

After aspiration there was severe paroxysmal cough, air hunger, and distress, lasting about half an hour, but quieted by morphine.

Next day breathing was much easier, and on January 20th, when he was rayed again, the cough was gone.

Now came the surprise; the bullet was no longer in the chest, and on searching the abdomen it was found an inch below and an inch to the right of the umbilicus. Neither Captain D. nor I had at this time heard of bullets wandering about the circulation, so we concluded that it had either been coughed up and unconsciously swallowed, or had passed directly from a bronchus into the oesophagus by ulceration. There was no evidence in support of these hypotheses, but we could suggest no other, and for the next few days the stools were closely scrutinized, but without avail, the bullet remaining where it was. A bismuth meal was watched descending the oesophagus, but no leakage was detected, and there was never any cough or difficulty at meals.

On January 26th temperature and pulse each rose to 100, with pain, tenderness, and resistance to pressure in the right iliac fossa, and a small amount of swelling above Poupert's ligament.

Next day the symptoms and signs persisted, and suggested either intercurrent appendicitis or ulceration of the small intestine in which the bullet was thought to be, possibly held up at the ileo-caecal valve.

At the operation I found the appendix inflamed and removed it. The surrounding coils of intestine were injected and beginning to adhere. I then turned up the caecum and ileo-caecal junction, and felt the bullet behind the peritoneum on the inner side of the ureter and to the outer side of the common iliac artery, and as I thought, vein. I removed it by blunt dissection, together with a large bead of what I thought was rather thick pus, but which may have been fibrin, and was dismayed to find free bleeding follow. This was controlled by pressure, with a retractor, and the rather ragged hole in the vein, which could not be stitched, was plugged with gauze, wrapped in thin rubber, and brought out of the incision in the rectus sheath. The vein below was thrombosed. Unfortunately peritonitis ensued, and the patient died on January 31st.

Post-mortem examination revealed unexpected conditions. The track of the bullet was first followed through the chest wall and diaphragm into the liver; it had left an orange-coloured track three inches long, which led straight into the end of the hepatic vein. There was no sign of bleeding from the liver wound, and merely a film of blood in the chest remaining from the haemothorax. There was general peritonitis, the pelvis was full of turbid fluid and flakes of purulent lymph, and there was a subphrenic abscess on the left side. There had been no leakage from the plugged hole in the vein, but it was firmly thrombosed below.

It will be obvious, I think, how I was misled from the beginning by the supposition that the bullet was at first in a bronchus. It seems now most probable that it was at that time in the right auricle, and that the excitement and disturbance of the aspiration dislodged it into the inferior vena cava, and that its passage through the mouth of that vessel caused the intense respiratory distress referred to above. The mysterious and for some days unexplained immobility of the bullet in the abdomen perplexed us all.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

CARCINOMA OF THE COMMON BILE DUCT WITHOUT JAUNDICE: RAPID DEATH FROM METASTASIS.

RECORDING a case in which a symptom is absent that may be reasonably looked upon as a sheet anchor in the diagnosis often seems to me of doubtful value, and even confusing. On the other hand, a chance reader may find such a case of some utility, because he is engaged in some special study of the particular condition, or because he finds in it a useful warning against over-confidence in the possibilities of accurate diagnosis. For these reasons I venture to publish the following brief notes:

A man aged 38 years, a waterside labourer, came to University College Hospital two weeks before admission, complaining of pains in the right shoulder. He was a dock labourer, and the only point of importance in his history was the presence of a urethral stricture the result of gonorrhoea. The pain in the shoulder was quickly followed by the appearance of a tender, semi-fluctuating swelling, the size of a pigeon's egg, over the right acromio-clavicular joint. A few days later he lost his voice, and eight days before admission developed complete facial paralysis on the left side, which he attributed to exposure to the cold wind when working on a barge.

He was admitted to hospital on November 24th, 1916, and the further point was ascertained that for a week before the above symptoms were complained of he had suffered from neuralgic pains in the right thigh and left side of the abdomen. It was apparent that the man was desperately ill, wasted, and suffering severely. Examination at once excluded any such condition as gonorrhoeal arthritis or multiple gummata. In addition to the tumour already noted a mass was felt in the right rectus abdominis muscle, and rapidly growing masses were also present in the neck, due to involvement of the lymphatic glands. The left vocal cord was paretic. The neuralgic and agonizing pains in the right thigh and leg were clearly due to intermittent pressure. The left facial palsy was complete, with loss of taste on the anterior part of the tongue. Multiple growths afforded the only explanation and death rapidly followed (December 30th, 1916).

