

Reserve, provided that less than five years' service in the Reserve of male nurses shall not count.

The old-age pension scale, then, would be as follows:—

Total Service.	Old-age Pension.
15	6d.
20	8d.
25	10d.
30	1s.

*Uniform.*—The field service uniform of a 2nd class orderly of the Royal Army Medical Corps, with the letters "Res" on the collar.

The registration of the Reserve to be with the Administrative Medical Officers of districts and commands, as also with the Officer in Charge of Royal Army Medical Corps' Records.

In a discussion which followed the paper, Colonel J. J. Morris, A.M.O., Lieutenant-Colonel Bedford, C.M.G., and Lieutenant-Colonel Thomson took part.

Lieutenant-Colonel Bedford pointed out that the reader of the paper had included in his scheme for retired officers some conditions already in existence. He objected to the proposal that a qualified medical man should serve in so low a rank as 2nd Lieutenant, no matter how short the period, and he thought that the scheme did not take sufficient account of the Militia, Volunteers, and various Voluntary Aid Associations.

The idea of most of the officers present seemed to be that few retired officers would rejoin, especially if the gains and possible losses were not very definitely laid down beforehand. The bare possibility of having ultimately a smaller pension than that held when recalled to service on the active list, was thought to be the greatest deterrent to retired officers.

Major Smith replied to the remarks on the subject of the paper.

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## Reviews.

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THE CAUSE AND PREVENTION OF BERI-BERI. By W. Leonard Braddon, M.B., B.S., F.R.C.S., State Surgeon, Negri Sembilan, Federated Malay States. London: Rebman, Ltd. Pp. 544. Price 21s. net.

According to the author, "few diseases are attended with the good fortune that the demonstration of their cause is at the same time the indication of the remedy. But this may be said to be the case with beri-beri. For, speaking generally, it may be said that all that is needful is to secure a liberal and wholesome dietary, to avoid the use of rice or its extracts, and the disease will not appear.

"Where rice cannot be abandoned, where it is the staple food, all that is necessary is to avoid the use of uncured (stale cleaned white) rice, to eat only the fresh or cured sort, and freedom from the disease will be equally secured.

"It is true that in a certain proportion—*i.e.*, when it forms not more than one-third of the total bulk of food eaten—even toxic rice has been

taken with impunity; and in prisons and public institutions, were it a necessity to use stale uncured, instead of other sorts of rice, its deleterious action might thus be counteracted by largely diluting it with other food. Such necessity need, however, rarely arise, since both fresh and cured are as easily obtained as stale rice.

"But employers generally could not be compelled, often could not, indeed, afford to provide the additional articles of food required to dilute toxic rice to this extent, and it is certain that coolies, badly paid as sinkhehs are, would not do so. The only practical way, therefore, to prevent beri-beri in a community, is for the State to prohibit the sale of any rice which is not either freshly made, or which has not been 'cured,' by boiling or heating in the husk before stripping it. There would be no difficulty in adopting the latter measure; it is already carried out on a large scale in several quarters.

"Simple as these remedies are, nothing more is wanted, as nothing less will suffice, to banish from the countries which it now infests the blight of beri-beri."

Any one interested in beri-beri should certainly study this monograph, which appears to discuss this disease from every possible point of view.

THE PROBABLE ORIGIN OF SYPHILIS IN EUROPE. By L. Bousfield, M.A., M.D.Cantab. London: Printed and published by S. F. Hodson, Rupert Street, W. Price 2s.

In the preface of this pamphlet the author expresses a hope that it will be considered a concise and compact history of the origin of syphilis in Europe, and no doubt most readers of it will give it this credit.

Dr. Bousfield has evidently gone well into his subject and carefully sifted the evidence he has been able to collect from the limited supply of literature at his disposal, and has produced a work which cannot fail to be of the greatest help to all those who are interested in the subject under review, and is well worthy of their perusal.

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## Current Literature.

**Ehrlich's Recent Work on the Chemical Therapy of Trypanosomiasis.**—In a lecture to the Berlin Medical Society, published in Nos. 9 to 12 of the *Berliner Klinisch Wochenschrift*, March, 1907, Ehrlich gives an account of his recent work on this subject. He considers that the days of empirical therapy are now over, and it is necessary to enquire into the "How and Why" of treatment. The problem which he sets before himself in this specific chemical therapy is to find a substance which will be taken up by definite parasites and kill them without too great injury to the host. He finds in trypanosomes convenient parasites for experiment. Ehrlich points out that the treatment of trypanosomiasis hitherto adopted produces only "half immunity." The animals appear well, but still carry the parasites in small numbers in their body. Ehrlich states that Greig and Gray, and later Koch, have shown that the same