

## British Medical Journal.

SATURDAY, APRIL 22ND, 1916.

### THE CONTROL OF VENEREAL DISEASES.

ON April 14th the President of the Local Government Board informed a deputation from the National Council for Combating Venereal Diseases that the Treasury was prepared to provide the necessary grant to carry out the recommendations of the Royal Commission with regard to the provision of facilities for diagnosis and treatment. The grants would cover 75 per cent. of the cost incurred by local authorities. It was not proposed to create special hospitals for the treatment of venereal diseases, as it was felt that treatment would be carried out more efficiently and with less danger of prejudice at the existing general hospitals.

The Royal Commission on Venereal Diseases entertained the hope that benefit would be derived from a wide public knowledge of the dangers of untreated venereal disease and the certainty of a real cure if the treatment of the disease was undertaken at the earliest stage of the infection. The Commission, indeed, laid great stress on its expectation that the report would give this desirable publicity. The hope is in process of realization. In the current issue of the *Edinburgh Review* (April, 1916) is an article which deals with the Report and the evidence given to the Commission in a broad-minded fashion. In quoting from the article we confine our attention to parts which emphasize certain findings of the Commission and certain points as to which there was some disagreement or total silence.

The article sets out with a statement emphasizing the urgency of dealing with these grave evils. Its opening sentence is: "The issue of the final Report of the Royal Commission on Venereal Diseases is an event of national importance, deserving the attention of all well-wishers of humanity, even in the stress and strain of a world-war. It may be doubted whether even this war at its finish will have shortened a larger number of lives and decreased the physical and mental efficiency of a larger number of persons than has venereal diseases during a single generation." Such a statement in such a place may help the nation to realize the urgency of the need for dealing with the evil. The stringent comment of the report on the evils of quack treatment is pointed by a quotation from the evidence of Dr. Johnstone, a medical inspector of the Local Government Board, who stated "that medical men in various parts of the country informed him that they were rarely consulted until the patient had spent some weeks in the hands of a herbalist or chemist, or in trying some advertised cure." Exception was taken by one at least of the Commissioners to the proposal to keep infected patients in Poor Law infirmaries until they are cured. On this the article makes the following comment: "The patients in question are usually inveterate prostitutes who have become diseased to an extent which disqualifies them from plying their unhappy traffic, and who consequently are destitute. Even with the knowledge that they will be detained until well, such women must enter the infirmary; and persons of practical experience appear to regard it as

certain that the exercise of powers of compulsory detention would not be likely to have a deterrent effect in preventing these women from accepting treatment. Such 'ins' and 'outs' at present are a serious scourge to the community. In maritime towns, for instance, such women, when still highly infectious, 'take their discharge' when a large ship arrives in port, returning as soon as their horrible business slackens! The amount of mischief thus done is incredible to those who have not come into actual contact with it; and at present there is no effectual remedy for it."

The final paragraphs of the article deal with prophylaxis. The report proper did not mention this matter, but a reference to it appears in an appendix. The article reads: "It is well known that the use of simple measures within one or two hours after exposure to infection will, in most instances, prevent the occurrence of the disease. . . . The Commission carefully refrained from expressing any opinion upon either method of guarding against the disease. The importance of the matter cannot, however, be ignored. Both at home and abroad our soldiers are grievously infected with venereal disease. . . . Short of imprisoning every woman who approaches a military camp and absolutely cancelling all military leave, it is impossible to begin to prevent soldiers from running the risk of venereal infection. Nor would even these impossibly drastic measures touch the case of soldiers living in billets. The seriousness of the matter is fully recognized by the military authorities, and lectures are given on the horrible character of the risks that a man runs in consorting with immoral women, but the results are disappointing. Therefore the question arises whether, in the interests of their health, of the health of their wives and of their unborn children, and also of the military strength of the nation, it is not desirable to give our soldiers the opportunity of guarding themselves against disease. It is not suggested that the soldiers should be in any way encouraged to indulge in irregular intercourse, or that anything should be done which would give them the idea that the military authorities look with tolerance upon irregularities. But the evil is so grave that the case is very strong indeed for putting into the hands of the soldier the means which will enable him to protect himself."

