

Memoranda: MEDICAL, SURGICAL, OBSTETRICAL.

A CASE OF RECURRENT TETANUS.

THE following case seems of sufficient interest to place on record. It shows that a man, in spite of a previous attack of tetanus, and in spite of receiving large quantities of antitoxin, may again be attacked and succumb. He was wounded by shrapnel over the right scapula, and received a prophylactic injection of antitetanic serum on the same day. The onset of the first attack of tetanus occurred on the sixteenth day; between this and the twenty-sixth day he received 27,000 units of antitetanic serum. On the fifty-fifth and again on the sixty-fourth days he received a prophylactic dose of 500 units. The onset of the second attack of tetanus occurred on the sixty-seventh day, and between that and the seventy-fourth day he received 21,000 units intrathecally. He died of tetanus on the seventy-fourth day.

This patient died during a second attack of tetanus after an interval of forty-two days of apparently complete recovery after the first attack. The original attack was one of the worst I have seen in this country, although it was mild compared with the severity of the tetanic spasms I saw in a considerable number of Chinese wounded whom I had under care during the Russo-Japanese war, proving, I think, that the prophylactic injection, if it does not in all cases prevent an attack, at least greatly modifies the severity of the symptoms.

A. M. WESTWATER, F.R.C.S. Edin.

GASTRECTOMY FOR CARCINOMA OF THE STOMACH: SEQUEL.

IN May, 1909, I operated upon a lady, a patient of Mr. Gordon Brown and Dr. A. P. Gibbons of Finsbury Circus, for carcinoma of the stomach, originating on the edge of a chronic ulcer. The duodenum was divided and the distal end closed. Nearly the whole of the stomach was removed, only a small portion of the cardiac end—to which the side of the duodenum was attached—being left. The patient recovered completely from the operation and led a very active life. At the end of five years the case was reported in the *BRITISH MEDICAL JOURNAL* as a success. The specimen itself is in the museum of the Royal College of Surgeons.

In November, 1916, I was called in to see her by Dr. Clarke Wakefield of Brondesbury, under whose care she was at that time, as she was suffering from jaundice. The liver was not enlarged and the gall bladder could not be felt, but an exploratory operation was performed under the impression that there might be a recurrence in the stump of the duodenum involving the orifice of the bile duct, and that cholecystostomy might give relief. The gall bladder, however, was empty and the duodenum free, but the whole liver was full of small nodules of an unmistakable character. The jaundice deepened, the growth appeared to involve the suprarenal bodies, and the patient died from asthenia in February, 1917, seven and a half years after the original operation, for seven of which she had enjoyed perfect health.

In all probability the final growth in this case should be considered as secondary to the original one, starting in cancer cells that had become detached and embedded in the liver before the operation, and the operation itself must be classed among those performed too late, like nearly all operations for carcinoma of the stomach. The time it is true is long, though I have known longer. I have, for example, known carcinomatous cells begin to grow in supraclavicular glands thirteen years after removal of a breast for scirrhus without any recurrence locally, and it is difficult to account for such a sudden and widely spread awakening after so many years.

It must always be remembered, too, that one attack of carcinoma does not confer immunity from a second. On the contrary, there is reason to think that there may be such a thing as an actual predisposition on the part either of the individual or of the organ concerned encouraging a second outbreak. I have under my care at the present time a lady whose left breast I removed for carcinoma

eleven years ago. The old scar—it was a complete operation, with removal of both pectoral muscles—is perfectly sound; there are no glands to be felt anywhere, and her general health is perfect, but there is a typical scirrhus growth in the opposite breast in exactly the same locality. There can be no question of secondary infection in such a case as this, and I could quote others similar to it though not of such long duration. For the present the question must be left open.

London, W.

C. MANSELL MOULLIN, F.R.C.S.,
Lieut.-Col. R.A.M.C.(T.).

Reports of Societies.

ORIGIN OF THE ELECTRIC CURRENTS LED OFF FROM THE HUMAN BODY.

AT the meeting of the Section of Electro-Therapeutics of the Royal Society of Medicine on March 16th, when Dr. HARRISON ORTON, President, was in the chair, Professor W. M. BAYLISS read the paper on the origin of electric currents led off from the human body, especially in relation to "nerve-leaks," which is published at page 387.

