

## Memoranda:

### MEDICAL, SURGICAL, OBSTETRICAL.

#### COLLOID SILVER IN INVETERATE PROSTATIC GLEET.

THE remarks of Sir M. Morris (BRITISH MEDICAL JOURNAL, May 12th) on colloidal preparations afford me an opportunity of drawing attention to a mode of using argentum collosol which I have found useful—namely, its injection into the substance of the prostate gland.

Chronic gonorrhoeal prostatic gleet often defies remedies and occasionally leads to such ravages in the gland that prostatectomy has been done for the condition in America and on the Continent.

The chief difficulty is the impossibility—even by ionization—of getting medicaments into contact with the epithelium of the ducts, so long and sinuous are the latter, so peculiarly guarded are their mouths, and so replete with secretion. Moreover, residual abscesses and abscess sinuses are often scattered through the gland.

In such circumstances I have successfully injected the gland through the endoscope with the aid of vision. A hypodermic needle is set on a long silver tube. To the proximal end a small syringe is attached. The veru montanum is the landmark, and the needle is driven into the prostatic sinuses on each side, or, perhaps, on the side alone whence pus is seen to ooze. The proceeding is quite easy. By this means the ducts are transfixed and the drug is brought into direct contact with the disease.

Short of this, I employed for years alternate suctions and injections under pressure. That medicaments reach the ducts in such circumstances is proved by the prostatic threads remaining stained for a day or two, should a coloured drug (permanganate) be used.

Before employing any drastic treatment for the prostate, it is well to apply local anaesthetics and inject morphine and phenazone into the rectum.

London, E.C.

JAMES MACMUNN.

## Reports of Societies.

### MAKING AND CLOSING OF COLOSTOMY OPENINGS.

At a meeting of the Subsection of Proctology of the Royal Society of Medicine on May 9th, Mr. F. SWINFORD EDWARDS, the President, being in the chair, Mr. P. LOCKHART-MUMMERY opened a discussion on the methods of making and closing colostomy openings. He said that with the advent of antiseptic surgery the necessity for an extraperitoneal route ceased and inguinal transperitoneal colostomy became the fashion, replacing lumbar colostomy, which had almost disappeared from surgical practice. The left lumbar operation had still a possible field of usefulness in cases in which a temporary colostomy preceded an abdominal section, and might still be the safest plan when there was obstruction and great distension of the colon with solid faeces.

#### Selection of Operation: Transverse Colostomy.

The inguinal operation as described by the Allingham held the field until a few years ago. The modifications devised by Witzel, Braun, Bailey, and Weir, to produce a valvular opening failed to attain their object. This was true also of Lienthal's operation, in which a twist was given to the bowel. A very great improvement was introduced by making a vertical section through the belly of the left rectus. He had followed this method since 1907, and now never used the oblique incision in the left iliac fossa except when some very special reason precluded the use of the rectus incision. It gave better control over the opening, especially when the patient stood or walked. The following factors in performing the operation were of chief importance: (1) Bringing out the colon through as small an opening in the abdominal wall as possible; (2) making a good spur and subsequently completely dividing the bowel; (3) bringing the bowel through the rectus muscle; (4) providing a reservoir for the faeces immediately above the opening. The last could not be secured in the case of

sigmoid colostomy without incurring the risk of prolapse, but was possible in transverse colostomy, which had recently come into considerable favour; it had certain advantages. By making the opening in the ascending part of the transverse colon towards the splenic flexure an excellent reservoir was provided for the faeces immediately proximal to the opening. Prolapse of the bowel was very unlikely to occur. In most cases excellent results as regards control were obtained, but he had met with at least two cases in which the stools had remained persistently loose after transverse colostomy.

#### Temporary Colostomy.

With regard to the best form of temporary colostomy, he did not think there was much to choose between the transverse and sigmoid operations. Transverse was certainly preferable as a preliminary to excision of the rectum, as the surgeon had the whole of the sigmoid to use in restoring the bowel, and the opening was further away from the site of operation. Apart from this, he favoured sigmoid colostomy as a temporary operation, but it was important that the centre of the sigmoid loop should be used so that the colon could be readily mobilized when the opening had to be closed again.

