

nursed and fed. This is a very difficult condition to realize. I am now experimenting with an oxygen bed—an airtight chamber into which the bed and patient can be placed. An account of this I hope to give in a subsequent note.

These researches are assisted by a grant from the London Hospital Research Fund.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

SPHYGMOMANOMETRY AND PACHON'S OSCILLOMETER.

I was interested in Dr. Watson Wemyss's observations on Pachon's instrument (BRITISH MEDICAL JOURNAL, December 2nd, 1911, p. 1472). It may interest some of your readers to know my own experiences.

I have for some time been using this instrument, and have made several hundreds of observations with it during the season at Vittel and since at Beaulieu. In order to make it comparable I coupled it up with a Riva-Rocci mercurial manometer; we worked out a table of corrections, and these show very much higher readings for the Pachon than for the mercurial, and, like all instruments constructed on the anæroid principle, the errors are not proportionate. With the oscillogram it is quite as troublesome and uncertain to find the two critical points as with the Riva-Rocci. Furthermore, the time taken up in reducing the pressure to find these points is much greater, and if patients have high tension they complain a good deal of pain of the prolonged compression. I am about to try Oliver's auscultatory method for the Riva-Rocci, and a double armlet suggested by Amblard but not yet carried out, in which the lower cushion is used to determine by an indicator the first passage of blood through the arteries as the arm is decompressed by the upper cushion.

I think that the actual amplitude of the oscillations of Pachon's instrument may in the future give some valuable information, and I am collecting observations with that object.

The armlet of the Pachon is incorrect—first, on account of its narrowness, and, secondly, because the application to the forearm does not cut off the circulation between the radius and the ulna. I soon abandoned this, and replaced it by the broad armlet on the upper arm. The old strap method of fixing this I found took too much time, and was too fumbling a process. I tried glove pressure buttons, but the pressure on the arm, when closing them, was too painful for the patient. I then designed three blunt hooks and eyelet holes on a broad canvas strap, and this was carried out by Hawksley. It is ideal, being put off and on each in one movement. I find I economize one minute in each of these processes, which mounts up to near upon an hour when one has twenty or thirty observations to make of a forenoon.

Another question still unsettled is, What is an *average normal* blood pressure? I have adopted an empirical method which, though not scientifically correct, has working advantages. It is this: For every year of age after 15 allow 1 mm. of mercury, and add 100 to the number. Thus, a person 15 years old, 115 mm.; one of 35 years, 135 mm.; one of 60 years, 160 mm.

Beaulieu.

H. J. JOHNSTON-LAVIS.

CATARRHAL JAUNDICE OCCURRING IN EPIDEMIC FORM.

LAST summer I saw an outbreak of acute catarrhal jaundice among children, occurring in a small village in Suffolk, similar to that reported by Dr. Holdernes in the JOURNAL of December 9th, 1911, p. 1533.

The symptoms were the same in the majority of the 10 cases, namely, jaundice coming on suddenly, with slight rise of temperature and pulse-rate, pale stools, and bile in the urine. Slight pharyngitis was noticeable in each case, while vomiting occurred in only 3. As regards age, the eldest was 12 years old, and the youngest 6. In one family, all sleeping in the same room, only two contracted the disease.

The important point in these cases was the early occurrence of acute pharyngitis, which in every patient was getting better when the jaundice came on, showing,

I consider, the strong possibility of the pharynx being the primary point of infection. I have come across similar cases in the Fens of Cambridgeshire, and always, as in the present instance, in hot, dry summers.

Walsham-le-Willows. RALPH N. POIGNAND, M.B. Cantab.

TREATMENT OF GONOCOCCAL ARTHRITIS.

WHILE agreeing with Dr. J. Bain¹ in his contention that in gonococcal arthritis treatment of the urethra is of the first importance, I would like to supplement his remarks with regard to the best method of carrying it out.

