THE PLIGHT OF THE RUSSIAN DOCTORS.

A Christmas Appeal to the British Medical Profession.

In June last the Council of the British Medical Association made an appeal for the starving doctors of Russia. In order that the response should be as widespread as possible the subscription was limited to 5s. Within the next few weeks the sum of £1,610 was received and was paid over to the American Relief Administration, which promptly dispatched food parcels to those doctors and members of deceased doctors' families whose names had been supplied by an organization of Russian doctors in this country. The Association has had a signed receipt from Russia for every parcel delivered.

Since the appeal many letters have been received from individual doctors and from bodies of doctors in Russia, testifying in the most touching way the gratitude of the recipients of the food parcels, not only for the gift but for the evidence that the doctors in Russia had not been forgotten by their more fortunate colleagues in other parts of the world.

A typical individual letter is one recently received from a woman doctor in Russia who is working at a clinic for mental diseases. She gives full particulars about herself and her professional status and goes on to say:

"My family, which lives solely on my earnings, consists of my aged mother of 70, two brothers (both war invalids from 1914-15: one, 45 years old, was wounded in arm and leg and is almost totally disabled; the other, 47 years old, was wounded in the head and is mentally deranged), and a sister who recently underwent a serious operation—half her stomach was removed. I ask you to help these four persons who are unable to do any work, be it only by sending them one food parcel."

The following acknowledgement from Petrograd is typical of many received from collective medical bodies:

"The section of the American Relief Administration in Petrograd has in the name of the British Medical Association transmitted to the Academy of Medicine for the professors and assistants 44 boxes containing in all 132 poods of different nutritive substances. The professors and assistants of the Academy of Medicine are glad to see in that gift a token of the unity of the whole scientific world and wish to express their deep gratitude to the representatives of the British Medical Association." (This was signed by the vice-president of the Academy and eleven other representatives.)

It is only too clear that what has been done is a mere scratching of the surface, below which is a dreadful mass of want and misery. The situation is perhaps best described in the words of Mr. W. E. Haigh, F.R.C.S., a British doctor who is attached to the Nansen High Commission. In a letter addressed to the Association, dated "Moscow, September 24th," in which he expressed his satisfaction with what the Association had already done, he went on to say:

"The position of our colleagues becomes steadily worse. . . . The depreciation of the rouble and soaring prices make it impossible for them to provide food for their families, even were such obtainable in plenty. The salaries paid are fantastic, being much less than those of workers; for example, I pay my chauffeur one hundred millions a month and food packets; doctors working in the cholera blocks of the Odessa City hospitals receive 27 millions and, happily, have gifts of maize from the American Relief Administration, but pay is always in arrears. There are doctors in the country who have had no pay this year, and depend on small gifts from the peasants, but this in famine-stricken areas cannot be much. The doctors in Cherson on the Black Sea have had no pay for six months, and their lot is desperate. That city, once of 80,000 inhabitants, passed through all the horrors of famine last winter, combined with epidemics of typhus and relapsing fever, followed by a severe epidemic of cholera in the summer. Hospitals, unheated, without soap, appliances, drugs, provided with a ration for all of 600 calories a day, often mixed with surrogates, conditions have been such as require the pen of Dante to describe. . . . The sole means of keeping doctors and nurses alive was the American maize. . . . I know those (doctors) who have had their children at home with oedema, living on surrogates, those who have eaten linseed cake instead of bread, or the pressed mass after the extraction of oil from sunflower seeds; some have died on duty, and typhus has taken fresh toll, and for their wives and children there is nothing. The best off financially are poor and their means are often the sale of books, silver, the furs, clothing, and jewellery of their wives, and these reserves are now exhausted. . . . Surgeons of repute may have no stockings, medical women no fires in their room in winter, yet they will entertain one if they can, and it is pathetic to see their enthusiasm to talk 'shop' . . . and their joy at having a colleague from abroad even for half a day. The needs of the professors are

great . . . but the rankers are in worse straits, and I wish to point out that all forms of help can now be administered best through the local medical societies; if we find the food they know the needs best. . . . Wood for firing costs to-day in Odessa 40,000 roubles a pound, petroleum is 8 millions a pood, butter 1,800,000 a pound, and with such a market the doctor's wife has to sell necessary clothes, not to buy."

Dr. Haigh's evidence is borne out by many pathetic letters the Association has received, and the Council at its meeting on December 13th resolved to make a Christmas appeal to the medical profession in this country to do something more to alleviate the terrible conditions in which our colleagues in Russia, through no fault of theirs, are living—and dying.

The results of the present appeal will be divided between the American Relief Administration and the All-British Appeal of the Nansen High Commission. There is plenty of room for both bodies, and each in its own way can be depended upon to see that money subscribed by the British medical profession is spent in providing the necessities of life to Russian doctors and their families.