In another part of the article we find the following: "The experience of the world proves conclusively that in no country has the dread of venereal diseases ever prevented the existence of irregular sexual relationships. Few people who are able to look facts in the face can hold the belief that the world will ever reach a stage when the rules of monogamy are strictly and universally observed. But if that stage should ever be reached it is certain that the change will be due to moral causes, not to materialistic fear of specific diseases. Do the people who refuse to 'condone vice' really think that it is justifiable to allow the race to be saturated with syphilis while waiting for an epoch of universal purity?"

One more paragraph we will quote for its bearing on the present difficulties of the country: "Venereal diseases form a scourge which, with the possible exception of tuberculosis and cancer, in time of peace is chief among the Captains of Death and Disease. In war the ravages of venereal diseases form an even more serious calamity. Large numbers of our soldiers are rendered inefficient for considerable periods by these diseases, and this to an extent which seriously handicaps our military position. So far no recent figures as to the amount of these diseases among our troops have been published, but it is well known that the amount is serious, and that in several parts of the

country there are large hospitals which contain no patients except venereal patients."

We have preferred to deal with this important article mainly by way of quotation because we think that by the publication of the report of the Royal Commission the matter has now been put into the hands of the public and of Parliament to find solutions for the problems raised. As to the seriousness of the effects of these diseases there are no two opinions among members of the medical profession, who would probably generally accept the truth of the opinion Sir William Osler expressed on the Commission that "of the killing diseases syphilis comes third or fourth." If to this we added a mental estimate of the number of conceptions prevented by the consequences of gonorrhoea we might be justified in promoting venereal diseases to a worse eminence.

### PILIMICTIION.

PILIMICTIION, or the passage of true hairs in the urine, is a phenomenon of very rare occurrence. It was noted by Hippocrates in his *Aphorisms*, with the erroneous explanation that the hairs were excreted by the kidneys. Galen and many medical writers after his day referred to pilimiction, often adding strange hypotheses or theories to account for the production of the hairs passed. It was not until 1849 that the true explanation was given, by the French surgeon Reyer. He found that the hairs originated in dermoid cysts, and reached the urine by the rupture of such cysts into the bladder. Naturally the other contents of the cysts would enter the bladder, so that teeth, carious teeth, bones, and fragments of other tissues might be found in it; but these do not seem, as a rule, to be passed in the urine by the patients to whom this unusual accident has occurred. Carraro<sup>1</sup> quotes from the literature to show that 56 cases have been recorded in which a dermoid cyst ruptured into the bladder—40 in women, 16 in men. Pilimiction was observed in 27 of these—16 of them women, 11 men; but owing to imperfection in the records considerable doubt exists with regard to the propriety of including 6 of these 27. In 21 of those without pilimiction, hairs were found inside the bladder. The patients varied in age between 2 months and 71 years; the hairs passed might be as much as 6 in. in length. The origin of the dermoid cyst in many of the patients remains wrapped in mystery for want of thorough examination either by laparotomy or obduction. In the case of the female patients, however, there is good reason for believing that the cysts almost always originated in the ovary. Exceptionally the dermoid cysts may have originated in the wall of the bladder itself, which is very rare, or, more probably, in the paravesical tissue and rectovesical ligaments. In any case these cysts grow within the pelvis, and by processes of growth, inflammation, and degeneration become adherent to the adjacent wall of the bladder, and finally rupture and discharge their contents into that organ. Carraro passes lightly over the vexed question of the mode in which such dermoid cysts come into existence. Some, at any rate, appear to be embryonic inclusions, the result of the cutting off of epidermal structures by maldevelopment and their inclusion deep inside the body. Others, particularly those containing mesodermal and endodermal as well as ectodermal tissues, represent fetuses (teratomas or embryomas) that are really abortive twins of the patients unknowingly harbouring them.

<sup>1</sup> N. Carraro, *Il Morgagni*, Milan, 1915, Arch. Ivii, 217.

