THE CHOICE OF ANÆSTHETIC FOR A MILITARY HOSPITAL.

To the Editor of THE LANCET.

SIR,—Captain A. G. Wilkins is to be congratulated on the great variety of methods he appears to have tried, as well as the quantity of expensive apparatus with which he has been supplied. At my hospital we obtained from the War Office the following—viz.: Two Hewitt's wide-bore gas and ether apparatus, but without any N_2O , of which we have never been able to get more than enough for the dentist's use, and that through some other channel; two Ormsby's inhalers; two Carter Braine's Junker apparatus; two Rendell's masks and one or two Schimmelbusch masks; some small $1\frac{1}{2}$ oz. stoppered glass drop-bottles. Anything else we wanted we have been obliged to provide ourselves.

After an experience of over 1500 cases among soldiers here I have arrived at the conclusion that the best method of maintaining anæsthesia in nearly all ordinary surgical procedures, and especially in long operations, is to give chloroform by means of a Junker apparatus with a flannel-covered

Modification of Hewitt's Chloroform Mouth-prop and Tube.

face-piece. I have employed this method in over 300 cases and have obtained far better results with it than I formerly had with ether or C.E. mixture. Some of my cases have been very long ones. My surgeons have been quite satisfied with the anæsthesia thus obtained. It would be interesting to know the opinions of Captain Wilkins's surgeons on his results.

May I call attention to a modification of Hewitt's chloroform mouth-prop and tube which the Holborn Surgical Instrument Company have made for me, in which rubber pads are substituted for the usual lead facing? I enclose an illustration.—I am, Sir, yours faithfully,

A. DE WINTER BAKER,

Senior Resident Anæsthetist, County of London War Hospital.
Epsom, Sept. 8th, 1916.

TRENCH WARFARE AND RENAL FUNCTION.

To the Editor of THE LANCET.

SIR,—Captain J. W. McLeod and Major Ameuille in this week's LANCET suggest that trench nephritis may have a scorbutic origin, being due partly to lack of fresh vegetable food and excess of protein. In May, 1915, the men in my battalion and those in the adjacent trenches were getting considerable quantities of vegetables, especially potatoes, leeks, and carrots. There were large heaps of covered potatoes near the ruined farms which were incorporated in the trench system. There were fields and gardens full of leeks, and every village garden had a stock of carrots. Later on there were red currants in great quantities. The diet, therefore, was not scorbutic in the least, and yet just at this period albuminuria and nephritis were very common. That the men ate far too much I quite agree, but this is common in ordinary life. In a short article to THE LANCET (Feb. 26th, 1916), I suggested that the nephritis might be infective. It is not rare to get a mild nephritis in many febrile diseases, as in tonsillitis, influenza, and empyema, &c. I often wonder if there is not too great a tendency to ascribe inflammation of the kidneys to toxins rather than to infective organisms. I would not dogmatise, for a moment, on the subject, and I am aware that in certain parts of the line there was a lack of vegetable food. In our part, however, there was no lack, yet there was a good deal of nephritis.

I am, Sir, yours faithfully,

London Hospital, E., Sept. 11th, 1916. F. G. CHANDLER.

THE PRICE OF GAS.

To the Editor of THE LANCET.

SIR,—In your issue of Sept. 2nd, in the course of an interesting and sound article on "Economy and Public Health," you remark: "The gas companies are charging the public more for gas. Why gas should be dearer when gas residuals are in enormously increased demand passes the common understanding."

May I point out that the price of gas is never raised except under the greatest stress of circumstances, not only because gas managers are keenly alive to the commercial advantage of a low price, but because, under the terms of the exceedingly wise bargain made between Parliament and the gas industry (alike for the protection of the public and for the encouragement and reward of prudent enterprise and sound management) a rise in the price of gas must in the case of the great majority of undertakings be attended by a fall in the rate of dividend payable; and, conversely, a condition precedent to an increased dividend is a reduced price to the consumer.

It is true that residuals are producing an increased revenue for gas undertakings at present, but this is far more than counterbalanced by the high cost of the principal raw material (coal) and of its carriage, by the increased cost of every other material used on a gas works, and by the substantially higher wages bill.

The following figures from the accounts for the past half year of the Gas Light and Coke Company clearly illustrate these facts:—

Expenditure: June half-year, 1915	...	...	...	£1,896,231
" " 1916	...	...	...	2,431,626

Increased expenditure	...	...	...	535,395
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Revenue from residuals:

June half-year, 1915	...	...	...	£439,449
" " 1916	...	...	...	758,207

Increased revenue	...	...	...	318,758
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Excess of increased working expenses over increased revenue from residuals	...	...	...	£216,637
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Such figures, which are characteristic of many others, fully justify the comparatively small percentages of increase which gas undertakings have been obliged to make in the prices charged to the public—increases accompanied, as I have pointed out, by decreases in dividends distributed.

