

hypertonus of reflex origin consecutive to a lesion which does not involve any nerve trunk in a direct fashion. Hypothermy and a degree of cyanosis are the rule. Mechanical hyperexcitability of the involved muscles is commonly found, which is always increased by immersing the limb in running water at 15° C. for half an hour. On the other hand, warming the limb for ten minutes with water above 44° C. makes functional hyperexcitability disappear, but has no effect on true reflex hyperexcitability—an important observation if it is confirmed. The results of electrical examination are not of sufficient precision to be of diagnostic value. Decalcification of the phalanges by osteoporosis is very frequent, but certain observers declare this may occur from mere immobilisation of psychical origin. Sleep makes no difference on the paratonic attitude. Sensibility is as a rule unimpaired except where there is a hypoesthesia manifestly of hysterical nature. In an ingenious analysis of the symptomatology in relation to the topography of wound and muscles involved, the authors suggest the possibility of inflammation at a distance. They point out that a muscle may be pierced by a foreign body without its tonus being in any way modified, provided the region where tonus is regulated is not implicated. According to the work of Alquier, this area is where muscle fibres and tendinous fibres join, and the authors consider their cases show a concordance between the sites of the lesions and the points of fibrotendinous junction of the muscles which are in hypertonus. Where this concordance is not traceable lymphatic channels may carry inflammation in the particular direction. In other words, it is preferable to think muscularly, as opposed to neurologically, in the consideration of these interesting varieties of impaired function after wounds of the arm, for the mere presence of reflex or organic disturbances is not sufficient justification for assigning all the phenomena to their action.

THE CAUSATION OF SO-CALLED VARICOSE ULCERS.

In a paper which he read at the London Dermatological Society on Tuesday Dr. R. Prosser White discussed the causation of chronic ulcers of the legs. An analysis of 69 cases attending his clinic during the last five years, at ages varying from 10–67 years, showed that 14 occurred in males and 55 in females. In the 14 male cases he made a diagnosis as follows: syphilis, 6; trauma or sepsis, 3; eczema or psoriasis, 4; tubercle, 1. Varicosity was present in the ratio of 2 to 5. In the 55 female cases the causes assigned were: white swelling, 17; varicosity, 7; the same with a history of burst veins, 3; trauma, 9; eczema, 7; sepsis, 2; syphilis, 5; scald, 1; tubercle, 2; not diagnosed, 2. No less than 17 cases, therefore, gave a history of having suffered after confinement from phlegmasia dolens—a significant proportion when it is borne in mind that this condition occurs only once in every 400 cases of pregnancy. Dr. White concludes that phlegmasia or the secondary streptococcal infection following it are the conditions mainly responsible for the deep intractable ulcerations of women's legs.

THE King has granted unrestricted permission to Miss Lina Mary Potter, L.M.S.S.A., to wear the Insignia of the Fifth Class of the Order of St. Sava, conferred upon her by the King of Serbia in recognition of her services to the Serbian sick and wounded, under the auspices of the Scottish Women's Hospitals for Foreign Service.

THE BELGIAN DOCTORS' AND PHARMACISTS' RELIEF FUND: THE SECOND APPEAL.

TO THE MEDICAL AND PHARMACEUTICAL PROFESSIONS OF GREAT BRITAIN AND IRELAND.

LADIES AND GENTLEMEN,—When at the close of 1914 the terrible plight of our professional colleagues in Belgium, overrun in circumstances of incredible brutality by the Germans, was brought to your notice, you responded generously to an appeal for the immediate creation of a Fund which should deal first with the grave necessities of those who had taken shelter with their families in this country, and secondly with the sufferings of those who remained in Belgium. The appeal of a committee representative of all sections of both professions was kept steadily before you in your professional journals, and the history and progress of the Fund up to February, 1917, which marked the opening of the third year of work, has been published as a pamphlet. This statement showed that by the first week in February, 1915, over £5000 were received, and that by the end of the first year of working £18,570 had reached the treasurer's hands. Further sums afterwards brought the total up to £20,000 by the end of the second year of working. *No appeals for subscriptions were sent out after the movement had been once inaugurated, and now the last financial statement shows that the Fund is practically exhausted.*

Of the value that the Fund has been to those for whom it was created in the directions designated there can be no doubt, and we call your attention to the appended letter from Mr. W. B. Poland, who has had the closest personal experience with the lamentable position of our Belgian colleagues, and who writes movingly of what your practical assistance has done. To us it seems impossible that we should not attempt to continue the work.

