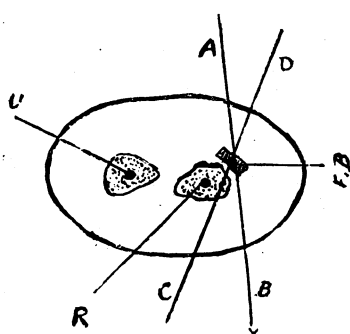


## Memoranda:

### MEDICAL, SURGICAL, OBSTETRICAL.

#### LOCALIZATION OF FOREIGN BODIES.

I HAVE read the articles in the BRITISH MEDICAL JOURNAL of January 2nd on the localization of foreign bodies, and wish to explain a method which I have used with some success. It requires neither stereoscopic negatives nor elaborate apparatus. For the sake of illustration let us suppose that a bullet requires localizing in the forearm. The patient places his arm on the table in a supine position, and the observer "centres" the rays upon the foreign body. A metal pointer is then passed between the fluorescent screen and the anterior surface of the patient's arm until its point corresponds with the shadow thrown by the foreign body. Here a mark is made on the skin. The pointer is then passed posteriorly to the patient's arm, and



A, Line of rays passing through points A and B; D, line of rays passing through points C and D after slight pronation; F.B., foreign body; R, radius; U, ulna; X, point of emanation of rays.

when its shadow and the shadow of the foreign body correspond, another mark is made on the skin. The patient's arm is then placed in semi-pronation and fixed with sandbags, and again marks are made above and below according to the correspondence of the shadow of the tip of the pointer with the shadow of the foreign body.

A piece of lead tape is then moulded round the arm to cover the points marked on the skin (this must not pass completely round the limb), and on the tape marks are scratched corresponding to the four marks made on the skin. The tape is then removed without bending, and a tracing is made on paper from its inner circumference with the points of marking shown by dots. In the resulting diagram draw a line between the first and second marks, and another between the third and fourth marks; the intersection of these two lines will give the position of the foreign body and show its depth from the skin at any point. In fact, the resulting diagram is a cross-section of the arm showing the depth of the foreign body in the plane of the original marks, which still remain upon the skin. I realize that this simple method is probably most suitable for foreign bodies in limbs, but it may be used on the trunk with equal success, as I have shown in an article published in this JOURNAL last year, entitled "Pneumotomy for Foreign Body." The degree of error is small, and the method evades the interpretation of a stereogram and the calculation of angles.

NOEL BRAHAM,  
Lieut., R.A.M.C.

No. 3 Motor Ambulance Convoy,  
British Expeditionary Force.

#### BULLET WOUND AFFECTING THE MOTOR FIBRES OF EXTERNAL POPLITEAL NERVE.

MAJOR A. H. TUBBY, M.S., R.A.M.C.(T), in the BRITISH MEDICAL JOURNAL of January 9th, remarks:

It is also possible to conceive that in certain large nerve trunks, such for instance as either of the popliteal nerves where the motor fibres can be split up for a very long distance from the sensory, either a motor or a sensory bundle may be injured, so that in one case motor paralysis alone may exist, and in another sensory symptoms may be present.

The following case appears to exemplify this. L. J. H. was struck by a bullet on October 21st, 1914. It entered on the inner side and a little above the knee, emerged a little external to the middle line behind the knee-joint, re-entered an inch lower down perforating the outer head of the gastrocnemius, and finally emerged on a level with the head of the fibula and 1½ in. posterior to it.

The knee-joint and femur were apparently uninjured, but there was considerable venous bleeding and subse-

quently much oedema of foot and leg. There was no anaesthesia, but knee and ankle were very stiff and movement was not encouraged.

The wounds healed without suppuration. Massage was not commenced for a few days as it was considered that there was danger of liberating a thrombus from the popliteal vessels.

As the oedema and stiffness passed off it became evident that the foot could not be flexed. On November 4th foot-drop was very evident, and there was a small patch of impaired sensation (one inch square) over the dorsum of the great toe. On November 12th there was very slightly impaired sensation a little above the external malleolus. No other paraesthetic areas were present.