That lavage of the whole urethra is by far the most effective local treatment is certain, but the solution of silver nitrate which he recommends—that is, 10 grains to the pint or about 1 in 1,000—is far too strong to begin with in the majority of cases. The fluid by the irrigation method fills the urethra under considerable pressure and is forced into all its nooks and crannies—lacunae, gland ducts, prostatic ducts, etc.—and while being very effective is also very painful. It is not uncommon to excite an immediate seminal emission, due probably to the fluid finding its way into the ejaculatory ducts. I consider that a strength of 1 in 5,000 (2 grains in the pint) is sufficiently strong to begin with, or even 1 grain in the pint in sensitive individuals. This can be rapidly worked up to 1 in 2,000, or 1 in 1,000 if necessary, in very resistant cases. London water destroys about 1 grain in the pint of silver nitrate, so that unless distilled water be used this should be allowed for in making up the solution. I am also of opinion that irrigation by the hydrostatic pressure method, the reservoir being raised about 5 ft. above the couch, is superior to that by any form of syringe, for the reason that the stronger solutions of silver nitrate are very liable to excite a spasm of the bladder in spite of the use of cocaine. This is evidenced by the fluid rising in the glass reservoir. On removing the nozzle from the meatus the patient will be found to be in the act of emptying his bladder. Again, in the more acute or irritable cases, a violent spasm of the bulbo-cavernosus muscle may occur, the spurting-out fluid forcing the nozzle away from the meatus, and unless the irrigator be held with a light hand an enormous tension in the urethra will ensue. In chronic conditions, no doubt, no evil result follows, but the same cannot be said of the acuter cases. Gonococcal rheumatism very frequently begins when the local disease is in a subacute and not a chronic condition. A large number of these patients have a varying amount of prostatitis, and a strong silver irrigation would undoubtedly be followed by an increase of the prostatic inflammation. A lavage with mild silver nitrate or potassium permanganate solution after a gentle massage of the prostate per rectum would be indicated. To ensure the gentleness of the proceeding $\frac{1}{2}$ drachm of a 2 per cent. eucaine lactate solution may be injected and "milked" back into the posterior urethra as indicated by Dr. Bain.

Great caution must be observed in commencing instrumental treatment in these cases of generalized gonococcal invasion, and they should not be used until the joint or other inflammation has partially subsided. The pressure caused by the use of a sound or a Kollmann's dilator, while securing the absorption of inflammatory deposits, also favours the entrance of living micro-organisms into the circulation. To minimize this evil the whole urethra should be thoroughly flushed with a warm 4 per cent. solution of boric acid or a 1 in 10,000 mercury oxycyanide before the use of the instrument, and the usual silver nitrate or permanganate after.

London, W.

W. WYNDHAM POWELL, F.R.C.S.

NERVOUS RETENTION OF URINE.

A YEAR or two ago it occurred to me that in certain cases of retention of urine—hysterical and after labour—a rectal injection of glycerine might be efficacious, and since then, when such cases have occurred, I have tried the plan with success. I am reminded of it by a district nurse telling me she found it "a great success" after trying it, on my instructions, in a case of retention after labour.

For all I know, the idea may not be new, but I have not heard of it.

HARFORD EDWARDS, L.R.C.P., M.R.C.S.

Markyate, near Dunstable.

¹ BRITISH MEDICAL JOURNAL, December 30th, 1911, p. 1695.

General Hospital, but neither he nor the house-surgeon, Dr. Black, could find a trace of serious injury. Tomlinson walked home and the next day paralysis set in. He was taken back to the hospital, where he remained a month, and the paralysis disappeared. He was discharged cured, but still suffered pain, and was an out-patient for two years. He had been unable to do any work. Dr. Black, who had examined the man recently, found evidence that his back was broken, and said that a skiagram showed unquestionably that the spine was fractured. In his opinion the man ought not to do any manual work, or the spine might be ricked and he might fall dead. Dr. Anderson, called on behalf of the colliery company, said he could see nothing in the skiagram showing a broken back. He thought the man was suffering from stiffened muscles, through being kept still so long. Suitable exercise would do him good. He was in splendid general health.

Judge Allen, who was assisted by a medical referee, thought the man not wholly incapacitated, and awarded him 15s. weekly.

Operation or Reduced Compensation.