There was not the slightest indication as to the primary seat of the neoplasm during life, and this dogmatic statement was supported by the necropsy.

Although there was at no time any trace of jaundice, and in fact any abdominal symptoms apart from the neuralgic pains, the primary growth was situated in the common bile duct, which was infiltrated by carcinoma but the lumen not diminished.

The growth on the right shoulder, which sprang from the right clavicle, reproduced the carcinoma in an intensely active form. Growths were disseminated in the cervical, thoracic, and abdominal glands, in the lungs, peritoneum, and adrenals.

London, W.

F. J. POYNTON, M.D., F.R.C.P.Lond.

Reports of Societies.

THE TREATMENT OF TRAUMATIC AND ARTERIO-VEINOS ANEURYSM.

AT a meeting of the Medical Society of London on April 2nd, Lieutenant-Colonel D'ARCY POWER, President, being in the chair, Colonel CHARTERS J. SYMONDS, opening a discussion on the treatment of traumatic and arterio-venous aneurysm, said that whilst many cases of arterio-venous aneurysm had been submitted to operation since the war began others had remained untreated; it would be very valuable to see both groups, and so modify the views currently held. His experiences had led him to correct some of his former views. The most interesting form of aneurysm was that in which there was a direct communication between an artery and a vein, either direct or by the intervention of a sac. In some the communication was set up within a few hours of the trauma; in others there was considerable delay. He asked for experiences as to the secondary effects of aneurysm, such as were alluded to by Sir George Makins and by Dr. Bernheim of America, especially cardiac and circulatory disabilities. The local conditions in some varix aneurysms were important; in those involving the common femoral artery and the profunda femoris there was enormous dilatation of veins, so that they looked like sinuses running through the muscles. The difficulty in arresting haemorrhage in these was very great. After giving particulars of a number of these he proceeded to discuss the treatment. In aneurysm of the posterior tibial artery the disability was very slight; this was also true for those at the bend of the elbow. When an aneurysm existed at the base of the skull, so that the patient was kept awake at night and had nerve disturbance in consequence, it was advisable to operate. Sir George Makins's view was that aneurysmal varices seldom required operation. He described, by means of diagrams, the various operative procedures which had been devised for aneurysm, and the degree of success which had attended them in his own experience. Gangrene was a serious danger in operations on the common femoral; in the South African war it occurred in 50 per cent. according to Makins. In aneurysms below the middle of Hunter's canal, his experience was that gangrene did not follow ligation of the vessels.

With regard to arterio-venous aneurysms, Makins was strongly of opinion that these should be left for from two to three months, to consolidate and contract and to permit

instance of a doctor of whom that could never be said. Dr. W. Duret Aubin died at his residence in Jersey on March 9th, in his 69th year. Educated at the Lycée of Coutances, he studied for the profession at the University of Edinburgh, and was always to the fore in his class examinations. He graduated in 1870 and immediately volunteered for service with the Red Cross Society. For his services in France during the Franco-Prussian war he received the Cross of the Society and the Commemorative Medal of the French Republic. He settled in practice at St. Heliers after the peace, and soon attained a good general practice, at the same time working zealously for the welfare of his native island outside the sphere of medicine. He entered the Jersey Militia as assistant surgeon, and eventually attained the rank of surgeon-lieutenant colonel. In 1895 he was elected a deputy for St. Heliers in the Island Legislature, and was instrumental in piloting through the States measures, including the Local Pharmacy Act, which he believed to be for the good of the community. In 1899 he was called to the Judicial Bench, which he greatly honoured, and ultimately became deputy chief magistrate. At the same time he gradually relinquished his practice, but continued to work for his profession for many years as president of the Hospital Committee and of the Jersey Boys' Home, and as a supporter of many local societies, chafing unceasingly in his later years as illness precluded him from taking his full share of the work devolving upon his fellow members of the States. Dr. Duret Aubin was twice married. He has left a widow, two daughters, and a son to mourn his loss.

DR. EDWARD LLEWELLYN LUCKMAN, who died on March 20th, aged 67, had been in practice in Altrincham for nearly forty years. He received his medical education at Owens College, Manchester, and took the diplomas of M.R.C.S.Eng. in 1879 and L.R.C.P.Edm. in 1884. He showed great interest in the work of the British Medical Association, and had held the offices of Vice-President of the Lancashire and Cheshire Branch, and Chairman of the Altrincham Division. He was an honorary surgeon to the Altrincham Hospital and surgeon to the police. He was also ophthalmic surgeon and honorary surgeon to the Altrincham Ambulance Brigade, and lecturer and honorary life member of St. John Ambulance Association.