In the course of the subsequent discussion Captain MACDONALD said that if wounds in a denervated limb healed as rapidly as those in a normal limb, why was it that such bad sores were seen on paralysed patients, and why was it inadvisable to perform operations on paralysed parts? He had seen dielectric oil used for trench feet in France with great success.

Dr. AGNES SAVILL said that she had used dielectric oil for eczema. The patient had eczema on both feet; one foot was treated by dielectric oil and the other by ordinary methods. That treated by the oil healed more quickly, and the treatment was much more pleasant to the patient. Many practitioners were pleased with the results of the oil on inflamed throats.

Mr. HERNAMAN-JOHNSON spoke of the theory as used for diagnosis. He had brought two cases to an exponent of the method. Neither patient was very ill, and there was nothing so evident as to suggest a diagnosis at sight. The procedure was the same in each case. One electrode was placed over the back of the neck and was gradually moved down the spine, being lifted up between each application. In the case of the first patient nothing abnormal occurred until the mid-dorsal region was reached, when the galvanometer needle was noticed to swing more violently. Much the same occurred with the second patient, the abnormal movement occurring at the lumbar region. The first patient was suffering from chronic dysentery, the second from dysmenorrhoea, and later from amenorrhoea. A diagnosis was correctly made of bowel trouble in the one and pelvic trouble in the other, without the patients making any remark at all suggestive of their ailments. Both were rubbed with hot, dry towels; there was no visible moisture. In ulnar paralysis no deflection occurred over the region of distribution of the ulnar nerve. He said that if it could be shown that in lesions of certain organs there was greater deflection over the areas of the nerves supplying that organ, the method might be very useful in diagnosis.

Professor BAYLISS, in reply, said that the difficulty met with in the healing of ulcers and wounds on paralysed limbs was due rather to the difficulty in keeping desensitized limbs free from injury than to the destruction of "trophic nerves"; the limbs were more vulnerable because, being insensitive, they were unable to protect themselves from injury. It was said that the eye degenerated after destruction of the fifth nerve, but if the eye were protected no degeneration occurred. The method might be very useful in diagnosis if "nerve-leaks" occurred with definite lesions, but this was not proved. If a neurasthenic were examined each day would the "nerve-leak" be in the same place? He thought the effect might be brought about by a variation in the amount of sweat on the different parts of the skin. This suggested the question whether there were localized areas of sweating associated with definite lesions—for example, dysentery—but so far there was no proof that this was so. He thought that rubbing with hot towels was not an effective safeguard, as only the surface sweat would be rubbed off.

was born when she was 19, and the last when just 49. She had, I think, fifteen children, all of whom lived to adult age. The mother, now close upon 80, is still hale and hearty. These cases cannot be so rare as is supposed, for I think I could find more of them.—I am, etc.,

March 18th.

COUNTRY PRACTITIONER.

* * Dr. J. B. Garman (Great Barr, near Birmingham) writes that he attended a multipara in August, 1915, aged 49 years and 7 months. He offers to supply further particulars to Dr. F. J. Smith.

THE WHITE CITY CASE.

SIR,—We have the concurrence of the solicitors to the *Evening Standard* in requesting you to give space in the **BRITISH MEDICAL JOURNAL** to the following expression of explanation and apology to Dr. Henry Dutch, which appeared in the issue of the *Evening Standard* dated the 2nd March, 1917:

THE WHITE CITY CASE.

An Explanation and an Apology to Dr. Dutch.

Our attention has been called to an unfortunate inaccuracy in the report of these proceedings appearing in our issue of February 27th. From our report it would appear as though Mr. Muir said that Dr. Dutch had told Sauge "to drop the Sergeant-Major a quid."

As a matter of fact, Mr. Muir, in making the statement quoted above, was referring to quite a different person, and made no aspersion whatever upon Dr. Dutch. We much regret the inaccuracy in our report, and we are pleased to take the earliest opportunity of correcting any misapprehension and express our unqualified apology to Dr. Dutch for any annoyance caused to him.

We shall therefore esteem it a favour if you will publish this letter in your next issue.—We are, etc.,

HEMPSONS,

Solicitors for Dr. Henry Dutch.

33, Henrietta Street, Strand, W.C.,
March 15th, 1917.

