

spread of infection, but also tends to destroy organisms in the throat. Nevertheless, in the report there is no plea for better ventilation of tents, huts, and barracks, although much labour has been expended on construction of steam engines for belching forth antiseptic vapours. To what end? That "carriers," once disinfected, shall return from the clouded atmosphere of the sterile shrine to those unhygienic conditions under which infection arose and was spread?

In all this there is nothing to occasion surprise. For seven centuries bad air was recognised in the etiology of tuberculosis, while fresh air was ignored in prevention. History will always repeat itself, and so to-day nothing short of a miracle will induce our profession to act on the true origin and prevention of cerebro-spinal fever. Yet in conclusion I would suggest that the tendency of special departments of medicine to attenuate wider physiological and clinical concepts into a microscopic field is to be regretted.

I am, Sir, yours faithfully,

HALLIDAY SUTHERLAND,

Harley-st., W., Jan. 20th, 1917. Temporary Surgeon, Royal Navy.

## THE USE OF QUININE INTERNALLY AS AN ANTISEPTIC.

To the Editor of THE LANCET.

SIR,—Eight years ago when called in by a midwife to a case of puerperal septicæmia, after curetting and douching the uterine cavity, I ordered daily douching with weak iodine lotion and internally quinine sulphate 2 gr. combined with acid. hydrobromic. dil. every four hours in water. As the temperature rapidly fell to normal and the discharge became sweet and small in amount I continued its use in such cases with gratifying success and commenced to put all cases of perityphlitic abscess, gall-bladder abscess, and empyema upon it immediately after operation. In cases of infective bone and joint disease, such as periostitis, osteomyelitis, and suppurative arthritis, I ordered quinine immediately upon admission and prior to operation, continuing it afterwards as in the previous cases. As a result I found that the discharge rapidly diminished in amount, becoming thin, inoffensive, and less purulent, the temperature usually becoming normal in a few days, when the quinine can be discontinued. When the quinine was discontinued before the temperature had been normal for several days the discharge was apt to increase in quantity, becoming more purulent and offensive, with a rising temperature. In discharging bone and joint cases in which quinine was administered before operation, the temperature fell to a lower level and the discharge diminished more rapidly than in other cases. During the eight years my annual operative mortality has not exceeded 2 per cent., rarely more than 1 per cent., in general surgical hospital work.

Acting on this experience I have employed quinine in all cases of septic infection since July, 1915, at the Hotel Dieu, Waterloo and District Hospital, the annexe of the Seaforth Military Hospital, where I have had control of 50 beds. A large number of cases of infected gunshot wounds, many of which contained necrosed bone, have been treated there under my care. The mortality rate of my surgical operative military cases has been *nil* during that period on a total of more than 130 cases.

Dr. J. Mitchell Bruce in his "Materia Medica and Therapeutics," 1915 edition, makes the following, among other, statements regarding the action of quinine: (1) Externally quinine is a local antiseptic, and disinfectant to wounds and ulcers; (2) it may be found in the blood within a few minutes of its administration; (3) it diminishes the number of leucocytes in the circulation very greatly; (4) it augments and later paralyses the amœboid movements of leucocytes; (5) injected into animals in large dose it prevents the occurrence of suppuration. The action appears to me as follows: Quinine internally administered rapidly renders the bloodstream antiseptic, thus retarding the rate of increase, growth, and development of micro-organisms in all parts of the body. The body cells which are manufacturing antitoxin in response to the toxic stimulation are thus enabled to get the upper hand, and are probably aided by the phagocytes.

I am indebted to Professor E. E. Glynn, of Liverpool University, for two references, the only ones which I can find, on the value of quinine proved experimentally.

(1) Wilson,<sup>1</sup> who concludes that "The administration of 15 grains of quinine to healthy students seemed to cause a slight increase in their opsonic index," and that "quinine sulphate *in vitro* has an inhibitory effect on phagocytosis in strong solutions, but apparently a stimulating influence in dilutions from 1/15,000 to 1/1,000,000"; and (2) Th. Grünspan,<sup>2</sup> "Ueber den Einfluss von Chininlösungen auf die Phagocytose," who states that a 0.002 per cent. quinine solution led to a relative increase in phagocytosis of a carmine solution in a rat, but a 0.1 per cent. of quinine solution was injurious to phagocytosis.—I am, Sir, yours faithfully,

VINCENT J. GLOVER, M.D. Liverp.,

M.B., Ch.B. Vict.,

Medical Officer of Health, Waterloo and Seaforth; Honorary Surgeon, Waterloo and District Hospital.  
Feb. 15th, 1917.