Whatever its origin, the cyst may become infected with bacteria by way of the blood or the lymph stream; it is thought that the gonococcus is often the infecting agent in these cases, but in Werth's patient it was proved to be the *Bacillus typhosus*. Rupture of the inflamed dermoid cyst into the bladder naturally gives rise to cystitis, with its train of local and general symptoms and its disturbance of micturition; a simultaneous rupture into the peritoneal cavity may take place, and even septicaemia or pyaemia may be set on foot. Carraro gives a full account of a case of pilimiction under his own observation. It occurred in an otherwise healthy stout married woman of 40. For a few months before she presented herself at the hospital she had complained of painful and increasingly frequent micturition. She came into hospital with acute fetid cystitis and incontinence of urine; a stone was found in the much-contracted bladder, and was removed under local anaesthesia by suprapubic cystotomy. It was the size of a walnut, and composed of short reddish hairs 1 or 2 cm. long, surrounded and bound together by calcareous matter. The woman had anuria for three days after the operation, and faeces appeared in the purulent urine on the sixth day, but this soon cleared up. A fortnight after the operation short hairs thickly incrustated with lime salts were being passed in the urine, and the cystitis reappeared. Cystoscopy showed that the dermoid tumour opened into the lower surface of the bladder to the left of the middle line. A few weeks later the bladder was opened again under spinal anaesthesia, and the dermoid cyst excised; a month after this second operation the patient was discharged cured. The tumour, 6 cm. long and from 1 to 2 cm. thick, consisted of typical hairy skin and subcutaneous connective tissue, with many vessels and very large sweat glands in it, some of the ducts having developed into hydrocystomas; both dermis and epidermis showed oedema and inflammatory infiltration. Carraro points out that there was nothing in the history of the case to show either whether pilimiction had actually occurred before the patient entered hospital, or how the acute cystitis originally arose; it may have been primary and have set up the infection of the dermoid cyst, or it may have been secondary to infection of the cyst from elsewhere. He believes that the communication between the cyst and the rectum had been established before the patient came to the hospital. He concludes his paper with four pages of advice to surgeons who may in the future be confronted by cases of pilimiction.

### THE HORRORS OF WITTENBERG.

It was to be expected that an attempt would be made by the German Government to nullify the effect of the exposure of the horrors of the Wittenberg prison camp contained in the report issued by the British Foreign Office last week. A semi-official telegram from Berlin says that "the report is a repetition of former charges which were refuted when a committee of American doctors gave expression to their satisfaction at the sanitary and hygienic conditions of the camp." On April 13th Sir Edward Grey said in the House of Commons that, according to a statement of the Prussian Ministry of War issued to the press on February 14th, nearly all the camps in Germany had been visited on behalf of the United States Embassy and reports issued as soon as they were received. The staff of the Embassy had, it was added, been increased by four medical men to enable more frequent visits to be made to the camp. This, it may be presumed, is the "committee" referred to in the German denial.

But, as it is expressly stated that they were not allowed to visit the Wittenberg camp during the period covered by the recent report, the evidence of the American doctors, assuming that its purport is correctly given, cannot be accepted as a refutation of the charges made by the British Committee. We have strong proof of the truth of the charges in a report by Dr. Bert W. Caldwell, Director of the American Red Cross Sanitary Mission to the German prison camps, who, at the request of the United States Ambassador at Berlin, with the official approval of the German Government, made a thorough inspection of the camps at Münster, Wittenberg, Altdam and Gutersloh in November, 1915. His evidence is all the more convincing as his report, which is published in the March number of the *Military Surgeon*, the organ of the Association of Military Surgeons of the United States, is very favourable to the German authorities. Dr. Caldwell found the administration of the prison camps "humane, just, and of high order." But there was one exception. The name of the camp is not given, but there can be no difficulty in identifying it from the following description: "Typhus exanthematicus made its appearance in two or three of the camps, causing frightful morbidity and mortality in one. This regrettable occurrence was due to the inhumanity of the prison commandant, who, when typhus broke out in the barracks among the Russian prisoners, insisted upon the English, French, and other prisoners occupying the same barracks with the infected Russians, until some 800 of the prisoners became infected with the disease, and about 300 of them died. This epidemic, when the commandant was shorn of a part of his authority and effective measures were established within the camp was soon controlled." The epidemic came to an end in July, and Dr. Caldwell's inspection was made in November, when it is admitted that the state of things had greatly improved. But, as we said last week, as long as the care of sick prisoners is left to the tender mercies of a medical officer who has shown himself so inhumane as Oberstabsarzt Dr. Aschenbach we must feel misgivings as to their treatment. Every man of proper feeling will share the indignation expressed by Sir William Milligan in the letter published at p. 606, and we hope that a time will come when fitting punishment will be meted out to a man who has disgraced a profession of mercy in a manner which has excited the abhorrence of the civilized world. We are doubtful, however, whether the wholesale expulsion of Dr. Aschenbach's fellow countrymen from the honorary membership of our societies would be the most dignified or the most effective way of punishment for a man so destitute of decent feeling. Moreover, although German "intellectuals" have cut a sorry figure in the eyes of those of other countries, there is evidence that many members of the profession who have the misfortune to belong to that nationality have shown all the best qualities which are expected in the doctor in their treatment of wounded and sick enemies. In regard to the inspection of prison camps, we cannot help sharing the suspicion expressed by Professor J. A. Morgan that the Germans have hoodwinked the American Ambassador. "They stamp out the horrors in one camp and let him see it; and meanwhile these horrors break out in another camp, which he does not see." Unhappily the British Government, with all the experience of the last twenty months before it, does not seem even now to have learnt how the Germans make war. On April 17th Sir Edward Grey expressed regret that he and his colleagues had underestimated the brutality of our enemies. They had no suspicion of the horrors of the Wittenberg Camp, or of the gross and criminal cowardice of the German medical staff in abandoning their duties to those under their charge. So confiding were they that they did not think of demanding an independent examination of the camp. It is pretty certain that such a demand would have been met with a refusal, for during the prevalence of the epidemic

