The investigation was carried out in the following manner:

Acting on advice kindly furnished by Professor Lorrain Smith, we commenced with a solution of eusol ten times more dilute than that used in the treatment of wounds. It speedily appeared, however, that this was too weak and that a solution about five times more dilute than the normal strength used for wounds gave the optimum effect in the treatment of conjunctivitis. Every second case of conjunctivitis was treated by irrigating the conjunctival sac freely three times a day with eusol; the other cases were treated with boric acid and zinc sulphate solution, as being probably the commonest of routine methods.

We took the cases absolutely in the order that they happened to arrive from field ambulances. The only thing that was done in the way of selection was to exclude from the experimental group those cases in which any complications coexisted with the inflammation of the conjunctiva. Cases of blepharitis, corneal ulceration, trichiasis, entropion, and ectropion seemed to us to present incalculable elements the inclusion of which would be likely to lead to ambiguous and uncertain conclusions.

One hundred cases were treated in this comparative manner. Of these 100 cases, the 50 treated with eusol took an aggregate time of 303 days to cure. The cases treated by boric acid and zinc took 448 days before they were fit for duty.

The employment of eusol therefore resulted in the saving of many days in the treatment, the average time required for a cure with eusol being 6.06 days, as against the average time of 8.96 days required to get the same result with boric acid and zinc treatment.

It was further apparent as the result of our work that, apart from any gain in time, eusol might yet be a very useful alternative measure for the treatment of conjunctivitis, for in six cases it succeeded in effecting a rapid cure of the disease where boric acid and zinc had proved unsatisfactory.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

INTUSSUSCEPTION OF THE SMALL INTESTINE DUE TO FIBROMYOMA: EXCISION: RECOVERY.

THE following case appears worthy of record for several reasons. Fibromyoma of the small intestine is rare, especially as the cause of acute following chronic intestinal obstruction in an elderly patient.

A thin lady, aged 50, had been failing in health and having colicky pains and indigestion on and off for six months. She got suddenly very much worse on December 7th, 1915. She vomited frequently, and on December 12th brought up bilious and brown offensive material. Enemata had at first brought away large masses of scybala, but without much relief. The patient had been more or less constipated for years, but she had been much worse of late. Dr. Clowes saw several coils of small intestine across the middle of the abdomen, and felt a hard lump varying in consistency to the left of the umbilicus. He did not think this was faecal, as it persisted after the enemata. His diagnosis was obstruction of the small intestine, probably due to growth. There was no blood in the results of the enemata, but some slime came away with one of them. When I saw her at Colchester, on the evening of December 13th, she looked exhausted and shrunken, but not very ill.

Operation.

Dr. Worts gave the anaesthetic, and Dr. Clowes assisted. A long incision was made through the middle and inner third of the right rectus. I at once felt an intussusception in the small intestine, probably about the middle of the ileum. It was about 8 in. long, and its apex was hard, and thought to consist of a polyp or carcinoma. Very gradually and gently the intussusception was reduced. As the last bit was released a depression was seen on the wall of the bowel, which indicated the attachment of the growth. The latter could now be well felt and moved inside the bowel. It was polypoid, but with a broad attachment, and was 2½ in. long and 1 in. in diameter. The intestine at and just below the growth was grey and thin; therefore I resected about 6 in. of it with the growth, and joined up end to end with two continuous sutures of fine black thread. The intestine above was greatly hypertrophied, and also considerably dilated, probably to twice the natural size. The abdomen was closed in layers with catgut and mass salmon-gut sutures in the usual way. The operation lasted about forty-five minutes. There was no shock at the end. She was given a rectal saline with 30 grains of aspirin immediately afterwards.

A letter from Dr. Clowes, dated January 30th, 1916, stated that the patient had done very well.

A report from the Clinical Research Association stated that "the tumour is composed of bundles of smooth muscle with a very small amount of fibrous stroma. It is not malignant, and has the general structure of a fibromyoma."