The present position, however, is that without further large and prompt subscriptions to the Fund we shall be unable to keep up those substantial monthly subsidies to Belgium to which the money has been mainly devoted. We are fully aware of the burden which the medical and pharmaceutical professions of this country are bearing; we know that several funds which have the highest claims upon our purses are at the present moment seeking, and rightly expecting, widespread assistance; but we none the less urge that the money should be found for carrying on acts of mercy—or rather we should say of bare justice—towards the doctors and pharmacists of Belgium, the little country which with unexampled heroism stood between the German onrush and the civilisation of Western Europe. Of the rightness of our second appeal we know that no doubt can exist, nor of the good that your money has done; while to the manner of the distribution of the Fund we can point with legitimate pride. All our administration has been carried out gratuitously, and the expenses at the end of the first year were only £12 and at the end of the second year only £50. We direct attention in this connexion to the very special wording of the certificate given by Messrs. Crewdson, Youatt and Howard after the examination of the accounts, with the books and vouchers of the Fund before them. This statement is also appended.

We beg, therefore, earnestly for immediate further subscriptions, that the benefits which we have been able to distribute for nearly three years may not suddenly cease at a time when they were never more urgently needed.

The address of the honorary treasurer of the Belgian Doctors' and Pharmacists' Relief Fund is Dr. H. A. Des Vœux, 14, Buckingham Gate, London, S.W. 1, to whom all subscriptions should be sent. The honorary secretaries are Dr. S. Squire Sprigge, THE LANCET Office, 423, Strand, London, W.C. 2, and Mr. W. J. Uglow Woolcock, the Pharmaceutical Society, 17, Bloomsbury-square, London, W.C. 1.

We are, Ladies and Gentlemen, your obedient servants,

RICKMAN J. GODLEE, Chairman,
President of the Royal Society of Medicine; late President
of the Royal College of Surgeons of England.

H. A. DES VŒUX, Honorary Treasurer.
S. SQUIRE SPRIGGE

Editor of *The Lancet*.

W. J. UGLOW WOOLCOCK, } Hon. Secs.
Secretary and Registrar of the Pharmaceutical
Society.

The following are the members of the Executive Committee elected at a meeting in London by a General Committee representing in the fullest way the two professions of Medicine and Pharmacy :—

T. BARLOW,
Late President of the Royal College of Physicians of London.
W. WATSON CHEYNE,
Late President of the Royal College of Surgeons of England.
MEREDITH TOWNSEND,
Representative of the Society of Apothecaries of London
on the General Medical Council.
ALFRED PEARCE GOULD,
Late Vice-Chancellor of the University of London.
FREDERICK TAYLOR,
President of the Royal College of Physicians of London.
HERBERT SPENCER,
Obstetric Physician to University College Hospital, London.
T. JENNER VERRALL,
Direct Representative for England on the General Medical
Council.
F. M. SANDWITH,
Gresham Professor of Medicine.
E. T. NEATHERCOAT,
Vice-President of Pharmaceutical Society of Great Britain.
ALFRED COX,
Medical Secretary of the British Medical Association.
DAWSON WILLIAMS,
Editor of the *British Medical Journal*.
J. Y. W. MACALISTER,
Librarian of the Royal Society of Medicine.
C. O. HAWTHORNE,
Representing the Royal Faculty of Physicians and
Surgeons of Glasgow.
J. P. GILMOUR,
Editor of the *Pharmaceutical Journal*.
WILLIAM RUSSELL,
President of the Royal College of Physicians of Edinburgh.
J. W. B. HODSDON,
Late President of the Royal College of Surgeons of Edinburgh.
JOSEPH O'CARROLL,
President of the Royal College of Physicians of Ireland.
WILLIAM TAYLOR,
President of the Royal College of Surgeons in Ireland.

LETTER FROM THE DIRECTOR IN EUROPE OF THE
COMMISSION FOR RELIEF IN BELGIUM.

3, London Wall Buildings, London, E.C. 2, Nov. 20th, 1917.
Dr. H. A. Des Vœux, Honorary Treasurer of the Belgian
Doctors' and Pharmacists' Relief Fund.

DEAR SIR,—We wish to emphasise the claim that Belgium has upon all the friends in the outside world who are trying to relieve her continually increasing distress. In spite of all we can do, her position to-day is more perilous than it has ever been, and far from relaxing our efforts we must, with renewed energy, see to it that every possible means of tiding over the starvation and destitution there is made use of. The most difficult class to reach is the very class that your Fund in the past has ministered unto—namely, the families of the doctors and pharmacists who may not dig, to beg they are ashamed. If the supporters of your Fund knew how much actual suffering they had allayed, and how much potential moral and physical suffering they had prevented, they would not cease to continue their support, many as are the claims now made upon them. This office is a gulf into which pours the stream of Belgian misery, and it would not be difficult to supply you with hundreds of testimonials as to the state of things there, but any of them tells the whole story: "The misery has become terrible and increases every day. It pursues us wherever we go. In the streets we see the emaciated figures of our neighbours; eyes sad, heads lowered. One would think that the people had aged twenty years by reason of these unmerited calamities." Another message comes: "Life becomes mere suffering; no liberty, no food. We are chained and starved in one. For three years we have fasted to such a point that now we scarcely recognise one another. The times are indeed hard."