## LIQUOR RESTRICTION AND CASUALTIES.

To the Editor of THE LANCET.

SIR,—It is interesting to note how drunkenness amongst working classes affects the hospital casualty rooms. This is the main casualty hospital in the borough of Bootle and round about, draining from a large "labour" population. The casualty room is open day and night, and I, having the unfortunate honour of being in charge, especially on Saturdays, have noticed how often I had to attend to these "merry-making accidents." Before the present regulations I would not dream of retiring to bed before 1 or 2 A.M., as the casualty room was very frequently visited by customers of public-houses or those who suffered through them. Lately, gratifying to see, it is seldom that we come across a person in such a state. The usual question of a constable, "Is it delirium tremens, doctor?" to detain him over the week-end, is almost forgotten.

Without exaggeration I can safely say that *these* casualties are reduced to 40 per cent., if not less, whereas other "unavoidable" cases remain the same. I have not had a case of intoxication as a cause of other injuries in the wards for a long time. Further, this hospital, being situated in the midst of a thickly populated area, we used to be troubled at night with "music, mirth, and revelry" outside, but audible in every ward; this no longer exists. I am writing to know, as expected, if other house surgeons thus placed have noticed the same incidence, for surely it could not be the Bootle people only who have so suddenly and marvellously changed into temperance.

I am, Sir, yours faithfully,

D. RAM THAPAR, M.B., Ch.B. Edin.

Borough Hospital, Bootle, Feb. 26th, 1917.

## THE FIRST SCHOOL FOR MOTHERS.

To the Editor of THE LANCET.

SIR,—If only for the sake of historical accuracy, may I be permitted to point out that your correspondent, Dr. J. E. Sandilands, in his letter in your issue of Feb. 17th, is as incorrect in his facts as to which was the first school for mothers in England as was the writer of the article whose statements he criticises. As a matter of fact, Winchester has no better claim to have started the first school for mothers than St. Pancras. Although opinions may differ as to the exact definition of a school for mothers, there can be no doubt that the special kind of infant welfare work started in Winchester in November, 1906, had been in progress in at least a dozen other towns for some considerable number of years before that date. If Dr. Sandilands would care for details, I can give them to him, but I think he will find sufficient evidence on this point in a paper I read at the National Conference on Infant Mortality held in Liverpool, 1914, and published in the report. No society or institution can claim to be a school for mothers without an infant consultation, for this is the pivot round which all its teaching activities revolve. The first welfare centre to have an infant consultation was that of St. Marylebone. Its schools of mothercraft were started in February, 1906, under the name of the Borough of St. Marylebone Health Society, and its Infant Consultation opened its doors on May 10th, 1906.

The opening of the St. Pancras School for Mothers was inaugurated on July 1st, 1907, at the St. Pancras Town

<sup>1</sup> Amer. Journ. Physiol., 1907, xix., 450.

<sup>2</sup> Centralbl. f. Bakt. und Parasit. Infekt., 1908, Bd. xlviii., 445.

Hall. I have in my possession the printed bill inviting the attendance of the public, so that there can be no doubt as to the date; but, as a matter of fact, St. Pancras was not, I believe, even the second in the list of schools for mothers. Although the St. Pancras school is in no way entitled to the claim of being the pioneer school, there is no question that in propaganda work this London borough deserves the greatest credit. But Winchester has no claim either to have been the first school for mothers or a pioneer in instructing mothers.

I am, Sir, yours faithfully,  
London, W., Feb. 25th, 1917. ERIC PRITCHARD.

## THE DIFFERENTIATION OF HEART MURMURS IN SOLDIERS.

To the Editor of THE LANCET.