the Germans allowed no kind of communication as to the conditions existing at Wittenberg. There was too much they could not conveniently allow the outside world to know. Sir Edward Grey added that the Government had no reason to suppose that other typhus-infected camps in Germany were treated in the same way. It is deplorable that they should not have informed themselves more fully as to a matter so directly affecting the welfare of British prisoners. The evidence comes from too many sides and is too uniform in purport to be set aside by any semi-official denial. We need only refer to the account of the typhus outbreak at Gardelegen given by Major P. C. Davy and Captain A. J. Brown in the *BRITISH MEDICAL JOURNAL* of November 20th, 1915, and to Dr. F. Léonetti's record of his experiences during similar epidemics at Cassel and Langensalza, a summary of which was given in the *JOURNAL* of March 18th, p. 421.

#### INFANT AND MATERNAL WELFARE.

The Carnegie United Kingdom Trust proposes to prepare a comprehensive report upon the present position in regard to infant and maternal welfare, with special reference to the provision made or in immediate contemplation in various sanitary areas. To this end a schedule of questions has been drawn up and is being issued to medical officers of health of the larger districts of England and Wales. It has been drafted in a form which, it is hoped, will minimize trouble for each medical officer in preparing the information relating to his district. The schedule is on large paper, with room for the answers, and is divided into seven main sections. In Section A (general condition of the area) it is asked that statistical and other data may be given under a number of heads, including housing accommodation, birth-rate and infant mortality-rate, the diseases most fatal to infants, and maternal mortality. Section B refers to activities of local sanitary authorities and asks for particulars as to the staff of the M.O.H., the administration of maternity benefit and of the Children's Act, and as to the organization of infant-welfare and maternity hygiene under the heads of "ante-natal," "natal," and "post-natal." Section C asks for particulars with regard to voluntary agencies, such as infant welfare centres, schools for mothers, hospital provision, and district nursing associations. Section D (Poor Law) asks for facts as to lying-in accommodation, and Section E (midwives) for particulars as to the relation with the municipality and the municipal staff and with voluntary agencies. Section F inquires how education in mothercraft is dealt with, whether by the education authority or by voluntary agencies, and how it is given to mothers, to young women, to schoolgirls, in school, and at day nurseries. Finally, there is a blank sheet for general observations by the M.O.H. We have endeavoured to give a general notion of the scope of the inquiry, but have not sought to enumerate every heading. The trustees desire to obtain the fullest information, in order that they may be in a position to decide what steps, if any, can be taken by the Carnegie Trust, and generally to assist in the solution of the problems which arise. The forms and all correspondence should be addressed to Dr. E. W. Hope at the offices of the Public Health Department, Municipal Buildings, Liverpool. We have no doubt that, if the inquiry is welcomed by the medical officers of health, as it ought to be, and as we feel sure as a rule it will be, a great deal of useful information will be brought together, and it is certain that under Dr. Hope's supervision it will be analysed in the very best possible manner, and the conclusions to be drawn from it judiciously worked out. The questions as to antenatal organization are full, and this fact is proof of the growing importance attached to this department of preventive medicine. It is asked, for instance, whether any special plan exists in a district for ensuring provision of medical advice for expectant mothers

at, for example, antenatal clinics conducted by gynaecological specialists, by ordinary medical practitioners, or by nurses, and it is also asked whether facilities exist for pathological and bacteriological examinations in relation to ophthalmia neonatorum, syphilis, and abnormalities. Under the heading "natal" there are questions as to the existence of any scheme in operation to provide for medical help in emergencies under the Midwives Act, and what provision is made for nursing cases of puerperal fever at home or in institutions.