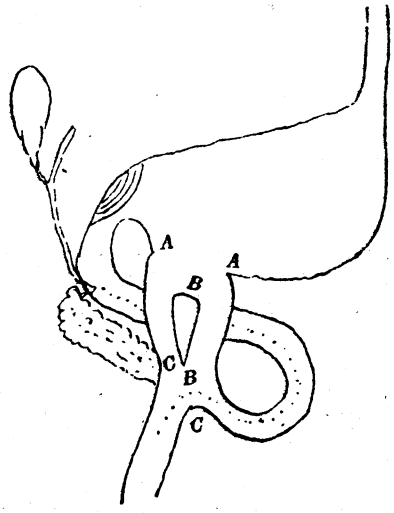
Recovery after resection at the end of six days' complete obstruction of the small intestine is uncommon. Resection seemed to be the best treatment, for even if the innocent nature of the tumour had been certain at the time of the operation, excision of the polyp would have involved cutting into the damaged bowel at its mesenteric border. It seemed better to remove the seriously damaged part. The question of drainage of the distended bowel above arose, but in view of the high position of the obstruction this was not thought necessary.

R. P. ROWLANDS, M.S., F.R.C.S.,
Surgeon to Guy's Hospital.

DUODENAL AND JEJUNAL ULCERS.

SIR J. BLAND-SUTTON says (February 19th, p. 272) that surgery has evolved a new ulcer in the jejunum. He says also that "with an unobstructed pylorus gastro-jejunostomy cannot be relied on to cure a chronic duodenal ulcer . . . as it exposes patients to the discomforts and risks of regurgitant vomiting and jejunal ulcers . . ." I hold that all ulcers in that region after gastro-jejunostomy are due simply to faulty technique. I fail to see the necessity for pylorectomy in duodenal or pyloric ulcers.

I have shown in my publications in the BRITISH MEDICAL JOURNAL of April 25th and July 25th, 1914, what is, in my opinion, the best operation for duodenal and pyloric ulcers—namely, a posterior gastro-jejunostomy with an entero-anastomosis in every case, done at the same time.



From A to A, 3 in.; B to B, 2 in.; C to C, 1½ in.

I have had a large experience in this operation, and have had no deaths and no jejunal ulcers occurring afterwards, and no unpleasant symptoms of any kind whatever.

The diagram shows the completed operation referred to.

London. G. GORE GILLON, Lt.-Col. R.A.M.C.

PROCIDENTIA UTERI IN A NULLIPARA.

IN the JOURNAL of February 5th, p. 218, in a letter on "Dystocia due to Constricted Os," Dr. W. E. Fothergill of Manchester says that "nulliparous women do not have procidentia uteri (the final or complete stage of prolapsus uteri)." Three years ago I met with a case of complete prolapsus uteri in a woman aged 20, unquestionably a nullipara. The condition had existed for about five months, and was accidentally discovered by her mother, who brought her to me. The vulvar ring had contracted behind the extruded corpus uteri, and an anaesthetic was needed before reduction could be effected. Here there was no overgrowth of the cervix. Cervix and body were both normal in size. It was a case of simple uncomplicated procidentia uteri in a nullipara. She was the daughter of a small farmer, and the condition was attributed by her mother to the carrying of heavy loads of farm produce. A pessary was put in; it was removed a few months afterwards, and, so far as I know, the ailment has not recurred.

Ballinalee, Edgeworthstown. J. F. KEENAN, M.B.

which throws more work on the heart muscle, murmurs have their place, and it is as important as ever to distinguish between those murmurs produced by an organic valvular lesion and those due to some temporary and passing condition. In endeavouring to make this distinction, the effect of posture is of great importance, and I would venture to say that the so-called "functional murmurs"—which, by the way, are always systolic in time—tend to be louder in the horizontal posture, and become less audible and even disappear completely in the vertical. Systolic bruits due to organic disease vary in the same way with posture, but to a much less extent. It will be seen that this is the exact opposite to what Sir James Kingston Fowler states, and I can only leave it to your readers to decide. I would ask any doubter to go round any ward and listen in the second and third left interspaces close to the sternum of patient after patient, each patient being recumbent. A systolic murmur will be heard in a great many of them, and it will be especially loud at the end of expiration. In each instance, when a murmur has been detected, get the patient to sit or stand up, and it will be noticed that the murmur will tend to lessen, or even disappear. This pulmonary systolic murmur is, of course, the commonest type of "functional" murmur, but the effect of posture will be also found to apply to those in other areas. These very common functional murmurs are of little or no significance, and have no bearing on the patient or the recruit's "fitness" for active service. If it were only generally realized that they mean nothing, soldiers who come to the base hospital labelled "valvular disease of the heart" would be able to remain with their units, and thus they would be saved much worry and the Government much expense. In the same way many recruits would be accepted who at present are rejected.

