

He was admitted to the Queen Alexandra Military Hospital on April 16th. When examined on April 18th there was a swelling on the inner aspect of the thigh, and a "purring" sensation felt over the swelling, and for a long way up and down the thigh. Varicosity of veins was developing in lower leg daily, and he complained of slight aching; he was kept in bed. With low diet and rest the "purring" sensation and swelling were on April 21st very much less.

On April 23rd there was the slightest purring sensation over the femoral artery in front in an area about 2 in. square. It was then hoped that with low diet and absolute rest the aneurysm would consolidate.

On April 27th the purring sensation was felt over a slightly larger area.

Sir William Osler saw the case with me on this day, and made the following note:

"Swelling and visible pulsation in Scarpa's space and along the line of Hunter's canal and in the region of bullet wound. Veins of thigh not varicose; a few on the calf behind are increased in size. Marked visible pulsation at and above Poupart's ligament, but not more than on other side. Pulsation and other characteristic 'purr' over swelling and along femoral artery, but not in the popliteal. Pulsation felt in popliteal feebly; not felt in dorsalis pedis, but in posterior tibial. The characteristic murmur is heard from the common iliac to popliteal artery. On standing up the left foot gets much more congested and the veins of leg more prominent. Esmarch's bandage was applied and the femoral artery compressed at the groin. When the bandage was removed there was not much change in the appearance of the foot; the whole leg and foot remained dusky at the end of three minutes. The right leg bandaged with Esmarch's bandage, the right femoral artery was compressed at the groin. The bandage was removed after three minutes. This leg behaved like the other, showing that the collateral circulation was pretty good in the left leg. He has phlebo-sclerosis in both veins of both calves."

Operation.

I operated at 11 a.m. on May 12th. An Esmarch bandage was put on from foot to groin and a tight rubber band round the hip and groin and the bandage removed. Both bandage and band had been sterilized previously.

An incision was made in the line of the artery, beginning at the apex of Scarpa's triangle and extending down 5 in. along the site of Hunter's canal. I pushed the sartorius muscle to one side, and then met with two large veins, running parallel; these were held out of my way, and then I got down to Hunter's canal, separated the fascia and nerves and another vein, and came across the femoral artery, which was not enlarged in any way. The femoral vein lay to the outer side of the femoral artery, and was nearly the size of the vena cava. I found the aneurysmal connexion between vein and artery to be $\frac{1}{2}$ in. in length. There was no sac, as the aneurysm was so recent, and the enlargement was entirely on the venous side of the connexion.

I tied the artery 2 in. above and 2 in. below the lesion, firmly, with stout silk. I lifted the tied off portion up out of its bed and found that there was a small artery arising from it, and passing to a muscle. This I divided between catgut ligatures and removed half an inch of it.

I then tried to put Crile's forceps on each side of the big vein, but found the blades too short to occlude the whole width of the vein.*

My intention had been to cut off the venous circulation and sew up the opening from the arterial aspect, but I did not think it wise to stop the venous flow by other means, and did not want to interfere with the bed of the big vein; therefore I decided, somewhat reluctantly, to do no more, especially as my colleagues assisting me advised no further manipulation of the dilated vein, as the danger of thrombosis loomed large. All purring ceased before I closed the wound.

On May 20th the stitches were removed; the patient felt quite well. The beating of the dorsalis pedis and posterior tibial arteries could be felt faintly.

On May 28th the patient was doing well. A venous hum was audible up as far as the external iliac vein, and could be heard slightly 1 in. below the seat of the lesion,

* Down Brothers are making an improved arteriorrhaphy forceps, half an inch longer in the blade, for me.

but not nearer the knee; this "venous hum" is due to the large vein and the dilated iliac vein, and was similar to the "hum" heard over a jugular vein. There was no sign of aneurysmal bruit or "purring thrill." The aneurysm is cured.

On June 3rd the patient was directed to lie in bed quietly for three weeks more, and was told he could then return home.

Cases of this kind should be operated on early to prevent the far-reaching effects of venous dilatation.