The people who receive your kindness and charity are grateful in the extreme. Wave after wave of gratitude sweeps over the country. Some day you will know of it. Finally, it is needless to say that all the charities in Belgium are well administered—there is no leakage by the way. Only those who deserve it get relief, and never more than they need. The funds from your society are paid over to a commission of eminent gentlemen of your profession and the distribution is under their personal supervision. The knowledge that their associates in England have not forgotten them is an inspiration to the whole profession at a time when moral support is perhaps as much needed even as food.

Faithfully yours.

Faithfully yours,
(Signed) W. B. POLAND,
Director for Europe.

**THE AUDITORS' STATEMENT OF THE PRESENT POSITION OF
THE FUND.**

TREASURER'S CASH ACCOUNT, 1ST JULY TO 30TH NOV., 1917.

1917.					
1st July.	To Balance...	£5477	13	4	
	„ Interest...	34	0	7	
		<u>£5511</u>	<u>13</u>	<u>11</u>	
	By Relief	£4012	0	0	
	„ Clothes	10	10	0	
	„ Administration expenses		2	6	
	„ Balance Cash at Bank...	1489	1	5	
		<u>£5511</u>	<u>13</u>	<u>11</u>	

We have examined the above account with the books and vouchers of the Fund, and certify it to be correct according to the books. In our opinion the receipts and payments have been fully recorded, and we have compared the receipts with the published acknowledgments and have had produced to us certificates as to the correctness of the balance as shown.

GREYDON, YOUTT, AND HOWARD.

CREWDSON, YOUNG, AND HOWARD,
Chartered Accountants, Auditors.

70a, Basinghall-street, London, E.C.2, 5th Dec., 1917.

This pecuniary position corresponded with the estimate of the Committee, earlier in the year, that the funds in hand would enable a mensuality of £300 to be sent during 1917 to Belgium, but that the end of 1917 would see the practical exhaustion of the Fund.

SUBSCRIPTIONS RECEIVED TO THE SECOND APPEAL FOR
THE FUND.

THE LANCET	£50 0 0
Medical Insurance Agency (Chairman: Dr. G. E. Haslip)	50 0 0

THE CONTROL OF VENEREAL DISEASES.

The Neglect of Gonorrhœa.

Lieut.-Colonel E. T. Burke, at present serving with the Mesopotamian Expeditionary Force, writes of the danger which exists at the present time of attention being devoted too exclusively to syphilis to the neglect of gonorrhœa. There is a tendency both for medical and lay opinion to regard gonorrhœa as being, compared with syphilis, of slight national importance. In his opinion the reverse is the case. The following points summarise the position regarding syphilis :—

1. The public realise the seriousness of the disease inasmuch as the infected individual usually applies for treatment early.
2. The medical profession realise the danger to the State that syphilis is, and it is prepared to assist in every way in limiting it.
3. The State, since the publication of the Report of the Royal Commission, realises its responsibility in the matter, and is taking steps to deal with it.
4. Local authorities are formulating schemes to control it, to diagnose it, and to treat it, and educational campaigns are being initiated to enlighten the public with regard to venereal diseases.
5. The treatment of syphilis is specific.
6. The cure is rapid and permanent.
7. It can be stated when cure is completed and the patient non-infective.
8. Treatment causes no inconvenience to the patient, and takes up little of the medical attendant's time.

These facts reduce the menace of syphilis considerably. The danger has been appreciated and means taken whereby to combat it. Unfortunately, with gonorrhœa the case is different. The disease is regarded as more of an inconvenience than anything else, the lesion being a genital one and remaining so ; and thus in many cases the patient hesitates to seek treatment at the hands of his own medical attendant and too often drifts into the hands of the prescribing chemist or the quack, or treats himself with a urethral syringe and by swallowing draughts of copaiba and sandalwood oil.

An acute gonorrhœa rapidly increases in severity and then—supposing that no complication has appeared—declines; and the confirmed optimism of the patient makes him believe that he is now on the high road to complete recovery. As soon as discharge and the pain have disappeared the patient imagines that he is once more in a healthy state, and resumes illicit intercourse or marital relations. In this way he may infect or cause to be infected a great number of people. The national danger of a man suffering from a gleet is enormous. The rate of progression is geometrical, for if the original patient infects only one woman she may in turn infect several men, each of whom may infect another woman, and so on.

The fact that the public have not appreciated the importance of gonorrhœa has reacted on the medical profession. There has, generally, been no great interest taken in the disease. Few practitioners have much experience in its