunn, Horace Elliot Rose Stephens, George Gordon Vickery, Leonard Warren, David Percival D. Wilkie.

Surgeon Lieutenant (acting Surgeon Lieutenant Commander) Gordon Ernest D. Ellis.

Surgeon Lieutenants: Charles Henry F. Atkinson, Samuel Saxton Barton, Thomas Beaton, Kennett Bonson Bellwood, Owen Deane Brownfield, Roger Buddle, Philip Norman Button, Richard Stocker Carey, Walter Ernest Dixon, William A. Scholefield Duck, Frederick Bentley Eykyn, John Gerald A. Fairbank, Marmaduke Fawkes, Edward Ernest Fletcher, Thomas Evan Francis, Walton Leigh Mackinnon Goldie, Leslie Stewart Goss, Ashley Ernest Herman, Ernest Charles Holton, John Lambert, Duncan Lorimer, Gerald Roche Lynch, Ronald Guy Lyster, Harold Corry Mann, Horace Palmer Margetts, Cyril Frederick Mayne, Albert Clifford Morson, John Ramsey Palmer, Oscar Parkes, Harold Fey Percival, Alan Harvey Richardson, Edward G. Slesinger, Reginald Eccles Smith, Edwin Lawrence Sturdee, Frederick Thompson, Llewellyn Rhys Warburton, Alfred Gregson Williams, George Edmund Wood.

*Mentioned for Valuable Services.*

Surgeon Lieutenant Commanders: Arthur Douglas Cowburn, Herbert Leith Murray, Charles Francis Alexander Hereford. Surgeon Lieutenants: John Campbell Hill Allan, Robert Townly Bailey, Frederick James F. Barrington, Ivor Hamilton Beattie, Thomas Charles Blackwell, Ralph St. Leger Brockman, Charles Milwyn Burrell, Hildred Carlill, Norman Clifton Carver, Hubert Chitty, Edward Alfred Cockayne, Bertram Cohen, Arthur Henry Crook, M.C., Frederick Charles Endean, Edward Fow Fisher, Edward Garlick Fisher, William Innes Gerrard, Edwin Augustus Green, Alfred Ernest W. Hird, David Andrew Imrie, John Richard Kay-Mouat, Andrew Lawrey, James Lorimer, Douglas McAlpine, Alexander James MacDiarmid, William Alexander McKerrow, Arthur Craigie McVittie, Thomas Robert Grey Melrose, Alexander Craigie Mooney, Ernest Farquhar Murray, Frank Chafin Newman, Robert Henry H. Newton, Thomas Norman, Wilfred Stephen Ollis, Edward Philip Punch, William Graeme Robertson, William Wilson Rooke, Alexander Elder Sanderson, William Octavius Sankey, Alan Lee Sutcliffe, John Cuthbertson Walker, George Edger Septimus Ward, Edward Joseph Winstanley.

## FOREIGN DECORATIONS.

The following decorations have been conferred by the Allied Powers for distinguished services rendered during the course of the campaign:

*Conferred by the King of the Belgians.*

*Ordre de la Couronne—Chevalier*: Temporary Captain John R. Rees, R.A.M.C.

*Conferred by the President of the French Republic.*

*Legion of Honour—Chevalier*: Major George W. W. Ware, D.S.O., R.A.M.C.

*Croix de Guerre avec Etoile (en Argent)*: Captains Robert Burgess, D.S.O., M.C., R.A.M.C.(T.F.), Peter J. Ryan, M.C., 24th Field Ambulance, R.A.M.C. Temporary Captain (acting Major) Trevor Abbott Lawder, 24th Field Ambulance, R.A.M.C.

*Croix de Guerre*.—Captain Joseph A. A. Pare, M.C., 11th Canadian Field Ambulance, C.A.M.C. Temporary Captain Frank P. Montgomery, M.C., R.A.M.C. Temporary Captain (acting Major) Frederick B. Winfield, R.A.M.C.