My thanks are due to Sir William Osler, Lieutenant-Colonel Pilcher, Lieutenants Northcote, Hort, and Randle, R.A.M.C., and Civil Surgeon E. H. Scott (anaesthetist); and also to the sisters in Queen Alexandra ward for their aid.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

RECOGNITION OF EPIDEMIC CEREBRO-SPINAL FEVER.

It might be of help to Dr. G. P. C. Claridge, and of some interest to others, if I relate the histories of three cases coming under my notice.

There had been a few cases of "spotted fever" in my district, which awakened my interest in the condition, though I had not had a case myself. As I had held the idea that cerebro-spinal fever occurred without spinal or meningeal symptoms, I was on the look-out for likely cases, and in the three referred to I found them.

CASE I.—Miss M. M., aged 7, became ill on a Monday night, with severe cold in the head, pains in joints of arms and legs, and frontal headache. The temperature was 103°, the pulse 90. There were no neck signs, no Kernig's sign, and no *tache cérébrale*. The patient looked really ill—far more so than one would expect to find in an ordinary "influenza cold." I took swabs from the posterior nares and found Gram-negative cocci which refused to grow on agar but which grew on human blood agar. In every respect they resembled the meningococcus. The patient was treated with antiseptic nasal spray, formalin lozenges, and aceto-salicylic acid, and recovered completely in a week. None other of the family of six contracted it.

CASE II.—Mrs. B., aged 26, became ill on a Friday with frontal headache, pains all over, and severe coryza. She had some nausea, with slight vomiting. The temperature was 104°, and the pulse 110. There were no neck signs, no Kernig's sign, no *tache cérébrale*. Swabs from the posterior nares showed the same micro-organisms as in Case I. The treatment was the same. This case was much slower in recovery, but ultimately got quite well.

CASE III.—Master B., aged 3, son of Case II, presented the same symptoms, but not so severe, and in four days was quite well; from this case the same micro-organism was obtained.

From work that I have recently done on cerebro-spinal cases under the care of Dr. H. S. Murphy, Medical Officer, Lisburn Union Hospital, I am convinced that these three cases were examples of the catarrhal stage in cerebro-spinal fever.

I got these three cases before Dr. Lundie and his co-workers published their first paper, so I was very glad to read their paper, for it confirmed my imperfect surmises.

Lisburn, J. L. RENTOUL, M.B.

P.S.—Since writing I have attended another case which showed meningococci in the sputum. The patient, a girl aged 5 years, was brought to me by her mother. The history was: "Three weeks ago the child had a very severe cold in the head; the headache was intense." Since then the child had a severe cough, with much sputum. On examining the sputum the organism found was the meningococcus.

A CASE OF ABSCESS OF THE OMENTUM STRANGULATED IN A HERNIAL SAC.

S. L., aged 16, an Indian native, was admitted to the Zanzibar Government Hospital suffering from a swelling in the left inguinal region and left side of the scrotum. The swelling was not a large one; it gave the impression that the region had become tightly filled up without great increase in size. There was acute local pain and tenderness, also some diffuse abdominal pain. Percussion gave a dull note, and there was no impulse on coughing. Temperature was 101.2° F. and pulse 96. He gave the history that the swelling had suddenly appeared for the first time three days before, when he was lifting a heavy weight. There was some pain at first, but it was not

severe, and he went on working; but the pain became gradually worse. The bowels did not move during these three days until he took a purgative prescribed by his own doctor. Strange to say, there was no vomiting, though Indians, in contradistinction to native Swahilis, usually vomit on the least provocation.

From the absence of vomiting and complete obstruction, torsion of the spermatic cord or acute orchitis with effusion and inflammation of the cord seemed more likely than strangulated hernia.

At operation I found an inguinal hernial sac tightly packed with congested omentum, and the sac was so much constricted at the neck that its contents were strangulated. At the bottom of the sac was a hard mass somewhat smaller than a Tangerine orange. The contents of the sac were removed and the radical cure for hernia performed.

On cutting into the hard mass I found it was really a thick-walled abscess containing pus, that was almost caseous. The wall of the abscess, however, showed no giant-cell systems, and the pus contained cocci staining by Gram's method. This abscess must have formed in the scrotum, for it was much too large to have passed through the small neck of the sac. The boy suffered no ill effects from the removal of this mass of omentum. He had a little chloroform sickness, but there was no further vomiting. Recovery was uninterrupted, and a month after the operation he was at work and in perfect health.

