

the syringe should be injected next, in order to make certain that there is no leak. The stopcock is now turned and the syringe filled by withdrawing the plunger. After reversing the stopcock, the eusol is slowly injected into the vein. This process is repeated till the desired amount is injected. At the conclusion a syringe of saline should be introduced. The initial dose should be from 50 to 100 c.cm., but later as much as 150 c.cm. may be given. Care must be taken not to inject any eusol into the tissues, as even a few drops will cause severe pain.

The solution injected is eusol, to which common salt has been added in the proportion of 8.5 grams per litre. It is prepared by shaking up 25 grams of a mixture of equal parts of chloride of lime and boric acid in 1 litre of water and subsequently filtering; to the filtrate 8.5 grams of common salt are added. Before injection the solution of eusol should be warmed to about the blood temperature by placing the containing flask in a basin of hot water.

It is important to note that it is essential to adhere strictly to the directions given for the preparation of eusol, which is a balanced mixture containing about 0.5 per cent. hypochlorous acid and 1.2 per cent. calcium borate.³ The presence of the borate gives the solution a reaction faintly alkaline to litmus.

It has already been pointed out that it is impossible to inject either free hypochlorous acid alone or solutions of sodium hypochlorite.⁴

REFERENCES.

¹ BRITISH MEDICAL JOURNAL, November 13th, 1915. ² Fraser and Bates, *ibid.*, January 15th, 1916; Brand and Keith, *ibid.*, March 18th, 1916. ³ *Ibid.*, July 24th, 1915. ⁴ *Ibid.*, January 29th, 1916.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

AN UNUSUAL CASE OF MUMPS.

Miss McC., aged 22, a student at a physical training college, returned from Scotland on January 27th, 1912. On January 29th she gave a lesson in a school where mumps had been prevalent for several weeks. On February 1st she was skating for several hours. During that night she was seized with vomiting and acute abdominal pain. The vomiting ceased by the morning, but the pain remained, and was treated by hot fomentations. I saw her first on the morning of February 3rd. She then complained of considerable abdominal pain about two inches above the umbilicus. The abdomen was rigid and flat; the temperature was 102°, and the pulse 100. There was a history of constipation. She was given one ounce of castor oil and the hot fomentations were continued. By the evening her bowels had acted four times, and some scybalous masses had passed. The pain was now referred to the region of the descending colon, which appeared to have still some hardened faecal masses in it. She was given a simple enema, which acted well, more scybala passing. The pain then passed to the left ovarian region, where it remained till the evening of February 6th, when the temperature, which had kept between 100° and 102°, dropped to normal; on February 7th it again rose to 101°, and she had pain to the right of the middle line over the right ovarian region. This pain continued, and on February 9th there was fullness and dullness over its seat; this increased, and on the morning of February 11th Mr. Gifford Nash saw the patient with me. He found the lower part of the abdomen doughy and oedematous, with rigidity of the abdominal muscles. By digital examination the rectum was found to be ballooned and considerable exudation round it. She was removed to the nursing home for observation.

On the morning of February 12th both parotid glands showed the typical swelling of mumps, the fullness of the abdomen was less, and the tenderness considerably diminished. By February 21st the patient was convalescent, all parotid swelling had gone, and also the fullness and tenderness from the abdomen. From the sequence of events, it would appear that the pancreas was first affected, then the left ovary, after that the right ovary, and finally both parotids simultaneously.

There is no history of the patient being exposed to infection before her return here. Is it possible that she

received the infection on January 29th when teaching in the infected school? Fourteen to twenty days is the usual incubation period for mumps according to most writers, but Fagge in his book says from six to twenty-one days.

I wish to express my gratitude to Mr. Gifford Nash for his kind advice and valuable assistance in this rather puzzling case.

ANDREW CHILLINGWORTH, L.R.C.P.Ed.,
M.R.C.S.Eng.

Bedford.

AVULSION OF THE DISTAL PHALANX OF THE THUMB.

A DRIVER of the A.S.C. was exercising a mule when the animal bolted, and the man was thrown off his feet and dragged, owing to the fact that his right thumb in a woollen glove had been caught in a small ring in the harness. A ditch chancing to cross the path the man dropped into it and came to a dead stop, with the result that the distal phalanx of the thumb, still clothed in the glove, cleanly severed, was torn off, carrying with it the tendon and belly of the flexor longus to a length of 9½ in.