If all industries could have been controlled by such an equitable "sliding scale" arrangement there would be no agitation against profiteers to-day.

I am, Sir, yours faithfully,

W. M. MASON,

Secretary, the British Commercial Gas Association.
Victoria street, Westminster, Sept. 12th, 1916.

IMMOBILITY AFTER JOINT INJURY.

To the Editor of THE LANCET.

SIR,—I have read the letter of Sir John Collie in THE LANCET of Sept. 2nd, p. 447, upon the above subject with much pleasure, feeling sure that he is reasoning in the right direction. This method I have been advocating during my professional life, and have been carrying it out with decided benefit to patients and pecuniary advantage to employers. There is no doubt that in injuries in connexion with joints, as well as injuries occurring in other parts of limbs, traumatic myositis, neuritis, fibrositis, periostitis, and synovitis take place, hence adhesions are formed, and these should be broken down so soon as the acute inflammation has ceased. I see cases almost daily where slight injuries in the vicinity of joints compel a patient to perhaps lie up, or necessitate his absence from duty, his time being wasted, and in industrial cases his employer is out of pocket; if massage had been used all this should have been obviated to a certain, in some cases, a considerable extent. It is known to many how much more quickly fractures unite and how deformities are avoided when the seat of the mischief is uncovered and massaged occasionally instead of the limb being immobilised, as in plaster, and not being seen until union, perhaps faulty union, has taken place. The course which I pursue in connexion with appropriate cases is to commence massage and passive motion as soon as the acute traumatic inflammation has subsided, working gently at first and more forcibly as time goes on and the patient can tolerate more.—I am, Sir, yours faithfully,

Cleveland Terrace, W., Sept. 6th, 1916.

D. GAULT.

"QUININE PARADES."

To the Editor of THE LANCET.

SIR,—Surely Mr. Halford Ross has exhibited some mental confusion in his letter, under this heading, wherein he jeers at the idea of lowering or abolishing the incidence of venereal diseases by curing the infected individuals. These diseases are not, as far as is at present known, at all comparable with malaria, tuberculosis, or diphtheria. Malaria is carried in a second host, tuberculosis by contaminated dust and possibly by milk, and diphtheria may certainly be borne by milk as well as by contact. The cure of individual cases of these diseases is therefore likely to do little good in the case of the first and some good in the case of the two others. In syphilis, as far as we at present know, personal contact or contact with very recently infected materials is a necessity for the production of the disease. The reason for the extensive spread is largely the prolonged infectivity of the patient. The rapid cure or the abolition of this infectivity would, therefore, appear to be a most important factor in reducing the incidence of the disease, and although a higher morality is to be strenuously sought for, it is not the only method of combating the spread of syphilis. The four diseases named by Mr. Ross all show great differences in the manner of their spreading, and to confuse syphilis with malaria in this manner would be likely to cause disastrous results.

I am, Sir, yours faithfully,
Harley-street, W., Sept. 11th, 1916. ARTHUR WHITFIELD

To the Editor of THE LANCET.

SIR,—Allow me to endorse every word of Mr. H. Ross's letter in THE LANCET of Sept. 9th, against the prophylactic treatment of our troops in the Mediterranean with quinine against malaria. It is an easy-going Indian official view—no other country relies on it—and saves the trouble and expense of mosquito-curtains, wire-netted hospitals, huts, and houses plus an anti-mosquito campaign, which are the only real safeguards. So long ago as 1890 I reported in Burma the failure of the drug in this respect both in the *Indian Medical Gazette* and to the late Lord Roberts.

A few months ago Captain H. Stott, I.M.S., of Madras, after classical experiments with alternate companies of his regiment in Burma remarks: "The results are directly opposed to preconceived ideas on the subject," and he asks for an inquiry as "an urgent necessity" on the subject.

If facts and figures ever prove anything, the last annual report (1913) published of the Sanitary Commissioner with the Government of India settles the question for ever. *Vide pp. 12, 13, 32, 33, 62, &c*—e.g., at Baroda the admissions for malaria (native troops) reached 634 per mille, though "quinine was given throughout the year." At Peshawur (British troops) to 351 per mille, and the medical officer notes that "the parasites resisted the effects of cinchonisation." At Rawal Pindi to 564 per mille, and the medical officer notes that "quinine was given twice weekly on consecutive days, and for four months after discharge, all blood being examined." At Lahore the figures rise to 785 per mille.