*Médaille d'Honneur avec Glaives (en Vermeil)*.—Majors William D. C. Kelly, D.S.O., R.A.M.C., Thomas C. Ritchie, R.A.M.C. Temporary Captain Herbert T. Retallack-Moloney, R.A.M.C.

*Médaille des Epidémies (d'Or)*.—Major-General Sir Hayward R. Whitehead, K.C.B. Lieut.-Colonel Arthur R. Aldridge, C.B., C.S.I., C.M.G., R.A.M.C. (Reserve of Officers). (*En Argent*): Temporary Captains George D. Eccles, M.C., R.A.M.C.(T.F.), David Llewellyn Williams, M.C., R.A.M.C.

*Conferred by the King of the Hellenes.*

*Order of the Redeemer*.—Officer: Colonel Edwin T. F. Birrell, C.B., C.M.G., A.M.S.

*Military Cross*.—2nd Class: Temporary Captain William K. McIntyre, M.C., R.A.M.C. 3rd Class: Captain Bernard E. Potter, R.A.M.C.(T.F.). Temporary Captain George P. B. Huddy, R.A.M.C.

*Medal for Military Merit*.—3rd Class: Colonel Edwin T. F. Birrell, C.B., C.M.G., A.M.S.

*Conferred by the King of Italy.*

*Croce di Guerra*.—Captain (acting Major) Myer Coplans, D.S.O., O.B.E., R.A.M.C.(T.F.).

*Conferred by the President of the Portuguese Republic.*

*Military Order of Avis*.—Grand Officer: Major-Generals Sir William W. Pike, K.C.M.G., D.S.O., Henry Neville Thompson, K.C.M.G., C.B., D.S.O. Commander: Major and Brevet Lieut.-Colonel Percival Davidson, C.M.G., D.S.O., R.A.M.C. Temporary Major (acting Lieut.-Colonel) Thomas B. Unwin, O.B.E., R.A.M.C. Chevalier: Captain (acting Lieut.-Colonel) George S. Parkinson, D.S.O., R.A.M.C.

*Conferred by the King of Serbia.*

*Order of St. Sava*.—3rd Class: Major Joseph Ward, C.M.G., D.S.O., R.A.M.C.(T.F.). 4th Class: Temporary Captain Richard A. Wilson, R.A.M.C.

## India.

PAY OF THE TEMPORARY OFFICERS OF THE R.A.M.C. CONSIDERABLE discontent exists among the temporary officers in the Royal Army Medical Corps in regard to pay and allowances while serving in India, and if the statement of a correspondent is correct—we have every reason to believe it is—their discontent appears to be justifiable. Temporary officers of the R.A.M.C. are now offered Rs. 550 a month, but no gratuity, if they sign on for twelve months. This sum, a correspondent points out, is Rs. 75 less than a temporary I.M.S. officer holding Indian qualifications is offered. The absurdity of such a condition of affairs is heightened when it is remembered that the average temporary R.A.M.C. officer has already served several, it may be four or five, years at considerable loss to himself and family. Many of them hold the highest qualifications obtainable in the British universities, while several are Fellows of the Royal College of Surgeons (England). No complaint is made that temporary officers in the R.A.M.C. are classed for duty with youngsters fresh from the medical schools of India, but it is manifestly unfair that the latter should be paid more for their services than the British officers who have not only served their country well for several years, but whose qualifications equal those of the topmost men in the medical profession at home.

## EMPLOYMENT OF CIVILIAN MEDICAL PRACTITIONERS IN INDIA.

Fresh efforts are being made to increase the medical personnel at the disposal of the military authorities in India. An Indian Army Instruction announces that sanction is accorded to the employment of private medical practitioners who may volunteer for service. The agreement which the medical practitioner volunteering will be required to sign provides that he shall receive a temporary commission as a lieutenant in the Indian Medical Service without any claim to permanent appointment. The pay for those employed for general service is to be Rs. 550 per mensem, with free rations or money allowance in lieu. There will be a gratuity at the rate of Rs. 75 per mensem at the end of the term of employment.