#### Closure.

There was still considerable difference of opinion as to the best method of closing a colostomy opening, and quite a number of operations with this object seemed to be failures. He thought that the best method was to dissect the bowel out from the abdominal wall, free the loop sufficiently to allow the colon to be drawn well out of the abdomen, and then, after cutting away the edges of the opening, to restore the lumen by direct suture. He attached considerable importance to the following procedures in the method he employed:

1. Before commencing the operation the external mucosa is either sterilized thoroughly or dissected loose and the opening temporarily closed with suture.

2. An incision having been made around the opening it is deepened on one side until the abdominal cavity is opened; then with one finger inside the abdomen as a guide, the bowel is freed from the abdominal wall with scissors.

3. The loop is drawn through a hole in a towel, and after being clamped on the proximal side a wedge-shaped piece of bowel, with its apex towards the mesenteric attachment, is cut away so as to secure a good blood supply and compensate for the narrow lumen at the site of the join.

4. The ends are sewn together with a catgut stitch, taking up all the coats, and a serous stitch, also of catgut, is placed over them.

5. The bowel is cleaned carefully, and, the gloves and instruments having been changed, is replaced in the abdomen.

6. The abdominal wall is closed with a small rubber tissue drain at the lower corner of the wound.

7. After operation the bowels are not confined, but are kept acting daily by small enemata or small doses of magnesium sulphate by the mouth. The advantages of this method were obvious, but good technique was essential.

The oldest and easiest method was by dividing the spur with an enterotome, and subsequently closing the external fistula by paring away the edges, inverting them, and bringing together the abdominal wall by deep sutures. The method was safe and the results were good. If safety were the only consideration, the patient being a bad risk, he thought that it was probably the best method. Greig Smith's operation left the gut inside the abdominal wall, and with a narrowed lumen. The patients generally suffered from chronic constipation and a weak place in the abdominal wall which required a support. Coffey's operation was open to similar objections. With regard to the young men wounded in the war for whom it was necessary to close a temporary colostomy it was most desirable to use that method which would give perfect anatomical restoration of the parts.

For the purpose of estimating the degree of control over the opening he had taken fifty cases and classified them according to the amount of control possessed at the end of three months after operation, as follows: (1) Excellent control, the patient being able to live an ordinary life

## Obituary.

MAJOR GREENWOOD, M.D., LL.B., M.R.C.S.,  
L.R.C.P., D.P.H.

MAJOR GREENWOOD, the eldest son of the late Dr. Major Greenwood who practised for nearly fifty years in North-East London, was born on April 29th, 1854, and died, after a long and trying illness, on May 16th. He was educated at Merchant Taylors' School and the London Hospital, took the diplomas of M.R.C.S.Eng. in 1876, L.R.C.P. Lond. in 1878, and graduated M.D.Brussels in 1887. He commenced practice with his father, but in 1890 entered into partnership with the late Dr. Frederick Wallace, and resided in Hackney Road from that time until his death.

Dr. Greenwood was a man of remarkable energy and versatility. Not content with the labours of a busy general practice, in the course of which he earned the respect and affection of both patients and colleagues, he applied himself energetically to the study of law, graduated LL.B. in the University of London, and was called to the Bar by Lincoln's Inn. He soon became a recognized expert on medico-legal questions, particularly those connected with Poor Law administration. At the time of his death he was Deputy Coroner for North-East London.

Few men have been more zealous in serving the interests of his brother practitioners or more loyal to the British Medical Association, of which he had been a member for many years. After serving on the Council of the Metropolitan Counties Branch he became a member of the old Parliamentary Bills Committee, and was elected a member of the last Central Council before the adoption of the present constitution. After the reconstitution Dr. Greenwood frequently served on the Central Council, of which he was continuously a member from 1910 until his death. He had served as one of the Representatives of the City Division at the Annual Representative Meetings, and was a member of the Medico-Political, Public Health and Central Medical War Committees.

All who have taken part in the active work of the Association will recall Dr. Greenwood's incisive personality, and the vigour with which he fought for principles deemed by him vital to the honour and welfare of his profession.

