were issued and prophylactic lectures given from November 8th, 1917, to March 31st, 1918, and nearly 30,000 troops were on leave in Paris, the medical officer in charge stated that the venereal disease rate had been reduced to only 3 per cent., and that, "of this 3 per cent., it was ascertained by questioning the men personally that . . . one-third wanted to contract venereal disease because they preferred to be in hospital to being in the front line."

2. *American Troops*.—Venereal disease was quite well recognized as a self-inflicted disease among the American troops, and orders were issued warning officers to watch for "wilful infections"—sometimes sought for trivial reasons, such as obtaining a change of Command (vide *Manual of Military Urology*, issued by American Red Cross, 1918). For example, p. 20: "Requisites of treatment of venereal disease:—1. Soldier treated in his own unit to save wastage; 1. To treat the soldier as far as possible in his own command lest venereal disease be made a convenient excuse to escape military duties."

3. *English Prostitutes*.—Diseased women on the streets of London and elsewhere offered sexual intercourse to soldiers at a higher price because of being diseased. The Canadian, Australian, and New Zealand authorities made special reports to the British Government on the matter, and tried without avail to get these women isolated.

4. *English Soldiers*.—During the war English soldiers were reported for buying and selling tubercle sputum and venereal discharge, and in other ways seeking different forms of self-inflicted diseases. Some men wilfully infected their own eyes, not knowing they would become blind.

These facts can quite well be verified by Mr. E. B. Turner in the proper quarters—namely, in the experiences of Army Commanders, medical officers in charge of venereal disease isolation hospitals, general hospitals, casualty clearing stations, convalescent camps, etc. Among our soldiers there were many saints and more heroes who can rightly claim our highest love and admiration; but alas, there were also many frightened men, worn-out men, mad men who committed cowardly and antisocial acts, yet for whom, nevertheless, those of us who really *know* war have only an infinite pity.—I am, etc.,

London, Nov. 2nd.

ETTIE A. ROUT.

POST-GRADUATE COURSES.

SIR,—I am a member of the post-graduate class now enjoying a series of clinical demonstrations at the Royal United Hospital, Bath, and a notice of the work being done may be of interest.

The medical staff of the hospital have arranged a series of six demonstrations: they are open without fee to all practitioners, and the attendance of the two so far held has been very good, some thirty medical men of the city and the country round being present.

At the first class, cases of lymphadenoma and pernicious anaemia were shown and a short clinic was given on these cases and a case of splenic anaemia which had been successfully operated on; the spleen and films of blood from the different cases were then shown by the pathologist, who also gave a demonstration of blood grouping tests. Then a blood transfusion in a case of pernicious anaemia was done in the theatre.

At the second clinic a gastro-enterostomy was performed and a case operated on for gall stone; each operation was preceded by a short lecture. The pathologist then showed methods of examining stomach contents, and afterwards x-ray photographs of stomach and bowel were shown.

The remaining clinics are to deal with kidney, heart, nervous, and orthopaedic cases, and with any other cases of surgical or medical interest that may occur.

The staff most hospitably provide tea at the end of each meeting. That the greatest interest is taken in these lectures by everyone present is obvious, and one cannot but realize what a profound effect this sort of course must have not only on the work of each medical man but also on the whole medical service of the neighbourhood, including insurance service and the hospitals.

How much this sort of thing must do to make general practice more interesting and enjoyable those who have long practised without this advantage are possibly the best judges, and as one of them I felt it would be but bare justice and gratitude to give some idea of what is being done.—I am, etc.,
October 30th. A RUSTY G.P.

PERIODICITY OF GNAT BITES.

SIR,—It is a matter of common observation that the site of a gnat bite is subject to recurrent irritation at periods of twenty-four, forty-eight hours, etc.

Allowing that the primary irritation increases local vascu-

larity and so aids the insect to get her fill of blood, it is not so clear how, or why, the subsequent irritations occur.

May I ask for any information which can elucidate the subject?—I am, etc.,

Ringwood, Hants, Oct. 25th.

WM. OLIVER BEDDARD, M.D.

Obituary.

LEOPOLD GEORGE HILL, M.D. DUNELM., M.R.C.S.,
Physician to the Church Missionary Society.

DR. LEOPOLD HILL, whose death took place in London on October 26th, was a student at the London Hospital during the late eighties and early nineties. He obtained the M.R.C.S. and L.R.C.P. diplomas in 1893, and the M.D. degree of Durham University in 1911.

DR. C. F. HARFORD writes:

Leopold Hill was one of a large body of students at that period who were led to see, in a manner which has hardly been repeated since, the imperative call of medical missions. It is difficult to interpret the meaning of those movements which affect certain periods of history, and without inquiring too closely into the influences which specially brought Hill to his decision, yet one who was practically a contemporary can trace something of the inward secret of this remarkable period. In the first place, there was the new realization of the meaning of Christianity and the spiritual life which was associated with the work of two humble Americans, Moody and Sankey. They succeeded in showing to the young people of that day that the Christian religion was not a mere matter of forms and ceremonies but a vital force which could not only transform individual lives but the world.

The most sensational development of that period was the going forth of "the Cambridge seven," a band of leading athletes headed by C. T. Studd, perhaps the best all-round amateur cricketer of his day. The same spirit touched the medical schools of this land, and one who fanned the flame of enthusiasm and directed it into most useful channels was the late Dr. J. L. Maxwell, formerly a Presbyterian missionary in Formosa, and a real leader of men. Hill, like others, came under Maxwell's influence, and his sound common sense led many to see that medical missions demanded a good all-round medical training as a partner to the missionary spirit, both of which are essential to the making of a medical missionary.

The London Hospital received a considerable number of those who were definitely preparing for this special service, and Hill was a popular and particularly well qualified man who emerged from that band of students. Hill offered his services to the Church Missionary Society, and was fortunate in being assigned to Pakhoi in South China, where he was associated with Dr. Horder, who already had organized a well-equipped hospital and leper asylum. In the development of this Hill took a prominent part, and the influence of the hospital affected a very wide area, while the leper work was of a particularly high order. South China has been fortunate in securing the services of a series of eminent medical practitioners in its varied centres, Manson and Cantlie having been among the number, and Hill took his share in the work for the Imperial customs and consular service. On being invalided home in 1904 he took up busy work as a general practitioner in North London, in which he was engaged up to the time of his death. While doing this he held the post of physician to the Church Missionary Society from the year 1911, and worthily maintained the traditions of this great office, which is concerned with the physical needs of about 1,400 individuals scattered mainly throughout the tropics. Hill's careful clinical methods and sympathetic manner earned for him the respect and confidence of the medical board and of the society generally, and he was beloved by all his colleagues.

THE LATE PROFESSOR CRUM BROWN.

SIR JAMES WALKER, F.R.S., Professor of Chemistry in the University of Edinburgh, has been good enough to send us the following brief appreciation of his predecessor: "As Crum Brown's pupil, friend, and successor I am glad to be allowed to add a few lines to Dr. Ballantyne's obituary. The student of medicine who listened to his lectures during a winter session could form little idea of his scientific eminence; to science students his advanced lectures on organic chemistry were a revelation. Philosophical and suggestive, they compelled the listener to think; but it was after all the delightful laboratory talks which constituted the chief feature of his advanced teaching. He was always ahead of the time—even