## THE HOUSING PROBLEM IN BOMBAY.

At a recent meeting of the Bombay Municipal Corporation a resolution was passed representing to Government the importance of dealing at a very early date with the question of housing in all its bearings and devising practical measures for increasing accommodation for the poor and middle classes in the city, including the opening up of new areas for building and of providing speedy transport. The resolution assured Government of the corporation's readiness to co-operate.

DR. GIOVANNI RIZZI, emeritus physician to the Ospedale Maggiore, Milan, in addition to £11,640 already contributed to the clinical institutes, has recently given £20,000 to the hospital.

Edinburgh University, where he graduated M.B. and Ch.B. in 1910. He entered the R.A.M.C. as lieutenant on July 26th, 1912, was promoted captain on March 30th, 1915, and brevet major on June 3rd, 1917.

MAJOR HERBERT LONGMORE GRANT CHEVERS, R.A.M.C. (ret.), died at the Military Hospital, Southmead, Bristol, on August 10th, aged 59. He was the third son of the late Deputy Surgeon-General Norman Chevers, I.M.S., and was born on March 16th, 1860. He was educated at St. Thomas's Hospital, took the Edinburgh double qualification in 1884, and entered the R.A.M.C. as surgeon on August 1st, 1885, retiring with a gratuity on May 26th, 1897. He rejoined for duty in the South African war, and was promoted to major on October 18th, 1902, and again rejoined for duty in the late war on August 9th, 1914.

CAPTAIN JAMES CHRISTIAN SIMPSON, R.A.M.C.(T.F.), died at Cambridge on June 27th. He was the son of the late Rev. James Simpson, LL.D., of Dysart, Fife, and of Edinburgh, and was educated at Edinburgh University, where he graduated M.B. and C.M. in 1887, and M.D., with honours, in 1895, and also took the M.A. at Cambridge (Caius College) in 1905. After filling the post of senior resident surgeon and assistant to the professor of clinical surgery in the Royal Infirmary, Edinburgh, of extra assistant physician to the Royal Asylum, Edinburgh, and of medical officer of health of Fettercairn, he settled at Cambridge. He held a commission in the R.A.M.C.(T.F.) as captain in the 1st Eastern General Hospital (Cambridge), dated March 22nd, 1915.

CAPTAIN JAMES WILSON BURTON, R.A.M.C., died of gastritis at Rawal Pindi on July 5th, aged 28. He was educated at Glasgow University, where he graduated M.B. and Ch.B. in 1912. He took a commission as lieutenant in the Territorials, in the 2nd Lowland Field Ambulance, on October 12th, 1914, and subsequently transferred to the regular army, becoming captain on April 12th, 1918.

SURGEON COMMANDER SAMUEL HENRY VICKERY, R.N., died of pneumonia at the Royal Naval Hospital, Invergordon, on July 25th. He was the eldest son of Dr. G. Vickery, of Kinsale, County Cork, and was educated at Trinity College, Dublin, where he graduated M.B., B.Ch., and B.A.O. in 1903. He afterwards entered the navy as surgeon, was promoted to staff surgeon on November 21st, 1912, and recently to surgeon commander. He was borne on the books of H.M.S. *Thalia*, storage hulk in Cromarty Firth, for medical charge of Dunskeith Naval Dépôt and of the Royal Marine garrison at Cromarty.

LIEUTENANT GORDON ALLISON, 3rd King George's Own Gurkha Rifles, elder son of Dr. T. M. Allison, of Newcastle-on-Tyne, was killed in action at Fort Sandeman, Indian Frontier, on June 8th, aged 20.

LIEUTENANT DONALD ALEXANDER FOWLER, R.A.F., son of the late Lieut.-Colonel B. W. Fowler, R.A.M.C., was accidentally killed flying at Winchester, June 26th, aged 24.