ROBERT SCOTT, M.B.,
Temporary Lieutenant R.A.M.C.

Reports

ON

MEDICAL AND SURGICAL PRACTICE IN
HOSPITALS AND ASYLUMS.

BOLINGBROKE HOSPITAL, WANDSWORTH.

THE TREATMENT OF SEPTICAEMIA BY "FIXATION ABSCESS."

(By J. D. SPEID SINCLAIR, M.B., Ch.B., Resident
Medical Officer.)

THE history of the following case is one of three months' duration, and so typical of septicaemia that I shall confine my remarks to the more salient features, without entering into the minute details of the course of the illness.

Mrs. L., aged 39, was admitted on October 19th, 1915, suffering from septicaemia following confinement a month previously. Physical examination was negative except for a slight presystolic murmur at the apex. There was no discharge from the vagina; the uterus was freely movable and normal in size. She complained of no pain, and no tenderness was elicited in the pelvis on vaginal examination.

Course.

The temperature ranged between 100° morning and 103° to 104° and sometimes 106° in the evening, accompanied by rigors, and so continued for two and a half months, in spite of treatment.

The usual methods of treatment, including antistreptococcic serum, and stock vaccine, were tried, but her condition remained unaltered.

As she was becoming progressively weaker I decided to try treatment by "fixation abscess." Turpentine (m 20) was injected under the skin below the angle of the right scapula. As this unfortunately caused considerable pain fomentations were applied every three hours. In forty-eight hours the injected area became red and swollen; on the third day after injection I detected slight fluctuation, and made an incision into the abscess, but very little pus exuded. Fomentations were continued and resulted in a copious discharge of thick pus, the patient meanwhile being more comfortable and comparatively free from pain. On the fourth day after incising the abscess a large slough was removed, and the temperature dropped to 99° and remained so for four days, when it went up to 102°, with a rigor. After the rigor the temperature became 99° and next day 98.4°. On the following day it rose to 104°, accompanied by a rigor, after which it became normal and remained so. She was discharged in due course perfectly well.

By this method of treatment the actual microbe responsible for the patient's infection is employed to stimulate the antibodies, a guarantee which cannot be given even with an autogenous vaccine.

of embedded projectiles and a needle for finding the foreign body. He died at Lyons, where his duty had called him.

LIEUTENANT-COLONEL HENRY JOSEPH O'BRIEN, R.A.M.C. (ret.), died at Queenstown on April 16th. He was educated at Trinity College, Dublin, where he graduated A.B. and M.B. in 1864, and B.Ch. in 1865. He entered the army as assistant surgeon on October 2nd, 1865, became surgeon on March 1st, 1873, surgeon-major on October 2nd, 1877, and retired as brigade surgeon lieutenant-colonel on June 30th, 1896. He served in the Afghan war in 1878-80, receiving the medal.

The Services.

INDIAN MEDICAL SERVICE.

OFFICERS RETAINED.

THE Government of India has decided that lieutenant-colonels of the Indian Medical Service specially selected for increased pay, who are retained in the service on account of the war after attaining the age of 55, should be treated as supernumerary on the list, and that promotions should be made in their place with effect from the dates on which they attain that age. In the case of officers who have been granted extensions to complete thirty years' service for pension, and who are similarly retained in the service, promotion will be made from the date following that of the expiration of the period of extension.

EXCHANGES.

M.O. Wessex Division, at present under canvas at Hursley Camp, would like to exchange with Territorial M.O. serving in Portsmouth district. Address No. 1750, BRITISH MEDICAL JOURNAL Office, 429, Strand, W.C.

M.O. in Field Ambulance (T.F.), near London, gazetted Captain January, 1916, wishes exchange with medical officer on active service in any capacity. Address No. 1700, BRITISH MEDICAL JOURNAL Office, 429, Strand, W.C.

Universities and Colleges.

UNIVERSITY OF EDINBURGH.

At a meeting of the University Court on April 24th it was resolved to accept the bequest by Sir William Turner of his bust by Mr. Herbert Hampton, and to place it, as the testator requested, in the Anatomical Museum of the university near that of Professor John Goodair.