SIR,—I beg to offer a few remarks on this subject before it passes from review, as I have had it under observation for several years and am, perhaps, in a position to throw some further light on it. I gave a brief account of the murmurs in question in 1913,<sup>1</sup> and a somewhat fuller one under the title of the "Soldier's Heart" last year.<sup>2</sup> In the latter I pointed out that "in many cases the murmurs subside under firm pressure of the chest-piece of the stethoscope against the thoracic wall and return under a lighter touch," and suggested that the apparent vigour of the heart's action and increase in the force of the apex beat, together with diffusion of its area, are due to deficiency or absence of the normally intervening cushion of lung, while firm pressure on the ribs, inhibiting the megaphonic effect of vibration, at once reduces the sounds to their actual value, which is characteristic of deficiency rather than increase of energy, such as obtains in hypertrophy. I have observed the occurrence of the same phenomenon during accesses of paroxysmal tachycardia and its subsidence as soon as the action of the heart returns to its normal frequency. As far as I am aware, it has not as yet been recorded that similar acoustic results may in like manner be elicited in simple dilatation of the aorta, whether due to atony or inflammation, and will assist in differentiating that condition from the early stage of aneurysm.

Up to the time of the war my observations were mainly made on public school boys, and in a less degree on the more mature subjects to be found among undergraduates, who had sustained dilatation of special incidence on the right heart as the result of long-distance running or boat-racing. Subjects whose cardiac and arterial walls have been weakened by toxæmia, mostly of alimentary origin, are specially prone to develop such murmurs. As Professor Drummond insists they are quite distinct from those due to dilatation of the official rings and from cardio-respiratory bruits. His observation that in some cases they are audible only when the patient is lying on his left side is new to me, but it seems to support the explanation which I have offered. In any case, their inconstancy and variability stamp them, in common with all murmurs dependent on or largely influenced by posture, as not being of organic origin.

I am, Sir, yours faithfully,  
Harley-street, W., Feb. 19th, 1917. W. BEZLY THORNE.

<sup>1</sup> Proceedings of Royal Society of Medicine, 1913, vi., 93-97.

<sup>2</sup> Practitioner, May, 1916.

α HARVEIAN SOCIETY OF LONDON.—Mr. J. Ernest Lane will deliver the Harveian lecture on the Treatment of Syphilis at the Stafford Rooms, Tichborne-street, Edgware-road, W., on Thursday, March 22nd, at 8.30 P.M.

Mrs. Tubby, the wife of Colonel A. H. Tubby, F.R.C.S., consulting surgeon with the Forces, has received the bronze medal and certificate of the Royal Humane Society for the gallant rescue from drowning of two Egyptian ladies.

β NATIONAL COUNCIL FOR COMBATING VENEREAL DISEASES.—At a meeting held at 1, Wimpole-street on Monday last it was decided to establish a London and Home Counties Branch of the National Council. Lord Sydenham, who presided, stated that the branch was to be entirely independent of the National Council, which would assist it in every possible way, retaining the censorship of all literature issued. An executive committee of 30 was appointed representing the various medical, social, and administrative bodies concerned.

## The War.

### THE CASUALTY LIST.

THE following names of medical officers appear among the casualties announced since our last issue:—

#### Killed.

Lieut. C. Stiebel, I.M.S., was educated at Clifton and at Cambridge, and was a student at St. Thomas's Hospital, London, qualifying in 1902. He had held appointments at the West London Hospital, at Bradford Infirmary, and at St. Marylebone Infirmary, afterwards proceeding to India to work as a medical missionary, and later joined the Indian Medical Service. On the outbreak of war he went to Alexandria and afterwards to the Dardanelles and to Mesopotamia.

Capt. J. E. Milne, D.S.O., R.A.M.C., was educated at Aberdeen University, and qualified in 1891. He joined the R.A.M.C. in October, 1915, and was awarded the D.S.O. for gallantry on the Somme. Prior to joining the Army he had a large practice in Aberdeen.

Capt. J. A. Harper, R.A.M.C., attached Yorkshire Regiment.

#### Died of Wounds.

Capt. E. W. S. Martin, R.A.M.C., attached Worcester Regiment, was educated at Queen's College, Belfast, and qualified in 1899. He was in practice in the Rhymney Valley of Monmouthshire, where he held several public appointments, prior to the outbreak of war, and after joining up he went to Malta and afterwards to Mesopotamia.

