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READERS in search of a particular subject will find it useful to bear in mind that the references are in several cases distributed under two or more separate but nearly synonymous headings—such, for instance, as Brain and Cerebral; Heart and Cardiac; Liver and Hepatic; Renal and Kidney; Cancer and Epithelioma, Malignant Disease, New Growth, Sarcoma, etc.; Child and Infant; Bronchocele, Goître, and Thyroid; Diabetes, Glycosuria and Sugar; Light, Roentgen, Radium, X Rays; Status Lymphaticus and Thymus; Eye, Ophthalmia and Vision; Bicycle and Cycle; Motor and Automobile; Association, Institution, and Society; Paris, France; Berlin, Prussia, Germany; Vienna, Austria, etc. To still further assist the reader, subjects dealt with under the various main headings in the JOURNAL have been set out in alphabetical order under their respective headings—for example, "Act Workmen's Compensation," "Correspondence," "Leading Articles," "Literary Notes," etc.; while under "Original Articles," will be found a list of those who have contributed papers on scientific and clinical subjects, with the title of their contributions.

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fall is not gradual, as in that of the accelerated normal rhythm; it is abrupt, as is the fall in all tachycardias which have abnormal starting points; the change occurs with one heart-beat; the fall comes when the new rhythm vanishes and the old rhythm is resumed (Fig. 14).

The necessity for a clear analysis of the heart action may be further illustrated by the same group of cases. We are dealing perhaps with a case in which auricle and ventricle are beating regularly at 240 and 120 respectively. Alternate auricular impulses alone reach the ventricle and stimulate its contraction. Suppose that this patient is placed upon digitalis. When the drug is administered the pulse is 120 and regular. Digitalis, by increasing the grade of block, may reduce this pulse-rate to 60; under these circumstances it does not reduce the auricular rate, which remains at 240; but it further impedes transmission, so that whereas one impulse in two originally awakened ventricular response, after its administration one impulse in four finds a passage. Thus, though the pulse-rate has reached normal limits, the true heart-rate is as it was before. But before the ratio 240 : 60 (or 4 : 1) is established, the heart passes through a transitional period, during which cycles of 2 : 1 and 4 : 1 ratios are mixed, and the pulse therefore becomes very irregular. *The development of this irregularity*, when the pulse-rate falls from 120 to 100 or 80 and while the patient is upon digitalis, *is a favourable sign*, for it is an indication that the heart is reacting to the drug, and a further fall of pulse-rate and a return to the regular state may be predicted with some confidence if the drug is continued or its dosage increased.

Paradoxical as this conclusion may seem at first sight, and untenable as it would appear were the analysis of irregularities impossible, it is none the less true. It serves to illustrate that conclusions which apply to one form of heart action do not apply to another, and emphasizes the necessity that the mechanism of the beat should receive thorough investigation.

(*To be continued.*)

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

A NOTE ON "GRANULE-SHEDDING" IN TREPONEMA PERTENUE.

SEVERAL examinations of the spirochaete of yaws have been made here by the dark ground illumination. The spirochaete is of very delicate character, and varies in length from two to three diameters of a red blood corpuscle. In the majority of instances small spherical highly refractile "granules" are present—usually terminal—one at either end; others may be seen in the course of the spirals, but these gradually gravitate towards a pole.

After prolonged observation extrusion of these granules was observed.

This spirochaete does not show the "corkscrew" action of *T. pallidum*, nor is there any translation across the field. It exhibits, however, a lateral vibratory movement, and, presumably by means of this, the "granule" is shot with some force from the body of the spirochaete into the surrounding medium. Immediately after extrusion it is stationary, but soon it begins to make its way through the surrounding fluid, apparently turning over and over on itself. Motility is distinct, but I have not seen any suggestion of a flagellum.

The extrusion of this "infective granule" is a very striking phenomenon, and its occurrence in yaws may be of interest, following, as it does, on the work of Balfour[1] on syphilis and spirochaetosis of Sudanese fowls, and his observation on "granule-shedding" in these conditions.

H. S. RANKEN,
Yei, Lado Enclave, Sudan. Lieut. R.A.M.C., attached E.A.

NOTE ON THE OCCURRENCE OF A SPIROCHAETE IN CIRCOPITHECUS RUBER.