The Court finally approved the regulations already approved by the Senatus for the prize for women medical students to be paid out of the balance of the funds received from the Scottish Association for the Medical Education of Women. It will be awarded to the M.B., B.S. considered the most distinguished woman student of the year.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.

A COMMITTEE was held on April 27th, Dr. Frederick Taylor, the President, being in the chair.

Admission of Members.—The following candidates, having passed the required examination, were admitted Members of the College:

Alexander Greig Anderson, M.D. Aberd., Rowland Hill, M.D., Queen's Univ., Belfast, William MacAdam, M.D. Glasg., Henry Harold Scott, M.D. Lond., L.R.C.P.

Licences.—Licences to practise physic were granted to ninety-nine gentlemen who had passed the requisite examinations.

Election of Fellows.—The following Members were elected Fellows of the College:

Michael George Foster, M.D. Camb. (Harrogate), John MacLeod Hendrie MacLeod, M.D. Aberd., Henry Lawrence McKisack, M.D. Roy. Univ., Irel. (Belfast), Joseph Arthur Arkwright, M.D. Camb., Charles Hewitt Miller, M.D. Camb., Harold Waterlow Wiltshire, M.D. Camb., Charles Ernest Lakin, M.D. Lond., Edward Alfred Cockayne, M.D. Oxf.

Resignation of Representative.—A letter was received from Sir Wilnot Herringham resigning the office of representative of the College on the Governing Body of the University of Sheffield.

CONJOINT BOARD IN SCOTLAND.

THE following candidates have been approved at the examinations indicated:

FIRST EXAMINATION.—J. Campbell, J. I. Coventry, Agnes M. Hill, E. R. Lloyd, J. C. Meek, W. M. Reid, F. J. Stevenson, Marguerite M. I. Swanson.

SECOND EXAMINATION.—R. G. Bell, S. H. Waddy, M. J. Woodberg.

THIRD EXAMINATION.—R. Austin, A. Balfour Black, D. M'K. Black, J. Calder, Jean M' M. Crawford, R. P. Crawford, J. T. Dier, G. A. Grandsault, R. D. Howat, L. W. Hughes (with distinction), E. G. Jones, J. Michaelson.

FINAL EXAMINATION.—W. P. H. Lightbody, J. P. Mathie, J. R. B. Robb, A. Morison, T. Jackson, A. Smith, jun., J. M'Cartney, R. H. Rattray, T. M. Metcalfe.

Medical News.

DR. JOHN WYLLIE, Emeritus professor of medicine in the University of Edinburgh, left estate valued at £15,589. IT is proposed to reorganize the hospital department of Sing-Sing prison, New York, so as to include a clinic and a bureau for medical research.

AT the meeting of the Medico-Psychological Association to be held at 11, Chandos Street, W., on May 16th at 2.45 p.m., a paper, illustrated by lantern slides, will be read by Dr. Orr and Major Rows, R.A.M.C., on experimental toxic lesions in the rabbit's brain and their bearing on the genesis of acquired idiocy and imbecility in man.

As a tribute to the memory of Miss Edith Cavell, the name "Mount Cavell" has been given by the Canadian Government to one of the peaks in the Canadian Rockies. Mount Cavell rises to a height of over 11,000 feet, and is situated in the province of Alberta, near the famous Jasper Park.

THE Director-General of the Army Medical Service will preside at a meeting to be held at the Royal Army Medical College, Grosvenor Road, S.W., on Wednesday next at 3 p.m. in connexion with the proposed formation of benevolent societies for the benefit of families of officers and other ranks of the medical services auxiliary to the regular Royal Army Medical Corps—namely, the Special Reserve, the Territorial Force, and New Army. It is intended that funds shall be raised by voluntary subscriptions, and it has been proposed that each branch of the service should appoint a committee of five to seven members to administer its own funds. It is hoped that as many officers as possible will attend the meeting.