On pressing or pinching the external popliteal nerve in the popliteal space (above the line traversed by the bullet) sensation was produced in the leg and foot. It was considered that the nerve was intact, but that its motor function was in abeyance owing to concussion.

There was not an opportunity of testing electrical reaction. The part was examined with the fluorescent screen, but no foreign body was seen.

Treatment consisted in massage, faradic electricity, and rest. Later, the patient was allowed up. He was advised to wear a stiff boot, and massage and faradism were continued.

Recovery from the motor paralysis had not taken place when the patient passed out of my care (January 1st), but I anticipate that it will do so, irrespective of whatever form of treatment it may be considered necessary to adopt.

E. T. MEAGHER, M.R.C.S., R.N.

#### A CASE OF TETANUS: RECOVERY.

On October 26th, 1914, a wounded Belgian soldier was admitted to the military ward of the Royal Southern Hospital, Liverpool. He had been shot in the left forearm, and was suffering from a bad compound fracture of the radius, with cellulitis extending up towards the axilla. The wound had been inflicted on October 20th.

Under an anaesthetic the arm was freely incised and drained with rubber tubes. On October 28th—that is, on the evening of the eighth day—he complained of some pain in the jaw, and next day was unable to open his mouth. He was ordered 1,500 c.cm. of antitetanic serum every six hours, and 15 minims of a solution of 1 in 20 carbolic acid every two hours, by injection under the skin of the right arm. Half a drachm of chloretone was given in an ounce of olive oil by enema at night, but no morphine. The wound was irrigated with hydrogen peroxide and the iodine arm bath used at intervals. Dressing the arm produced intense spasm; he was unable to open his mouth, and was fed with fluids through a gap in his teeth. The condition of the arm gradually improved, but on account of the swelling and spasm no splints could be applied to the fracture. On November 3rd he had an extensive serum rash, most marked on his chest and abdomen; he could not open his mouth, but the spasms were not increasing in intensity. The serum was stopped on November 4th and the carbolic injections continued. On November 11th, as he was decidedly better, the carbolic injections were only given three times a day. On November 16th he was allowed up, all injections were stopped, and splints were put on his arm in order to overcome the contraction. He is now in excellent health, his arm has healed, but there is some pronation of the forearm and inability to hyperextend the wrist perfectly, though these movements are steadily improving. The fracture has firmly united, but there is a good deal of callus.

The primary wound was no doubt caused by a rifle bullet striking the extensor surface of the middle of the forearm, smashing the radius and tearing its way out on the flexor surface below the elbow-joint, giving rise to a huge lacerated wound; there was no carboloria. Though it is difficult to say which of the two remedies was the more efficacious, after an experience of several cases in civil practice I should always use the carbolic injection whether I combined it with serum or not. He had altogether seventeen doses of serum, each consisting of 1,500 units. The short period of incubation is interesting.

G. P. NEWBOLT, M.B., F.R.C.S.Eng.

the telephone. In such a case it might be necessary to raise the salary somewhat to make it a living wage.

If this could be done, then some of us who are unable to return to our hospitals abroad till after the war would be able to help. This may not be possible in all hospitals, but undoubtedly should be in some. If, however, they prefer "to close a large part of the establishment" rather than arrange for a married man or otherwise depart from their habitual groove, then our services towards alleviating the difficulty must go begging.—I am, etc.,

February 10th.

MARRIED.

## Medical News.

THE British Medical Benevolent Fund Guild appeals for gifts of second-hand clothing, boots and shoes in good condition, also household linen. The gifts should be sent to the Secretary, British Medical Benevolent Fund Guild, 43, Bolsover Street, W.

AT the recent examination for sanitary inspectors under the Public Health (London) Act, 1891, held by the Sanitary Inspectors Examination Board, nine candidates passed; of these five were ladies, four of whom had been students of the National Health Society, and one of Bedford College; the four successful male candidates had been students at the Royal Sanitary Institute.

