

were no enlarged glands. Professor Walker Hall investigated the nature of the lesion, and has been good enough to allow me to publish his report, which is as follows :

The mass consists of carcinomatous tissues. The submucous, muscular, and subperitoneal tissues are invaded by glandular cells arranged atypically. In places the infiltration is so marked that individual bundles of muscle fibres are separated by masses of cancer cells. The cells themselves show colloid degeneration, and this process is general throughout the specimen. There is evidence of spread by lymphatic vessels.

## BLOODLESS OPERATION FOR HAEMORRHOIDS AND PROLAPSUS ANI.

BY MAJOR F. McKELVEY BELL, M.D.,

SURGEON TO — CANADIAN STATIONARY HOSPITAL, FRANCE, AND ST. LUKE'S GENERAL HOSPITAL, OTTAWA, CANADA.

THE operation here described is intended for cases in which four or more large piles occur or in the milder grades of prolapsus ani. In other words, it may be used in any case in which Whitehead's operation is indicated, but has the advantages of being almost bloodless and less liable to complications.

The usual preparation is given by mild laxatives and a light diet for two days previous to operation, *ol. ricini* ʒj and no supper the evening before, and two to three simple enemata—that is, sufficient to clean the colon—in the morning. The instruments required are one large slightly-curved clamp, two Hagedorn needles, one semi-curved needle, one pair of scissors curved on the flat, tissue forceps, thermo-cautery, and No. 4 silk for suture.

*Operation.*—After dilatation of the sphincter, a long silk suture is passed through at the junction of the skin and mucous membrane in the mid-perineal line (Fig. 1). This suture is to be left untied and used as a retractor (1), two similar sutures are inserted on either side of the anus (2 and 3), so that when traction is made upon all three



FIG. 1.

the extruded mucous membrane is converted into a triangle.

Each side of the triangle is to be dealt with individually. The portion between 1 and 2 is clamped in order to mark the area for excision. This area is limited externally by the junction of the skin and mucous membrane, and extends internally to within one-eighth inch of the required depth. On removal of the clamp a bluish furrow will be seen, the inner and outer borders of which mark the area for suture.

The two Hagedorn needles are now threaded at either end of a continuous silk suture. The first stitch, which

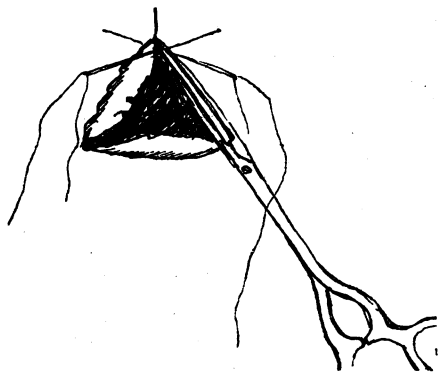


FIG. 2.

may be inserted before removal of the clamp, is placed at the apex of the triangle, and is tied at the centre of the thread. The clamp being removed the two needles are passed through from opposite sides at the same point—a cobbler's stitch (Fig. 2). Each stitch is pulled taut but not tied. The suture is continued in this manner at  $\frac{1}{4}$  in.

intervals until the lower end of this side of the triangle is reached, where it is tied. With the scissors the redundant tissue is now clipped away at a distance of one-sixteenth of an inch from the line of suture (Fig. 3). The narrow ridge thus left is lightly touched with the thermo-cautery. The other two sides of the triangle are similarly treated, and the traction sutures are removed.

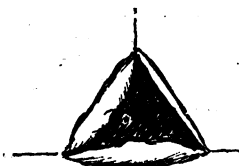


FIG. 3.

A suppository containing 1 grain ext. *opii* is inserted, and the usual rubber tube ( $\frac{1}{8}$  by 3 in.), wound with iodoform gauze and well anointed with vasoline, is introduced (Fig. 4). This tube is left *in situ* until the morning of the fifth day after operation. The patient is kept on fluids for four days, and the bowels are constipated with pil. *opii* gr. 1 to 2 daily. At the beginning of the fifth day 1 oz. of castor oil is given by the mouth, and after four hours 6 oz. of warm olive oil is injected through the tube, which is then gently removed.



FIG. 4.

In a series of twenty-one cases this operation has given satisfactory results.