#### THE CAMPAIGN AGAINST VENEREAL DISEASE IN GERMANY.

THE numerous articles on venereal diseases which have recently appeared in the German medical press fall into two groups—those that deal with preventive, social, and legal methods, and those that confine themselves to the purely medical aspects: Dr. F. Schaefer has discussed<sup>1</sup> the possibilities of continuing after the war the drastic regulations introduced on April 1st, 1915, by Hindenburg, who made it an offence in his army, punishable with two to twelve months' imprisonment, for women, whether they were prostitutes or not, who knew they were suffering from venereal disease, to engage in sexual intercourse with civilians or the military. Proof that they had exposed others to this danger was sufficient to ensure a conviction, even though their conduct had not actually led to spread of the disease. Dr. Schaefer expressed the opinion that, though in practice convictions would seldom be secured except when venereal disease had been conveyed, the threat of punishment, even when there was no proof that infection had occurred, would be a powerful deterrent to many women. He suggested that this regulation should be legalized after the war, and extended to include male as well as female offenders. Professor Blaschko has drawn attention<sup>2</sup> to the Danish and Norwegian practice, according to which medical men are prompted to induce their patients to sign a paper acknowledging that they have been informed as to the nature of the disease from which they are suffering, so that they may not afterwards plead ignorance should they convey the disease to others. Professor Blaschko has elaborated the scheme he put forward at the XIIIth International Medical Congress in London. He is not in favour of fines and imprisonment so much as of enforced medical control and treatment. Under the heading, "Is it really quite impossible to render prostitution physically harmless?" Professor Neisser has dealt<sup>3</sup> at considerable length with various reforms he would like to see introduced in the regulation of prostitution and the prevention of venereal disease. Among many other suggestions he advocates more compulsory medical supervision and treatment and less police supervision, which is apt to entail unnecessary hardship. In dealing with the medical aspects of venereal disease Professor Zeissl<sup>4</sup> has urged the early abortive treatment of syphilis by the combined use of salvarsan and mercury. In twenty-seven cases he succeeded in aborting primary syphilis completely. In view of the frequency of venereal disease among German soldiers on active service, he anticipates extensive infection of the civilian population when the soldiers are discharged after the war. To prevent this disaster he considers that before any soldier is sent home Wassermann's reaction should be applied, and a bacteriological examination made of any urethral discharge. Only when the absence of venereal disease was established by a medical expert should he be allowed to return home. Evidently Professor Zeissl would insist on compulsory treatment for the soldiers found suffering from venereal disease, but on this point he is not explicit.

<sup>1</sup> *Muench. med. Woch.*, December 7th, 1915.

<sup>2</sup> *Deut. med. Woch.*, January 6th, 1916.

<sup>3</sup> *Ibid.*, No. 47, 1916.

<sup>4</sup> *Berl. klin. Woch.*, January 10th, 1916.