The case of *Dixon v. Houghton Colliery* (Durham, October 23rd) shows that a county court judge has very considerable powers which he may exercise if a workman will not consent to a reasonable operation. It appeared that the applicant, on April 12th, 1910, had one of his fingers broken and another lacerated by a fall of stone. He was paid 13s. 9d. a week, and a house and coals allowance until May 1st, 1911. He underwent an examination by Dr. Morgan, of Sunderland, and the company reduced the compensation to 2s. 6d. a week, along with house and coals allowance. The respondents declared that the applicant had refused to undergo a simple operation, which would help him to perform his work. Dr. Martin stated that he examined the applicant and found his heart was affected. If the operation was one of necessity and not of convenience he would recommend it, and ask his client to take the risk, which was a substantial one. Dr. Morgan, for the respondents, said there was an appreciable risk by the operation, but he, personally, would undertake it.

His Honour gave judgement for plaintiff for the payment of 13s. 9d. a week from May 1st, and that from now the payment be reduced to 5s. per week.

Finality of a Medical Report.

An important decision was given in the First Division of the Court of Session on October 28th in a stated case involving the question of the finality of a medical report. The claimant, John Walker, sought compensation under the Workmen's Compensation Act, 1906, from the Fife Coal Company. In April, 1910, Walker fractured his leg while employed at respondents' pit. He was then receiving 14s. per week as compensation from another company in respect of partial incapacity due to a previous accident. In respect of this second accident the respondents paid him 6s. weekly, the two sums making full compensation of 20s. He returned to work with respondents on November 12th, 1910. In March, 1911, the question of his fitness for work in respect of his fractured leg was remitted to a medical referee, whose report was to the effect that Walker was suffering from shortening of the leg, that the fracture had been soundly healed, that a good useful leg was the result, that his condition was such that he was able to work as a miner, that there was some thinning of the muscles, but these would undoubtedly strengthen up with work, and that the limb should be quite as strong as the sound one. The appellant lodged answers, in which he said his leg was still weak and painful, and swelled on exertion, and that he had not fully recovered its use.

Sheriff-Substitute Umpherston refused proof on the grounds that the referee's report meant that the appellant's physical condition was as good as it was before the second accident; that that report was final; and that any incapacity for work must therefore be attributable to some other cause. He therefore terminated the appellant's right to compensation in respect of the second accident.

The Division held that the Sheriff-Substitute was right in holding that the medical referee's report was final, and that, therefore, the appellant's right to compensation had come to an end.

The Services.

SOUTH WALES MOUNTED BRIGADE FIELD AMBULANCE.

THE annual dinner and smoking concert of the South Wales Mounted Brigade Field Ambulance took place at the Imperial Café, Hereford, when a most successful and enjoyable evening was spent. Lieutenant-Colonel J. R. J. Raywood, the officer commanding, presided, and was supported by Captain J. Griffiths. The work done by this unit in 1911 included an Easter camp at Ledbury, annual brigade training at Bulth, and camp at Carnarvon. Three officers and eighteen non-commissioned officers and men attended special courses at the Royal Army Medical Corps school of instruction, Cardiff, and one officer and three men the Army Service Corps dépôt, Manchester. The strength of the unit is 115 non-commissioned officers and men and 4 officers. The training this year is at Porthcawl, South Wales.

Medical News.

DR. G. OKELL of Winsford has been appointed to the Commission of the Peace for Cheshire.

THE Chelsea Hospital for Women has received £250 from the executors of the late Mrs. Barnato, given under the exercise of their discretionary powers.

THE Orient Line Steamship *Otway*, which left London last week, is the first steamer of the line to call at Toulon, thus giving an all-sea route to the Riviera.

THE annual dinner of the West London Medico-Chirurgical Society will be held in the Wharnclyffe Rooms, Hotel Great Central, Marylebone Road, N.W., on Thursday, February 8th.

A MEETING of the general council of King Edward's Hospital Fund for London was held on January 8th. The resolutions approved at the December meeting, regarding work during the current year, were formally adopted and the names of those appointed to committees by the Governors read out.

THE annual general meeting of the Harveian Society of London, which took place on January 4th, was followed by a successful smoking concert. In the course of the evening Mr. Ernest Lane, the outgoing President, delivered an address on the unity of the medical profession. It already possessed a powerful organization in the shape of the British Medical Association, and all should join this body. The new President is Dr. H. J. Macevoy; the Honorary Secretaries are Drs. D. W. Carmalt-Jones and G. de B. Turtle.