OUR BELGIAN COLLEAGUES AT HOME AND ABROAD.

In the report of the meeting of the committee of the Belgian Doctors' and Pharmacists' Relief Fund it was stated that a printed statement had been prepared of the progress and working of the Fund during its first two years, but that it was not considered proper to incur the expense of circulating a copy to all subscribers to the Fund. A short summary of the statement may be of interest. It recalls that the Fund was originated in consequence of representations made by Dr. C. Jacobs, Professor of Obstetrics in the University of Brussels, who came to England in November, 1914, as a delegate and spokesman of a committee of Belgian medical men and pharmacists organized in Brussels. A provisional committee was formed, with Sir Rickman Godlee as chairman, and containing representatives of the Royal Colleges of Physicians and Surgeons, the Apothecaries' Society of London, the Pharmaceutical Society of Great Britain, and the British Medical Association. Dr. S. Squire Sprigge, editor of the *Lancet*, has acted as secretary throughout, and Dr. H. A. Des Voeux as treasurer. By the first week of February, 1915, over £5,000 had been received, and the first disbursement was made for the assistance of refugee Belgian medical men in England. Subsequently the British committee got into communication with a society formed in Belgium entitled, Aide et Protection aux Médecins et Pharmaciens Sinistrés, and the British committee has for some time been transmitting a sum of £800 each month to this society.

A general summary of the financial circumstances shows that the total donations to the fund down to November 30th amounted to £19,500 6s. 5d., including the sums collected by national committees in Scotland and Ireland, the Colonies, and America. Part of the fund was invested in Treasury Bills, and the interest on them and on money on deposit amounted to £826 14s. 6d. The financial position at the close of the second year of working was that £10,000 remained in hand after sending the sum of £800 a month for a considerable period to Belgium for the relief of doctors and pharmacists and their wives. From the beginning of June up to the end of November £627 2s. 8d. was received, and during this period £4,904 was expended, of which £4,800 was the amount of the *mensualités* sent direct to Belgium. A little over £100 was distributed during the

same period in small sums in England for the relief of Belgian doctors and pharmacists or their wives or dependants.

The Executive Committee decided to continue the *mensualités* to Belgium for the ensuing four months, though aware that at that rate of expenditure, if circumstances allowed it to be kept up, the sum then in hand would not last more than a year. The question will soon arise as to the form which a new appeal should take.

The address of the Honorary Treasurer of the Belgian Doctors' and Pharmacists' Relief Fund is Dr. H. A. Des Voeux, 14, Buckingham Gate, London, S.W., to whom all subscriptions should be sent. The Honorary Secretaries are Dr. S. Squire Sprigge, the *Lancet* Office, 423, Strand, London, W.C., and Mr. W. J. Uglow Woolcock, the Pharmaceutical Society, 17, Bloomsbury Square, London, W.C. Surgical instruments should be sent to the Master of the Society of Apothecaries, Apothecaries' Hall, Blackfriars, E.C.

Universities and Colleges.

UNIVERSITY OF BIRMINGHAM.

PROFESSOR ROBERT SAUNDBY having resigned the chair of medicine in the University, which he has occupied since 1892, including eight years' service in Mason College, the Council of the University at its recent meeting adopted the following resolution:

That in accepting the resignation of Professor Robert Saundby the Council records its great regret that circumstances of health have rendered this step necessary. It desires to thank him for his long and distinguished services to the medical school in Mason College and the University; and the Council takes this opportunity of expressing its appreciation of the invaluable assistance which he has rendered to medical education during the twelve years in which he has represented this University on the General Medical Council.

UNIVERSITY OF LIVERPOOL.

The following candidates have been approved at the examinations indicated:

FINAL M.B., CH.B.—Part I: L. Farris, P. E. Gorst, G. R. James (Distinction in Pathology); V. E. Jones. Part II: W. M. Jones (Distinction in Forensic Medicine and Toxicology, and Public Health), F. A. Prosser. Part III: E. S. Stubbs (First Class Honours and Distinction in Obstetric Surgery), I. J. Lipkin (Second Class Honours and Distinction in Obstetrics), P. B. Pinkerton (Second Class Honours), M. Azer, Constance M. Edwards, A. J. B. Griffin, Ruby E. McBurnie, R. Nixon, C. V. Pearson, R. C. Watts.