Dr. Greenwood was a man of wide literary culture. In 1915-16 he was president of the Metropolitan Counties Branch, and his scholarly presidential address, entitled, "Sidelights on the practice of medicine in the past from early English literature," was published in the JOURNAL of August 7th, 1915. Not to speak of various technical works, mostly on medico-legal subjects, he was the author of *John Armstrong*, a novel favourably reviewed and highly thought of by several good judges. He also possessed great skill in the composition of graceful verses, both in Latin and English. The history and literary associations of his native city were to him a source of life-long pleasure. One of his earliest published papers was an essay on The Great Plague in London, one of his latest, a poem on the history of the metropolis. Friends whose painful lot it has been to watch helplessly the advance of inoperable disease will recall how a well-timed literary allusion could rouse him from weariness and depression into an animated discussion of literary or archaeological topics.

In Dr. Greenwood the profession loses a fine example of the scholarly physician who never grudged time and labour spent in the service of the public and of his professional colleagues. He was an enthusiastic officer in the City of London Volunteer Regiment, and it was a source of bitter disappointment to him to be obliged by ill health to relinquish active participation in the work of his unit.

Dr. Greenwood married, first, Annie, daughter of the late Dr. P. L. Burchell of Kingsland Road, who died in 1904, and by whom he had three children; the eldest, a member of the medical profession, survives. Dr. Greenwood married again in 1906, Emily Maud, daughter of the late Mr. J. M. Pearle, who survives him. To Dr. Greenwood's widow and son the sympathy of the whole profession will be extended.

The interment took place at Abney Park Cemetery on May 19th, when the Council of the British Medical Association was represented by Mr. Guy Elliston and the Poor Law Medical Officers' Association and the London Panel Committee by Dr. A. Withers Green.

Dr. ARTHUR HAYDON, ex-president and now secretary of the Brussels Medical Graduates' Association, sends a tribute to the kindness and unfailing courtesy of Dr. Greenwood, by whom the association was founded thirty years ago. He had done good work ever since in looking after the interests of the graduates of the University of Brussels, not only in England, but in all parts of the world. It was mainly Dr. Greenwood's efforts some years ago that brought about the registration of the degree in the Transvaal, and he had always hoped for full reciprocity between this country and Belgium. Dr. Greenwood had been president of the association and at the time of his death was its treasurer. In 1915 he collected over £100 from members of the Brussels Medical Graduates' Association for the Belgian Doctors' and Pharmacists' Fund.

THE death is announced of Dr. H. W. WILLIAMS at his residence at Guilsborough, Northamptonshire, where he had resided for some time. He was born in 1836 and received his medical education at the University of Aberdeen, Birmingham, and Anderson College, Glasgow; he took the diplomas of L.R.C.P.Edin. and L.R.F.P.S. Glasg. in 1863, and graduated M.D., C.M.Aberd. in 1867. He was for many years physician to the Hospital for Consumption, Margaret Street, and practised as a consulting physician in London. He gave much attention to the prevention of inebriety and was one of the founders of the British Medical Temperance Association, vice-president of the Society for the Study of Inebriety, and a member of the British Medical Association. For thirty years he had been actively associated with the Salvation Army and had held the position of director of its medical department for twenty-seven years.

Dr. WILLIAM FINDLAY, whose death is announced, was born in Kilmarnock in 1846. He was educated at the University of Glasgow, where he was one of Lister's pupils, and graduated M.B., C.M. in 1870 and M.D. in 1878. He commenced practice at Dennistoun, and continued in that district until his retirement some ten years ago. He had held the office of president of the West of Scotland Branch of the British Medical Association, and was one of the founders of the Glasgow Eastern Medical Society. His chief recreation was literature, and he was one of the early members of the Glasgow Ballad Club. He was a great admirer of Burns, and was the author, among other works, of *Robert Burns and the Medical Profession*. He was himself no mean poet, and his collected verse was published in two volumes, *Ayrshire Idylls*, and *Carmina Medici: the Poems of a Physician*.

## Universities and Colleges.

### UNIVERSITY OF CAMBRIDGE.

At a congregation held on May 19th the following medical degrees were conferred:

M.B., B.C.—K. B. Bellwood.

### ROYAL COLLEGE OF SURGEONS OF ENGLAND.

It has been found impossible to bring into force in time for the election this year the new by-law sanctioned by the Council for sending out voting papers early enough to give Fellows abroad the opportunity of voting. A formal explanatory notice will appear next week.

### ROYAL COLLEGE OF SURGEONS OF EDINBURGH.

THE following have been admitted Fellows: M. A'B. M'Carthy, H. E. Allanson, J. H. Cobb, G. W. Gower, E. R. Holborow, H. J. M'Caw, F. A. St. John.