IN the course of examination, by dark ground illumination, of the blood of a *Circopithecus ruber*, experimentally infected with *Trypanosoma gambiense*, a spirochaete was observed.

This spirochaete was short and thick—roughly 8 to 12 μ in length—and showed active movement and progression across the field. Spherical terminal refractile dots were present, but extrusion of granules was not observed.

Castellani and Chalmers[2] describe *S. macaci*, and *S. pitheci* was observed by Thiroux and Dufougere[3] in *Circopithecus patas* in Senegal.

This monkey was captured in the Lado Enclave, Sudan.

H. S. RANKEN,
Yei, Lado Enclave, Sudan. Lieut. R.A.M.C., attached E.A.

[1] Balfour: BRITISH MEDICAL JOURNAL, May, 1911. *Fourth Report Wellcome Tropical Research Laboratories, 1911.*

[2] Castellani and Chalmers: *Manual of Tropical Medicine.*

[3] Thiroux and Dufougere: *Bulletin Soc. Path. Exotique.*

Reports of Societies.

EDINBURGH OBSTETRICAL SOCIETY.

Wednesday, June 12th, 1912.

Dr. HAIG FERGUSON, President, in the Chair.

Axial Rotation of the Myomatous Uterus.

PROFESSOR KYNOCH, in a communication on this subject, recorded the case of an unmarried woman, aged 56 years, who had been aware of an abdominal tumour for twelve years. A month before admission to hospital she had been suddenly seized with acute pain, retention of urine, and extreme constipation. The abdomen was the size of a seven months pregnancy, and the condition resembled a concealed uterine haemorrhage. At operation the tumour was found to be dark purple in colour from haemorrhage into its substance, and the cervix formed an elongated pedicle as thick as a finger, with two and a half twists from left to right. The fibroid grew from the top of the uterus. The tubes and ovaries participated in the torsion. It was suggested that pain associated with a fibroid might, more frequently than was supposed, be due to a slight degree of torsion.

Dr. BARBOUR asked if the dark colour was due to actual haemorrhage into the substance of the tumour or to transudation of blood pigment, as occurred in necrobiosis.

Dr. HAULTAIN inclined to the opinion that the specimen was an example of necrobiosis. In a case reported by him two years ago the cervix did not form a pedicle, but the whole organ was twisted.

Dr. FORDYCE said that on section of some fibroids vessels were seen, which might give rise to considerable haemorrhage. The specimen looked like a marked example of necrobiosis. That form of degeneration frequently occurred during pregnancy and the puerperium.

The PRESIDENT asked if the specimen was as dark at the time of removal . He had never seen such severe symptoms in axial rotation. He mentioned a case in which he had removed during pregnancy a twisted subperitoneal fibroid showing necrobiotic changes.

Professor KYNOCH said he appreciated the resemblance to red degeneration of a fibroid, but the specimen was almost black on removal, the cut surface was uniformly dark, and blood oozed from it.

Ectopic Gestation: Difficulty of Diagnosis.

Dr. F. W. N. HAULTAIN read notes on two cases of ectopic gestation in which the diagnosis was difficult. In the first the patient, 25 years of age, had had one child five years previously. In the second pregnancy her doctor had diagnosed a sacculated retroverted uterus. The fetal head was felt at the top of the tumour, 2 in. above the umbilicus. No symptoms had occurred except severe pains on two separate days, and then fetal movements stopped. As her pulse-rate and temperature were high, two gum-elastic bougies were introduced to induce labour. They went in for a distance of 8 in., and could be felt near the apex of the swelling. Labour pains started four days later, but the uterus was found to be empty. When the abdomen was opened the sac was found closely adherent to the intestine; inside it was a fetus 3 lb. 9 oz. in weight. The uterus was pulled high up by the sac, the increase in length to 7 in. being mainly due to elongation of the lower uterine segment. In it lay a semi-detached cast. In the second case the patient was married in October, 1910, and two months later, after one week's amenorrhoea,

nerve. His Honour held that the loss of sight was due to the mosquito bite, but said he did not think applicant was exposed to special risks from mosquitos beyond those to which other people who had cause to go to the West Indies were subjected. He found in favour of the respondents.

Chimney-Sweep's Cancer.