DR. LEONARD HILL'S pictures fill two rooms at the Baillie Gallery, Bruton Street, W. At his last exhibition most if not all were oil-paintings; in this many, and the most interesting, are water-colours; all of these are landscapes, unless ducks on a shady pond flecked with sunlight are to be put into some other class. He has the uncompromising boldness in the translation of colour which derives from Japan, and, in his studies of birds, the Japanese desire to give movement, and attitude rather than mere form. His art appeals to the Japanese, and one of his paintings was purchased not long ago for presentation to the Governor of Formosa. The collection is enough to prove that Dr. Hill might have earned as high a distinction as an artist as he has won as a physiologist. The exhibition remains open until January 29th.

THE ninth annual congress of the Association Internationale de Perfectionnement Scientifique (A.P.M.), which is under the high patronage of the French Government, will take place in August next (3rd to 31st) in the Balkans, in Turkey, and in Greece. The congress will be opened in Evian-les-Bains or Thonon-les-Bains (Lac de Genève), and will be continued at the following places: Venice (via Simplon), Trieste, Grottes d'Adelsberg, Agram, Belgrade, down the Danube, Passes de Kazan, the Iron Gates, Bucharest, Sofia, Constantinople, Mytilene, Smyrna, Athens, Phaleron, Eleusis, Corinth, Olympia, Corfu, Bologna (via Brindisi). The last meeting will be held at Aix-les-Bains. Those wishing to present communications on subjects belonging to the domains of general and special medicine, surgery, and the cognate sciences, hygiene in all its departments, prophylaxis and public assistance, are requested to intimate their intention to the President, Head Office, A.P.M., 12, Rue François-Millet, Paris XVI. The General Secretary of the congress is Dr. Ghislain Housel.

IN the *Sleeping Sickness Diary* of the Nyasaland Protectorate (Part xv, October 12th, 1911) Dr. Barclay, Acting Principal Medical Officer, gives an account of an attempt to treat cases of sleeping sickness with salvarsan. The preparation was tried in 5 cases, the dose being in one case 0.4, in two 0.5, and in two 0.6 gram. The injections were all given intramuscularly and each was divided, half being injected into each buttock; a neutral suspension of the drug with caustic soda in distilled water was employed. Local pain—in some cases referred to the feet—resulted in all patients, but in no case did it seem severe. In two of the cases a brawny infiltration occurred at the site of injection, without, however, any evidence of abscess formation. None of the cases showed the slightest signs of any improvement. One died fourteen days after injection, another three weeks after, and two others at later dates; the fifth patient was becoming progressively worse. Dr. Barclay believes, therefore, that salvarsan is useless in advanced cases of sleeping sickness, though he thinks it might be tried in early cases of trypanosomiasis and in early cases of sleeping sickness.

NOTIFICATION OF DIPHTHERIA.

M.O.H.—It is certainly prudent for a medical practitioner to notify a case of diphtheria in a patient if Klebs-Loeffler bacilli have been found, even though there be no very pronounced clinical signs. The medical officer of health will then know where to look for carriers.

PUBLIC FOUNTAIN.—There is no doubt that there is some risk attached to the use of a common drinking cup connected with a public fountain. In order to minimize this risk the "Crystal Stream" drinking fountain, first introduced in America, and made in this country by Messrs. Doulton, has been used. It is in the form of a pedestal. The nozzle of the supply pipe is oval shaped, with all surfaces smooth, so that the risks of the adhesion of saliva or the lodgement of disease germs are diminished. A slight pressure of the hands on the ring opens the supply valve, when the water bubbles up from the nozzle. Upon the pressure on the ring being withdrawn the valve closes. By means of a regulator the outflow from the nozzle may be controlled as the pressure in the main varies. Mischievous persons cannot squirt water by pressing the fingers over the jet, nor is there so much risk of damage to a drinker's face following a sudden blow on the back of his head. There is no waste of water, as it flows only when being used. Dr. Charles Porter, the Medical Officer of Health of St. Marylebone, has, however, raised the objection that with this type of fountain air may be swallowed when drinking, and that it is impossible to see gross impurities which may be present, and would be noted if the water were in a vessel and could be looked at before it was drunk.

Universities and Colleges.

