

peroxide or potassium permanganate. Per rectum twice a day an enema of the following is administered:

| | | | |
|---------|-----|-----|------------|
| Chloral | ... | ... | 4-8 grams. |
| Eggs | ... | ... | 1 or 2. |
| Milk | ... | ... | 200 c.cm. |

And also, subcutaneously, in the neighbourhood of the wounds, or if too much irritation is caused elsewhere, 40 to 80 c.cm. of a watery solution of 2 per cent. carbolic acid twice a day, these injections being continued for three to four weeks until every symptom has subsided.

This treatment has been adopted with considerable success in the other hospitals, including the chief naval hospital, L'Hôpital Marin, Cherbourg. There has been a great decrease in the number of tetanus cases brought to Cherbourg, due, no doubt, to the more prompt administration of a prophylactic dose of antitetanic serum given as soon as possible after the wounded are received into the clearing hospitals, and before being sent to the base hospitals.

If another case comes our way we shall endeavour to treat it upon the methods advocated by Dr. Sainton.

Dr. Sainton was also kind enough to point out the symptoms he regarded as indicating an onset of tetanus:

1. Elevation of the temperature out of proportion to the wound. Not always seen.
2. Greater pain, especially of a sharp lancinating character; also out of proportion to the wounds.
3. Slight fine tremor of the tongue and deviation, when projected, to one or other side.
4. Sometimes profuse sweating.

In regard to the last symptom, in Case II it was noticed by the anaesthetist at the time of the first operation that the patient came out in a profuse perspiration in the middle of the operation. It could not be attributed to the overheating of the theatre.

Case of Traumatic Aneurysm.

This man was shot through the right thigh, the entrance wound being on the inner side. The shell was removed after location by x-rays, and an extremely foul abscess opened. The man had severe pain. An arterio-venous aneurysm low down in Hunter's canal appeared requiring ligation of the femoral. A week later the thigh was amputated for secondary haemorrhage. On examining the limb the artery was seen to have developed a second small aneurysm just about the seat of ligation. The sciatic nerve was infiltrated with pus, accounting for the pain.

Some fifty pieces of shrapnel, bullets, and bullet coverings have been extracted, and for their extraction the x-ray work, especially the exact localization done by Dr. Florence Stoney, has been invaluable. The exactness with which the localization was done on many occasions saved the surgeons to whom fell the lot to make the search a vast deal of trouble, and also saved useless incisions. Another valuable thing the localization did was that useless searches were not undertaken—for instance, to search for a bullet well within the pelvis but giving rise to no trouble, and difficult of access. In only a few cases, however, were shrapnel balls or bullets not extracted.

Owing to the amount of sepsis quick healing was not usual. But as soon as good drainage obtained the cases healed. In five cases retardation of healing can be definitely ascribed to specific disease, and with the use of mercury and potassium iodide healing was hastened.

Medicated Sawdust.

We found that medicated pine sawdust was a valuable adjunct for clearing up offensive odours and cleansing gangrenous and septic surfaces. It is used put up in sterilized muslin bags, about 1 in. thick, and placed over the wound. Especially valuable it was found where there was a large lacerated surface. It is essentially an absorbent and cleansing agent, and acts much in the same way as repeated boracic fomentations, but it has the advantage that it does not require to be changed so often. It is a substance worth a trial wherever there is fetid pus, such as is too often seen in the wounds of the present war.

Summary of Eleven Amputations Performed.

Eight cases amputated through the femur: Four cases for suppuration in the knee-joint, two of whom died; one case for secondary haemorrhage and gangrene following ligation of the femoral artery; one case for compound fracture of femur, necessitated owing to secondary haemorrhage and general septicaemia of the patient; one case on account of tetanus, which died.

One case amputated below the knee-joint on account of suppuration in ankle-joint and general septicaemia.

One hand disarticulated at the wrist on account of gangrene.

One toe (phalanges of second digit).

Mortality.

Ten deaths have occurred out of 120 patients: 3 from general septicaemia following suppuration and shell in the knee-joint; 1 due to oedema of glottis—tracheotomy no avail; 1 from septic meningitis; 1 from suppurative peritonitis; 1 from secondary haemorrhage and septicaemia; 2 from tetanus; 1 from failure of respiration under CHCl_3 , due to cerebral compression from abscess in the right frontal lobe.

X Rays.