BRIGADE SURGEON EDWARD FARRINGTON BOULT, R.A.M.C. (retired), died at St. Leonards-on-Sea on April 1st. He was the eldest son of the late Mr. Edmund Boulton, F.R.C.S., of Bath, was educated at King's College Hospital, and took the diplomas of M.R.C.S. and L.S.A. in 1865. He entered the Army Medical Department as assistant surgeon on March 31st, 1866, became surgeon on March 1st, 1873, and surgeon-major on March 31st, 1878, retiring with a step of honorary rank on September 24th, 1887. He served in the Sudan war of 1885, at Suakin, receiving the medal with clasp and the Khedive's bronze star.

DR. A. PAPPENHEIM, Privat-docent at the University of Berlin, recently died of typhus contracted in the course of his professional work. He was the editor of the *Folia Haematologica*, and was well known by his work on the morphology of the blood and on blood diseases.

Universities and Colleges.

UNIVERSITY OF LONDON.

A MEETING of the Senate was held on March 21st. Mr. Lancelot Bromley was recognized as a teacher of surgery at Guy's Hospital Medical School.

It was decided that the necessary alterations should be made to enable the Department of Anatomy at University College to be opened for the reception of women medical students in October, 1917.

Professor A. D. Waller, F.R.S., and Dr. S. Russell Wells were reappointed director and treasurer respectively of the Physiological Laboratory for 1917.

The report of the Physiological Laboratory Committee for 1916 stated that Captain F. L. Golla, Captain G. W. Ellis, and Lieutenant P. E. Lander, of the laboratory staff, had joined the army; the first was doing experimental work in the laboratory, and the two latter were on foreign service. Owing to want of funds no successor to Miss Edgell in the department of experi-

mental psychology had been appointed. The bulk of the work carried out in the laboratory had, as in the previous year, consisted in researches which had arisen out of the war. The report also contained notes on researches in progress and a list of papers the outcome of work conducted in the laboratory.

It was reported that the Vice-Chancellor has issued a circular letter to teachers of the university intimating that, in view of the fact that rabbits were largely used as food, the university were not justified in making use of them for examination purposes at the present, and suggesting that in practical work the rat or the guinea-pig, or some other non-edible mammal, should be substituted for the rabbit in illustrating lectures on mammalian anatomy.

Mr. H. J. Waring, M.S., has been reappointed by the Faculty of Medicine to the Senate for the period 1917-21.

The presentation of graduates will take place at the university on May 9th, at 3 p.m.

UNIVERSITY OF DURHAM.

The following degrees and diplomas were conferred at the convocation held on March 31st:

M.D.—I. D. Evans, R. Peart.
M.B.—N. Braithwaite, E. Bramley, R. V. Brew, Stephanie P. L. H. T. Daniel, D. Henegan, J. D. Johnson, J. K. R. Landells, Kamel Ibrahim Shalaby, C. R. Smith, I. Soliman.
B.S.—N. Braithwaite, E. Bramley, R. V. Brew, H. G. B. Dove, D. Henegan, J. K. R. Landells, K. I. Shalaby, C. R. Smith.
D.P.H.—R. J. Cyriax, D. C. L. Orton.

UNIVERSITY OF GLASGOW.

At the extra graduation ceremony on April 6th, the Principal, Sir Donald MacAlister, in offering congratulations to the new medical graduates, stated that of those eligible for commissions in the navy or army, all had responded to the country's call for medical service with the forces. At the present moment, he said, the demand for medical men and women far exceeded the supply, and the special responsibilities of those who were qualified to practise medicine had, therefore, never been so heavy.

The following degrees were conferred:

M.B., Ch.B.—J. W. W. Baillie, Monindra Nath Bhattacharjee, A. M. A. Blackwood, Mabel N. Blake, J. MacD. Clark, A. Dick, S. N. Dykes, L. L. Fotheringham, Margaret H. Glen, W. H. Gordon, D. Heard, F. W. Hebblethwaite, H. F. Hollis, J. R. R. Holmes, W. H. Kerr, J. Liddell, F. C. Logan, K. M. Alpine, A. D. Clark McGowan, May E. Maciver, D. W. M. MacKenzie, W. D. Miller, W. H. Palmer, J. W. Patterson, May I. T. Reid, A. M. A. Scott, H. B. Sergeant, A. W. Smith, C. L. Somerville, D. S. Stevenson, P. A. Stewart, Marion Watson, Mary MacL. Weir, R. Wiggins, J. T. Wylie.