THE special organization of the British Fire Prevention Committee to meet the war emergency has completed its first half-year's work. It has issued large numbers of fire warnings, has established an office for dealing with all technical inquiries, and has formed a special fire survey force of 80 honorary fire surveyors with special duties and 300 fire brigade officers and men available at short notice. Several patrols have already been requisitioned from this force, and the fire survey force has dealt with some 200 surveys, some involving inspection of as many as 50 individual buildings.

AT the annual meeting of the Scottish Society for the Prevention of Vivisection, held in Edinburgh on February 15th, Miss L. I. Lumsden, LL.D., who presided, said that the society had had nothing to do with the agitation against inoculation though they might not like the idea, for they believed that sanitary measures and cleanliness ought to be good enough, yet it had been ascertained that no animals were used for the preparation of the fluid or its standardization. A resolution of sympathy with the work of the antivivisection societies was moved by a clergyman and seconded by another, and carried unanimously.

MR. ANDREW MELROSE will publish almost immediately *My Experiences as a German Prisoner*, by Mr. L. J. Austin, Surgical Registrar to the London Hospital, who was a member of the first British unit of the Belgian Red Cross Society. He was arrested as a spy almost immediately after landing in Belgium, and was kept a close prisoner in various German fortresses for four months and a half. *A Surgeon in Belgium* is the title of a book which Mr. Arnold hopes to have ready by the end of the month. The author, Mr. H. S. Souttar, assistant surgeon at the West London Hospital, was one of the surgeons in charge of the British Field Hospital, which began its work at Antwerp last September, and got away in good order before the German occupation of that city.

THE fifth annual meeting of the council of the Association of Medical Women in India was held at Lucknow on December 31st, 1914, January 1st and 2nd, 1915, when five members and three visitors were present. Proposals for the better development of the association throughout India were discussed. It was decided to address the Viceroy, offering the loyal services of the association in the present emergency, and suggesting various ways in which medical women might help to supply the deficiencies due to the transfer to military duty of many civil I.M.S. officers. The training of the indigenous *dhais* (midwives) proved a most interesting subject for discussion; the practical points which emerged were embodied in a note addressed to the Executive Committee of the Victoria Memorial Scholarships Fund, founded for the purpose of training Indian midwives.

DURING the last few months some Territorial battalions have been sent to India, to replace regiments of the regular army withdrawn for service at the front. These battalions are mostly composed of young soldiers, and few of them can have had previous experience of life in India. The advantage of giving to these troops some advice on the preservation of health in the tropics is obvious.

Lieutenant-Colonel R. H. Elliot, I.M.S., delivered to a division of the Territorial army a lecture which he has printed in a pamphlet entitled *The Care of Health in India*; in the brief compass of sixteen small pages is packed much useful advice on the subject. Drinking water and other beverages, milk, aerated waters, etc.; food and its preparation, the kitchen, and cooking utensils; and clothing and protection against the sun are each treated in turn. A few words are added on malaria, on snakes, on venereal diseases, and on the treatment of Indians. The advice given is uniformly good and useful. The distribution of copies of the pamphlet to all battalions going to India or Egypt is much to be desired.

THE Life Assurance Medical Officers' Association was founded in 1894 to discuss the medical aspects of life assurance. The great development of the study of prognosis in regard to life, accident, and sickness insurance, and the problems presented to the medical profession by the administration of the Employers' Liability, Workmen's Compensation, and National Insurance Acts, have induced the society gradually to extend its scope, and its name has been changed to the Assurance Medical Society. The *Transactions* for the years 1912 and 1913 have recently been issued, and form an octavo volume of nearly 300 pages. During these years the president was Dr. F. de Havilland Hall, who has recently been succeeded by Dr. R. Hingston Fox. The volume contains the presidential address of Dr. Hall on the statistics of the rated-up lives of the Rock Life Assurance Company, which led to an interesting debate. Among other papers in the volume are those by Dr. A. Caddy, on life insurance in India; by Dr. H. G. Turney, on the habit of smoking in its relation to the insurance examiner; by Dr. James MacKenzie, on prognosis of heart affections from the life assurance aspect; and a general discussion on experiences of cases of substandard lives. The subscription to the society is 1 guinea a year for London members, and 1 guinea every two years for country members. The *Transactions*, to which members are entitled, are published in a volume every two years. The honorary secretaries of the society are Drs. R. A. Young and Otto May, and further particulars may be obtained by applying to the former at 57, Harley Street, London, W.