I am indebted to Sergt.-Major H. E. Law (W.O.), C.A.M.C., for the drawings illustrating this article.

## Memoranda :

### MEDICAL, SURGICAL, OBSTETRICAL.

#### A CASE OF PUERPERAL SEPTICAEMIA TREATED BY INTRAVENOUS INJECTION OF EUSOL:

To the perusal of the article, "On a case of septicaemia treated by intravenous injection of eusol," by Drs. Lorrain Smith, James Ritchie, and Theodore Rettie, which was published in this JOURNAL on November 13th, 1915, we feel indebted for the successful treatment of the following case:

Mrs. C. H., aged 19 years, a primipara, was delivered of a male child on January 21st, 1916. The labour was very difficult, and was terminated by forceps under chloroform. Owing to the large size of the child, which weighed 10 lb., there was considerable laceration of the vagina and perineum.

On the third day after confinement the temperature was found to be 101°, while the lochia were very offensive.

The stitches were removed, the raw surfaces painted with pure phenol, and the vagina and uterus were douched with mercury biniodide solution (1 in 2,000), and aspirin in 10-grain doses every three hours administered.

On the evening of the same day the patient had a very severe rigor, lasting for two hours. Next morning the temperature had risen to 103.4° and the pulse was 132. The same local treatment was carried out, and next morning 10 c.cm. of polyvalent serum were injected; this dose was repeated the following day. Notwithstanding this the patient's condition became steadily worse.

On January 27th 120 c.cm. of eusol in normal saline, warmed to 37° C., were injected into the right median basilic vein, under local anaesthesia (1 per cent. solution of quinine-urea hydrochloride). Mr. A. G. Francis, Surgeon to the Hull Royal Infirmary, performed the operation.

Several hours later the patient became very restless, and complained of great pain in the back. A hypodermic injection of morphine  $\frac{1}{4}$  grain, with atropine  $\frac{1}{16}$  grain, hyoscine  $\frac{1}{16}$  grain, and strychnine  $\frac{1}{32}$  grain was accordingly given; sleep supervened in a few minutes and continued for several hours. Next morning the pain had entirely disappeared and the temperature had fallen 1.5°. Two days later it registered 99.4°, and reached normal on February 1st. The pulse, though still rapid (over 100), had greatly improved in quality. Previously of extremely low tension, it had now the character which an eminent French clinician so graphically described as *bien frappé*.

The local treatment adopted subsequent to that already described consisted in twice daily douching the vagina

with 1 per cent. solution of lysol and insufflating iodoform. Improvement was steadily maintained, the patient being able to leave her bed four weeks after the date of confinement.

Driffeld, East Yorks.

A. T. BRAND, M.D.  
J. R. KEITH, M.D.

#### CRANIAL TUMOUR (? DERMOID BY IMPLANTATION.)

PRIVATE R. T., No. 9441, was stunned by the explosion of a shell on April 29th, 1915. A blunt body must have struck the skull, for the skin was slightly wounded; it healed in a few days, but a tumour rose up within five days, and early in May was about the size of a medium-sized orange. Though he had a sense of pressure inside his head, he does not think the tumour itself had pulsation in it at that time. About June a skiagram was taken, and a fracture of the skull was seen at the edge of the tumour. Operation was declined.

I saw the patient in October, 1915, and at first thought the swelling was a meningocele which had become shut off by healing of the fracture. It was round and fluctuating and free from pulsation or expansion on blowing efforts. It had previously been diagnosed as hernia cerebri by another surgeon. At this time I did not think it wise to operate.

The patient was sent to Colchester. A radiograph taken there plainly showed the old fracture of the skull at the edge of the tumour. Having concluded that the cyst must now be shut off from the brain I decided to operate, and on November 29th an incision was made and the whole cyst was shelled out clean. It had no brain connexion. It peeled off from the bare bone in the centre over the bregma. The fracture lay an inch away. It had upward raised edges, so that some diffused pressure must have been made elsewhere by the shell explosion, or the body which was driven by it against the skull. On opening the cyst, hair and sebaceous matter was seen, and on the wall were a few white projections but no teeth.

The question then arose whether the cyst was a mere coincidence, or whether skin had been driven in by the shell and caused a tumour by implantation.

