

causes of the trouble, the anterior urethra is next to be dealt with, and if it too can be excluded, the state of the bladder and kidneys is to be inquired into. The author describes this method of procedure carefully and in detail, and various points are emphasized by the notes of illustrative cases.

Part I of the eighteenth volume of the *Royal London Ophthalmic Hospital Reports*⁸ has for its editor Mr. WILLIAM LANG, one of the surgeons to the institution. He is not himself a contributor to this fasciculus, which, however, contains nine good papers, of which six are freely illustrated. The volume opens with a paper already familiar to readers of this JOURNAL, being that with which Mr. Treacher Collins opened the discussion at Belfast on diseases of the lymphoid tissue of the conjunctiva. Among other contributors are Dr. Tatsuji Inouye of Tokyo, who deals with an investigation in the laboratory of the institution of a case of obstruction of the central vein; and Messrs. Herbert Fisher, Claud Worth, M. L. Hepburn, R. J. Coulter and G. Coats, and A. C. Hudson. Of chief general interest, perhaps, is the careful description by the late Mr. W. Ilbert Hancock of three cases in which infection followed operations for the relief of cataract.

A third edition of *Official Chemical Appointments*,⁹ compiled for the Institute of Chemistry by Mr. R. B. PILCHER, has now been issued. It made its first appearance some three years ago, and serves as a reference book to all appointments of an official character connected with the application or teaching of chemistry in any of its branches throughout the whole of the British dominions. There is also an appendix giving a list of societies and institutions directly and indirectly connected with the same science, and an index of names and places at which official appointments exist. The volume should prove useful both to those in search of chemical appointments, and to local authorities and others needing chemical assistance.

The new edition of the *Year Book of Scientific and Learned Societies*¹⁰ is the twenty-sixth annual issue of a reference book of much utility. It gives an account of associations and societies in Great Britain and Ireland which occupy themselves with either science, literature, or art. A list of their officers is supplied, of their habitations, of the terms of membership, their days of meeting, and usually some account of the work they have done during the previous year. As a rule this takes the form of a list of papers read, and a glance over the titles supplies a good conception of the current direction of scientific thought. The book is divided into fourteen sections, of which much the largest is that devoted to medicine. Also large is the section of biology, including microscopy and anthropology. In the medical section are to be found some 177 societies, of which 61 appear to be in the metropolis, 37 in the provinces, 22 in Scotland, and 7 in Ireland.

⁸The *Royal London Ophthalmic Hospital Reports*. Edited by William Lang, F.R.C.S. Part I, vol. xviii. 1910. London: J. and A. Churchill. (Pp. 142. 5s net.)

⁹*Official Chemical Appointments*. By R. B. Pilcher. Third edition revised and enlarged. 1910. London: The Institute of Chemistry of Great Britain and Ireland. (Pp. 234; price 2s. net.)

¹⁰*The Year Book of Scientific and Learned Societies*. Twenty-sixth annual issue. London: Charles Griffin and Co. (Demy 8vo, pp. 351. 7s. 6d.)

MEDICINAL AND DIETETIC ARTICLES.

"Ecsolent" Compounds.

WE have received samples of three preparations supplied by Ecsolent Compounds, Limited (Saracen Buildings, Snow Hill, E.C.), and intended for the treatment of eczema and other skin affections. These comprise an ointment, a soap, and a dusting powder. The ointment is made with a basis of soft paraffin, and contains zinc oxide, starch, boric acid, and resorcin, with small quantities of a number of antiseptic and aromatic substances; the soap shows no free alkali, but is slightly superfatted, and both this and the powder contain some of the aromatic and antiseptic ingredients used in the ointment, the basis of the powder being talc, with zinc oxide, starch, and boric acid. From the composition of these preparations they may be expected to prove useful for the purpose for which they are intended.

— UNDER the will of the late Mr. Samuel William Eden of Mansfield, the General Hospital, the Samaritan Hospital, and the Midland Eye Infirmary—all institutions in Nottingham—each receives a legacy of £250, the Children's Hospital and the Association for the Prevention of Consumption, in the same city, receiving £100 and £50 respectively.

PELLAGRA.

PELLAGRA is a scourge from which we in these islands are fortunately free. It is by no means certain, however, that this immunity will continue. The disease, which saps the vitality of its victims and often leads to madness, murder, and suicide, is endemic in certain regions, but it slowly spreads beyond their boundaries. In Europe its chief haunts are Italy, Spain, and Roumania. But there are areas in Asia, Africa, America, and Australasia where it is also endemic. It prevails to a serious extent in many parts of the British Empire and its dependencies. In Egypt it is a veritable scourge. It has been observed in the West Indies (Barbados) by Dr. Cuthbert Bowen, and, more recently, by Dr. G. C. Low. In South Africa it occurs among the Zulus and Basutos. There is evidence that it is prevalent in parts of India. At the Tropical Section of the British Medical Association Meeting at Edinburgh, Dr. Sandwith showed pictures and photographs of pellagra which were independently recognized by three members from India as representing a disease which they had often seen among out-patients without being able to give it a name. In the United States a few sporadic cases had been observed from time to time, but since 1906 numerous cases have been reported from no less than thirteen States.