UNIVERSITY OF EDINBURGH.

ANNUAL REPORT FOR 1911.

Numbers of Students.

DURING the past year the total number of matriculated students (including 630 women) was 3,421, being 55 more than last year. Of these, 1,301 (including 580 women) were enrolled in the Faculty of Arts; 426 (including 20 women) in the Faculty of Science; 1,353 (including 19 women) in the Faculty of Medicine. The number of students in the Faculty of Science exceeds by 44 that for 1910, and is the highest number ever reached. Of the students of medicine 593, or nearly 44 per cent., belonged to Scotland; 265, or nearly 20 per cent., were from England and Wales; 91 from Ireland; 99 from India; 256, or nearly 19 per cent., from British colonies; and 49 from foreign countries. These figures showed that the proportion of non-Scottish students of medicine was well maintained, in fact was slightly higher as compared with 1910. The number of women attending extra-academical lectures, with a view to graduation in medicine in the university, was 59.

Degrees Conferred, etc.

The following degrees were conferred during 1911: Bachelor of Science (B.Sc.), including 3 who received the recently instituted degree in forestry, 63 (the highest number ever reached); Doctor of Science (D.Sc.), 5; Bachelor of Medicine and Master in Surgery (M.B., C.M.), 1; Bachelor of Medicine and Bachelor of Surgery (M.B., Ch.B.), 164; Doctor of Medicine (M.D.), 72; Master of Surgery (Ch.M.), 2. The General Council of the university now numbers 11,556. The Diploma in Tropical Medicine and Hygiene was conferred on nine candidates.

Scholarships, etc.

The total annual value of the University fellowships, scholarships, bursaries, and prizes now amount to about £18,900, namely, in the Faculty of Science, £1,590; in the Faculty of Medicine, £3,910. A number of bursaries are in the gift of private patrons, but the great majority of the university bursaries, prizes, etc., are awarded by the Senatus after competitive examination. In addition to the above, a sum of upwards of £660, being the income of the Earl of Moray Endowment Fund, is annually available for the encouragement of original research.

Lectureships, New Courses, etc.

A number of new lectureships have been instituted by the University Court. Among them is the Barclay and Goodsir Lectureship in Comparative Anatomy, founded on a legacy by the late Miss Mary Dick, now amounting, with accumulations thereon, to over £12,000. Dr. O. C. Bradley, Principal of the Dick Veterinary College, has been appointed first lecturer. The other lectureships deal with the following subjects: Genetics, in which subject Mr. A. D. Darbishire, M.A., the first lecturer, is shortly to give a course of instruction; Mycology and Bacteriology (associated with the Department of Botany), to which Mr. Malcolm Wilson, B.Sc., has been appointed; and Agriculture, in which the lecturer is Mr. J. A. S. Watson, B.Sc.

The university has instituted a Diploma in Psychiatry; and courses of instruction—chiefly to be given by existing teachers of the university—have been arranged for the following subjects: Anatomy of the Nervous System; Physiology, Histology, and Chemistry of the Nervous System; Pathology of the Brain and Nervous System; Practical Bacteriology in its Relations to Mental Diseases; Psychiatry, Systematic and Clinical; Psychology, including Experimental Psychology and Clinical Neurology.

Accommodation was again given in August by the university authorities for a scheme of vacation courses in modern languages; also, in September, for a scheme of post-graduate courses in medicine held under the joint auspices of the university and the Royal Colleges of Physicians and Surgeons, and both of these schemes proved highly successful.

New Ordinances.

In May last the sanction of His Majesty-in-Council was given to the Ordinance of the University Court of the University of Edinburgh, No. 12 (Regulations for Degrees in Medicine); and the Ordinance came into operation at the beginning of the current winter session. The principal changes which the Ordinance introduced were the permission given to students to appear for the examination in Anatomy and Physiology at the end of the second year of study, and in Pathology and Materia Medica at the completion of the third year.

Personal Changes.