The officer in charge of the laboratory at Colchester reported as follows:

Section shows a simple dermoid cyst lined by about three layers of squamous epithelium, on the surface of which is shown sebaceous secretion. There are large numbers of sebaceous glands. It is impossible to say from a section whether it is a traumatic inclusion dermoid or of congenital formation. The site, of course, would give you much information towards settling the point. If it was in the region of one of the sutures it would almost certainly be a congenital one.—WM. L. MACKARELL, Captain R.A.M.C., O/C Laboratory.

As no tumour was noticed before the injury, and as the cyst was on a suture, it must be concluded that an embryo dermoid must have been incited to grow by the stimulus of the injury.

Up to date—January 20th, 1916—there is no sign of recurrence.

W. LEDINGHAM CHRISTIE, M.D., F.R.C.S. Eng.,  
Temporary Lieutenant R.A.M.C.

## Reports of Societies.

### TREATMENT OF GUNSHOT WOUNDS.

IN the discussion at the Harveian Society of London which followed the address by Sir BERKELEY MOYNIHAN, published in the JOURNAL of March 4th, several speakers spoke of the risk of relighting up infection by secondary operations. The opinion seemed to be that such operations should be deferred as long as possible. Mr. CLAYTON-GREENE said that he was not satisfied as to the proper treatment of a small wound discharging pus with a foreign body at the bottom of it. The danger of interference was that of opening up fresh avenues of infection. He thought exploration should be deferred until the streptococcus had been got rid of by prophylactic vaccines and by Bier's method of cupping. Mr. DONALD ARMOUR thought that the ill effects of reopening wounds were associated specially with bone, in connexion with which there was a real danger of reawakening old suppuration. He had been

much encouraged by the results following the use of magnesium sulphate and glycerine in infected cases. Mr. D'ARCY POWER, speaking of dense infiltrating scars the result of prolonged suppuration following extensive laceration of the soft tissues, expressed the opinion that graduated movements by the patient and massage rendered the tissue much more supple, and made excision of the scar undesirable—at least during the earlier periods.

Mr. DUNCAN FITZWILLIAMS and Mr. A. EDMUNDS spoke of the results witnessed in the Mediterranean among the wounded from Gallipoli. Mr. Fitzwilliams said that the hypertonic salt solution had been much used at Malta, but that antiseptics increased the rate of healing. Mr. Edmunds said that chloramine was one of the most valuable additions to the surgeon's kit, but as the supply was limited he had kept it for a difficult class of mouth cases—those in which the palate was badly damaged. He agreed as to the value of the hypochlorite solution if thoroughly applied to all parts of the wound.

Mr. ALEXANDER FLEMING said that when he went out to France he found the clinical appearance of the wounds totally different from anything he had seen in civil practice, and that bacteriologically the difference was just as marked. The wounds in general resembled the foul-smelling appendix abscesses of civil life. The infection was primarily faecal, and the microbes in the early stages were those normally found in the intestine of men and animals—namely, *B. aerogenes capsulatus*, *Streptococcus*, *B. proteus*, *B. coli*, and a number of spore-bearing putrefactive anaerobic bacilli (to which latter the foul smell was due); all of these were found in faeces. In order to trace the source of infection cultures were made from portions of the soldier's clothing, selecting parts remote from the wound in order to avoid contamination from the wound discharge. These were incubated aerobically and anaerobically, and samples showed out of twelve:

10 containing *B. aerogenes capsulatus*.  
5 containing *Streptococcus*.  
4 containing *B. tetani*.  
2 containing *Staphylococcus albus*.