I am, Sir, yours faithfully,
G. C. HALL,
Barnes, S.W., Sept. 12th, 1916. Captain, I.M.S. (retired).

TEPID BATHS IN THE TREATMENT OF MALARIA.

To the Editor of THE LANCET.

SIR,—In July and August I practise at an Alpine health resort, the Somvix valley in the canton of Grisons, situated 1300 metres above sea-level. This year I was in charge of 83 interned German invalided soldiers, who spent the summer at our smaller hotel. About 22 had suffered from malaria and 15 had still acute and severe attacks of malaria every three to eight days. I ordered tepid half-baths to be given to all these cases three times a week, such as have given me excellent results in the treatment of infantile catarrhal pneumonia.¹

The bath tub is only filled about one-third with water of

23° C. Legs, arms, back, and chest are alternately rubbed vigorously for five minutes. The results were very satisfactory, as will be seen from the following statistics referring to 15 soldiers:—

	No. of severe attacks per month.
1. During captivity in Algiers, Corsica, and French hospitals, under continual quinine treatment ...	107
2. During the stay in the Somvix valley under intermediate quinine treatment	65
3. During the stay in the Somvix valley under bath treatment	5

Very severe attacks did not occur any more, five were fairly severe, eight abortive, with slight fever of short duration. Convalescents made rapid progress, the anæmia decreased, and the action of the heart improved. In five cases of recurrence the baths are now given five to six times a week.

I am, Sir, yours faithfully,

THEODORE ZANGGER, M.D.

Somvix Valley, August 19th, 1916.

ABDOMINAL PREGNANCY, PROBABLY PRIMARY.

To the Editor of THE LANCET.

SIR,—Your invaluable periodical has reached the underground without interruption (in spite of submarines, &c.) throughout the European War, as it had been doing previously for a quarter of a century. It must be difficult for you to appreciate the satisfaction experienced by one in such an *Ultima Thule* as this, to feast on the banquets provided for his repast by the contributors who collaborate in the weekly production of THE LANCET; but none the less there are occasions when one is tempted to criticise.

Such seems to be the case in an article which appears, under the title of this note, in the issue, July 15th, 1916, by Dr. F. J. McCann. One of the reasons given for not making a diagnosis until too late, or what is the same thing, until the toxæmia had progressed beyond the reach of cure, was the extreme abdominal tenderness, which made the patient resent any attempted pressure. Is it permitted to ask: Why an anæsthetic was not used in such a case, to facilitate manipulations?

There is no comment intended on a valuable scientific contribution, only the question is asked: Has the war exhausted Duncan and Flockhart's supply, or that of Adrienne (Merck's being non-gettable)? Or was there some contra-indication, not discernible by the reader, to the use of an agent which in even much less skilled hands than those of the "surgeon to the Samaritan Free Hospital for Women" would have almost surely rendered possible an earlier diagnosis, and thereby saved the life of a comparatively young mother of three children.

Enclosing my card, I am, Sir, yours faithfully,
Guatemala City, Central America, August 15th, 1916.

W.

Medical News.

KING'S COLLEGE HOSPITAL MEDICAL SCHOOL (UNIVERSITY OF LONDON).—A Burney Yeo scholarship for 1916 has been awarded to E. A. Woods, B.A., New College, Oxford.

PRESENTATION TO DR. R. ARMSTRONG-JONES.—On Sept. 7th, Dr. Robert Armstrong-Jones was presented by the staff, medical and lay, of Claybury County Asylum with a silver tea and coffee service on the occasion of his retiring from the post of resident physician and superintendent after 24 years' service. The enthusiasm of the proceedings, at which most of the staff were present, bore testimony to the esteem in which Dr. Armstrong-Jones was held. The chair was occupied by Mr. Chapman, chairman of the London County Council Asylums Committee, who bestowed great praise on Dr. Armstrong-Jones for his work, viewed from the standpoint of the County Council, and said that there was little doubt that the country would still receive the benefit of his great knowledge and experience. Dr. C. T. Ewart said that Claybury took a foremost place among the asylums of the world, and the loss of their excellent superintendent must determine them to strive that this should continue to be the case. Dr. Armstrong-Jones will continue his lectures on mental diseases at St. Bartholomew's Hospital and his work as a consultant in mental cases to the military forces in London.

¹ THE LANCET, vol. i., 1902, p. 1826.