THE question of "Tall versus Short Men for the Army," which has been discussed at some length in the JOURNAL, was considered at a meeting of the Royal Sanitary Institute, in London, on February 9th, when Dr. M. S. Pembrey read a paper upholding the view that, under modern conditions of warfare, short men were by no means at a disadvantage, but in many respects to be preferred as soldiers, to tall men. The essential organs in the head and trunk were often better developed in the short than in the tall man. The smaller man possessed greater agility, and his requirements as to food, clothing and space for accommodation were smaller. Dr. Pembrey urged that the psychological factor, which specially influenced enlistment in the present war, was of the utmost importance in the selection of soldiers, and this had no relation whatever to the question of height. If short men were admitted freely to the army, they must be graded so that tall and short men would not march together. In the discussion, Dr. C. W. Saleeby spoke of the importance of being assured that the shortness of a recruit was not due to constitutional weakness the result, perhaps, of rickets. Dr. Leonard Hill praised the work of the Physiological Committee of the Army Medical Advisory Board, especially in regard to its inquiries into the food values of rations. Surgeon-General Evatt upheld Dr. Pembrey in his insistence on the importance of the psychological factor, and criticized recruiting methods. He regarded the height standard as a relic of the "shock tactics" which the magazine rifle had made a thing of the past. Dr. Nash said that work as a voluntary examiner of recruits had convinced him of the absurdity of many of the standards of enlistment imposed. To exclude the short, sturdy Lancashire miner for lack of inches was ridiculous. Surgeon-General Sir W. Launcelot Gubbins, K.C.B., who presided, supported the view that small men were to be preferred for the army if they were of good general physique.

DR. WURTZ, Director of Vaccination, has announced to the Academy of Medicine that revaccination will probably be made obligatory in all detention camps in France. A year ago he published an article on this subject, in which he drew attention to the risk of epidemics and contagious diseases for non-belligerents, in invaded districts, owing to exhaustion and famine. He recalled the war in 1870, in which small-pox alone claimed 200,000 victims in France, whilst the army lost 23,400 combatants, and Paris itself lost 15,421 inhabitants from the same disease in 1871.

He considers that there are millions of men and women at present in France in a susceptible condition, and that medical practitioners should do everything in their power to persuade their own households and their patients to be revaccinated. He refers to errors of technique, which render the operation less effective and contribute to spread a horror of vaccination. Sometimes the needle is sterilized by being heated to a dull red, and is immediately dipped into the lymph. Sometimes the arm is gashed and blood-stained, or is pricked deeply, with consequent breaking down of the skin. He adds that many medical men do not realize that the process should be one of scarification, not puncture. He considers that three points should be selected, about 3 to 4 cm. apart, and that the scarifications should be only 2 to 3 mm. long, and made by a needle.