At the present day the hypothesis as to its causation which is almost universally accepted is the "maize theory," which ascribes the disease to the use of maize (*Zea mays*) or Indian corn as an article of food. By some investigators the morbid action of Indian corn has been attributed to specific toxic substances contained normally in the grain, or to poisons which are the product of certain bacteria which attack the maize. At the Tropical Section of the British Medical Association, held at Leicester in 1905, Dr. L. W. Sambon argued that pellagra did not seem to be a food disease or to be due in any way to unsound maize, and suggested that in all probability it was protozoal in origin.¹ Briefly summarized, the reasons advanced for this belief were: (1) The total absence or extreme rarity of pellagra in certain places where maize forms the staple food of the population. (2) The presence of the disease in places outside the area of maize culture, and in people who have never partaken of this cereal as food. (3) The failure of numerous investigators to reproduce the disease (true pellagra) in either man or the lower animals by means of maize itself, by the toxins obtained from decomposing maize, or by the cultures of any of the numerous bacteria and fungi found on maize, which have been suggested at one time or another as its causative agents. (4) The striking recurrence of symptoms each spring, even after removal of the patient from the endemic area, and after the entire elimination of maize from the diet. (5) The peculiar topographical distribution of the disease. (6) Its strict limitation to field labourers. (7) The similarity of symptoms (early skin eruption, late nervous manifestations) and anatomical lesions (perivascular small-cell infiltration) with such protozoal diseases as syphilis and sleeping sickness. (8) The marked increase of large mononuclear leucocytes. (9) The favourable action of arsenic in the treatment of the disease, just as in trypanosomiasis, kala-azar, syphilis, and other protozoal infections.

Dr. Sambon's theory has received the support of Sir Patrick Manson, who has repeatedly urged the necessity of investigating the disease. Professor Terni, at the third Pellagra Congress held in Milan in 1906, said he was inclined to accept Sambon's opinion; and at a conference held in Columbia, U.S.A., in 1908, Drs. Moore, Wood, and Taylor, who read papers on the etiology of pellagra, adopted the protozoal theory, to which more recently Professor Babes has become a convert. Dr. Lavinder, of the United States Public Health and Marine Hospital Service, in a paper read before the American Society of Tropical Medicine in 1908, said, in summing up a review of the literature of the subject, that Sambon's suggestion of the possible protozoal nature of the disease offered a new and possibly profitable field for investigators.

The sudden spread of the disease in the Southern States of the American Union has led to prompt action. Since 1908 two conferences have been held in South Carolina, and, as already stated in the JOURNAL, a Pellagra

¹BRITISH MEDICAL JOURNAL, November 11th, 1905, p. 1272.

Congress has been arranged to be held next June at Peoria, Illinois, and a National Association for the study and prevention of the disease has been organized.

In view of the prevalence of the disease in British colonies, protectorates, and dependencies, it has been thought a matter of urgency that a scientific inquiry into the causation of the disease should be made by a British Commission. Accordingly a Pellagra Investigation Committee has been formed consisting of the Italian Ambassador; Sir T. Clifford Allbutt; Mr. E. E. Austen, of the Department of Zoology, British Museum (Natural History); Fleet Surgeon P. W. Bassett-Smith, R.N., Lecturer on Tropical Medicine, Royal Naval Hospital, Haslar; Sir T. Lauder Brunton; Mr. J. Cantlie; Mr. R. S. Fraser, Member of Council, London Chamber of Commerce; Dr. C. F. Harford, Principal of Livingstone College, Leyton; Sir William Leishman, Professor of Pathology, Royal Army Medical College; Dr. G. C. Low, Lecturer in Parasitology, King's College, London; Dr. J. M. H. MacLeod, Lecturer on Dermatology, London School of Tropical Medicine; Sir Patrick Manson; Dr. F. G. Melandri, Physician to the Italian Embassy; Professor E. A. Minchin, F.R.S.; Dr. F. W. Mott, F.R.S.; Professor William Osler, F.R.S.; Commendatore Paola Polenghi, President of the Italian Chamber of Commerce, London; Professor Ronald Ross, F.R.S.; Dr. L. W. Sambon; Dr. F. M. Sandwith; Professor W. J. R. Simpson; Dr. S. Squire Sprigge, Editor of the *Lancet*; Mr. H. S. Wellcome; and Dr. Dawson Williams, Editor, BRITISH MEDICAL JOURNAL. At a meeting held in London on Friday, January 21st, with Sir W. Leishman in the chair, Dr. Sambon explained his views with regard to the etiology of pellagra and proposed a scheme of investigation. The following resolutions were passed:

1. That the committee, after hearing Dr. Sambon's statement concerning the etiology of pellagra, are of opinion that it is a matter of importance that, both on scientific and hygienic grounds, the hypothesis formulated by Dr. Sambon shall be investigated.
2. That the committee are of opinion that any funds raised to defray the expenses of such investigation will be well spent.