N. HAY BOLTON, M.D.,
D.T.M. and H., F.R.C.S. Edin.

Zanzibar.

PREGNANCY WITH MYXOEDEMATOUS SYMPTOMS.

In the JOURNAL of August 22nd, 1908, I reported the case of a woman with the classical features of myxoedema, in whom the symptoms rapidly disappeared after double ovariectomy for large cystadenomata. The following case, recently under my care in the Perth Hospital, illustrates the influence of a pregnancy in producing myxoedematous symptoms.

Mrs. C., a large bulky-looking woman, aged 26 years, was admitted eight months pregnant with her first child, suffering from retention of urine, which had come on rather suddenly, with slight vomiting and some pain in the back. The urine was loaded with albumin; the fetal head was lying further forward than usual, and markedly pressing on the bladder. The position of the head was apparently connected with an injury in childhood to the lumbar spine, which had necessitated the recumbent posture for three years. On examination of the spine, the middle of the lumbar region was found to bulge backwards, or, perhaps more correctly, the lower part of this region was displaced forwards, as if there had been an old dislocation. In spite of the pronounced albuminuria, there were no eye symptoms, but the legs were very oedematous. All over the body the skin was markedly thickened, firm, and inelastic, not pitting on pressure, this condition being especially noted over the back and posterior part of the chest, although it was clearly evident on the face, which conveyed the idea that it was swollen. The patient was strikingly dull and apathetic, spending most of her time in sleep, from which she could readily be roused momentarily. Her intelligence was obviously very blunted, so that it was impossible to get an explicit statement as to her history or present condition. She lay like a log in bed, and was quite unable to help herself, any movement, even of the legs, having to be done by the nurses. After a few days the skin over the projection of the lumbar spine began to get reddened, so that a water-bed became necessary.

On September 2nd, 1914, Caesarean section was performed. The skin of the child was seen to be macerated and peeling, and in spite of all efforts the infant succumbed. The patient's ovaries were found to be apparently healthy. It was noted in making the abdominal incision that the subcutaneous fat was profoundly altered, being very tough, decidedly pale, fibrous, and tightly bound down to the rectus aponeurosis. In the first couple of days after delivery the patient was light-headed, and appeared unable to realize her surroundings completely. Thence onwards her mental condition underwent a striking and rapid improvement. The oedema of the legs soon disappeared, and the general thickening of the skin quickly passed off. By the end of a week the dull, rather

stupid, expression had given place to that of an alert, intelligent woman, with a relatively thin face, while the skin all over the body was fast resuming its normal elasticity.

ARTHUR J. NYULASY, M.R.C.S. Eng.,
Gynaecologist to the Perth Hospital,
Western Australia.

Reports of Societies.

ROYAL SOCIETY OF MEDICINE.

SECTION OF OPHTHALMOLOGY.