Clothing is almost as badly needed as food. The American Relief Administration in its latest report (December, 1922) says: "While the need of foodstuffs in Russia continues a grave problem, the needs of the population for warm clothing are equally grave." The American Relief Administration has entered into an agreement with the Soviet Government to allow clothing remittances to be made for individuals. This arrangement will be utilized to send clothing where we are advised that clothing is more urgently needed than food.

Subscriptions of 5s., or multiples of 5s., should be made payable to the Russian Doctors Relief Fund and sent to Mr. L. Ferris-Scott, the Financial Secretary of the Association, 429, Strand, London, W.C.2, who will acknowledge their receipt. The amount collected will be acknowledged week by week in the BRITISH MEDICAL JOURNAL, but not the names of individual subscribers.

We ask each of our readers who is looking forward to a happy Christmas to send something to help to keep alive medical men and women in Russia, who are striving to carry on their work under almost impossible conditions and in a spirit of devotion and self-sacrifice which is an inspiration to the profession the world over.

WILLIAM MACEWEN,
President.
R. WALLACE HENRY,
Chairman of Representative Body.
R. A. BOLAM,
Chairman of Council.
G. E. HASLIP,
Treasurer.

NOTES ON SMALL-POX.

BY

W. McCONNEL WANKLYN, B.A.CANTAB.,
M.R.C.S., L.R.C.P., D.P.H.

Differential Diagnosis between Small-pox and Chicken-pox.

THERE is no royal road to certainty in this subject, nor any rule of thumb upon which exclusive reliance can be placed; it is no more possible to recognize every case of chicken-pox by rule than that of any other disorder, the pathological manifestations in any given case being the result of the combination and reaction of various types of disease, skin, age, and occupation in varying degree and proportion. Experience must necessarily play a large part in the formation of an accurate diagnosis of the more difficult cases. Nevertheless, it is possible, and very material, for less expert observers to select, cultivate, and stress those points upon which sound experience may gradually be built up; to assist in that is the main purpose of this article.

In order to produce a clear impression at the beginning, a certain class of case which well illustrates certain leading features will be discussed. Allusion is made to those adult cases—often at first sight appearing formidable, though in reality they are not so—in which the diagnosis certainly rests between small-pox and chicken-pox. Long experience shows that in a majority—not all—of these cases their true nature can be demonstrated by the simple means of an actual count of parts of the rash. It is better known now than it used to be how in such cases the rash is frankly centripetal—that is, how it shuns the distal parts of the extremities and accumulates on their central parts and on the trunk; but it is not so well known how frequently this can be demon-

strated by a precise count; and this simple and most helpful factor it has long been my object to lay before my colleagues for their comfort and convenience. It is submitted that these facts should be known to every member of the profession, as no doubt in due course they will be, and included in all the medical textbooks.

An example or two will clear my meaning; the following have been taken at random from notes of some five hundred cases of varicella in which there was difficulty in differentiation from variola.

VARICELLA: COUNT OF SPOTS.

Case A.			
Right hand ...	4	Left hand ...	4
Right forearm ...	28	Left forearm ...	20
Right arm ...	97	Left arm ...	84
Face ...	...	...	(about) 130
Front of trunk ...	...	...	(about) 350
Case B.			
Right hand ...	0	Left hand ...	0
Right forearm ...	2	Left forearm ...	2
Right arm ...	11	Left arm ...	6
Face ...	...	...	59
Front of trunk ...	...	...	23
Case C.			
Right hand ...	0	Left hand ...	2
Right forearm ...	7	Left forearm ...	6
Right arm ...	13	Left arm ...	16
Face ...	...	...	54
Front of trunk ...	...	...	49

In the above the face means the mask of the face; and the front of the trunk is that space included between the lines of the clavicles and umbilicus and the anterior axillary lines. Such a count can usually be made in about five minutes; and not infrequently the patient or friends will check it.

It will be seen that the *relative* distribution is the same in each case; and in the majority of cases denotes the correct diagnosis to a certainty. Forty or fifty more such cases could be quoted did space permit.

When this relative distribution of the spots has been thus established, it is necessary to confirm or refute the evidence thus offered; for this purpose it is wise to refer to some tender and protected area of the skin, typically the flank, arm-pit, or chest. For this purpose the extremities should be avoided, and especially the face, a site on which the rash is more difficult to distinguish from that of variola than elsewhere.

In the flank or similar region will be found the most typical lesions of varicella; and there may be noted their superficial character, as estimated by rolling the lesions between the finger and thumb, the fact that the long axis lies parallel to the natural folds of the skin, the wrinkled outline and flaccid nature of the lesion.