It is suggested that Dr. Sambon be sent forthwith to a pellagrous area to work out the topographical distribution and epidemiology of the disease. Dr. Sambon believes that pellagra must be an insect-borne disease, and that the most likely carrier is a simuliid. The *Simulidae* are very widely distributed throughout the world; geographically their distribution coincides with that of pellagra, topographically the coincidence becomes far more accentuated. The *Simulidae* breed in mountain and swift-running streams; they need well-aerated waters, and are never found in stagnant water; indeed, they die in three or four hours when placed in quiet water; their seasonal appearance in the imago stage agrees in a most striking way with the incidence of pellagra. In Europe their swarms appear in early spring and again in autumn. The *Simulidae* are greedy blood-suckers, and, although hitherto no special infection of man has been definitely ascribed to them, there are many reports in newspapers of human beings dying in consequence of their attack. They are known to cause great destruction amongst horses, cattle, hogs, sheep, and poultry. Unlike mosquitos, they bite in the daytime and swarm in bright sunshine. Finally, the meteorological conditions which favour the incidence of pellagra seem to be the same as those which favour the increase of these insects.

Dr. Sambon will study the disease in the lower animals as well as in man; he will try to establish in a definite manner whether pellagra can be looked upon as belonging to the group of protozoal diseases, and he will endeavour to demonstrate the parasite. Important results will be studied with a view to confirmation by other members of the committee who will also either work at the material sent home or, if necessary, will join Dr. Sambon in the field. Owing to the large amount of work entailed, it is proposed to send with Dr. Sambon properly qualified assistants to help him in the examination of patients, in laboratory work, and in the collection and study of insects. It is also suggested that arrangements be made for Dr. Sambon to receive every possible assistance from local medical men and naturalists by associating them as correspondents. It is hoped to raise a fund of £1,000 to defray the expenses of

travelling, outfit, etc., and, if more is available, to afford adequate pay to such others as the committee may appoint to take part in the investigation, whether in the field or at home. To raise this subscriptions will be necessary. Already the Colonial Office has promised £150 on condition that a further amount of £450 is found; Commendatore P. Polenghi, President of the Italian Chamber of Commerce, and others have also promised donations, and both the London and the Liverpool Schools of Tropical Medicine are contributing to the fund. We commend the objects of the Commission to the attention of all who are interested in the health of our colonies.

THE BOARD OF EDUCATION.

CHIEF MEDICAL OFFICER'S ANNUAL REPORT.

(Continued from page 215.)

THE PHYSICAL CONDITION OF SCHOOL CHILDREN.

The opinion is expressed that, while it was not the intention of Parliament, when passing the Education Act of 1907, to secure anything in the nature of an anthropometric survey of the children of the country, there are directions in which useful work might be done by school medical officers. The following are mentioned:

- (a) A comparison of diseases or defects at different age periods of both sexes, in the same locality, extending over a period of years, with the consideration of the possible conditions and circumstances which affect the incidence and character of such diseases.
- (b) The incidence of disease or defect at certain ages in different localities, rural and urban, may be contrasted (for example, the eyesight, general nutrition, relation of height and weight, cleanliness, and, where criteria may be mutually agreed upon, such diseases as tuberculosis and rickets).
- (c) The general physique, etc., of children born in seasons of distress or unemployment, may be contrasted with that of children born in more prosperous times in the same locality.
- (d) The physical condition of school children born in years of high infant mortality in an area as contrasted with that of children born in years of low infant mortality.
- (e) The incidence of certain diseases or defects at different age periods in each sex may be compared.
- (f) The effect of several years' medical inspection on certain general conditions—for example, in securing cleanliness of body and head, whether by domestic means or "cleansing" schemes, in ensuring care of the teeth, counteracting the practice of mouth-breathing, etc.
- (g) The effect of the general hygienic conditions of the school on the health and physique of the child—for instance, the possible influences of good and bad lighting on the eyesight; of lessons given in the open air; of improved methods of teaching physical exercises, etc.

Nutrition.

It is suggested that nutrition should be taken as representing not only fair growth, plumpness, and physique, but a body in which all the systems are carrying out their functions harmoniously. The examiner should keep before him as a mental standard a child to whom the term well-nourished might fairly be applied, and not an average child of the district in which he is working, for the average may be high or low.

Cleanliness.

There is said to be a tendency to adopt too low a standard and to consider it inevitable that children should attend school in a more or less dirty condition, whereas if education has not engendered a habit of cleanliness it has seriously failed in one of its objects. The influence of the teacher can be exerted not only on the child but on its mother. If a local education authority decides to make some special provision for the cleansing of school children, it is important to adopt a system which will enable the largest number of children to be dealt with in the shortest possible time. From this point of view the shower bath system so esteemed on the Continent merits consideration.

Cleanliness of the Head.

Verminous heads are not confined to the poorer districts, one-half of the girls in urban areas and one-quarter of those in rural areas having unclean heads. Carefully contrived cleansing schemes have been devised by many authorities, those described by the school medical officer for Gloucestershire, Dr. Middleton Martin, and by Dr. Fosbroke, of Worcestershire, being quoted as examples. The vigorous measures instituted several years ago by Dr. Kerr in London and the statistics resulting from them also find place.

Ringworm.

The prevalence of this disease is stated to be probably greater than can be gauged by the number of cases