At a meeting on June 9th, under the presidency of Mr. PRIESTLEY SMITH, Mr. A. C. HUDSON showed a case of *Sympathetic ophthalmitis treated by salvarsan and neo-salvarsan*. It seemed a genuine cure. Mr. J. S. HOSFORD exhibited two cases of the *Albuminuric retinitis of pregnancy*, and Dr. ATTLEE showed *Coloboma of the iris* in mother and child. Mr. CHARLES WRAY showed a case of *Bony growth in the frontal sinus*. In cases of retrobulbar neuritis suspected to be of sphenoidal origin, he advocated making the patient spend some time with the face downwards, with a view of facilitating drainage from the sphenoidal and posterior ethmoidal cells. Mr. HOLMES SPICER discussed the case. Mr. J. HERBERT FISHER read a paper on *Retinitis of pregnancy*. Obstetricians now no longer explained the albuminuria of pregnancy as the result of obscure reflex effects of the gravid uterus upon the kidneys, or of mechanical pressure on the ureters. They attributed it, with eclampsia and pathological vomiting of pregnancy, to toxæmic products in the circulation. In fatal cases of eclampsia hæmorrhages of brain and necrotic changes in the liver were often found, and albuminuria was an effect of the disease on the kidney, not the cause. In the retinitis of pregnancy the condition of retina was different from that in albuminuric retinitis, as also was its sequel. Syncytio toxins—products of the disintegration of the syncytium cells—had been found in these cases; and these cells immediately connected the fetal with the maternal structures. The author gave particulars of a series of typical cases of the condition which had been under his care. In one fatal case, Mr. A. C. HUDSON made a pathological examination on the day after death, and found the coats of the eye *in situ*. There was some oedema of the nerve head, and in the nasal quadrant of the retina were two large hæmorrhages. The chief pathological changes were in the large choroidal arteries, many of which showed gross endarteritis, causing, in some instances, obliteration of the vessel lumen. Some of the choroidal arteries were normal. Similar pathological changes were found in sections of posterior ciliary arteries surrounding the optic nerve behind the eyeball. The retina and optic nerve head showed evidence of oedema, in the former almost limited to the internuclear layer. Rods and cones were almost entirely absent, but this might be attributable to *post-mortem* changes. In the large retinal veins there was pronounced thickening of the adventitial coat. The rule had been for good recovery of vision to ensue, with the disappearance of all acute manifestations in the retina, thus differing absolutely from cases of ordinary renal retinitis. In cases in which defects of vision were permanent, this seemed to have been because changes had been produced in the walls of the arteries, or an atrophic condition of the nerve. A recurrence of the retinitis was not necessarily seen when pregnancies subsequently occurred, even though the albumin did not quite disappear in all. One patient died, after an interval of six years, from cardiac failure; another, after eight and a half years, of cerebral hæmorrhage into the left corpus striatum. In this case the kidneys were found to be of the typical red granular type. It seemed clear from his cases that albuminuria of pregnancy was not sufficient alone to set up the typical retinitis of pregnancy. In the ensuing discussion, Mr. J. S. HOSFORD reported having carefully observed 16 cases during the last fifteen years; only three of them were now alive. All but two ultimately developed a star-shaped spot on the macula, a sign which he regarded as of fatal omen. Many patients seemed to recover from the initial attack, but later had a relapse. In a series of

Universities and Colleges.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

AN ordinary Council was held on June 10th, when Sir Frederic Eve, Vice-President, was in the chair.

The War.

The Secretary reported that the President had left England to carry out duties assigned to him by the Admiralty, and would probably be absent for about three weeks. The Council sanctioned the absence of Mr. C. A. Ballance, who in a letter stated that he was going to Malta by request of the War Office.

Issue of Diplomas.

Diplomas of Fellowship were granted to eight candidates found qualified at the recent examination: Shridhar Bheekajee Gadgil, R. E. Collins, L. C. Rivett, Lalit Mohan Banerji, A. O. Gray, J. R. White, C. J. Marshall, B. T. Edye.

Diplomas of Membership were conferred upon G. M. Jackson and C. W. Fort.

Diplomas of the Licence in Dental Surgery were issued to twenty-three candidates found qualified for the Licence.

Closure of the Museum.

The Council adopted the resolution of the Museum Committee, that the museum be closed until further notice.

Election of Examiners.

The present examiners for the Fellowship and Membership, and for the Diplomas of Public Health and Tropical Medicine, were re-elected.

Council Election.

A meeting of the Fellows will be held at the College on Thursday, July 1st next, for the election of five Fellows into the Council of the College in the vacancies occasioned by the retirement in rotation of Sir Rickman J. Godlee, Mr. C. W. Mansell Moullin, Mr. Charters J. Symonds, and Mr. Charles Ryall (of whom Sir Rickman Godlee and Mr. Moullin have not offered themselves for re-election), and by the death of Mr. C. B. Lockwood.

ROYAL COLLEGE OF SURGEONS IN IRELAND.

THE annual election of the president, vice-president, secretary, and council was held last week, and the following were elected for the ensuing year:

President.—Mr. F. Conway Dwyer.

Vice-President.—Mr. William Taylor.

Secretary.—Sir Charles A. Cameron.