The examinations were carried out in November, 1914, when there was much tetanus among the wounded. These experiments showed that the soldier's clothing was the source of the wound infection. Wound infection might be divided into three stages: (1) A gross infection with anaerobic spore-bearing bacilli, producing a foul-smelling sanious discharge, due to the action of the bacilli on the blood clot in the wound; (2) the anaerobic bacilli disappear, and the discharge becomes more purulent, but not as yet like the so-called "laudable pus"; (3) infection with pyogenic cocci. In explanation of the importance of (3) he related the following experiment: Human faeces were planted in blood clot and incubated anaerobically for twenty-four hours. A loopful of this culture was transferred to a second tube of blood clot and incubated like the first, and so on for ten days, in this way reproducing to some extent the wound infection. He found that the early cultures, in addition to *streptococcus*, contained many *B. aerogenes capsulatus*, *B. coli* and putrefactive organisms, and that these became gradually fewer, until after ten days all had almost entirely disappeared except the *streptococcus* and some Gram-positive bacilli called "wisp bacilli," similar to those found in wounds; the tenth subculture had practically the same flora as an infected wound ten days old. While wounds may become serious in the early stages from infection with tetanus, gas gangrene, and septicaemia, the streptococcal infection of the later stages was by far the most serious, for all the septicaemias were due to it. He described two distinct types infecting these wounds: (1) the *Strep. faecalis*, relatively non-virulent, (2) *Strep. pyogenes*; in about one-third of the cases he had found a third—an anaerobic streptococcus—which had caused a rapidly fatal septicaemia in the patient from whose blood it had been isolated in pure culture. His observations on the use of pure carbolic acid, and iodine solution in alcohol, for the primary sterilization of wounds, led him to conclude that the results were no better than had the applications not been used. The later infections of war wounds he considered not essentially different from those seen in civil practice; in both, the streptococcus and staphylococcus played the most important part, the former being the more potent factor of the two. Since 1903 all forms of sepsis had been treated at St. Mary's Hospital with

sacrifice offered has been accepted to the full. The old days at Guy's and the more recent days in his country practice in the picturesque Mendip village of Compton Martin are over, and I feel that one of the beloved characters of Life's Book has gone out of the story and that much of the charm has gone too.

**SURGEON-GENERAL CHARLES EDWIN McVITTIE**, Madras Medical Service (retired), died at Exmouth on February 17th. He took the L.R.C.S.I. in 1865, and the Fellowship in 1874, and the L.R.C.P. Edin. in 1866. He entered the I.M.S. as assistant surgeon on March 31st, 1866, became surgeon on July 1st, 1873, surgeon-major on March 31st, 1878, deputy surgeon-general on March 7th, 1891, and surgeon-general on April 1st, 1895, retiring on April 1st, 1900. A good service pension was conferred upon him from May 17th, 1894, and on March 23rd, 1898, he was appointed honorary physician to the Queen. He served in Afghanistan in 1880, receiving the medal, and in Burma in 1886-7, when he was mentioned in dispatches, in G.G.O. No. 434 of 1887, and received the medal with two clasps.

**DEPUTY SURGEON-GENERAL EUGENE FRANCIS O'LEARY**, R.A.M.C. (retired), died at Sidmouth on February 20th, aged 80. He took the diploma of M.R.C.S. in 1856, and the degree of M.D.R.U.I. in 1870. He entered the army as assistant surgeon on February 9th, 1856, became surgeon on February 9th, 1868, and surgeon-major on March 1st, 1873, retiring as brigade surgeon, with the honorary rank of deputy surgeon-general, on December 12th, 1883. He served in the Egyptian war of 1882, and received the medal and the Khedive's bronze star.

**BRIGADE SURGEON EDWARD ACTON GIBBON**, of Sledagh, co. Wexford, High Sheriff of Wexford, died there on February 15th, aged 80. He was educated in Dublin, and took the diplomas of L.R.C.S.I. in 1858 and L.K.Q.C.P.I. in 1860. Entering the army as assistant surgeon on September 1st, 1858, he became surgeon on September 1st, 1870, and surgeon-major on March 1st, 1873, and retired with a step of honorary rank on March 12th, 1880.

**LIEUTENANT-COLONEL ALFRED JOHN BELEMORE**, R.A.M.C. (retired), died at Brighton on February 4th, aged 76. He was educated at St. Mary's, took the diplomas of M.R.C.S. and L.S.A. in 1861, and joined the army as assistant surgeon on April 16th, 1862, becoming surgeon on March 1st, 1873, and surgeon-major on April 16th, 1874, and retiring on March 22nd, 1888. The *Army List* assigns him no war service.

**SURGEON-MAJOR ARTHUR SANDERSON**, R.A.M.C. (retired), died at Joanville, Jersey, on January 23rd, aged 81. He took the diploma of M.R.C.S. in 1857, entered the army as assistant surgeon on January 12th, 1859, became surgeon on January 12th, 1871, and surgeon-major on March 1st, 1873, retiring on March 28th, 1890. The *Army List* assigns him no war service.