#### THE LATE PROFESSOR GREENFIELD.

J. H. F. writes: I remember very vividly Professor Greenfield's first visit to Edinburgh Royal Infirmary to assume duty as one of the professors of clinical medicine. It fell to my lot as the resident in charge of his wards to introduce him to his patients. It was an ordeal which has left an indelible impression on my memory. Every patient was examined with care and thoroughness, but there was one case in particular which engaged his attention and aroused his enthusiasm. His colleagues had failed to diagnose it correctly. The moment he came up to the bedside he exclaimed, "Here is a case of myxoedema," and forthwith proceeded to give me a clinical lecture on the case which lasted fully three-quarters of an hour! He took more than ordinary interest in his hospital patients. He had only been a few weeks in Edinburgh when he astonished me by appearing in his female ward at two o'clock in the morning. He had been anxious on the previous evening about a young girl, aged 15 years, who was suffering from cerebral rheumatism with hyperpyrexia, and had left instructions that he was to be kept informed of her progress during the night. Her temperature had risen to 108° F. at midnight, and, as all our other resources had been tried, I decided to put her at once into a cold bath. The result was satisfactory. The patient's life was saved, and her recovery was rapid and complete. I shall never forget the professor's joy over her recovery.

## Universities and Colleges.

### ROYAL COLLEGE OF SURGEONS IN IRELAND.

THE following candidates have been approved at the examination indicated:

FINAL FELLOWSHIP.—Captain W. H. W. C. Carden, Captain J. V. Cope, Captain J. A. Fretton.

### CONJOINT BOARD IN IRELAND.

THE following candidates have been approved at the examinations indicated:

FINAL PROFESSIONAL.—M. Barden, B. A. Cowan, J. Cockburn, T. Coffey, R. S. Conyngham, J. F. Gallagher, D. Hegarty, A. F. Mallon, J. P. Morgan, B. T. McMahon, J. McAleer, M. J. O'Connor, F. G. Phillips, J. Power, J. Pousner, A. T. Rhatigan, T. K. Reddin, W. E. Shipsey.  
D.P.H.—Captain P. Ashe, Captain G. Collins, Mr. I. B. Culhane, Captain E. W. Lynch, Captain J. D. MacCormack, M.C., Captain S. D. G. McEntire, Captain C. C. Mccredy, Captain L. M. Rowlette, D.S.O., M.C., Major J. R. Bibby.

### SOCIETY OF APOTHECARIES OF LONDON.

THE following candidates have been approved in the subjects indicated:

SURGERY.—\*J. F. E. Burns, \*†D. G. Cossham, †W. D. McRae, \*†H. H. Selim.  
MEDICINE.—\*E. V. Briscoe, †O. H. Brown, †J. F. E. Burns, \*†D. G. Cossham, \*†F. I. G. Edwards, \*†C. W. Lakin, H. M. Partridge.  
FORENSIC MEDICINE.—D. G. Cossham, J. H. C. Eglinton, G. ap V. Jones, W. D. McRae, H. M. Partridge, G. K. Reeves.  
MIDWIFERY.—C. C. Bennett, E. V. Briscoe, D. G. Cossham, F. C. M. Gabites, H. M. Partridge.

\* Section I. † Section II.

The diploma of the Society has been granted to Messrs. J. F. E. Burns, D. G. Cossham, F. C. M. Gabites, C. W. Lakin, W. D. McRae, and H. H. Selim.

## The Services.

### WAR EMERGENCY FUND OF THE ROYAL MEDICAL BENEVOLENT FUND.

At the last meeting of the committee of this fund, when Sir Alfred Pearce Gould, K.C.V.O., was in the chair, applications for assistance were received, and grants amounting to £1,250 were made to seven applicants. The committee are prepared to receive applications for assistance from demobilized officers of the R.A.M.C.(T.) and Special Reserve. All communications should be addressed to the Honorary Secretary, 11, Chandos Street, Cavendish Square, W.1.

## Medical News.

MME. CURIE has returned to her native city of Warsaw to become Professor of Radiology in its university.

DR. ANTHONY RICHARD NELIGAN, physician to the British Legation at Teheran, has been appointed to the Persian Government Hospital, with instructions to reorganize it on modern lines. Till lately the hospital was under German management.

DR. JOHN GRAHAM, who graduated M.B., B.Ch.Glasg. in 1904, has been appointed professor of anatomy in the Anderson College of Medicine, Glasgow, in succession to the late Dr. A. M. Buchanan.