May I add in closing how thoroughly I agree with the view that all men should be examined both in the recumbent and in the vertical postures? This not so much for its bearings on murmurs as its effect on the heart-rate. In all doubtful cases they should also be examined after a definite amount of exercise. This routine is always carried out in this base hospital, and is constantly found to be of great value.—I am, etc.,

ROBERT DAWSON RUDOLF, M.D.Edin.,
F.R.C.P., Lieut.-Col. C.A.M.C.

British Expeditionary Force, France, Jan. 1st.

Universities and Colleges.

UNIVERSITY OF BRISTOL.

THE following candidates have been approved at the examinations indicated:

M.B., CH.B.—O. C. M. Davis, Hilda K. Ewins. *Part I (including Forensic Medicine and Toxicology)*: E. J. Ball.

SOCIETY OF APOTHECARIES OF LONDON.

THE following candidates have been approved in the subjects indicated:

SURGERY.—*†W. J. May, *†G. S. Mitchell, *†L. F. Pain, *†G. C. N. Younger.
MEDICINE.—*†E. V. Beaumont, *†H. M. Gray, *†L. Kahan, †W. J. May.
FORENSIC MEDICINE.—J. Y. Dent, P. C. C. Fenwick, H. M. Hobson, G. C. N Younger.
MIDWIFERY.—P. G. H. Bayon, W. F. R. Castle, B. Ghobrial, E. N. Glover, W. H. A. Pratt, A. L. Watts.

* Section I. † Section II.

The diploma of the Society has been granted to the following: W. F. R. Castle, L. Kahan, W. J. May, and G. S. Mitchell.

The Services.

EXCHANGES DESIRED.

CAPTAIN H. W. BAYLY, R.A.M.C.T., 2/1st South-Western Mounted Brigade Field Ambulance, Maresfield Park Camp, Uckfield, Sussex, gazetted Captain September 4th, 1915, late Civil Surgeon, General Plumer's Force, South Africa, wishes to exchange with a Medical Officer to a British Cavalry or Yeomanry Regiment in France.

Captain R.A.M.C.(T.F.), honorary surgeon to civil hospital at present stationed in England, attached as Medical Officer to Divisional Train, A.S.C., desires an exchange with an officer holding a hospital appointment at home or abroad in which operative surgery is available.—Address No. 950, BRITISH MEDICAL JOURNAL Office, 429, Strand, W.C.

Obituary.

NATHANIEL E. ROBERTS, M.B., C.M.EDIN., D.P.H.,

ASSISTANT MEDICAL OFFICER FOR THE PORT OF LIVERPOOL.

WE regret to announce the death of Dr. N. E. Roberts, which took place at Menai Bridge. Until twelve months ago he was enjoying life and fulfilling his various public duties with his customary energy. His health gradually began to fail and he was reluctantly compelled to retire from active practice. For some months he had lived with his sister, and it was hoped the rest in his native land would restore his health. Dr. Roberts was a good example of self-help and dogged perseverance. In his early youth he worked as a pork butcher, then he qualified as a chemist, and finally by his indomitable energy studied medicine at the University of Edinburgh, where he graduated M.B., C.M. in 1879. He took the D.P.H., L.R.C.P.S.Edin. in 1892. After spending some time at Bangor he went to Liverpool where he held many public appointments. He was recognized as an authority on infectious fevers, having gained his experience during the twenty-three years he was visiting physician to Grafton Street Fever Hospital. He was also assistant medical officer to the Port of Liverpool; his duties were to visit ships arriving in Liverpool and inspect the bills of health and detect and deal with any source of infection. He was also an examiner in and teacher of vaccination and lecturer on infectious diseases in the University of Liverpool; at one time he was Vice-Chairman of the Medical Faculty.

Dr. Roberts was an enthusiastic volunteer and territorial, retiring with the rank of Lieutenant-Colonel R.A.M.C. (T.F.).

A man holding so many public appointments had little time for private practice, and this partook more of consultations in the special subjects on which he was an authority than of general practice. Nevertheless Dr. Roberts was a man who never narrowed his interest in matters medical, and was a frequent attendant at the meetings of the Liverpool Medical Institution.

He had many friends, won for him by cheerful genial disposition and sense of humour, and, in spite of a rugged impression, rendered more noticeable by his shaggy eyebrows and massive hair, he was always welcome among his medical friends, and many a joke about his fellow countrymen and their ways passed his lips. He was a widower, and leaves no children. The funeral, at Smithdown Cemetery on February 23rd, was attended by representatives of the public institutions with which he was connected.