The x-ray localization was done partly by Mackenzie Davidson's method and partly by stereoscopic photographs. The accurate localization of projectiles proved very useful. The telephone probe was helpful with small pieces of metal, which would otherwise have been undoubtedly missed.

X-rays showed the actual condition of fracture before and after being set, and one could watch the progress of healing. It is a point to note that necrosed fragments can be successfully diagnosed by the darker shadow they throw. Small pieces of bone get absorbed, but larger ones have to be removed by operation.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

"LYMPH LAVAGE" OF WOUNDS.

I BEG to bring to the notice of your readers a method of the lymph lavage treatment of wounds adopted by myself, as the result of my own investigations some two or three years ago. I have found it very successful, and it is apparently much simpler to use than the hypertonic salt solution now being brought forward.

The basal fact by which it produces a continuous lymph lavage depends upon the hygroscopic properties possessed by glycerine. If pure glycerine (specific gravity 1260) is exposed to the atmosphere it will absorb moisture from it. If exposed long enough 69 parts by weight will absorb 31 parts of water. It is then a eutectic mixture, being in a state of balance. If additional water is added it will evaporate back to the same proportion. Hence, if such a mixture be applied (on lint) to a wound, the temperature of which is about 98° F., whilst that of the atmosphere varies, say, from 40° to 80°, the warmer wound will evaporate a certain amount of the water; but this loss will be immediately made good by the glycerine absorbing a similar amount of water (lymph, etc.) from the wound below, and will thus maintain a constant flow of lymph to the dressing. By virtue of this property also the lymph is stopped from coagulating, and there is, therefore, no interference with its free exudation.

In order to prevent decomposition in the discharges, I add a little perchloride to the water which is used to dilute the glycerine. My practice is as follows: To make the solution, I take any given quantity of pure glycerine (specific gravity 1260) and add to it one-half its volume of a solution of mercury perchloride (1 in 1,000). This gives roughly a solution containing glycerine 2,000, water 1,000, mercury perchloride 1.

When dressing a wound, I wash it out with plenty of warm water (in my own case drawn from the common hot water supply of the house), suture the skin where it will meet easily, wash next with perchloride solution, and then wipe off the surplus moisture. I wring out some ordinary white lint with sufficient of the glycerine solution to leave it in a rather moist but not a dripping condition. I make this just sufficiently large to cover all the wound, and upon the top, and sufficiently large to overlap the margins of the wound by about 1 inch I lay a strip of oiled silk, and then cover this with a little more lint and bandage loosely. I leave it for twenty-four hours if much discharge is expected. In lesser wounds it may be left for forty-eight hours. The oiled silk is used to prevent

the superficial dressings sucking up the glycerine solution. It does not interfere very much in practice with the aqueous osmotic action of the glycerine.

The perchloride of the strength named has practically no irritating action upon the sound skin adjoining the wound. The advantages of the method are obvious. There is no trouble about sterilizing dressings. The perchloride sterilizes that next in contact to the wound. Glycerine and ordinary dressings are the only other things required. In deep wounds the glycerine-saturated lint acts as a drainage tube. An additional recommendation is that it gives practically no pain.

The method is exceedingly simple, and, so far as I can see, gives all the advantages and is less trouble than the hypertonic salt solution so favourably spoken of.

Middleton, Lancs.

Jos. J. H. Holt.

EARLY ADMINISTRATION OF VACCINE IN PNEUMONIA.

A WOMAN, aged 18, complained one day of headache, with vomiting and shivering. A few hours later she felt pain in the left side. I saw her on the second day of her illness. The pain in the side was evidently severe, and interfered with breathing, while percussion was dull, and some crepitations and a few sibilant sounds could be heard. The sputum was bloodstained, and the skin hot and dry. Temperature 102°, pulse 114. I gave her 10 million organisms pneumococcus vaccine. On the third day of illness, at 10 a.m., temperature 104.2°, pulse 116, respirations 32; sputum free from recognizable blood, skin slightly moist, patient looking distressed. Fifty million organisms given. At 8 p.m., temperature 99.2°, pulse 112, respirations 30; sweating profusely, distress not so apparent. Fourth day, 9 a.m., temperature normal, pulse 108, respirations 26; 9 p.m., patient flushed, skin again hot and dry; temperature 103.4°, pulse 120, respirations 28. Fifth day, pulse 100, respirations 28, and although the temperature had dropped to 100.6° I again gave her 50 million. At 9 p.m. the temperature was normal, and has remained so ever since. Yet the pulse was still as high as 104, and the respirations 26. Three days later the pulse was not accelerated, and the lung dullness had cleared, while air was entering freely. A few crepitations were heard. The first dose of 10 million was too small. The effect of the second was startlingly apparent, and, judging by Wynn's results, had it been a larger dose I think it would have prevented the secondary rise in temperature during the fourth day of illness. I never saw any one with a solid lobe of lung look so comfortable, or take so intelligent an interest in what went on in the room. I had been trifling with insufficient doses in previous cases, and have to thank Dr. Wynn for enlightenment. This single case, however, did not show a return to normal of pulse and respiration simultaneously with the temperature.