Capt. J. R. Macallan, R.A.M.C., attached East Lancashire Regiment, qualified in 1910 at Glasgow.

#### Wounded.

Capt. F. E. Chapman, R.A.M.C.

Capt. C. O'Brien, R.A.M.C.

### DEATHS AMONG THE SONS OF MEDICAL MEN.

The following sons of medical men must be added to our lists of those who have fallen during the war:—

Second Lieut. G. S. Cooper, Northamptonshire Regiment, only son of Dr. H. S. Cooper, of Yaxley, Peterborough.

Capt. J. B. B. Ford, Royal West Kent Regiment, only child of Surgeon-General Sir R. W. Ford, D.S.O.

Lieut. F. E. S. Townsend, Durham Light Infantry, eldest son of Dr. F. E. Townsend, of Normanby, Yorks.

Lieut. A. E. Townsend, Durham Light Infantry and Royal Flying Corps, second and last surviving son of Dr. F. E. Townsend, of Normanby, Yorks.

Capt. N. West, M.C., Bedford Regiment, second son of Capt. C. J. West, R.A.M.C., of Newbury, Berks.

### MENTIONED FOR WAR SERVICES.

The Secretary of State for War has issued a long list of names which have been brought to his notice for valuable services rendered in connexion with the war, and the names of the following medical officers are included:—

#### Army Medical Service.

Adams, Col. G. G.; Beamish, Col. J. M.; Bedford, Surg.-Gen. W. G. A., C.B., C.M.G.; Birch, Col. de B., C.B., V.D.; Birrell, Surg.-Gen. W. G.; Bond, Hon. Col. C. J.; Bull, Col. W. H., V.D.; Burnside, Col. E. A.; Butt, Col. E.; Coates, Col. W., C.B.; Croly, Col. A. E. J.; Culling, Surg.-Gen. J. C.; Dewar, Col. T. F.; Faunce, Col. C. E.; Forman, Col. R. H.; Giles, Col. P. B., C.B.; Gore, Col. St. J. C., C.B.; Griffiths, Col. J.; Hathaway, Surg.-Gen. H. G., C.B.; Hind, Bt.-Col. W.; Hoyland, Col. S. S.; Jencken, Surg.-Gen. F. J.; Jennings, Col. R.; Kinnear, Col. W.; Lucas, Col. T. J. R., C.B.; May, Col. W. A., C.B.; Oliver, Col. C. P.; Peterkin, Col. A., ret. pay; Raywood, Col. J. R. I.; Russell, Col. A. F., C.M.G., ret. pay; Rutherford, Col. J. V. W., V.D., T.F. Res.; Todd, Col. O.

#### Royal Army Medical Corps.

Abrahams, Temp. Capt. A.; Anderson, Maj. J. A.; Anderson, Lt.-Col. J. B.; Anderson, Maj. R. Y.; Annis, Capt. E. G.; Averill, Lt.-Col. C.

Bartholomew, Maj. E. U.; Battersby, Lt.-Col. J., ret. pay, late R.A.M.C.; Baxter, Capt. A.; Bennett, Capt. J. A.; Biggs, Maj. G.; Bolam, Lt.-Col. R. A.; Bond, Lt.-Col. R. P.; Bstock, Bt. Lt.-Col. J. S.; Bramhall, Maj. C.; Broderick, Capt. F. W.; Brown, Lt.-Col. H. H.; Buchanan, Lt.-Col. J. B. W., ret., late R.A.M.C.; Buchanan, Temp. Capt. R.; Burgess, Lt.-Col. (temp. Col.) P. C.; Bush, Lt.-Col. J. P., C.M.G.

Caldwell, Lt.-Col. R.; Callam, Lt.-Col. A.; Callender, Lt.-Col. E. M.; Carter, Temp. Maj. A. H.; Carter, Temp. Maj. (Lt.-Col. T.F. Res.) T. M.; Causton, Temp. Capt. E. P. G.; Chambers, Maj. A. J., ret.; Charlesworth, Lt.-Col. H., C.M.G., ret.; Childe, Lt.-Col. C. P.;