BY the death of Mr. CHARLES LAKIN on February 10th, at the age of 67, Leicester loses one of its oldest medical practitioners. Mr. Lakin was educated for the medical profession at Queen's College, Birmingham, and after taking the diploma of L.R.C.P.Edin. in 1872 was for a time resident obstetrician at Queen's Hospital. Later he took the diplomas of L.R.F.P.S.G. and L.S.A. He commenced practice in Leicester in 1873 and quickly attained a prominent position. For the last thirty years he had been a member of the town council, and in 1892 was appointed an alderman, a position which he held at the time of his death. His best known public work was in connexion with the Sanitary Committee, of which he was vice-chairman for many years; he was also chairman of the Isolation Hospital Committee. He was Mayor of Leicester in 1908, an office that he filled with dignity and credit to the town. Of quiet, unassuming character, he spoke seldom, but rendered splendid service by bringing his medical knowledge to bear on questions relating to the welfare of the rapidly growing borough. Among his multifarious duties he found time to carry on the work of the honorary medical officer to the Wycliffe Society of the Blind, which looks after the interests of over 200 blind persons. Of genial nature, his patients found him full of kindness and sympathy, and many will mourn the loss not only of a trusted medical adviser but of a valued friend.

DR. GEORGE ALFRED HEBERDEN, D.S.O., of Victoria West, Cape Province, South Africa, died in a sanatorium on January 23rd, aged 55. He was the eldest son of the

late Rev. George Heberden, vicar of Rothwell, Yorkshire, received his medical education at St. George's Hospital, and took the diplomas of M.R.C.S. and L.R.C.P.Lond. in 1888. Settling in South Africa, he served as surgeon-captain with the mounted forces in the South African war, went through the siege of Kimberley, and received the D.S.O., as well as the medal. He was afterwards district surgeon and railway medical officer at Victoria West.

MAJOR FREDERICK RICHARD MILLER, R.A.M.C.(T.F.), Deputy Assistant Director of Medical Services, 60th Division, died at Alum Chine Towers, Bournemouth, on February 4th, aged 50. He was the younger son of the late T. Lanfear Miller, of Cape Town, was educated at St. Bartholomew's, and took the diplomas M.R.C.S. and L.S.A. in 1886, and that of L.R.C.P.Lond. in 1887. He graduated M.D.Brux. with distinction in 1889. He was clinical assistant in the Royal Ear Hospital, and before the war was in practice in Kensington; he was a captain in the 6th London Field Ambulance, and was appointed to his late post on February 22nd, 1915. He was an ex-president of the Brussels Medical Graduates' Association and a member of the Red Cross Society of Madrid.

LIEUTENANT WILLIAM DUNMORE MURRAY, R.A.M.C., died in London in January, aged 48. He was educated at Glasgow University, where he took the degrees of M.B. and C.M. in 1888, and had been in practice in London for fifteen years, when he took a temporary commission in the R.A.M.C. He had recently been stationed at Colchester. He leaves a widow and two sons, the elder of whom is serving in the Northumberland Fusiliers.

Medical News.

THE University Court of Edinburgh has elected Dr. R. McKenzie Johnston a Curator of Patronage in the room of the late Sir William Turner.

H.R.H. the Duke of Connaught, Grand Prior of the Order of St. John of Jerusalem in England, has approved of the appointment of Sir William Bennett, K.C.V.O., F.R.C.S., to be Surgeon-in-Chief to the St. John Ambulance Brigade.

PROFESSOR M. WEINBERG, of the Pasteur Institute, Paris, will deliver a lecture on bacteriological and experimental researches on gas gangrene, with epidiascope demonstration, before the Royal Society of Medicine (1, Wimpole Street, London, W.), on Friday next, at 5 p.m.

THE Health of Munition Workers Committee has issued a memorandum on canteen construction and equipment numbered 6 (Cd. 8199. Price 4d.), which is an appendix to memorandum 3 on industrial canteens. The new memorandum is illustrated by detailed constructional drawings. Communications on the subject should be addressed to the secretary, Canteens Committee, Central Control Board, Canada House, Kingsway, London, W.C.

THE Royal Free Hospital has made its clinics for safeguarding infant life the consultative centre of departments devoted to infant welfare. An appeal is now made for £200,000 for additional accommodation for maternity and other special cases. A generous benefactor has already presented over an acre of ground adjacent to the hospital, and the first block of the new building will be commenced as soon as funds and circumstances allow. Donations should be addressed to Sir Francis Layland Barratt, Bt., M.P. (honorary treasurer), Royal Free Hospital, Gray's Inn Road, W.C., where full information can be obtained from the secretary, Special Appeal Fund.