When these two main features have been established—namely, the distribution and the character of the individual lesions—reference should be made to the condition of the patient just before the rash came out, great care being taken to arrive at the real facts. In one case lately the patient was able to show that she had attended a Girl Guides' function just as a copious rash was appearing; and in another the correct diagnosis was made for me by two bream which were swimming in a basin in the patient's scullery and had been caught by the patient during the stage of invasion of the illness; variola seldom permits of such diversions in the stage of invasion; varicella seldom forbids them.

If by this time the diagnosis still remains in doubt and there is no further opinion to consult, the development of the rash should be watched and noted from day to day; that usually is widely different in the two diseases, and as a rule points clearly to the true nature of the case.

Two more points perhaps once again may be mentioned. The best possible light must be insisted on; and the patient should be uncovered to the waist save for a shawl or other appropriate wrap.

These hints are the result of many years' experience, and have been found to be of the highest practical value. The method combines reliability with saving of time. For these reasons it is now offered to my colleagues as being, in this class of case, the most useful they can have.

Additional illustrative cases are as follow:

Case D: Chicken-pox.			
Right hand ...	0	Left hand ...	0
Right forearm ...	16	Left forearm ...	30
Right arm ...	46	Left arm ...	48
Face ...	...	...	106
Front of trunk ...	...	...	108

Case E: Chicken-pox.			
Right hand ...	0	Left hand ...	1
Right forearm ...	6	Left forearm ...	8
Right arm ...	15	Left arm ...	14
Face ...	...	...	20
Front of trunk ...	...	...	30
Case F: Chicken-pox.			
Right hand ...	2	Left hand ...	1
Right forearm ...	17	Left forearm ...	14
Right arm ...	34	Left arm ...	15
Face ...	...	...	40
Front of trunk ...	...	...	35
Case G: Small-pox.			
Right hand ...	42	Left hand ...	48
Right forearm ...	30	Left forearm ...	20
Right arm ...	25	Left arm ...	22
Face ...	...	...	150
Front of trunk ...	...	...	7

I should be glad of any similar notes of cases to add to my collection.

INTERNATIONAL HYGIENE.

WE have received from the Director of the Office International d'Hygiène Publique a summary of the proceedings of the last session of that Office in Paris, which has been prepared and circulated to delegates with the object of its publication in the medical or technical journals of the different countries. The Office International works in liaison with the Health Committee of the League of Nations. Since it came into existence in 1907 it has published a number of communications in its monthly *Bulletin*, where they appear together with the statements of sanitary laws, conventions, epidemic disease statistics, etc., which form the staple material of that publication. This is the first time, however, that it has made any public communication of the proceedings of a session.

This year's session of the Permanent Committee of the Office International d'Hygiène Publique was held from October 23rd to November 1st, under the presidency of M. Velghe (Belgium). The British delegate was Sir George Buchanan, and the other countries represented were: Chili, France, Norway, United States, Roumania, Switzerland, Poland, French West Africa, French Indo-China, Egypt, Persia, Netherlands, Portugal, Italy, Tunis, Australia, Morocco, British India, Kingdom of Serbs, Croats, and Slovenes, Algeria, Monaco, Union of South Africa, and Madagascar.

Revision of the International Sanitary Convention of Paris, 1912.

The Committee concluded its examination of the revised draft of the International Sanitary Convention of Paris of 1912. At its preceding sessions the Committee had already agreed upon its proposals regarding Chapter I of the Convention, which contains all the regulations concerning the measures required for prophylaxis of plague, cholera, and yellow fever. At the present session Chapters II and III came under consideration. These chapters (II, Special Provisions for Countries in the East and Far East, and III, Special Provisions for Pilgrimages) bear on the carrying out in Egypt of the regulations laid down in Chapter I, the sanitary regulations for shipping in the Near East, Red Sea, and the Persian Gulf, and the supervision of the pilgrimage to Mecca. It was not proposed that Chapters IV (Supervision and Practical Application) and V (Adhesions and Ratifications) should be subjected to any revision. In connexion with Chapters II and III it is pointed out that at the beginning of 1922 the Health Committee of the League of Nations sent a mission to study on the spot the organization of measures against epidemic disease in the Near East. This mission, in collaboration with the Sanitary Maritime and Quarantine Board of Egypt, prepared a scheme which was taken as the basis for the work of the Committee of the Office. The revised text of Chapters II and III will be transmitted to the French Government, as has already been done in the case of the revised text of Chapter I, in order that it may be communicated to the various Governments concerned with a view to the assembly of the next International Sanitary Conference, at which these proposals will be decided upon.

International Nomenclature of Diseases.

The nomenclature of diseases, as defined by an International Conference in 1900 for use in the compilation of nosological statistics, was revised in 1909, and in 1920, on the initiative of the League of Red Cross Societies, the French Government convened another International Conference with a view to a further revision. The international nomenclature, as laid