**DEATHS IN THE PROFESSION ABROAD.**—Among the members of the medical profession in foreign countries who have recently died are Dr. A. Morgan Vance, of Louisville, Kentucky, a well-known orthopaedic surgeon, aged 61; Dr. Pietro Da Venezia, for forty years physician-in-chief to the Ospedale Civile of Venice, aged 80; and Dr. R. A. Witthaus, for many years professor of chemistry at the Cornell Medical College, editor in conjunction with Becker of a treatise on medical jurisprudence, and author of numerous contributions on toxicology, on which he was a recognized authority, aged 69.

## The Services.

### TERRITORIAL FORCE.

**MAJOR M. J. MAHONEY**, M.D., attached to the King's (Liverpool Regiment), has been awarded the Territorial Decoration.

### EXCHANGES DESIRED.

**CAPTAIN T. CAMERON HOBSTON**, R.A.M.C. (T.), 21st Lowland Mounted Brigade Field Ambulance, Cupar, Fife, Scotland, gazetted Captain October 2nd, 1915, wishes to exchange with a medical officer on active service, in any capacity.

*Northern Command.*—M.O. wishes to exchange; preferably for Cannock Chase district.—Address No. 1150, BRITISH MEDICAL JOURNAL Office, 423, Strand, W.C.

## Universities and Colleges.

### UNIVERSITY OF OXFORD.

#### Radcliffe Travelling Fellowship.

The electors have elected George E. Beaumont, B.A., University College, to a Travelling Fellowship on the Foundation of Dr. John Radcliffe.

### UNIVERSITY OF CAMBRIDGE.

At a congregation on March 10th a grace was approved to the effect that, notwithstanding the regulations prohibiting any degree other than an honorary degree being conferred out of term, the vice-chancellor should be authorized to admit candidates to degrees in medicine and surgery at a congregation during the long vacation. This arrangement was made because, owing to the late date at which medical examinations in the Easter term are held, it was not possible for the class lists to be issued before the last congregation in Easter term, and the successful candidates would be placed at a serious disadvantage if unable to proceed to their degrees until Michaelmas term.

### UNIVERSITY OF LONDON.

#### MEETING OF THE SENATE.

A MEETING of the Senate was held on February 23rd.

Mr. Thomas Yeates was recognized as a teacher of anatomy at the Middlesex Hospital Medical School and his name added to the Board of Intermediate Medical Studies and of Studies in Human Anatomy and Morphology.

The subject of the essay for the Paul Philip Reitlinger prize in 1917 is "The comparative treatment of native races in the British Empire."

#### Special War Regulations for Medical Students.

—It was resolved:

That, from the present time until a date after the termination of the war to be fixed later by the Senate, Internal Students who have been debarred from presenting themselves for examinations for medical degrees by service under the War Office or Admiralty, or by hospital service in connexion with the war, or by other approved service in connexion with national defence, be (i) permitted to enter at the First Examination for Medical Degrees in either (a) inorganic chemistry and physics, or (b) general biology, provided that the authorities of the schools to which they are attached shall recommend that they be permitted so to enter; (ii) credited with any subject in which they pass at the First Examination for Medical Degrees or Second Examination for Medical Degrees, Part II; (iii) permitted, if they fail in Forensic Medicine only in Group I of the Third Examination for Medical Degrees, to present themselves for re-examination in that subject only in order to complete the examination in Group I; provided that they comply with the regulations in all other respects.

### UNIVERSITY OF BRISTOL.

THE following candidates have been approved at the examination indicated:

**SECOND M.B., CH.B.**—B. A. Astley-Weston, Elizabeth Casson, R. F. White.

### ROYAL COLLEGE OF SURGEONS OF ENGLAND.

AN ordinary council was held on March 9th, when Sir William Watson Cheyne, president, was in the chair.

#### Dental Surgery.

Diplomas in dental surgery were granted to twenty-eight candidates found qualified for the licence.