Council.—Mr. William Stoker, Sir Charles A. Cameron, Sir Lambert H. Ormsby, Mr. R. Dancer Purefoy, Mr. H. Gregg Sherlock, Sir Charles B. Ball, Mr. John B. Story, Sir Thomas Myles, Sir Arthur Chance, Mr. Shepherd M'C. Boyd, Sir Robert H. Woods, Mr. R. Lane Joynt, Mr. R. Bolton McCausland, Mr. Thomas E. Gordon, Mr. Edward H. Taylor, Mr. Alexander J. M'A. Blayney, Mr. R. Charles B. Maunsell, Mr. Trevor N. Smith, and Mr. William I. Wheeler.

Obituary.

GORDON CLUNES MCKAY MATHISON,

M.D., B.S.MELB., D.Sc.LOND.

THE death of Captain Mathison was briefly announced in the JOURNAL of June 5th. He was appointed to the Australian Military Forces as captain on August 12th, 1914, and to the 2nd Field Ambulance, Australian Imperial Expeditionary Force, on the 20th of the same month. He was reported severely wounded in the operations near Kithia in Gallipoli between May 8th and 12th, and died at the Ras-el-Tin Hospital, Alexandria, on May 20th.

We have received the following tribute to his scientific work, which shows how great a loss medical science has suffered by Captain Mathison's death:

Mathison came to University College in 1907 with the reputation of being the best student that Melbourne University had turned out from its medical faculty. During his tenure of the Sharpey Scholarship he not only maintained this reputation but added to it. A man of untiring energy, keenly interested in all kinds of knowledge, he not only proved himself an efficient teacher, but succeeded in turning out a mass of original work of the highest importance. But it was chiefly by his personality that Mathison left his impression on the college. His width of interest applied not only to ideas, but also to men. He threw himself into the work and play of the students with as much zest as he applied himself to the problems of his researches. He naturally, therefore, took a prominent part in the organization of the medical branch of the O.T.C. Indeed, his readiness to help in all

college movements began to occupy so much of his time that it was in his own interest that he was persuaded to apply for a Beit Fellowship and to resign the Sharpey Scholarship in 1910, and the wisdom of the change was shown by the rapid succession of masterly papers, dealing chiefly with the different aspects of the physiology of respiration, that came from his hands.

It was a great loss to the laboratory and to the college when Mathison left the country to take up a post in clinical pathology that had been created for him in his old university. His unfailing good spirits, his readiness to help in any difficulty, and his wideawake knowledge of almost everything that was going on in the college and the medical world, or that had been published in the scientific journals, rendered him a welcome member of the laboratory. We all felt, when we heard that Mathison had gone to the Dardanelles, that he was running a severe risk, for we knew that there would be no likelihood of his staying behind the firing line when there was anything to be done or help to be given in the front trenches or in the van of the assault. Wherever he was he had to be in the game. His death is a personal loss to hundreds of people who knew him and called him a friend. For the School of Medicine in Melbourne, for the science of medicine throughout the world, the loss is irreparable.

The following are the chief papers published by him while in this country:

The phosphorus of urine (*Journ. of Physiol.*, 38, 1909, Proc. of Physiol. Soc., p. 20).

The estimation of phosphorus in urine (*Biochem. Journ.*, 4, p. 233, 1909).

The output of organic phosphorus in urine (*Biochem. Journ.*, 4, p. 274, 1909).

The action of asphyxia on the spinal animal (*Journ. of Physiol.*, 41, p. 416, 1910).

The effects of asphyxia upon medullary centres. The vaso-motor centre (*Journ. of Physiol.*, 42, p. 283, 1911).

The effects of potassium salts upon the circulation and their action on plain muscle (*Journ. of Physiol.*, 42, p. 471, 1911).

The cause of the heart-block occurring during asphyxia (*Heart*, 2, p. 54, 1910).

The influence of acids upon the reduction of arterial blood (*Journ. of Physiol.*, 43, p. 347, 1911).

Auriculo-ventricular heart-block as a result of asphyxia (with Thomas Lewis) (*Heart*, 2, p. 47, 1910).

The sensory fibres of the phrenic nerve (*Review of Neurology and Psychiatry*, December, 1912).