SIR HAROLD STILES has been appointed consulting surgeon to the Chalmers Hospital, Edinburgh, and Mr. Lewis Beesley, assistant surgeon, has succeeded to the post of acting surgeon. Dr. F. W. N. Haultain has been appointed gynaecologist to the hospital.

DR. EVAN JONES (Llanbyther) and Dr. J. H. WILLIAMS (Burry Port) have been appointed to the Commission of the Peace for Carmarthenshire. Dr. Williams is a county councillor and has contested the seat for East Carmarthen as a labour candidate at two parliamentary elections.

THE Board of Trade notifies that in accordance with the provisions of Article 295 of the Peace Treaty, which requires all the parties to the Treaty to adopt the International Opium Convention, the importation of opium and cocaine, except under Home Office licence, remains prohibited.

A THREE months' course of lectures and demonstrations in hospital administration will be given by the medical superintendent, Dr. R. M. Bruce, at the Western Hospital, Seagrave Road, Fulham, on Tuesdays and Fridays at 5 p.m., beginning on September 30th. The fee for the course is £3 3s. Further particulars can be obtained on application to the Clerk, Metropolitan Asylums Board, Embankment, E.C.4.

THE Cream Order, 1918, which was suspended on April 12th, will come into force again on September 1st. Applications for cream for children under 5, and for invalids, accompanied by a doctor's certificate, can be made to the local Food Committee.

We have received from Messrs. Oliver and Boyd, Tweeddale Court, Edinburgh, a copy of a new edition of their tabular view of income tax provisions, revised to include the changes made in the 1919 Budget. It is a brief but very comprehensive statement, and embodies particulars and tables which will greatly help the inexperienced in calculating the rates. The price is 1s. net and 1s. 2d. post free.

THE Society for the Study of Inebriety will hold a conference at the house of the Medical Society of London on October 14th. A breakfast will be given by the National Temperance League, and at 10.30 a.m. the President of the Society, Sir Alfred Pearce Gould, K.C.V.O., will deliver an introductory address. A discussion will then be opened by Lord D'Abernon on the scientific basis of drink control. In the afternoon Sir Thomas Whittaker, M.P., will open a discussion on alcohol in relation to recreation and refreshment and the public house. The Norman Kerr Lecture will be delivered at 5.30 p.m., in the Robert Barnes Hall of the Royal Society of Medicine, by Mrs. Mary Scharlieb, C.B.E., M.D., on the relation of alcohol and alcoholism to maternity and child welfare. Members and associates can introduce visitors on forwarding their names to the honorary secretary, Dr. T. N. Kelyack, 139, Harley Street, W. 1.

THE twelfth annual report of the Midhurst Sanatorium contains some interesting information with respect to some of the special work that has been done. Much benefit has resulted from regular dental inspection and treatment; only a comparatively small percentage of the cases of disorder of the throat were found to present evidence of tuberculous disease. In the course of his report upon statistical research, Dr. Noel Bardswell records the institution of a satisfactory card-index system and calls attention to the success already achieved in tracing the after-history of discharged patients. The number lost sight of does not quite amount to 2 per cent. Many former patients of the sanatorium were able to take their part in the war, serving in all the different campaigns. Distinction is made in classifying patients between those with bacilli in the sputum and those without. The steady disappearance of the bacillus in any given case would seem to justify a hopeful prognosis. When definite improvement is taking place, the microbe is generally absent after the first twelve weeks. If still present, a second period of three months is usually needed. Tuberculin was not used for two years, and a comparison of results is therefore possible between this period and the preceding years in which it was employed in treatment. The general outcome of the comparison is negative, as the returns show no marked difference in the average of success and failure.