A report from the Board of Examiners in Dental Surgery was adopted by the council, and it was decided to inform the General Medical Council, with further reference to its letter of March 11th, 1915, that the council of the Royal College of Surgeons of England think that the present curriculum for dental students might be revised in accordance with the recommendations of the Board of Examiners in Dental Surgery without impairing the sufficiency of the guarantees for efficient practice contemplated by the Dentists Act.

#### General Medical Council.

Sir Henry Morris was re-elected the representative of the College in the General Medical Council.

#### Bradshaw Lecture.

Mr. Charters J. Symonds was elected Bradshaw lecturer for the ensuing collegiate year.

ON February 24th Mr. W. D. Spanton, consulting surgeon to the North Staffordshire Infirmary, presided at Stoke over the jubilee meeting of the North Staffordshire Field Club. It was founded in Mr. Spanton's rooms in the old North Staffordshire Infirmary at Etruria in April, 1865, and he was one of the first honorary secretaries. From his review of the fifty years' work of the club it appears that it has an archaeological section, with sketching and photographic sections which preserve records of buildings in the district, and sections on geology, entomology, zoology, botany, microscopy, and meteorology. It has a medal and a library founded in honour of past secretaries, and also a natural history museum, now under the aegis of the county borough authorities. A vote of thanks to Mr. Spanton, moved by two old members of the club, was cordially adopted.

## Medical News.

DR. FRANCIS JOHN HARVEY BATEMAN, of Heath End, Blackheath, has been appointed a justice of the peace for the county of London.

A VIENNA manufacturer has given £20,000 for the foundation of an institute for the study of the proper food (*Volksernährung*) by correlating the results of research in organic chemistry, biology, and physiology.

DR. D. D. MAIN of the Church Missionary Society Hospital, Hankow, and Dr. Sidney G. Kirkby-Gomes, medical officer of the Peking-Mukden Railway, have received the King's permission to wear the decoration of the fourth and fifth class of the Order of the Excellent Crop, conferred upon them by the President of the Chinese Republic.

THE King has granted permission to the following members of the profession to wear the decorations of the class of the Order of the Nile indicated, conferred upon them by the Sultan of Egypt in recognition of valuable services rendered:—*Third Class*: Dr. J. B. Christopherson of the Sudan Civil Service. *Fourth Class*: Captain A. G. Cummins, M.B., R.A.M.C., and Dr. V. S. Hodson, M.V.O.

At a recent massage examination held by the Incorporated Society of Trained Masseuses there were 201 candidates, of whom 131 passed, six with distinction. The list was headed by a blind student, Mr. P. L. Way. Among the other successful candidates were five blind students, one a surgeon, who were trained at the National Institute for the Blind, 246, Great Portland Street, London, W. In addition six blind soldiers passed the first part of the examination.

At the annual meeting of the Cancer Hospital on March 10th, the chairman, Lord Northbrook, said that at the outbreak of the war an offer of the use of the hospitals, exceptionally well-equipped electrical and x-ray departments, and 50 beds had been accepted by the War Office. During the past year 57 soldiers had been admitted to the wards and 135 military patients had received treatment in the electrical and radio-therapeutic department; a large percentage of the cases treated were restored to health and to active service.

PROFESSOR ETTORE MARCHIAFAVA has been appointed to the chair of clinical medicine left vacant by the death of Professor Guido Baccelli. His name is best known by his work on malaria, but he has also made valuable researches on tuberculous and syphilitic arteritis, glomerulo-nephritis, and epidemic cerebro-spinal meningitis. He is a Grand Officer of the Crown of Italy, a Senator of the Kingdom, and President of the Società Lancisiana degli Ospedali di Roma, and a member of the Superior Council of Public Instruction.

UNDER the title of "Prophylactic Institute" an association has been formed in Paris whose object is to conduct a campaign for the gradual extinction of syphilis. Besides the direct treatment of patients, it will undertake scientific researches, and bring continuous action to bear on the administrative authorities. Among the members are Dr. Roux, Director of the Pasteur Institute, Dr. Landouzy, Dean of the Paris Faculty of Medicine, M. Painlevé, Minister of Instruction and of Inventions affecting National Defence, M. Briens, author of *Les Avariés*, and other well known men. Mr. F. Jay Gould has sent a cheque for 250,000 francs (£50,000) to the Foundation Committee of the new institute.