The most important of these are those dealing with the effects of asphyxia. In his first paper on the effects of asphyxia in the spinal animal Mathison analysed the part played by oxygen deficiency, and carbonic acid excess respectively. In the papers on the effects of asphyxia on the spinal animal and upon the medullary centres, Mathison succeeded in clearing up the part played in the phenomena of asphyxia by these two factors. He showed that either of them or the introduction of weak organic acids into the blood stream, caused a general excitation both of the medullary and spinal centres, and that the threshold of sensibility of the medullary centres was about five times as low as that for the spinal centres. His results made it almost certain that a common factor, namely, the increased hydrogen ion content of the blood, underlay the action of these different factors upon the nerve centres. Observations on the condition of the heart during these experiments led him to investigate, partly alone, partly with T. Lewis, the causation of the slowing of the heart which may occur during asphyxia. He showed that, apart from vagus excitation, the deficiency of oxygen caused heart-block to occur in consequence of its depressant action upon the auriculo-ventricular connexions. The effects of asphyxia on the circulation led him naturally to the consideration of the conditions of tissue oxidation when there is increased need or diminished supply of oxygen. With the help of Barcroft he therefore investigated the effect of the conditions which occur in asphyxia, namely, increased tension of carbonic acid and increased hydrogen ion concentration of the blood, on the rate at which oxyhaemoglobin gives off its oxygen. He showed that the concentrations of carbon dioxide or lactic acid, such as occur in the tissues during deficient oxygenation, may double the rate at which the arterial blood gives up its oxygen at low oxygen tensions, so that the presence of these acid substances may be an important factor in tissue respiration.

Mathison also investigated the influence of another constituent of the blood which has long been known to have

the diploma of L.R.C.S.I. in 1855, and entered the army as assistant surgeon on March 6th, 1855, becoming surgeon in 1867, surgeon-major in 1873, brigade surgeon in 1879, and retiring with a step of honorary rank on October 1st, 1881. He served in the 2nd Queen's and in the West Yorkshire Regiments, and had a long list of war service: Crimea, siege and capture of Sebastopol, medal with clasp, and Turkish medal; second China war, 1860, capture of the Taku forts, actions of August 12th and 14th, September 18th and 21st, advance on and capture of Peking, medal with two clasps; and second Afghan war, 1878-80, storm and capture of Ali Musjid, medal with clasp.

Medical News.

AMONG the Fellows of the Royal Sanitary Institute recently elected are Dr. Julian Arce, Director of the Department of Public Health of the Peruvian Republic, Mr. David Davies, M.P., and Professor Frank Fairchild Wesbrook of the University of British Columbia.

DR. H. MEREDITH RICHARDS, the Vice-Chairman of the Welsh National Health Insurance Commissioners, will open a discussion on Thrift in our Food Supplies at 5 p.m. on Friday, June 25th, at a special meeting of the Society of Medical Officers of Health, to be held at the society's rooms, No. 1, Upper Montague Street, Russell Square. It is hoped that all who are interested in this important question will attend the meeting.

AT the recent examination for sanitary inspectors under the Public Health (London) Act, 1891, held by the Sanitary Inspectors' Examination Board, of the 25 successful candidates (15 females and 10 males), 10 were trained at the National Health Society, 5 at the Royal Sanitary Institute, 4 at the Hackney Institute, 2 each at the Battersea Polytechnic and the Municipal Technical School, Birmingham, 1 at University College, Liverpool, and 1 was in office.

PROFESSOR METCHNIKOFF's seventieth birthday was lately celebrated very quietly at the Institute Pasteur. Many members of the Russian colony of Paris were present. MM. Darboux and Roux, speaking respectively as representatives of the Institute of France and the Pasteur Institute, reviewed the work done by the Russian scientist. By way of reply, Professor Metchnikoff delivered an interesting address on the prolongation of life.

AT a meeting of the managers of the Royal Infirmary, Edinburgh, on June 7th, a letter was read from Miss Trotter, enclosing a cheque for £2,600, being the first payment in respect of the Royal Infirmary Badge Day Fund. It is hoped that the total amount will be something over £3,000. Votes of thanks to the organizers and to the 2,500 workers on the day were adopted, as also to the officials of the Bank of Scotland, who received and counted the money in the boxes.