THE report of Dr. F. S. D. Hogg, Medical Superintendent of the Dalrymple House, maintained by the Homes for Inebriates Association, at Rickmansworth, contains a summary of 1,331 cases discharged since the institution was opened in 1883. The average length of the period under treatment was five and a half months, and 156 patients were readmitted. The results in cases discharged during the last sixteen years expressed in percentages are as follows: 41.4 per cent. were doing well; 7.5 per cent. were improved; 10.8 per cent. were not improved; and 2.6 per cent. were dead, or could not be traced. Speaking from experience of a thousand consecutive discharges, he states that, as a rule, the longer the residence in the retreat the better the average of good results. He strongly advises that a patient who makes up his mind to enter a home at all should enter under the Inebriates Act. The request for admission, which may extend to any period not to exceed two years, may be made in the presence of a stipendiary magistrate or before a justice of the peace. A statutory declaration must be made before a justice of the peace or a commissioner of oaths by two persons of either sex. All this can be done at the time of admission if desired. The majority of persons, however, prefer to enter as private patients. Thus last year of thirty-eight admitted only five entered under the Inebriates Act. Private patients can leave at any time, but they are apt to be too optimistic about their recovery. In treatment the chief aim is to restore the patient to a sound physical condition, to cultivate his self-control, to strengthen his will, and to make him realize that part of his cure lies in his own hands, total abstinence from alcohol, or from drugs if he is a drug taker, being absolutely essential. The ages of the majority of cases admitted since the home was opened was 30 to 50.

## 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.

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, *Atiology, 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.

## QUERIES AND ANSWERS.

### GOLF IN PREGNANCY.

"L. G." asks: Is golf playing, with regard especially to the club swinging movements, injurious to a pregnant woman at any stage of the pregnancy?

### TENNIS ELBOW.

"S."—The case described appears to be an instance of "tennis elbow," a not uncommon condition. Long-continued abstention from the movement which started the trouble and massage (not movement) with iodox and methyl salicylate and the wearing of a restraining crêpe bandage offer the best hope of cure.

### INCOME TAX.

"F. S. K." is a medical woman attached to the R.A.M.C. Is she entitled to pay income tax at the special "service" rate?

\*\* We fear it is not possible to give a definite answer without further particulars as to the nature of the work performed, the precise appointment, to what extent our correspondent is subject to military discipline, and the fund from which her remuneration is paid.

### ESTIMATION OF HYDROGEN-ION CONCENTRATION.

"C. J. Y." asks for references to recent methods of estimating hydrogen-ion concentration of the blood and other biochemical methods.

\*\* We referred this question to Dr. J. S. Haldane, F.R.S., who has been good enough to reply as follows: "Unfortunately there is no existing textbook giving up-to-date information as to methods of determining hydrogen-ion concentration in the blood, and as I am away from home I cannot give exact references to recent papers. The most important are those of Hasselbalch of Copenhagen in the *Biochemische Zeitschrift* from 1912 onwards. A very important one is in vol. xlvi, p. 416 (containing references to previous work). The papers of Peters and of Parsons in the *Journal of Physiology*, from about 1914 onwards, are also very important as regards methods. A paper by Kellas, Kennaway, and myself in the forthcoming number of the *Journal of Physiology* deals with some general aspects of hydrogen-ion regulation. Unfortunately the methods for hydrogen-ion concentration in blood are still in certain respects a subject of acute controversy." In Cole's *Practical Physiological Chemistry* (Cambridge: W. Heffer and Sons, 1919, price 15s.) there is a general discussion of the subject of the concentration of hydrogen-ions, and a method is given for its determination in the urine. A review of the book is published at page 274.

## LETTERS, NOTES, ETC.

### THE WAR—PARTNERSHIP ADJUSTMENTS.

WE have on several occasions been consulted with regard to an equitable adjustment between two partners when one has been absent on military service. The basis of adjustment which seems to be fair, and is known to have been put into operation with success, is to treat the army pay, etc., as a profit of the practice. The chief difficulties of this method are (1) to decide whether the gratuity should be included (it is believed that the tendency in general is to exclude it), and (2) to make a reasonable adjustment for the fact that the absent partner ceases to incur car expenses for the purpose of the practice. Probably the best method of getting round the last mentioned difficulty is to treat the acting partner's car expenses as expenses of the practice during the absence of the other partner. The following calculation, based on