AT the annual meeting of the Southport Infirmary on February 26th a tribute to the memory of Sir George Pilkington, adopted by the board of management, was reported. The resolution recalled that he had been chairman of the board for fifteen years, and concluded as follows: "Sir George's relations with his colleagues and the entire staff were always of the most cordial nature, and he enjoyed the confidence and affection of all. In him the infirmary has lost a leader of wisdom and resource, and a friend whose generous help was ever available. His memory will long be a stimulus to those who remain to carry on the work for the sick poor of this district, and especially at this time for the wounded soldiers who are entrusted to our care."

THE Pirogoff Society, the leading medical society of Russia, in a recent report states that the suppression of the drink traffic has led to a diminution of sickness, especially venereal and mental diseases, accidents (especially railway), fires, suicides, and crimes; and to an increase of industry and material wealth. Whether a return to beer and wine should be allowed while vodka continues to be forbidden is answered in the negative on the ground that these drinks, being pleasanter to the taste, attract women and children. Other measures to supplement prohibition are urged, such as a betterment of social conditions and an active propaganda for the enlightenment of the people regarding the evils of alcoholism. An inquiry made in the province of Penza showed that only 14 per cent. of former drinkers had used substitutes, and most of these were comparatively harmless beverages.

MR. LEWIN PAYNE opened a discussion at the meeting of the Odontological Section of the Royal Society of Medicine on February 28th on war injuries of the jaws and face. Communications were made by Dr. Hayes of the American Ambulance in France, Dr. Hotz of Paris, and Mr. J. F. Colyer. The debate will be resumed on Monday next at 5.30 p.m. In connexion with the discussion an exhibition of splints, models, photographs, and *x*-ray pictures is on view at the house of the society (1, Wimpole Street). M. Pont of Lyons has sent photographs and descriptions of cases of very extensive destruction of the jaws and face, and specimens of the apparatus used. The American Ambulance in France and the Ecole Dentaire de Paris have sent similar exhibits. The photographs show well the form of splint used and the permanent restorative apparatus. There are similar exhibits from the British hospitals, including *x*-ray pictures of two cases of bone-grafting of the mandible operated on at the Croydon Military Hospital. The exhibition is of the utmost practical interest, and remains open till Monday evening, March 6th.

THE Territorial General Hospital at Birmingham has followed the example of some others, and on January 1st issued the first number of a hospital periodical, with the title *The "Southern" Cross*. The 1st Southern General Hospital was established in the university buildings, Edgbaston, Birmingham, with 520 beds, and received its first convoy on September 1st, 1914. The number was subsequently raised to 1,040; sections were opened at Dudley Road, Stourbridge, Selly Park, and King's Heath; forty-seven auxiliary hospitals were organized, and many civil hospitals in the Midlands put beds at the disposal of the 1st Southern. Altogether 30,501 patients, of whom 235 were officers, were treated to the end of 1915. The first number opens with a portrait of the administrator, Lieutenant-Colonel F. Marsh, and a short note by him, in which he very justly observes that the work of such hospitals does something more than relieve suffering, for restoration of the sick and wounded to health means the return of trained soldiers to the firing line. Like its hospital contemporaries, this periodical is not all serious; in fact, it is very little serious. It contains a good many hospital jokes and some excellent caricatures. It is edited by N. Pollock, whose rank is not stated.

AT the usual monthly meeting of the Medical Sickness and Accident Society, on February 18th, when Dr. F. J. Allan was in the chair, it was reported that the sickness experience for January was slightly in excess of the expectation at this time of the year, and was generally accounted for by the number of claims for influenza. Special reports on all the chronic claimants now drawing sickness benefit showed that they numbered 40 and that the amount paid annually was £2,000. This is considered to be the most important work the society performs, as it is principally the sickness benefit received each week that enables the recipients to maintain themselves and their families. The votes obtained in consequence of the annual subscription of £105 to Epsom College has also enabled members of the society, crippled in health and unable to earn their living, to obtain Foundation Scholarships for their sons, thus giving them a first-class education at one of the foremost schools free. The balance-sheets for the year showed that the total funds of the society were now £274,700 and the annual income £37,000. It was resolved to place before the annual meeting in March a scheme of deferred annuities, starting at age 65, with five options before that age. Registered dental surgeons of military age are accepted under certain conditions which will be given on application. All applications should be addressed to the secretary, Medical Sickness and Accident Society, 300, High Holborn, London, W.C.