In Rogers *v.* Westminster Colliery Company (April 24th) application was made for an award against the Westminster Colliery Company in respect of incapacity arising out of an industrial disease alleged to have been contracted through following the occupation of a collier.

The applicant was certified by Dr. J. E. H. Davies to be suffering from epithelioma, commonly known as chimney-sweep's cancer. In his opinion Rogers had contracted the disease through working as a collier. In cross-examination Dr. Davies said he had never met with epithelioma in a collier before, whilst Dr. Moss said that this was the second case in his experience so far as a collier was concerned. Dr. Moss further stated that the disease was not now common. It was peculiar to chimney-sweeps years ago, when they had to climb inside chimneys. In the present case the symptoms were quite consistent with the man's having contracted the disease in following his employment.

On behalf of the respondents, it was contended that there was no liability, because epithelioma, though extending in the schedule to the process of chimney sweeping, did not extend to the process of coal mining. The applicant's argument, in reply, was that all the diseases in the schedule could apply to any employment, whether the cause and effect were directly associated in the schedule or not.

His Honour thought the applicant was right in submitting that he was not excluded from the provisions of the Act merely because the disease was not contracted in the process of the work mentioned in the parallel column opposite to "Epithelioma." The burden of proof having shifted upon the applicant that this disease had been contracted by him as a miner, he (His Honour) did not think the evidence satisfied him that the applicant had discharged these circumstances. The award would be in favour of the respondents.

Obituary.

IT is with great regret that the death is announced of Dr. C. G. KNIGHT, of Chorlton-cum-Hardy, Manchester, as the result of a bicycle accident. On the evening of June 22nd Dr. Knight attended to his evening surgery at Chorlton-cum-Hardy, and then started to ride on his bicycle to Penistone, where he intended to stay with some relatives for the week-end. The ride involves the crossing of the Pennine range of hills, with some sharp ascents and descents, and it was near the foot of one of these descents on the Yorkshire side of the hills that the accident occurred, two cyclists finding him lying unconscious on the road near his machine. The cyclists at once rode back to Penistone for assistance, and Dr. Wilson motored to the place, only to find that nothing could be done, as Dr. Knight had sustained a fatal injury to the head. The body was removed to Penistone, being identified from markings on his linen and from a slip of paper in a bag which he carried. Dr. Knight graduated at Belfast in 1906, and afterwards held the post of house surgeon at the Belfast Maternity Hospital. He settled in Manchester about two years ago in general practice, and during that time took an active interest in the work of the Manchester West Division of the British Medical Association, of which he was elected honorary secretary only a few weeks ago.

DEPUTY SURGEON-GENERAL WATSON, M.D., I.M.S., died at his residence, The Lee, Corstorphine, near Edinburgh, on June 16th. This distinguished officer was born at Aberdeen in 1832, his father being the late Sheriff Substitute Watson of that city. He graduated at Aberdeen University, and he entered the service of the East India Company as assistant surgeon in 1853. He served through the Mutiny, and, while in charge of the staff station at Mynporri, distinguished himself in an engagement at Agra, where disaffection had broken out and a fight had taken place. The native troops were on the point of retreating with their guns, when, unfortunately, the English guns ceased firing owing to the ammunition having become exhausted. The mutineers, guessing what had happened, returned rapidly, and a heavy fire forced the English troops to retire on the fort. During the retreat a European soldier fell, severely wounded. General Watson observed the main position, and, as all conveyances for removing the sick were engaged at the time, realized that only immediate action would save the soldier's life. He retraced his steps alone, and, lifting the wounded man on his back, carried him safely to the fort. Watson's work in fighting cholera in India was well known. He returned to Scotland in 1883, and was closely identified with a number of scientific and philanthropic bodies in Edinburgh. He was for many years a member of the Botanical Society, and until a year or two ago regularly attended the meetings and excursions, and interested himself generally in the society's work. He was also a member of the Field Naturalist's Society, and acted as honorary secretary to the Hellenic Club for many years.

Universities and Colleges.

UNIVERSITY OF CAMBRIDGE.

Degrees.

THE following degrees have been conferred:

M.D.—E. A. Shaw (not A. E. Shaw as previously stated), A. E. Carsberg, F. Clayton, J. P. Buckley.
M.C.—L. J. Austin.
M.B., B.C.—H. M. M. Coombs.