UP to June 1st about £1,200 had been subscribed for the monument to be erected in memory of Dr. Emile Reymond, surgeon, senator, and one of the boldest pioneers of aviation in France. It may be remembered that Dr. Reymond was mortally wounded in making a reconnaissance in the early part of the war, but succeeded in getting back to the French lines and making his report before he died. The monument, which is from the chisel of the distinguished sculptor A. Bartholomé, is to be erected at Montbrison, the municipality of which has voted £200 towards the cost. Dr. Navarro, professor in the medical faculty of Montevideo, has sent £20 to the fund.

AT a meeting of the Executive Council of Queensland University the Hon. J. W. Blair (Minister for Education), Dr. Aeneas John McDonnell, M.D., and Mr. George Woolnough, M.A., were appointed members of the Senate of the University of Queensland in the places of Sir William MacGregor and Dr. Eugen Hirschfeld (resigned), and the late Hon. A. H. Barlow. Dr. Aeneas McDonnell, who comes of an old Scottish family, is a well-known doctor of Toowoomba and a graduate of Sydney University. Dr. McDonnell takes a keen interest in educational matters, and besides being a representative of the medical profession, he should add strength to the Senate by his energies in other directions. It may be recalled that Sir William MacGregor, the late Governor now retired, is also a distinguished member of the profession.

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.

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

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

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.

THE telegraphic addresses of the BRITISH MEDICAL ASSOCIATION and JOURNAL are: (1) EDITOR of the BRITISH MEDICAL JOURNAL, *Aitiology, Westrand, London*; telephone, 2631, Gerrard. (2) FINANCIAL SECRETARY AND BUSINESS MANAGER (Advertisements, etc.), *Articulate, Westrand, London*; telephone, 2630, Gerrard. (3) MEDICAL SECRETARY, *Mediscera, Westrand, London*; telephone, 2634, Gerrard. The address of the Irish office of the British Medical Association is 16, South Frederick Street, Dublin.

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.

A. D. asks where he can obtain (1) literature upon systems of breathing exercises intended to remedy adenoids and mouth breathing; (2) cheap woven slippers for scholars to change at school while their wet boots are being dried.

F. S. asks for information as to results of specific treatment—for example, didymin (testicular substance)—of premature sexual impotence, or reference to literature dealing with same.

LETTERS, NOTES, ETC.

ANONYMOUS COMMUNICATIONS.

WE find it necessary again to remind correspondents that no notice can be taken of communications unless verified by the writer's name, not necessarily for publication. Such communications are not preserved.

TREATMENT OF CEREBRO-SPINAL MENINGITIS.

LIEUTENANT E. N. RUSSELL, R.A.M.C. (Aylesbury), writes: As there seems to be a considerable amount of cerebro-spinal meningitis in this country at the present time I think I should let it be known that a colleague of mine got excellent results from the use of soamin hypodermically during the serious epidemic in British East Africa. He took the disease himself and was treated with soamin. He made a good recovery.

NERVOUS AND MENTAL SHOCK IN THE BASE HOSPITALS IN FRANCE.

DR. J. REID (London) writes: I trust that Dr. Turner's paper (JOURNAL, May 15th) will not give an impression that the mental effects are special to the war. In 1885 I attended four young men as the result of a "buggy" accident. A school-master had a head injury of a trivial character; another showed no effects; of two brothers one had trivial, the other no external effects. When seen, the last—the younger brother, about 20—was restless, said "Get away," would answer nothing rationally, and was very impatient when I tried to examine him (chest, etc.). In less than ten days he was quite rational and intelligent, with no signs whatever of the accident. The treatment was on the lines suggested by Dr. Turner. The father of the two young men, a farmer, had had an accident in his youth and suffered from occasional headaches, which he attributed to neglect of treatment at the time. It is difficult to account for this mental case. I think the retina was "gorged." I cannot imagine that it is all functional, but rather that vascular disturbance plays a part.

SCALE OF CHARGES FOR ADVERTISEMENTS IN THE BRITISH MEDICAL JOURNAL.

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NOTE.—It is against the rules of the Post Office to receive postage letters addressed either in initials or numbers.

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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, Goitre, and Thyroid; Diabetes, Glycosuria and Sugar; Eye, Ophthalmia, and Vision, etc.

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