UNIVERSITY OF DUBLIN.

The following candidates have been approved at the examinations indicated:

FINAL M.B., PART I.—*Medical Jurisprudence and Hygiene, Materia Medica and Therapeutics, Pathology*: *W. L. Young, *R. M. D. Devereux, *J. C. Fouché, E. J. Lyndon, L. J. Nugent, J. B. McGranahan, E. S. Mack, K. MacG. Greer, Olive G. Blackham, F. Ferguson, B. D. Merrin, F. J. Dymoke, †F. J. G. Battersby, †A. L. Gregg, †F. A. McHugh, †B. A. McSwiney, †W. A. Shannon, †E. R. Tivy, †Margaret Wolfe.

FINAL M.B., B.Ch., B.A.O., PART II.—*Medicine*: *A. R. Barlas, *E. D. A. McCrea, J. C. O'Gilvie, P. H. S. Smith, W. F. Wicht, Olive G. Blackham, P. J. Swanepoel, W. F. Lubbe, G. Marshall, J. A. W. Cullen, T. E. Hill, H. H. Molloy, *Surgery*: *J. A. W. Cullen, G. W. Shaw, H. Banks, H. J. Rice, P. H. S. Smith, H. Brill, *Midwifery and Gynaecology*: E. D. A. McCrea, A. R. Barlas, B. A. McSwiney, Margaret Wolfe, P. C. Farr, J. R. Brennan, H. H. Molloy, T. Tabuteau, P. H. S. Smith, P. Casey, T. H. R. McKiernan, J. J. Kealey.

D.P.H.—*Part I. Chemistry, Meteorology, and Bacteriology*: Captain T. Kirkwood, Captain B. H. Mellon. *Part II. Sanitary Engineering, Vital Statistics, Hygiene and Epidemiology*: Captain B. H. Mellon.

* High marks.

† Omitting Pathology.

‡ Pathology completing examination.

§ Medical Jurisprudence and Hygiene completing examination.

CONJOINT BOARD IN SCOTLAND.

The following candidates have been approved at the examination indicated:

FINAL EXAMINATION.—*Medicine*: J. Boyd and S. A. Faulkner, *Surgery*: W. U. D. Longford, Phoebe Foot, *M. H. Sanderson, and J. B. Minford, *Midwifery*: W. U. D. Longford, H. C. Smith, F. M. H. Sanderson, J. L. West, and J. B. Minford, *Medical Jurisprudence*: H. Wildeboer, D. C. McNair, L. W. Nott, Eliza J. Stuart, Mahmoud Abdel Kader Mofreh, E. E. Briston, and J. H. Brown.

The following candidates having passed the final examination have been admitted L.R.C.P.E., L.R.C.S.E., L.R.F.P. and S.G.: W. A. Mein, J. Adami, F. J. Jack, A. E. Elliott, and W. McElroy.

THE report of the Education Committee of the London County Council on the organization of education after the war recommends improved physical education, and speaks strongly as to the great importance of the medical inspection and treatment of school children.

Medical News.

DR. R. S. MAIR has resigned the appointment of certifying surgeon under the Factory Act for the City of London, after forty-three years' service. Dr. Harold Ross is his successor.

AT a meeting of the Royal Microscopical Society on Wednesday next, at 8 p.m., a paper on the life-history of the meningococci and other bacteria will be read by Dr. E. C. Hort and Mr. F. Martin Duncan.

THE New York State Board of Charities has recommended the registration of all feeble-minded persons, especially children, in the State and the development of public institutions caring for them. The estimated expenditure is £2,500,000.

THE regulations for entrance to the Faculty of Medicine of the joint matriculation board of the Universities of Manchester, Liverpool, Leeds, Sheffield, and Birmingham have been revised, and in future Latin will not be required from the student as an obligatory subject.

DR. M. S. PEMBREY will deliver a lecture on the restricted supply of food and its relation to health and efficiency at the Royal Sanitary Institute, 90, Buckingham Palace Road, S.W., on April 25th. The Right Hon. Sir John A. Cockburn, K.C.M.G., M.D., will take the chair at 5.30 p.m.

THE University of Michigan has united with the University of Detroit College of Medicine and Surgery, turning over its charter, real estate, equipment, and hospital privileges, and undertaking to raise a fund of £200,000 for the development by the university of a graduate school of medicine in Detroit.

SOME friends of the late Professor Hugo Münsterberg have presented his library to Harvard University. The collection consists of about 3,000 books, with some 7,000 reprints, pamphlets, manuscripts, charts, and miscellaneous papers. Among the books are the most important works on experimental and applied psychology.