The following candidates have been approved at the examinations indicated:

SECOND M.B., PART I (*Anatomy and Physiology*).—G. F. V. Anson, J. V. Bates, C. C. Brewis, E. L. Caldwell Smith, M. T. Clegg, S. J. Cowell, C. D. Day, J. Fairbrother, H. Gardiner Hill, H. L. Garson, G. L. Grant, G. Habgood, R. Hargreaves, W. Hillbrook, P. K. Liang, J. B. McFarland, C. R. Mackenzie, T. W. Melhuish, N. F. Norman, C. C. Okell, G. Y. Oliver, J. H. Parry, J. S. Pooley, R. A. W. Procter, W. Raffle, T. S. H. Shäfer, E. J. Selby, J. A. B. Snell, T. T. B. Watson.

THIRD M.B., PART II (*Old Regulations*), *Surgery, Midwifery and Medicine*.—W. B. Alcock, G. V. Bakewell, A. H. Birks, A. E. Bonny, J. S. Burn, E. G. S. Cane, J. W. H. Chun, J. W. Dew, G. E. Dyas, R. Ellis, J. Ellison, W. J. Fison, A. C. Gemmell, E. F. W. Grellier, J. B. Hance, J. M. Jarvie, W. L. Johnson, A. Kennedy, R. S. Kennedy, B. H. C. Lea-Wilson, J. R. Marrack, G. Moore, R. S. Morshead, W. M. Oakden, J. H. Pendered, W. S. Perrin, C. H. G. Philp, H. B. Pope, E. Rayner, C. E. Redman, F. H. Robbins, F. G. Rose, G. N. Stathers, C. R. Taylor, C. B. Wainright, H. K. Waller, Ll. McI. Weeks, J. B. A. Wigmore, R. W. Willcocks, H. F. Wilson, J. Winterbotham, C. Worster-Drought, C. R. Wright.

THIRD M.B. (*New Regulations*), PART I, *Surgery and Midwifery*.—P. W. Ransom, T. H. G. Shore, H. A. Williams. PART II, *Medicine, Pathology, and Therapeutics*.—Ff. Roberts, T. H. G. Shore.

THE UNIVERSITY OF MANCHESTER.

The Chair of Forensic Medicine.

THE Chair of Forensic Medicine and Toxicology at the Manchester University, rendered vacant by the death of Professor J. Dixon Mann, has been filled by the appointment of Dr. William Sellers, who is coroner for the Salford District of the county of Lancashire. Dr. Sellers is M.D.Lond. and D.P.H.Vict., and is also a barrister of the Middle Temple. From 1903 to 1912 he was Deputy Coroner for Manchester, and has been succeeded in that by Mr. Ernest Gibson, barrister. Dr. Sellers was Medical Officer of Health for Radcliffe between 1883 and 1900, when he gave up medical practice, and was called to the bar. He is the author of a *Handbook of Legal Medicine*, published in 1906.

TRINITY COLLEGE, DUBLIN.

THE following candidates have been approved at the examinations indicated:

FINAL M.B., Ch.B., B.A.O. (*Part II., Surgery*).—*A. Chance, *J. H. Counihan, *H. P. Harpur, H. G. Trayer, W. O. W. Ball, O. V. Burrows, E. C. Crichton, A. C. Redelinghuys, R. G. Flood, T. F. Breen, B. D. Crichton, R. H. C. Lyons, J. Colgan, R. E. Tottenham, R. Johnson, Marjorie Chapman, E. F. O'Connor, J. T. D. Higgins, P. Murphy, A. P. Draper, L. Shiel.

* Passed on high marks.

ROYAL COLLEGE OF PHYSICIANS OF IRELAND.

THE Licence in Midwifery has been conferred, after examination, on—

C. E. Bulteel, L.R.C.P., M.R.C.S.Eng. (1901).

CONJOINT BOARD IN IRELAND.

THE following candidates have been approved at the examination indicated:

D.P.H.—E. G. S. Cane, S. Child, (*with Honours*); H. V. A. Gatchell, J. F. Gibbons, R. Lewis, H. O'H. H. May, A. M. Watts.

Medical News.

THE Local Government Board in Scotland has issued regulations under the Rag Flock Act, 1911, similar to those issued by the Local Government Board in England, and referred to in the JOURNAL of last week, p. 1443.