At the annual meeting of the Association for Promoting the Training and Supply of Midwives, held on March 14th, an address was given by Dr. E. W. Hope, M.O.H. Liverpool, on the subject of midwives and their relations with public health bodies. The comparative poverty of industrial Liverpool, he said, was reflected in the fact that out of 23,000 births last year, 17,000 were attended by midwives. He regarded it as of great importance to the community, particularly in respect to the provision of antenatal care, that the sympathies of the midwives should be enlisted officially. In Liverpool the midwives had a local association, and the authorities were thus able readily to get into touch with them, and at the same time encourage post-graduate study, of which the midwives themselves arranged the courses, given at the University. The midwives were on friendly official relationships with the Health Committee, and were regarded almost as part of the sanitary staff. Dr. Hope suggested a more careful adjustment of functions as between midwives and district nurses, and also the inclusion of four months' midwifery training in the education of the ordinary nurse.

## Letters, Notes, and Answers.

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, *Atiology, Westrand, London*; telephone, 2631, Gerrard. (2) FINANCIAL SECRETARY AND BUSINESS MANAGER (advertisements, etc.), *Articulate, Westrand, London*; telephone, 2630, Gerrard. (3) MEDICAL SECRETARY, *Medisecra, 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.

### LETTERS, NOTES, ETC.

#### NEED FOR RESIDENT SURGICAL OFFICERS AT HOSPITALS.

THE Central Medical War Committee invites applications from gentlemen of good hospital surgical experience, who, being over age or otherwise disqualified for service in the R.A.M.C., would yet be willing, if the necessity arose, to take appointments as resident surgical officers in hospitals. This appeal is not intended to interfere with the ordinary announcements of vacancies for such posts, but the Central Medical War Committee would like to have in reserve a supply of experienced surgeons who would, if necessary, be prepared to fill such appointments for a time. Applications should be sent to the Secretaries, Central Medical War Committee, 429, Strand, London, W.C.

#### CHEER FOR THE NERVE-SHAKEN.

DR. S. E. WHITE (London, W.) writes: In an address reported in the BRITISH MEDICAL JOURNAL of January 8th, 1916, Dr. Bedford Pierce, of York, dealing with the possible ways of aiding recovery from recent nerve disturbance or transient loss of balance, expressed the opinion that there is legal difficulty about treating these cases otherwise than by bringing them under lunacy control, and that, consequently, legislation will be necessary to do away with that section (315) of the Lunacy Act, which will not allow restraint to be exercised without the individual being certified and his case thoroughly investigated.

But is detention always required? Are there not a great many cases which, if taken early enough, would gladly go of their own accord to some home, hospital, or sanatorium for appropriate medical care and more hopeful and health-giving surroundings, were such attainable? Dr. Pierce himself points out—apparently unconscious of any inconsistency—how very successful have been the results obtained at the present time in two infirmary wards in Glasgow, and also in a branch of the Lady Chichester Hospital at Brighton. Both of these are on a voluntary footing, and carried on apart from lunacy. Sir T. Clouston's proposal for a Mental Ward in the Edinburgh Royal Infirmary was not frustrated by any legal difficulty, but only by a majority of one vote on the Infirmary Board.

That insanity is increasing is shown very clearly by the figures for the last eight years given in the BRITISH MEDICAL JOURNAL of January 15th, 1916, especially those relating to the increased frequency of first attacks. A diminished recovery-rate is also noted. The best hope for the future lies in a cheering atmosphere, such as will steady, quiet, and help the troubled mind and give it reassurance, rather than in condemning the nerve-shaken to seclusion and repression. A movement was on foot just before the war, supported by half the House of Commons, to provide such preventive hospitals under the councils. Were these hospitals in existence now, they would be a great boon for the care and cure of our soldiers invalided through nerve shock.

There are numbers of nerve-shaken soldiers among the wounded who get well in a short time in the base hospitals, thus proving that it is quite unnecessary to place the unwounded, when uncertifiable, in asylums. What they need is rest and sleep and encouragement, with ordinary medical care, interest, occupation, and recreation when convalescent. Everything that tends to remove depression and to quiet anxiety is a clear gain, and the men are very conscious of where they are and the prospect before them.

### SCALE OF CHARGES FOR ADVERTISEMENTS IN THE BRITISH MEDICAL JOURNAL.

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