THE twenty-sixth annual report has been issued by the Committee of Management of the Nurses' Co-operation, formerly at No. 8, New Cavendish Street, and now at No. 22, Langham Street, Portland Place, W. The Co-operation was established in 1891 to secure to nurses full remuneration for their work.

A THREE months' course of lectures and demonstrations in hospital administration for candidates for the D.P.H. will be given at the North-Western Hospital, Hampstead, by Dr. J. E. Beggs, medical superintendent. Particulars can be obtained from the Clerk to the Metropolitan Asylums Board, Victoria Embankment, E.C.

IN 1910 Dr. G. Krauss left a sum of nearly £80,000 to the city of Munich for the foundation of an institute of mechanical and other forms of orthopaedics in memory of his father. The building, which is now complete, stands in the grounds of the university orthopaedic clinic, with which it is closely affiliated, being under the direction of Professor F. Lange.

The Alliance Year Book and Temperance Reformers' Handbook is published by the United Kingdom Alliance (Manchester and London, ls. net), which is described as a people's league formed to educate the public as to the nature of alcoholic liquors, to obtain for communities the right of prohibition, and to support parliamentary candidates holding the views it approves on temperance legislation. The Alliance appears not to favour State purchase or the nationalization of the liquor traffic; it has as president the Right Hon. Leif Jones, M.P.

THE half-yearly and final report of the War Refugees' Dispensary (265, Strand, W.C.) has lately been issued. This dispensary forms a branch of the War Refugees' Committee and was instituted in October, 1914, by English and Belgian doctors, with the assistance of a Voluntary Aid Detachment. The work was carried on as an out-patient department for refugees until the present year, when, owing to increasing difficulties both in staffing and finance, it was closed and the work handed over to the Government dispensary in Sheffield Street, W.C. During the two and a half years of its existence nearly 29,000 consultations and treatments were given, while dental and ophthalmic aid was also provided for a number of patients. Owing to much gratuitous help the total expenses of the dispensary were scarcely more than £1,800. Domiciliary treatment was also provided for a considerable number of refugees who were too ill to attend the dispensary.

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.

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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.

M.R.C.S. invites surgical opinions on the following case: A man aged 45 suffered from pain after food. Gastric ulcer was diagnosed. The ulcer was excised, stomach anchored to diaphragm; gastro-enterostomy was performed also. The immediate effect of the operation was good, but neurasthenia with mental and physical apathy and constipation persisted so extremely that it was with difficulty that ordinary duties could be performed. The patient also had a mobile kidney which after operation dropped as far as the brim of the pelvis. The questions are, Is this the cause of the neurasthenia and would stitching up of the kidney relieve the condition?

LETTERS, NOTES, ETC.

IN the report of the meeting of medical practitioners in Glasgow and the West of Scotland, published last week, p. 467, the seconder of Dr. McGregor Robertson's motion proposing that the whole nation should be mobilized was Dr. Thomas Russell and not Dr. John Russell as printed.

ABDOMINAL KNEADING IN THE TREATMENT OF INTESTINAL STASIS.

DR. REGINALD ALDERSON (Westcott, Surrey) writes: Dr. Bolton's article on abdominal kneading (JOURNAL, March 31st, p. 422) must be of interest to the many who have plenty of spare time to empty the large intestines by that procedure. I would suggest that every one should have the course of the colon, as determined by x rays after a bismuth meal, permanently marked out on the surface of the belly, so as to obviate the risk of, say, emptying the contents of the stomach into the oesophagus, or the duodenal contents into the pancreatic duct by mistake. And of course the individual should be prepared to carry out the method always, as it is only fair to presume that normal peristalsis would in time drop out as being merely superfluous.

INFANT MORTALITY IN THE SLUMS.

W. M. F. writes: I notice in the article on Dr. Brownlee's inquiry as to the cause of the large infant mortality in the slums (BRITISH MEDICAL JOURNAL, March 17th, 1917, p. 369) that he considers the essential remedy to be the wholesale abolition of slums and slum life. I am not advocating remissness in improving the houses and surroundings of children, but houses are not the principal cause of the high child mortality amongst the poor of cities. The fathers and mothers are themselves to blame; if they are of good character, cleanly, and tidy they can make a small house fairly healthy. Incidentally, it is to be noted that the builders and proprietors of houses have been so heavily taxed of late that house building is at a standstill. I think the principal cause of the high mortality amongst children is to be found in the drinking customs of the people.

SCALE OF CHARGES FOR ADVERTISEMENTS IN THE BRITISH MEDICAL JOURNAL.

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