It is with sincere regret that reference is made to the death of the distinguished surgeon, Dr. Joseph Bell, who was for many years one of the representatives of the General Council on the University Court, and who brought to the deliberations of that body a wide knowledge of affairs and a keen interest in the welfare of the university. Dr. Bell was also one of the representatives elected by the University Court on the Board of Curators of Patronage. In this latter office he is succeeded by Dr. D. F. Lowe, while Dr. George A. Berry fills his place as one of the representatives of the General Council on the University Court. Mr. John Tait, D.Sc., M.D., has been appointed Lecturer in Experimental Physiology, in succession to Dr. W. A. Jolly, resigned; and Mr. T. J. Johnston, M.B., as second Lecturer in Anatomy, in succession to Mr. R. B. Thomson, resigned.

Parliamentary Grant, Benefactions, etc.

The Carnegie Trust for the Universities of Scotland continues to make appropriate provision for some of the needs of the university, especially in regard to the endowment of lectureships, the purchase of books for the library, buildings, permanent equipment, and apparatus; while of the large sum devoted by the Trust to the payment of class fees, about one-third comes to Edinburgh students. Intimation has been made of a bequest to the university by the late Miss Margaret Wardlaw of £2,000 (to be supplemented by other sums), to be called, in memory of her late brother, "The D. R. Wardlaw Memorial Bequest," and to be for behoof mainly of indigent and deserving students who may be temporarily incapacitated from pursuing their studies in consequence of illness or personal injury. Note has to be made of a sum of £320, being balance of the Chiene Portrait Fund, to provide annually a sum of money and a bronze medal, to be called "The Chiene Medal in Surgery"; a bronze replica of a silver medallion presented to Professor Chiene by his old house-surgeons; and a bronze medallion portrait of the late Professor Cunningham presented to the Department of Anatomy by the subscribers. Mr. Henry S. Wellcome, of London, has intimated his intention of presenting annually to the University of Edinburgh, for the purpose of encouraging original research in the history of medicine, a gold medal, together with a grant of £10, and a silver medal with a grant of £5 for the best essays on that subject.

The Library.

The additions to the University Library for 1911 numbered 4,725. The recataloguing of the library on slips having been finished in 1906, the question as to the final revision of the entries, the insertion of cross-references, and the printing of the catalogue will have to be seriously considered at a near date. No funds are yet available for this purpose, but it is hoped that some generous donor may ere long be found willing to associate his name with this important work.

UNIVERSITY OF BIRMINGHAM.

The following candidates have been approved at the examination indicated:

FINAL M.B., Ch.B.—J. H. Bampton, R. B. Coleman, C. C. C. Court, P. A. Newton.

CONJOINT BOARD IN ENGLAND.

The following candidates have been approved at the examinations indicated:

FIRST COLLEGE (Part I, Chemistry; Part II, Physics).—T. B. Bailey, *H. S. Baker, *G. A. Beyers, J. L. D. Buxton, H. G. R. Canning, *R. G. J. Charlesworth, *E. A. Clegg, O. F. Conoley, *L. H. Dardier, *D. M. Dickson, *C. H. Fischel, *J. T. T. Forbes, *W. V. Gabe, *W. O. Holst, *R. F. Jarrett, *H. D. L. Jones, *T. L. Kan, *G. Kinneir, *R. D. Langdale-Kellham, *W. U. D. Longford, *F. B. Matthews, *R. G. Mayer, *R. S. Millar, *A. L. S. Payne, *R. I. Rhys, *T. H. Rhys, *G. C. Robinson, *E. J. G. Sargent, *F. G. L. Scott, *M. M. Shafi, *C. M. Slaughter, *A. Sunderland, *R. O. Townend, *G. W. Wheldon, *H. E. P. Yorke.

* Passed in Part I only. † Passed in Part II only.

FIRST COLLEGE (Part III, Elementary Biology).—D. H. Anthony, N. A. H. Barlow, A. Bishara, L. G. Blackmore, G. L. Cutts, G. Dayal, A. B. Dummere, J. H. C. Eglington, J. T. T. Forbes, W. N. Harrison, C. G. Hooper, R. F. Jarrett, C. H. Jenkins, H. D. L. Jones, P. R. E. Kirby, E. M. Litchfield, R. S. Millar, S. G. Moftah, L. W. Moore, G. V. Richards, E. J. G. Sargent, R. Singha, E. L. Stephenson, E. W. Terry, R. O. Townend, C. P. G. Wakeley, H. G. Watters.