QUEEN'S UNIVERSITY OF BELFAST.

The following candidates have been approved at the examinations indicated:

M.CH.—Dr. J. W. West.
M.B., B.CH., AND B.A.O.—J. Adams, W. L. Agnew, S. T. Alexander, P. Clarke, J. H. Davison, W. Harvey, J. H. B. Hog, L. Jefferson, R. N. B. McCord, W. C. McCullough, P. J. McSorley, J. Scott, J. J. Wilson.

* First class honours.

† Second class honours.

D.P.H.—Dr. Mary G. Caskey, Dr. D. L. McCullough.

Obituary.

DR. FREDERICK WILLIAM HALLIDAY, of Wortley, Leeds, who died recently, was educated at the Leeds Medical School, University College, London, and Vienna. He took the diplomas of M.R.C.S., L.R.C.P.Lond. in 1887, and subsequently held the office of senior house-surgeon to the Leeds General Infirmary. For the last twelve months of his life Dr. Halliday was medical officer to an important national filling factory, where his work consisted of preventive duties in connexion with trinitrotoluene sickness. At this factory there were over 10,000 employees, and during last winter he lived at his post day and night. There is no question that had he not shouldered this heavy burden of war duties he would still be with us. At the filling factory he had the complete confidence of the management and of the workers; he had an eye like a hawk for the early signs of trinitrotoluene illness. The Ministry of Munitions have lost in Dr. Halliday a man whose services will be most difficult to replace.

DR. PATRICK WILLIAM MAXWELL, who died in Dublin on March 10th at the age of 61, came of an ancient Scottish family, and was born in Glasgow. He was educated at Edinburgh University, where he took the degrees of M.B. and C.M. in 1880 and the M.D. in 1888. After a period of

Medical News.

MR. HUGH MALLINSON RIGBY, F.R.C.S., has been appointed surgeon to Queen Alexandra's household.

THE Wellcome Historical Medical Museum will be closed from April 1st to the 30th, inclusive, for cleaning.

THE house of the Royal Society of Medicine will be closed from Thursday, April 5th, to Tuesday, April 10th, both days inclusive.

AN anonymous gift of £20,000 has been received by the Petrograd Higher Institute of Medicine for Women for the foundation of scholarships in the name of Count Vorontzoff, who died in 1916.

THE annual general meeting of the Medical Sickness Annuity and Life Assurance Friendly Society will be held at the offices of the Society, 300, High Holborn, W.C., on Tuesday next, at 4.30 p.m.

A PAPER by Surgeon-General Sir C. Pardey Lukis, K.C.S.I., K.H.S., M.D.; F.R.C.S., on opportunities for original research in medicine in India, will be read by Surgeon-General Sir R. Havelock Charles, G.C.V.O., President of the Medical Board, India Office, at a meeting of the Indian Section of the Royal Society of Arts, on Tuesday, March 27th, at 4.30 p.m. The paper will be followed by a discussion.

MEMBERS of the medical profession interested in physical methods of treatment for disabled soldiers are invited to view the Red Cross Clinic for wounded and disabled officers at 126, Great Portland Street, W., on Thursday or Friday afternoons, March 29th and 30th, between 3 and 6 p.m. A short account of the methods of treatment, and of the measuring instruments employed, will be given each day at 4 p.m. Tea and coffee.

THE fourth National Congress of Medicine of Cuba will be held at Havana in the second fortnight of December, 1917, under the presidency of Dr. Aristides Agramonte. The work will be divided among eight sections: general medicine; general surgery; hygiene and demography; laboratory research; diseases of the eye, ear, nose, and larynx; pharmacy; odontology; and veterinary medicine.

AMONG the persons "of distinguished eminence in science, literature, the arts, or for public service," recently elected by the committee of the Athenaeum Club, is the Right Hon. Sir William MacGregor, G.C.M.G., C.B., late acting High Commissioner for the Western Pacific. Sir William, who is a Doctor of Medicine of the University of Aberdeen, is one of the most distinguished of the medical men who have exchanged their original profession for a public career.