MR. GEORGE BAXTER, of Shepherd's Bush, whose will has recently been proved, bequeathed £1,000 each to the West London Hospital, Middlesex Hospital, Westminster Hospital, and the National Hospital, Queen Square.

A VACATION course of clinical medicine will be given at the Hôtel-Dieu, Paris, by a staff of hospital and laboratory teachers under the direction of Professor A. Gilbert in the autumn. Beginning on Monday, September 23rd, it will last a fortnight. Those attending it will have the opportunity of making individual examinations of the patients, of reading the prescriptions, and making themselves familiar with the handling of apparatus, and laboratory work. They will be allowed to keep preparations made by themselves. A certificate will be given at the end of the course. The fee is 100 f. (£4), payable at the Secrétariat de la Faculté (Guichet No. 3).

THE annual meeting and launch party of the Brussels Medical Graduates' Association will be held on Saturday, July 13th, 1912. The saloon launch *Empress of India* will start from Maidenhead at 12.30 p.m., returning about 8 o'clock. The launch is provided with a cabin and an awning, so that weather conditions are immaterial. There will be a piano on board. The train leaves Paddington at 11.15 a.m. for Taplow, which is the nearest station to Maidenhead Bridge. Railway tickets at reduced fare may be obtained from the Honorary Secretary. Tickets, 12s. 6d. each, to include launch, luncheon (not including wine), and tea, may be obtained from the Honorary Secretary, Dr. Arthur Haydon, 23, Henrietta Street, Cavendish Square, W. Early application for tickets is essential. All graduates of the University of Brussels will be welcome.

AT the annual dinner of the Medico-Legal Society on June 20th the toast to the society was moved by Sir Samuel Evans, President of the Probate and Divorce Division of the High Court, who congratulated the society on its existence, and showed that it fulfilled a useful part in the world. Recent events had proved that the medical profession, if it were properly organized, could take good care of itself, and he hoped there would be a satisfactory solution of questions which were at present exercising the minds of many of its members. The responsibility of medical men who appeared in the courts as witnesses was very great. There was, perhaps, a tendency among them to forget that their work on such occasions was not to advocate the views of either one side or the other, but to assist the court in determining the truth. When it was clear that they remembered this, very great weight was attached to their evidence. In recent years great advances in medicine, and especially surgery, had been made. Many of them were due to the work of the late Lord Lister, whose life, it seemed to him, had proved more useful to the nation than that of any individual produced by it during the last one hundred years or more. The toast was acknowledged by Sir John Tweedy, who said that, though the society was named "medico-legal," its membership included rather more lawyers than doctors. It dealt with subjects lying on the borderland between the work of both professions, and the discussion on the Food and Drugs Act at its last meeting was one of the most interesting debates to which he had ever listened. Many of the subjects commonly discussed were primarily of medical interest, and he had often been struck by the acumen shown by the legal members in seizing on the outstanding points. In dealing with many subjects the medical and legal members of the society exhibited like mental tendencies, but on others a difference was apparent between them. A case in point was the Workmen's Compensation Act, in regard to which the medical members showed a certain degree of scepticism, and the lawyers a like degree of credulity. The toast to the guests—who included Sir Thomas Barlow, President of the Royal College of Physicians; Sir J. Rickman Godlee, President of the Royal College of Surgeons; Sir Henry Morris, President of the Royal Society of Medicine; Sir David Ferrier, and Dr. Mitchell Bruce—was proposed by Earl Russell. The evening concluded with a toast to the President, which was proposed by Sir Rickman Godlee. In acknowledging it Sir John Tweedy expressed the indebtness of the society to its executive officers—namely, the honorary treasurer, Mr. Walter Schröder, and the honorary secretaries, Mr. Roland Burrows, M.A., LL.D., and Mr. J. Howell Evans, M.A., F.R.C.S.

Letters, Notes, and Answers.

ORIGINAL ARTICLES and LETTERS *forwarded for publication are understood to be offered to the* BRITISH MEDICAL JOURNAL *alone unless the contrary be stated.*

COMMUNICATIONS respecting Editorial matters should be addressed to the Editor, 429, Strand, London, W.C.; those concerning business matters, advertisements, non-delivery of the JOURNAL, etc., should be addressed to the Office, 429, Strand, London, W.C.

