G. A. Wills), and the Head Master of Clifton College. A number of subscriptions have already been promised, but it is desired to raise a sum of at least £2,500. Subscriptions may be sent to Mr. James Rafter, M.A., Registrar of the University, and cheques should be crossed "Michell Clarke Memorial Fund." Dr. Michell Clarke was an active member of the British Medical Association; he was for many years honorary secretary of the Bath and Bristol Branch, and afterwards its president.

TREATMENT OF ANTHRAX BY NORMAL OX SERUM.

THE treatment of anthrax by the intravenous injection of ox serum was originated by R. Kraus of Buenos Aires, formerly of Vienna, who considered that hypodermic and intravenous injections gave equally good results, but Hyman and Leary,¹ who report a case successfully treated by four doses of 80 c.cm. and three intramuscular injections of 100 c.cm. each, state that intravenous injection has a much more intense effect. The serum is heated for half an hour to 56° C. Penna, Cuenca, and Kraus reported 140 cases of anthrax thus treated, with one death. This is compared with Sclavo's mortality of 6 per cent. among 164 cases treated with his immune serum reported in 1903. The authors conclude that Sclavo's immune serum owes its efficacy in small part to specific immune bodies and in the main to a non-specific protein reaction which can equally be obtained by the injection of any other protein, and that for these purposes perhaps the least objectionable is heated normal ox serum, which has the advantage over normal horse serum that it does not produce serum sickness.

THE COVENTRY CASE.

THE Council of the British Medical Association, at a special meeting on November 26th, reconsidered its original decision to appeal against the judgement delivered by Mr. Justice McCauley in the Coventry case, and decided not to enter an appeal. A statement of the reasons for taking this course will be made at an early date. The Council has appointed a Special Committee to consider the position which has arisen and to report thereon to the Council.

MEDICAL CANDIDATES FOR PARLIAMENT.

IN the following list we give the names of all the medical men who are candidates for Parliament so far as information has reached us. The list is probably incomplete, and we shall be grateful to any correspondents who will correct or add to it. We understand that several more medical men would be willing to stand if constituencies were available. We are informed that the Medical Parliamentary Committee is endeavouring to arrange for a supply of medical speakers to assist candidates.

Basingstoke, Hants: Sir Auckland Geddes, M.D.
 Bilston, Staffs: Lieut.-Colonel J. Kynaston.
 Bishop Auckland, Durham: Dr. V. H. Rutherford.
 Bristol, North: Dr. B. N. Blood.
 Clackmannan and Eastern [Stirling]: Major W. A. Chapple.
 Derby, High Peak: Dr. Clifford Brookes.
 Farnworth, Lancashire: Sir Thomas Flitcroft.
 Leeds, North: Major A. C. Farquharson.
 Liverpool—Wavertree: Dr. Nathan Raw.
 London—
 Bermondsey: Dr. A. Salter.
 North Paddington: Captain Donald Campbell.
 Putney: Dr. H. Jackson.
 Shoreditch: Dr. C. Addison.
 Whitechapel and St. George's: Dr. Ambrose.
 Morpeth, Northumberland: Major T. M. Allison; Captain Gerald D. Newton.
 Moseley, Birmingham: Dr. R. Dunstan.
 Stockport, Cheshire: Lt.-Col. F. E. Fremantle.
 University of London: Major-General Sir Wilmot Herringham.
 Universities of Scotland: Sir W. Watson Cheyne, Bt.; Dr. P. Macdonald; Professor W. R. Smith.
 University of Dublin: Sir R. H. Woods, M.Ch.Dub., F.R.C.S.I.
 University (Queen's) of Belfast: Sir William Whitla, M.D.Q.U.I.
 Wallasey (Cheshire): Dr. B. V. P. McDonald.
 Western Isles (Inverness, Ross, and Cromarty): Dr. Donald Murray.
 Willesden: Dr. J. S. Crone.

THE ABOLITION OF GAS WARFARE.

THE cessation of hostilities brings with it the great problem of safeguards for the future. The numerous perplexing claims to be dealt with, all of them of great importance, may tend to overshadow certain aspects of the war which urgently demand recognition. Amongst these is the employment of lethal gases as a weapon of warfare. Its introduction by the Germans was a violation of the principles of morality which had hitherto exercised some guiding control over civilized warfare. It was further a violation of the spirit of the second Declaration attached to the Regulations of the Hague Convention, ratified in 1907, which states: "It renounces the use of projectiles the sole object of which is the diffusion of asphyxiating or harmful gases."

The Allies were forced in self-defence to employ the same method, but now that the need is over, fresh safeguards must be devised to prevent any nation ever again employing gas as a weapon.

The use of gas is self-condemned for the following reasons:

It is an uncontrollable weapon, whose effects cannot be limited to combatants.

It is an "unclean" weapon, condemning its victims to death by long-drawn-out torture.

It opens the door to infinite possibilities of causing suffering and death, for its further development may well lead to the devising of an agent which will blot out towns, and even nations.

As members of the medical profession, we necessarily know more than any others the suffering entailed by the use of gas. Most of us have seen its victims on the field and in hospitals at home, since the time when the first deadly wave of chlorine was let loose on our troops. We therefore feel it our duty to bring the question to the notice of the allied nations and of their representatives who will attend the Peace Conference.

Are the best efforts of science to be chiefly devoted to devising more and more potent methods of causing death by chemical agencies, instead of to the service of industry and the increase for mankind of beneficent knowledge?

Surely in the coming Comity of Nations it ought to be decided to abolish for ever such a malignant weapon. Let those to whom will be entrusted the drawing up of peace conditions have the knowledge that one such condition must be the abolition of all forms of gas warfare.

NORMAN MOORE,
 President, Royal College of Physicians of London.

GEORGE H. MAKINS,
 President, Royal College of Surgeons of England.

R. MCKENZIE JOHNSTON,
 President, Royal College of Surgeons of Edinburgh.

A. FREELAND FERGUS,
 President, Royal Faculty of Physicians and Surgeons, Glasgow.

JOSEPH O'CARROLL,
 President of the Royal College of Physicians of Ireland.

JOHN B. STORY,
 President, Royal College of Surgeons in Ireland.

WILLIAM OSLER,
 Regius Professor of Medicine in the University of Oxford.

T. CLIFFORD ALLBUTT,
 Regius Professor of Physic in the University of Cambridge