#### TUNGSTEN.

THERE is considerable fascination in tracing the widening uses to which metals are put in the service of man. Tungsten affords a good example of fresh virtues being discovered in a very old servant. For many years tungsten has been mined in various parts of the world, and the powdered metal was mainly utilized in the processes of steel hardening, more especially for what are known as high-speed tools. The ultimate refining of the metal presents no particular difficulties, yet it appears that almost all the refining has in recent years been done in Germany. Mr. Hughes has recently driven home the lesson to be learnt by any industry which is dependent upon other countries for its necessities, and the criminality of such a procedure for the people of an empire which lacks nothing beneath the sun. Tungsten is a widely distributed element, and occurs chiefly in the ores wolfram or scheelite; to this latter mineral the name tungsten, signifying heavy stone, was given by the Swedes. We gather some interesting data as to the world's output of this material from a recent memoir of the geological survey on tungsten and manganese ores, the first of a series of *Special Reports on the Mineral Resources of Great Britain*. From it we learn that the total output of tungsten ores the year before the war was about 8,000 tons; Australasia, Europe, America, and Asia (Burma and Japan) all contributed, the last named accounting for about one-third of the total output. The quantity mined in England, chiefly in Cornwall, is roughly about 200 tons a year. Some of the new uses found for tungsten may be very briefly mentioned. The discovery of a successful method of welding the metal opened the way to the modern wire filament lamp, for by this process the metal, usually very brittle, is rendered quite ductile. This invention, which was made by Dr. Coolidge, led him to make further investigations, and the happy result was the new x-ray tube which bears his name. The novel features of this tube are not, of course, dependent upon the materials used, but some recent endurance tests on the tube described by Dr. Coolidge show to what a degree the qualities of tungsten contributed to the remarkable results recorded. To cite but one performance, we may note that the tube was allowed to run continuously for forty-two hours at 70,000 volts and a current of 100 milliampères, the heating current through the tungsten spiral only varying from 4.50 to 4.58 ampères. Its very high melting point and high atomic weight render tungsten the metal of choice as the anticathode of x-ray tubes, and the use of it in this connexion is increasing. In common with many other metals the open arc of tungsten is rich in ultra-violet radiation, and it may prove a useful addition to the other sources of this type of radiation which are already at the disposal of the medical profession. It is satisfactory to learn that the world-patents for the welding of tungsten are in the hands of a British firm, the British Thomson-Houston Company, Ltd.

#### THE HEALTH OF GERMAN EAST AFRICA.

THE German Colonial Office in Berlin published last year medical reports of all the German protectorates for the year 1911-12.<sup>1</sup> The sanitary staff in German East Africa consisted of 44 sanitary officers, 3 Government doctors, 11 sisters, and 68 junior sanitary officers. Thanks to the vaccination during the three previous years of nearly two and a half million persons, that is, about a third of the total population of the colony, only sporadic cases and slight epidemics of small-pox occurred. Plague was imported into the colony through Zanzibar, but was limited to a few cases. Other cases were, however, observed in the interior, which somewhat resembled plague, but their nature was obscure. Towards the end of the year under review plague broke out in a malignant form in one district. The war

<sup>1</sup> *Muench. med. Woch.*, February 1st, 1916.

against rats was carried on by putting a price on their heads, by the employment of rat catchers, and by a liberal use of poison. There was considerable rise in the incidence of malaria, and among Europeans malaria and blackwater fever accounted for a third of all the diseases treated and for a sixth of all the deaths. The sum of 350,000 marks was spent on sleeping sickness. The original plan of concentrating the sufferers in permanent camps had gradually to be abandoned, and efforts were concentrated on disinfecting the infected districts. Atoxyl was found to be the most potent drug, and was curative in about 15 to 20 per cent. The arrest of this disease in the district of Lake Victoria was traced by the medical authorities to the measures they had adopted. About Lake Tanganyika, however, the state of affairs was far less satisfactory. There was no change in the incidence of leprosy, typhoid fever, dysentery, and relapsing fever, but in the northern district small epidemics of cerebro-spinal meningitis occurred. Whooping-cough was also prevalent in some districts, and tuberculosis, which had previously been almost unknown, showed an alarming increase, especially in the coastal towns and commercial stations of the interior. Bilharziosis was prevalent in the southern area. The control of prostitution had failed to reduce the incidence of venereal disease.

#### A WORTHY MEMORIAL.

EXTENSIVE alterations and additions have been in progress at the Chester Royal Infirmary for some years, and on April 15th Lord Bryce opened an ophthalmic theatre and two adjoining wards, for which tenants on the Hawarden estate and friends had subscribed, as a memorial of the late Lieutenant William Glynne Charles Gladstone, squire of Hawarden, Lord Lieutenant of Flintshire, and M.P. for Kilmarnock Burghs, who was killed in the trenches in France on April 13th, 1915. Lord Bryce said that Mr. Gladstone, as Lord Lieutenant of the county when war broke out, had devoted himself with earnestness to recruiting, and in the course of doing so it was borne in upon him that when he was urging others to come forward to save their country he ought not to stay behind himself. He trained himself to be an officer, went as lieutenant to France, and within a fortnight the end came. "Never," Lord Bryce went on, "was there a time when so many of our best and noblest young men have gone from us, willingly, because they felt it to be their duty, and never was there a time when their parents had shown such an example of uncomplaining patience. Never had England shown herself worthier of the greatest tradition of her greatest days than she had in these last months. An England that could do this was an England worth fighting for. One of the most famous men of antiquity, in pronouncing a funeral oration over his Athenian fellow-citizens who had been killed in war, said: 'When the young men are taken out of the city spring is taken out of the year.'"