Dundee.

W. S. MALCOLM, M.D.

BLOOD-LETTING IN PNEUMONIA.

I HAVE performed blood-letting in hospital, gaol, and private practice, with much success for many years. I did not select my cases in the beginning, but when I found that a pneumonia patient's temperature rose very high, and remained stationary in spite of antiphlogistic medicinal treatment, when the breathing was very hurried, when the pulse was full and bounding, when delirium and restlessness were prominent features, with, perhaps, severe headache, I always abstracted an ounce or two of blood by wet-cupping from the base of the lung or lungs, according to circumstances. The effect was magical. Within an hour or so the pain was relieved, the breathing made easy and almost normal, the patient falling into a sound sleep, and the temperature falling to 99° or 100° from 104° to 106°.

I husbanded the patient's strength by giving him an ounce of brandy three times a day. With the brandy the patient might require a little potassium iodide, ammonium carbonate, and digitalis; should the temperature rise again, try a second wet-cupping.

No doubt the robust stand the treatment the best, but I would certainly recommend it in other cases, except in the weak or aged, under the conditions mentioned above, with due care taken as to the quantity of blood that requires to be removed.

EDWARD BALM,

Graduate of the School of Medicine, Hyderabad,
late Civil Surgeon, Aurangabad, Deccan.

Reports of Societies.

ASSOCIATION OF REGISTERED MEDICAL WOMEN.

At a meeting on May 11th, Dr. JANE WALKER in the chair, Dr. HAMILTON WILLIAMS read a paper on *Rheumatism in children*. She defined rheumatism as an infection due to a micrococcus, giving rise to symptoms in the muscle and valves of the heart, pains in the joints and muscles, excitability of the brain and nervous system, sometimes leading to chorea, anaemia, and continued pyrexia. True rheumatic "growing pains" were always worse after exercise, and in many cases were worse at night. The affection could be differentiated when the child first entered school, aged 5, and possibly earlier. At that age, though the child was often well nourished, the mother complained that it was nervous or mincing with its food; there was a constant state of jerky movement of the hands, so marked that the pulse could not be counted for 60 consecutive seconds. This condition was not found in healthy or in tuberculous children. The pulse-count was 100 to 120, whereas in tuberculous children of 5 it was under 90. The temperature was raised to 99.4° to 100.4°, persisting thus, often for years; this was not the case in healthy children. On auscultation of the chest, the breath sounds were often loud and harsh over the bases or the whole back, and not in patches as in tuberculosis; a creaking sound due to muscular rheumatism could often be heard and felt in the scapular region. The apex beat was found in or outside the nipple line in rheumatic, but not in healthy, children. The heart sounds were sometimes muffled, but there was not very often valvular roughening. Between the ages of 5 and 12 there was frequently complaint of abdominal pain and bilious attacks; these had no connexion with meals and were not accompanied by definite tenderness. The bilious attacks were definitely connected with appendicitis; and experiments on rabbits had shown that the same diplococcus could give rise to arthritis and appendicitis. Sore throats were common in rheumatic children. Enucleation of the tonsils was not advisable as the tonsils might conceivably act as barriers to the rheumatic organisms. Rheumatism and pulmonary tuberculosis were antagonistic; the heredity of rheumatism was 0.46, and rheumatism in the parent tended to protect the children from pulmonary tuberculosis. The treatment of rheumatism in elementary school children was a difficult problem, as the essentials of rest, warm clothing, and good food were difficult to obtain, and the children were obliged by the authorities to attend school. Dr. CHARLOTTE KING advocated the establishment of homes of rest for these children. Dr. LETITIA FAIRFIELD and Dr. ROSE JORDAN discussed the transference of rheumatic and choreic children to open-air classes, which was at present on trial in some of the London County Council schools. The choreic children seemed to improve rapidly under this treatment. Dr. JANE WALKER was under the impression that there was a diminution in the incidence of rheumatic fever in recent years. She agreed that rheumatism and pulmonary tuberculosis were antagonistic, and had found that choreic children improved very rapidly under the same régime as tuberculous children. Dr. WILLIAMS, in replying, stated that rheumatic and tuberculous children had been treated together at a convalescent home, and the tuberculous children gained twice as much in weight as the rheumatic; the latter seemed to become definitely worse, though the choreic children did well. Dr. ESTCOURT-OSWALD, in opening a discussion on the *Present status of women in public health work*, deplored the fact that women were never appointed to the more senior posts, and were often placed in subordinate positions to junior and less well-qualified men. Dr. LETITIA FAIRFIELD considered that inspection should form a part and not the whole of a medical officer's duty; it should be combined with either clinical or other public health work. Part of the prejudice against appointing a woman to the position of medical officer of health was the alleged dislike of men to work in a subordinate position to a woman. Dr. MARY BELL pointed out that a woman was now acting as medical officer of health for the county of Buckinghamshire for the period of the war, and that no difficulty had been encountered in her case.