MEDICAL men share with other users of motor cars in the difficulty of obtaining chauffeurs, but it is a more serious matter for them, since the medical car is not merely a convenience or a luxury, but a necessity for the proper conduct of practice. Numerous inquiries have been received by the British Medical Association, and it has been ascertained that the Automobile Association and Motor Union have a list of men eligible as chauffeurs. Some of them are men who have been discharged from the army, others are Belgians, and nearly all are ineligible for service. Inquiries should be addressed to the Engineers Department, Automobile Association and Motor Union, 8, New Coventry Street, London, W. It is particularly requested that if any engagement is made as a result of such inquiry the Engineers Department should be informed.

AN exhibition of Japanese charms, amulets, votive offerings, and objects of medical interest was opened at the Wellcome Historical Medical Museum on May 4th. The collection, which is lent by Dr. W. L. Hildburgh, a well-known American antiquarian, consists of objects in popular use in Japan for securing protection against evil spirits and against accidents of all kinds. The collection of charms used in the cure and prevention of illness and in connexion with pregnancy and childbirth is particularly numerous. The votive offerings presented to shrines in gratitude for relief obtained are mostly symbolical paintings of various diseases. There is a small section of phallic emblems, and many specimens of printed paper charms, issued by Buddhist or Shinto temples throughout Japan, intended to protect against specific troubles. The collection, though not large, offers not a few features of interest to doctors as well as to archaeologists and anthropologists. It also makes an appeal to those to whom nothing human is foreign as representing in quaint and pathetic form the efforts of man to safeguard himself against the dangers in which he lives and moves and has his being.

OWING to the great demand for munitions in Austria, workshops have been overcrowded and overtime has been worked. The women and girls swept into this industry have not proved as immune to the wear of industrial life as the old factory hand. Professor Oppenheim (*Wien. klin. Woch.*, November 25th, 1915) states that the cases of industrial poisoning in munition factories were most numerous between the outbreak of the war and April, 1915. Their number was then greatly reduced by hygienic reforms and a more careful adaptation of employment to capacity. Professor Oppenheim gives details of twenty-six cases of dermatitis, most of them from the same factory in Vienna. In eighteen of these the disease was caused by fulminate of mercury. In a few cases the symptoms were traceable to the cleaning and polishing of metals with petroleum, ammonium chloride, acids, turpentine, and benzol. In a certain number of cases, alcohol, antimony, potassium chlorate, glue, and nitric

acid were suspected of aggravating the dermatitis. In the workers suffering from mercurial poisoning, the principal symptoms were oedema of the face and of the backs of the hands; a nodular, vesicular, or pustular eruption, which was less common, was apparently the result of a relatively slow process of poisoning. Oedema of the face was often preceded by inflammation of the eyelids and lips, and mercurial stomatitis was not rare. It was, however, ulcerative only in one case. The majority of the patients were young women, and in many of the cases mercury was found in the urine. All the symptoms disappeared quickly when the patients were relieved of their work, and they were fit for work again in a week or two. When systematic dental hygiene was adopted, and other precautions taken to prevent the absorption of mercury by the skin and mucous membrane, the number of cases began to wane, but in the winter began to increase again owing presumably to less efficient ventilation during the colder weather.

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 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, *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.

QUERIES.

L.R.C.P. asks for advice in the treatment of a case of leucoderma.

INCOME TAX.

A. B. explains that his partner died in February, 1915, that the executors refused to sell the book debts, and that he has paid income tax on all the receipts for 1915. He asks whether he can deduct income tax when handing over to the executors those receipts to which they are entitled.

*. The answer is in the negative, as from the date of dissolution of the partnership—presumably in February, 1915—"A. B." appears to have become the sole proprietor of the practice, and thenceforward was liable to income tax on the full annual profits of the practice, measured either by average cash receipts or by a year's bookings less bad debts. He has accordingly paid for the financial year 1915-16 no more tax than is properly due from him as proprietor of the practice. As regards the debts now being realized and handed over to the executors, the view of the Revenue authorities appears to be that, on the assumption that a full normal income has been assessed in the past, such receipts have already been subjected to income tax, and are not taxable in the hands of the executors.

G. D. K. B. is engaged on work somewhat in the nature of "military duty," inasmuch as he has undertaken additional civil work to release another surgeon for service, and, in addition, is assisting in the work of the local Voluntary Aid Detachment Hospital under military authority. He inquires whether he can on these grounds claim any special rebate or allowance in respect of income tax.