THE Brighton and Hove Medical Emergency Committee has issued a scheme for medical attendance by members of the profession on persons wounded consequent on an air or sea bombardment of the towns of Brighton and Hove. The committee, whose memorandum bears the signatures of Mr. J. L. Otter, Mayor of Brighton; Mr. A. R. Sargeant, Mayor of Hove; and Dr. E. Rowland Fothergill, Honorary Secretary, desires that it should be understood that these arrangements are not contemplated owing to any immediate apprehension of such an attack, but merely as a precaution proper under existing circumstances. The scheme will be carried out in co-operation with the local police. Its chief principles are: (1) That, as far as possible, all first-aid treatment be given only at a dressing station; (2) that injured persons be invited to go at once to the nearest dressing station, if able to do so; (3) that in the case of others a message for a doctor and stretcher be sent at once to the nearest dressing station; (4) that all persons who, in the opinion of the doctor in charge of the station, are able to proceed home after first-aid be allowed to do so, and be advised to call in their own doctor later; (5) that those injured persons requiring removal to their own home, or to a nursing home or hospital, by ambulance be collected at the dressing stations; and (6) that the full names, addresses, and ultimate destination of all injured persons be registered at the dressing stations. Several forms are issued with the scheme. One is for a letter of thanks to a doctor who offers his professional services in the event of a raid, with directions as to how he is to act; a brassard, to be put on directly the necessity for his services arises, will be sent to the applicant with the letter. A similar form is to be issued to the doctor, who is to attend at his private address ready for a signal summoning him to a dressing station, and another for the doctor whom the committee has attached to the Ambulance Department, North Road, under the control of Dr. W. H. Brailey. Emergency dressings will also be distributed, each with a form detailing the contents of the parcel, and a request that it be not opened until actually required. Each dressing station will also be supplied with 2 lb. of picric acid lint for burns. The two mayors are, we are informed, engaged this week in a round of visits to the twenty-nine dressing stations now organized, meeting the members of the committee. Out of ninety civilian doctors, seventy-eight have offered their services, as have 300 youths and boys from the various boy organizations in the district, to act as stretcher-bearers, messengers, and cyclists. Nurses from the local hospitals and nursing organizations, stretcher-bearers from the Home Protection Brigade, and special constables are also ready to assist. The doctors and others have already been appointed to their posts. The cost of the scheme will be met through the borough councils of Brighton and Hove.

THE late Mr. Bernard Pitts, F.R.C.S., who died in December last, left estate of the gross value of £16,104, with net personalty £15,638.

## Universities and Colleges.

### UNIVERSITY OF OXFORD.

THE examination for the Diploma of Ophthalmology will commence on Monday, July 19th, and for the Diploma in Public Health on Tuesday, June 1st.

The Board of the Faculty of Medicine gives notice that the certificates in anaesthetics (No. 11), practical pharmacy (No. 12), and practical pharmacology (No. 13), will be accepted on the old forms (see Examination Statutes, p. 232, ed. 1914), at all examinations held before Michaelmas Term, 1916. At the examination in Michaelmas Term, 1916, and afterwards, only the new forms of certificate will be accepted.

### UNIVERSITY OF DURHAM.

#### COLLEGE OF MEDICINE, NEWCASTLE-UPON-TYNE.

##### *Presentation to Sir G. Hare Philipson.*

PREVIOUS to the commencement of the business at the annual meeting of Council, held on February 9th, an illuminated address, in Latin, was presented to Professor Sir G. H. Philipson, M.D., the President of the College, congratulating him on the completion of his fifty years' service to the College.

The Vice Chairman of the Council, Alderman W. J. Sanderson, J.P., introduced the matter, and called upon Professor David Drummond, M.D., to read and present the address. Sir George Philipson thanked the members of Council and his colleagues for the address, which he would treasure and preserve.

The following is a free translation of the address into English:

TO SIR GEORGE HARE PHILIPSON, Knight, Master of Arts, Doctor of Medicine, Doctor of Civil Law, Doctor of Laws, Fellow of the Royal College of Physicians, President of the University of Durham College of Medicine, from the Council, the Professors, and Lecturers of the College, Greeting:

In compliance with the wishes of your colleagues, we have the greatest pleasure in conveying to you, Sir, the congratulations of the College on your completion of fifty years of devoted, courteous, and distinguished service as a medical teacher.

Nothing could be more appropriate to the auspicious occasion of your Jubilee as a member of the Staff than to record our sense of gratitude and admiration for your faithful discharge of a notable series of offices. Whether your office has been that of Lecturer on Pathology, or Professor of Medicine, Honorary Secretary of the College, or its President, the same care and courtesy have characterized your performance of duty. It affords us particular gratification to recollect that your experience and urbanity, Mr. President, are still available to guide the deliberations of the College.

WILLIAM JOHN SANDERSON.  
ROBERT HOWDEN.