The Services.

INDIAN MEDICAL SERVICE.

Medical Specialists.

THE Government of India has, we are informed by a correspondent in India, sanctioned the following procedure with regard to the extent to which the services of medical specialists are to be available:

(a) *Officers*.—In addition to being allowed travelling expenses when transferred to a hospital at another station, officers contracting any disease or injury on duty will be allowed to visit specialists, at stations other than their own, or receive visits from specialists from other stations, at the expense of the State, provided there is no specialist in the particular subject on which advice is necessary in their own stations.

(b) *Military Subordinates, etc.*—When it is not considered desirable to move the patient or patients, a specialist may, subject to the condition in Clause (a) above, be ordered to proceed at the public expense to the station where his services are required, irrespective of the pay of the individual to be treated.

(c) *Indian soldiers, sub-assistant surgeons of the Indian Subordinate Medical Department, and public followers, will be allowed under the orders of competent authority to visit specialists at stations other than their own, accompanied by any attendants considered necessary, or to receive visits from specialists from other stations, at the expense of the State, provided there is no specialist in the particular subject on which advice is necessary in their own stations. A specialist will be summoned to see a patient only when the latter is certified to be unfit to travel, or when, having in view the existence of several patients requiring his treatment, his journey would cost less than their combined journeys. Movements of specialists within the divisional or independent brigade area will be ordered by general officers commanding concerned. In cases involving movements from one division or independent brigade to another, arrangements will be made under the orders of divisional or brigade commanders in communication with one another.*

TERRITORIAL FORCE.

TERRITORIAL DECORATION.

THE King has conferred the Territorial Decoration upon the following officers, who have been recommended for the same under the terms of the Royal Warrant, March 17th, 1908: Major J. S. Y. Rogers, M.B., attached 4th (City of Dundee) Battalion, Black Watch (Royal Highlanders); Lieutenant-Colonel James Young, M.D., 3rd South Midland Field Ambulance; Lieutenant-Colonel Alfred W. Sheen, M.D., 2nd Welsh Field Ambulance; Colonel Henry G. Falkner, Assistant Director of Medical Services; and Major James B. Simpson, M.D., 5th Sutherland and Caithness Highland Battalion, Seaforth Highlanders, Territorial Force Reserve.

Universities and Colleges.

UNIVERSITY OF LONDON.

THE following candidates have been approved at this examination (May, 1915):

THIRD M.B., B.S.—*Dora Challis Colebrook, *Clement Cooke, Lillian A. Clark, H. Davies, R. H. Fleming, Norah Hamill, Mary E. Joll, W. E. Kingdon, Olive G. M. Langmead, S. G. Papadopoulos, G. H. Roberts, G. F. Rodrigues, F. H. A. Sayed, Hilda M. Scarborough, J. F. H. Stallman, Katherine A. Waring.

* Honours. † Distinguished in Medicine.
‡ Distinguished in Midwifery and Diseases of Women.

ROYAL COLLEGE OF SURGEONS IN IRELAND.

MEDICAL CERTIFIERS UNDER THE INSURANCE ACT.

THE letter addressed by the Council of the Royal College of Surgeons in Ireland to "Dr. A." published in the JOURNAL of last week, p. 952, has, we are informed, now been sent to all Fellows and Licentiates of the College, together with the following resolutions passed by the Council of the College:

1. That in the opinion of the Royal College of Physicians and Surgeons, Ireland, the existing arrangements for obtaining evidence of incapacity entitling to benefit under the National Insurance Act (1911) have given rise to serious abuses.