#### ANNUAL CONGRESS OF THE OPHTHALMOLOGICAL SOCIETY.

THE annual congress of the Ophthalmological Society of the United Kingdom, the mother of all ophthalmological societies in the world, will be held at the house of the Royal Society of Medicine, 1, Wimpole Street, W., on the last three days of the first week in May. On Thursday, May 4th, the president, Mr. Walter H. Jessop, will give the opening address at 10 a.m., and afterwards various papers will be read. Among them we notice one by Mr. Affleck Greeves, which will contain observations on a series of trephined eyes examined microscopically; another by Mr. Richardson Cross on severe kerato-iritis cured by tuberculin; and a third by Mr. J. B. Story on implantation of fat after enucleation. In the afternoon a discussion will be opened at 2.30, by Mr. Herbert Parsons and Mr. A. L. Whitehead, on foreign bodies in the eye and orbit, with

special reference to prognosis and treatment. On Friday morning, May 5th, at 10 a.m., Mr. J. B. Lawford and Mr. S. H. Browning will open a discussion on the treatment of syphilitic eye affections by the newer methods, and in the afternoon there will be a clinical meeting at the Central London Ophthalmic Hospital, Judd Street, W.C., when a number of interesting cases will be demonstrated, including one by Dr. N. Finzi, in which recurrent sarcoma of the orbit was successfully treated by radium. On Saturday morning, May 6th, other papers will be read. During the congress a collection of drawings, pathological specimens, etc., will be on view in the Bowman Library at the Royal Society of Medicine, and members desirous of exhibiting are requested to communicate with Mr. Stephen Mayou, 30, Cavendish Square, W. Members wishing to read papers, show cases, or take part in discussions, are asked to communicate as soon as possible with Mr. Elmore Brewerton, 84, Wimpole Street, W.

## Medical Notes in Parliament.

### War.

#### *German Treatment of British Prisoners.*

ON April 17th Captain Douglas Hall asked a question with regard to the treatment of Private A. C. Tulley, Royal Marines, with ten years' service, who died at Millbank, weighing only 5 stone. The Home Secretary said that there was no record of Private Tulley's weight at the time of his death, but it appeared from his statements that he was confined in the camp at Döberitz, where the men were covered with lice, and that after working in the wet he had no means of drying his clothes and could get no underclothes. In July, 1915, he got rheumatic fever through going on daily fatigue duty, getting wet through, and having no change. He was sent to hospital, and after five weeks was convalescent. He was sent to another camp, Dyrotz, about 7 kilometres from Döberitz. He had to carry all his kit on the march, and broke down and was never well afterwards. A little later he was put into hospital at Döberitz, where he had no treatment at all, and had to depend upon an English prisoner, one of the patients. They had no drugs. When he arrived in this country he was in an advanced stage of consumption and extremely emaciated. He died in hospital a fortnight after his arrival. The medical board which reported upon his condition stated that it was due to exposure, insufficient food and clothing whilst a prisoner in Germany. Tulley himself stated that the conditions in the camp had much improved before he left it, and other reports confirmed this. Improvements seemed to have resulted from the efforts of the American Ambassador. There was no record of any other prisoners of war released from Döberitz camp having died since their return to this country.

In a written reply to Mr. Malcolm, on April 17th, Sir Edward Grey said that the Germans permitted no kind of communication, either by letter or orally, as to the condition of Wittenberg camp during the many months that the camp remain unvisited, owing to the prevalence of typhus, by the American Ambassador at Berlin or by any of his staff. The British Government had no suspicion of the horrors that were going on there, or of the gross and criminal cowardice of the German medical staff in abandoning the duties they owed to those under their charge. Neither our allies—whose prisoners in the camp were far more numerous than ours—nor we demanded independent medical examination of the camp, and on behalf of the Government he could only express profound regret that it had so underestimated the brutality of our enemies. It was only right to add that the Government had no reason to suppose that other typhus infected camps in Germany were treated in the same way.

#### *Steel Helmets.*

In reply to Colonel McCalmont, who asked how soon a sufficient number of steel helmets would be available for every soldier whose duty took him into the trenches, Mr. Tennant said, on April 13th, that he had acquainted himself with the state of the supply, but did not propose to inform the House or the enemy about it in