Newcastle-upon-Tyne,  
June, 1914.

### ROYAL COLLEGE OF SURGEONS OF ENGLAND.

AN ordinary Council was held on February 11th, when Sir W. Watson Cheyne, President, was in the chair.

##### *Issue of Diplomas.*

Diplomas of membership were granted to 112 candidates found qualified at the recent examinations; and to 6 in public health, conjointly with the Royal College of Physicians.

##### *Dissection.*

The President reported that conferences had been held with representatives of the licensed teachers in London, and that the Council had decided to address a letter to the Home Secretary, pointing out the difficulty of obtaining an adequate supply of bodies for dissection and practical instruction in operative surgery.

##### *Court of Examiners.*

Mr. John Murray, of the Middlesex Hospital, was elected in the vacancy occasioned by the retirement of Mr. Bilton Pollard. Mr. C. A. Ballance was elected a member of the Board of Examiners in Dental Surgery.

##### *Bradshaw Lecture.*

The President reported that he had appointed Sir Anthony A. Bowlby as Bradshaw Lecturer for the ensuing year.

### CONJOINT BOARD IN ENGLAND.

At a meeting of Comitia of the Royal College of Physicians on January 28th and of the Council of the Royal College of Surgeons on February 11th diplomas of L.R.C.P. and M.R.C.S. were respectively conferred upon 114 candidates (including three ladies) who had passed the Final Examination in Medicine, Surgery, and Midwifery of the Conjoint Board:

C. M. Anthony, Mary E. Ashton, E. Atkinson, G. L. Attwater, J. D. Bangay, P. W. Barnden, B. Barnett, K. R. Batra, O. A. Beaumont, A. L. Blunt, H. E. A. Boldero, J. W. Bouwer, L. G. Brown, C. M. Burrell, H. G. Bywater, R. B. Campion, M. H. Cane, Dorothy Chick, W. K. Churchouse, J. W. Clayton, P. C. P. Cloake, W. L. Cockroft, S. W. Coffin, Dora C. Colebrook, E. J. Cooke, E. C. Cunningham, E. D. Davies, A. D. d'Avray, G. S. Deane, C. R. Denny, C. W. Dias, H. G. Dresing, A. J. K. Drew, S. P. Elphick, A. Z. Elsayed, J. Fanstone, H. H. Fisk, G. M. Foster, L. S. Fry, A. T. Gibb, J. W. Gilbert, E. D. Granger, S. W. Green, N. Grellier, H. S. Griffith, D. N. Hardcastle, W. T. Hare, E. C. Harrison, H. G. Hockridge, L. Horsley, I. S. James, W. B. Jepson, C. O. H. Jones, D. N. Kalyanvala, C. G. G. Keane, F. E. R. MacArdy, A. Liebson, N. H. Linzee, P. E. Lones, W. F. MacAlevy, C. G. McClymont, J. McDonnell, E. C. Malden, G. A. Maling, R. C. Matson, E. S. Mawe, S. H. Miles, D. S. E. Milligan, W. H. Milligan, A. D. Morris, H. G. Moser, D. F. A. Neilson, K. M. Nelson, C. C. Okell, J. H. Parry, O. G. Parry-Jones, S. H. Paul, H. L. P. Pergrine, D. D. P. Perera, H. Peters, G. R. Pirie, K. Playfair, G. A. Pratt, O. B. Pratt, H. P. Price, W. R. Raffle, R. T. Raine, W. L. E. Reynolds, W. K. A. Richards, J. A. Robinson, A. F. Rock, H. A. Rowell, A. P. Saint, N. H. W. Saw, R. Sells, H. R. Sheppard, W. Sowerby, H. D. L. Spence, A. E. Stafford, W. F. Stiell, L. F. Strugnell, C. P. Symonds, G. S. Terry, E. W. Todd, M. D. B. Tonks, O. R. Unger, A. R. Upton, C. N. Vaisey, J. S. Wallace, F. P. Warren, R. H. Williams, S. Wilson, F. H. Woods, H. W. S. Wright.