*. The question is dealt with in Section 13 of the Finance Act, 1914 (Session 2), by which the relief in question is confined to members of the military or naval forces of the Crown, or persons serving in any work abroad of the British Red Cross Society or of the St. John Ambulance. From the particulars furnished by our correspondent it would appear that he could not maintain a claim under the section referred to.

PETROL LICENCE DUTY.

T. H. E. occasionally takes his wife and two children with him on his rounds. He has been told by the local police authorities that if this continues the full licence duty must be paid, their view apparently being that only the chauffeur

and, as occasion may arise, a nurse can properly be carried in a car paying half licence duty.

*. Section 86 (4) of the Finance (1909-10) Act, 1910, provides that the allowance shall be granted "if a duly qualified medical practitioner proves to the satisfaction of the Commissioners or council by whom the licence is granted that any motor car kept by him is kept for the purpose of his profession." We cannot see that the occasional use of the car as mentioned by our correspondent could possibly disprove—what, indeed, seems fairly obvious—that the car is "kept for the purpose of his profession." Perhaps "T. H. E." may feel inclined to submit a full statement of the facts to the Commissioners of Customs and Excise, Custom House, E.C., a course which would, no doubt, free him from the present irritating position.

JUNKER ON JAPANESE OBSTETRICS.

A CORRESPONDENT wishes to know if any reader of the JOURNAL possesses a copy of a work by Dr. F. Junker on Japanese obstetrical instruments used before the introduction of European appliances, or knows where that book can be seen. It was prepared by Dr. Junker when he was principal of a medical school in Japan, and some instruments were presented to the museum of the College of Surgeons in 1873 by the author, with a copy of his treatise, but it has been lost.

ANSWERS.

PRURITUS OF THE FACE.

DR. G. W. SEQUEIRA (London) writes: In answer to "Country Doctor's" request (p. 640) I would suggest that, as there are visible changes in the skin—"subcuticular roughness"—the pruritus is not a pure neurosis. It is probably allied to Hutchinson's summer prurigo, which generally begins in childhood and lasts into the twenties, and affects the face, ears, neck, or arms. The itching sensations are due to the irritation of papillary nerves by the suddenly developing, although extremely minute, inflammatory product (serum). In this circumscribed prurigo the patients are often nervous, anxious, and worried, and it is sometimes associated with asthma, hay fever, and other bronchial affections, as well as with uterine disorders. Thus any derangement of the general health which may be present must of course be corrected on general principles. An ointment of beta naphthol, 5 per cent. strength, rubbed on the affected parts is likely to prove useful.

LETTERS, NOTES, ETC.

A VOLUME entitled *Collected Papers on Analytical Psychology*, by C. G. Jung, M.D., LL.D., authorized translation edited by Dr. Constance E. Long, has recently been published by Messrs. Baillière, Tindall, and Cox. The text occupies 377 pages. In a list of books issued by Messrs. Lewis the volume is, we are informed, described as translated by Dr. Constance E. Long. On this Dr. M. D. Eder writes to state that "of nine papers (263 pages) especially translated from the German for this work six (227 pages) were done entirely by my wife and myself; a further two (26 pages) were completely revised and partly retranslated by myself." We have received from Dr. Constance Long a note in which she writes: "My share in the book is merely that of editor; only one paper, and that from the French, being translated by me. Five different persons have contributed translations from the German, but, as Dr. Eder says, he and his wife have done the lion's share, for which they have been paid the usual translator's fees."

MEDICAL REFEREES TO INSURANCE COMPANIES.

A MEMBER writes: May I call attention to a system which seems to me ridiculous—namely, that however many medical practitioners there are, say, in a small town or country district, some insurance companies will only appoint one solely as their medical examiner? If A. holds such an appointment, and B. and C. are practising in the same town, it is clear to all that if, wishing to join a certain society, the candidates must be examined by A., though they may be patients of B. or C., which I hold to be most unfair to the latter. Now that the yearly meetings of branches are coming on, it would be a good thing to have the matter placed on the agenda and discussed. Perhaps local secretaries will take the hint, and my letter may bring forth the views of others on this subject.

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 *post restante* letters addressed either in initials or numbers.