ACCORDING to the *Chronique Médicale* of March 1st there are at present two medical candidates for vacant chairs in the Académie Française. One is Dr. Paul Vigné d'Octon, a well-known novelist; the other is Dr. Henri Fauvel, who comes forward as a successor to Jules Lemaitre, whose pupil he was at the Havre Lycée. He is the author of a novel, *Le Docteur Jobert*, and of several volumes of verse, the principal of which is entitled *Ressouvenirs*. Dr. Fauvel was a friend of Gustave Flaubert, Alfred de Vigny, and Théophile Gautier.

The annual service of the Order of St. Michael and St. George will be held in the Chapel of the Order in St. Paul's Cathedral on Monday, April 23rd, at noon. The banners of Sir Charles Tupper and the Earl of Jersey, deceased, will be removed, and those of the Earl of Dudley and Lord Robson will be affixed. The West door will be reserved for members of the Order and others who have received tickets. Relations of deceased members who desire to be present should apply to the Prelate at the Chancery of the Order, Colonial Office, S.W.

THE *Medical Record* of February 17th states that the American Red Cross officials estimate that in case of war the force which could be mobilized immediately would include: Twenty-six completely equipped army and navy base hospital units, with a total of 1,250 nurses and 549 nurses' aids; hospital base reserve of 415 nurses and 525 nurses' aids; thirty-one partly complete navy detachments of 20 nurses each; one hundred and fifteen local emergency detachments; and corps of expert instructors in surgical dressing, totalling about 120. It is also estimated that the organization can put into the field 2,920 trained Red Cross nurses, and that if 30 per cent. of those to whom the Red Cross has given elementary training respond as nurses' aids the total nursing personnel will be about 5,000. With the customary assignment of ten patients to each nurse it would thus be possible for the Red Cross at once to undertake the care of 50,000 sick and wounded.

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.

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, *Mediseera, 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.

H. asks for advice in the treatment of neuralgia in the stump after hysterectomy performed seven weeks ago; it is alleviated by rest, but not influenced by drugs.

LETTERS, NOTES, ETC.

INOCULATION AGAINST TYPHOID IN THE CIVIL POPULATION. DR. JAMES J. HARDING (Ballincollig) writes: If typhoid fever has been banished from the armies by inoculation, is there any special reason for supposing inoculation would fail amongst the civilian population? If the reply is in the negative, am I not entitled to suggest that the profession has "gone to sleep"?

HOLIDAYS ON HOME SERVICE.

BRISTOL writes: "Battalion M.O." has been less favoured than some doctors I know who have had half a dozen leaves in as many months from Salisbury Plain camps. I am still inclined to think that civilians get less leisure than those in the R.A.M.C.

THE WAR AND THE SUPPLY OF DRUGS.

DR. J. S. MANSON (Warrington) writes: In your comments on Mr. F. A. Hocking's paper to the Royal Society of Arts (March 10th, p. 339) reference is made to the scarcity of bromides due to the stoppage of supply from the Stassfurt deposits. One may ask, Why are we so dependent on Germany for this indispensable salt of medicine and photography when sea salt and the brines of Cheshire contain bromines in the form of sodium bromide in appreciable quantities? Calvert, in his *Salt in Cheshire*, shows that the Marston brine contains 11 parts of sodium bromide in 100,000 parts of brine and the Wheelock brine 20 parts per 100,000. Thorpe's *Dictionary of Applied Chemistry* states that Scotland provides a minor contribution to the supply of bromides, probably derived from sea salt. With the present price of bromides it would seem worth while to extend and develop this branch of chemical industry and so free us of dependence on others for the supply of this invaluable drug.

TOBACCO AS FLEA BANE.

DR. S. MALLANNAH, chemical examiner and bacteriologist to H.H. the Nizam of Hyderabad, writes to say that he believes tobacco to be a genuine flea bane if properly used. The proper method is to spread tobacco leaves liberally over the floors of rooms where people sleep, and, he adds, that as 85 per cent. of cases of plague occur in single-roomed houses the experiment he is carrying out will be both easy and cheap. His plan is to select a highly infectious locality of a plague-stricken city, and to spread black tobacco leaves, known locally as *narasapuri*, on the floors, and to put powdered tobacco into cracks and holes of half the houses; the other half are left untreated. The same method, he says, destroys bugs and has deleterious effects upon mosquitos and flies.

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