MANUSCRIPTS FORWARDED TO THE OFFICE OF THIS JOURNAL CANNOT UNDER ANY CIRCUMSTANCES BE RETURNED.

AUTHORS desiring reprints of their articles published in the BRITISH MEDICAL JOURNAL are requested to communicate with the Office, 429, Strand, W.C., on receipt of proof.

CORRESPONDENTS who wish notice to be taken of their communications should authenticate them with their names—of course not necessarily for publication.

CORRESPONDENTS not answered are requested to look at the Notices to Correspondents of the following week.

TELEGRAPHIC ADDRESS.—The telegraphic address of the EDITOR of the BRITISH MEDICAL JOURNAL is *Aitiology, London.* The telegraphic address of the BRITISH MEDICAL JOURNAL is *Articulate, London.*

TELEPHONE (National):—
2631, Gerrard, EDITOR, BRITISH MEDICAL JOURNAL.
2630, Gerrard, BRITISH MEDICAL ASSOCIATION.
2634, Gerrard, MEDICAL SECRETARY.

☞ *Queries, answers, and communications relating to subjects to which special departments of the* BRITISH MEDICAL JOURNAL *are devoted will be found under their respective headings.*

QUERIES.

X. Y. Z. desires to hear of a home or sanatorium in the country or seaside suitable for a medical man, unable to pay more than 2 guineas a week, who is suffering from enlarged spleen and persistent diarrhoea, with slight ascites.

MIDLOTHIAN asks if any reader can recommend any hydro or spa—preferably in Scotland—suitable for a male patient of middle life suffering from symptoms pointing to alimentary glycosuria. The patient is otherwise in good health, and the amount of sugar passed is not more than ½ per cent. He also asks if drug treatment is of any value for the condition.

ARTHRITIS asks for advice as to the treatment of a case of traumatic arthritis of the metatarso-phalangeal joint of over two years' duration, apart from operation. Rest, iodine, and ointments, etc., have been tried in vain. Would electrical light or *x*-ray treatment be likely to prove beneficial?

DELTA asks for suggestions short of washing out the bladder in the following case. A patient has tuberculous disease of the bladder, with great pain and frequency of micturition. His testes were removed five years ago for tuberculous disease. He has been treated with hyoscyamus and buchu with no success as regards relief of pain or frequency. There is no cystitis, but the urine is swarming with tubercle bacilli. The patient has considerably improved in general health with open air treatment.

DR. J. A. BENSON (Green Hammerton) asks for information as to the use of fibrolysin in contractions caused by burns. He has used it successfully in Dupuytren's contraction, and is now trying it in the case of a patient whose hand is contracted as the result of severe burns five months ago. Our correspondent particularly wishes to know how often the injection should be given and for how long continued.

INCOME TAX.

R. T. H. was refused allowance of subscriptions to the British Medical Association and other professional associations by the surveyor of taxes some years ago on the ground that it had been decided that subscriptions to some engineering society were not admissible.

E. Q. raises the same point, and inquires also as to the right to claim fees paid to a locumtenent during the principal's holidays, cost of books and instruments, and accident insurance premiums.

*** There is, unfortunately, no complete schedule in the Income Tax Act of outgoings that may be claimed as professional expenses. The Act provides for the proper treatment of repairs, capital expenditure, bad debts, and rent, and then proceeds to exclude "all other disbursements or expenses" unless they represent "money wholly and exclusively laid out or expended for the purposes of such profession." The admissibility of any outgoing as a deduction from the gross receipts of a profession depends upon whether the expense is incurred in the carrying on of the individual's profession. The test in regard to a particular subscription should be whether the subscription is paid by the practitioner in order

THE

British Medical Journal.

THE JOURNAL OF THE BRITISH MEDICAL ASSOCIATION.

SUPPLEMENT

CONTAINING

PROCEEDINGS OF COUNCIL

REPORTS OF STANDING COMMITTEES

MEETINGS OF BRANCHES AND DIVISIONS

PROGRAMME OF ANNUAL MEETING

MEDICAL BILLS IN PARLIAMENT

PROCEEDINGS OF THE GENERAL MEDICAL COUNCIL

ETC.

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