In forming a judgement as to whether a person is "incapable of work" it is essential, alike in the interests of the public and of the claimant, that the fullest possible information as to the medical condition of the claimant should be before the person whose duty it is to adjudicate on the claim. This information is, as a rule, in the possession only of the claimant's medical attendant.

The Colleges are of opinion that medical certificates under the Insurance Act should be accepted only if given by the claimant's medical attendant (if any), unless such medical attendant refuses to certify.

If the body claimed against desires to review a certificate the Colleges are of opinion that the medical referee should have before him the certificate originally given by the claimant's medical attendant, and should give such medical attendant sufficient notice of the time and place of examination and an opportunity of stating the grounds on which he arrived at the opinion expressed in his certificate.

2. That the Colleges resolve that the manner in which the duties of the office of "medical adviser" either to the Insurance Commissioners or approved societies are being discharged at present in many parts of Ireland is contrary to medical ethics and deserving of punishment by the Colleges.

Obituary.

DR. FARQUHAR MACRAE, tuberculosis medical officer of the county of Aberdeen, who died recently at the age of 30, was a native of Inverness. He received his early education at the Central School of that town, and in due course proceeded to Aberdeen University, where he had a distinguished career as a student. In 1908 he took the degree of M.B., Ch.B., and in 1913 that of M.D. with honours, the subject of his thesis being "A four years' hospital experience of vaccine, serum, and tuberculin therapy." In his short professional career Dr. Macrae acquired a varied experience of his profession. He was assistant in general practice to Dr. Mather, of Bristol, for ten months; house-surgeon of Cossham Hospital, Bristol, for three months; and house-surgeon and resident medical officer at the Northern Infirmary in his native town for a period of two years. Later he held, during nine months, the office of house-surgeon and senior house-physician in the Queen's Hospital for Children, London. He was house-physician at the Mount Vernon Hospital for Consumption and Diseases of the Chest, London, for six months, attending meantime the City Dispensary for Tuberculosis. In addition, he attended the course of tuberculosis at the City Road Hospital for Diseases of the Chest, London, and a similar course at the Brompton Hospital. He was appointed to the post of tuberculosis officer under the Aberdeen County Council on July 25th, 1913. In the course of his short period of effective service as a local official, Dr. Macrae proved his high qualifications for the post of county tuberculosis officer. He was unmarried.

Medical News.

THE late Sir William Gowers left unsettled estate valued at £13,988.

Nine cases of plague and 7 deaths from the disease occurred at Hong Kong in the week ending May 29th.

THE Croonian lectures before the Royal College of Physicians of London will be delivered on Tuesdays and Thursdays, June 17th, 22nd, 24th, and 29th, by Surgeon-General Sir David Bruce, C.B., F.R.S. The subject of the lectures, which will be delivered at 5 p.m., is "Trypanosomes causing disease in man and domestic animals in Central Africa."

DR. SHIPLEY, Master of Christ's College, Cambridge, will give a lecture for the National Health Society, on flies, lice, and minor horrors of war, at the house of the Royal Society of Medicine, 1, Wimpole Street, on Wednesday, June 16th, at 5 p.m. The National Health Society has issued a useful leaflet on flies and disease, and also a note by the Secretary, Miss Fay Lankester, on war professions for women. The address of the society is 53, Berners Street, London, W.

THE part of the *Times History of the War* issued on June 1st is wholly occupied by an article on medical work in the field and at home during the earlier stages of the present war, an interesting chapter of the history of military medicine, which cannot yet be written in full. It indicates the difficulties which the Royal Army Medical Corps had to meet in the early stage when the military outlook was uncertain and when the chief medical base had to be shifted from Boulogne to Havre and Rouen, and finally to St. Nazaire, and also those which arose when, after the arrest of the German advance, the front had to be so enormously extended from the Aisne to the North Sea. The medical service of the British Army, it is truly said, rose splendidly to the occasion, and was well supported by the Red Cross Society and the Order of St. John. The part contains notes on the hospitals for Indian troops and for the wounded in Egypt. It is illustrated by a number of photographs, including portraits of Sir Alfred Keogh, Surgeon-General T. P. Woodhouse, C.B., Director of Medical Services, Expeditionary Force, and Sir Arthur May, D.G., R.N.