The Bathgate Memorial Prize for materia medica, consisting of a bronze medal and books, has been awarded to Mr. L. P. Samarasingha.

### CONJOINT BOARD IN SCOTLAND.

THE following candidates have obtained the Diploma in Public Health: Gladys Ward and Ella Elphinston.

A REUTER'S telegram from Petrograd announces that the Russian Government has ordered the mobilization of all women doctors under 45 years of age, except those with children under 3.

## Medical News.

THE house of the Royal Society of Medicine will be closed on Whit Monday, May 28th.

WE have received from the British Thomson-Houston Company (Limited), of Rugby, a copy of their new Coolidge tube list. The Coolidge tube, since its introduction from the United States a few years ago, has established itself so firmly among *x*-ray workers that there is no need to enlarge on its advantages. Two varieties of tube are listed; the smaller, with a bulb only  $3\frac{1}{2}$  in. in diameter, is specially for use in work requiring fine definition.

THE National League for Physical Education and Improvement, 4, Tavistock Square, has published a series of five leaflets intended to help parents who find it difficult to put their own thoughts into words to give elementary teaching in sex hygiene to their children. The tone is reverent and healthy, the wording simple, and the message seems to be plain enough for the purpose in view. There is no lack of such literature nowadays, but this little series will no doubt be welcomed by many parents.

It is announced that grants from the Exchequer are now available in relief, or part relief, of the duties paid upon spirits used in voluntary hospitals. The grants are not available to institutions conducted for gain, and methylated spirits or spirits obtained free of duty under the Finance Act of 1902 are not to be included in the returns. The grants are in respect of spirits used solely for medical or surgical purposes, thus excluding brandy, whisky, and the like. Applications should be addressed to the secretary of the Local Government Board in London, or in Edinburgh, and returned not later than June 30th, 1917.

SIR OLIVER LODGE published some months ago a book entitled *Raymond, or Life and Death* which has had a very large circulation and is now in its seventh edition. It consists of two parts. The first contains an account of communications which the writer and other members of his family believed they had had with his son, who was killed in action in Flanders in September, 1915, at various dates beginning a few days after his death. The second part is a disquisition on the theories and methods of spiritualism. We understand that Dr. Mercier has now in the press a criticism entitled *Spiritualism and Sir Oliver Lodge*, and that the book is expected to be ready about June 21st.

THE annual meeting of the Poor Law Medical Officers' Association of England and Wales was held on May 9th at the offices of the Association, 34, Copthall Avenue, E.C., when the President, Surgeon-General G. J. H. Evatt, C.B., occupied the chair. The president and officers of the Association were re-elected except the secretary, Dr. Major Greenwood, who had resigned in consequence of his serious illness, which has since proved fatal. Dr. A. Withers Green, 4, Wardrobe Place, E.C., was elected secretary, with Dr. Arthur Drury as literary adviser. The council amended the rules by authorizing the election of vice-presidents, and Dr. Balding (Royston), Dr. M. Greenwood (London), Dr. Jackson (Plymouth), and Dr. T. Gidley-Moore (Ongar) were chosen as vice-presidents.

IN his report for 1916 to the Board of Agriculture the assistant secretary of the animals division states that one outbreak of foot and mouth disease appears in the records, as against 56 outbreaks in 1915, and 27 in 1914. The number of outbreaks of anthrax confirmed bacteriologically during the year was 571, as compared with 575 in 1915. Of swine fever there were 4,331 outbreaks, as against 3,994 in 1915. A suspected case of rabies was disproved after full investigation. Forty-seven outbreaks of glanders and farcy, otherwise than amongst army horses, were reported to the Board, as compared with 49 in the previous year; of these 14 occurred in coal mines.

THE part which Brighton has played during the war in providing hospital accommodation for wounded Indian soldiers is well known. The buildings set apart for the Indians were the Dome and Pavilion, the Municipal Secondary Schools, and the Kitchener Hospital. Steps are now being taken to commemorate those who have given their lives for the empire. A committee for this purpose was formed, largely through the exertions of Sirdar Daljit Singh, and included among its members Sir Walter Lawrence, then Chief Commissioner of Indian hospitals, and officials of the India Office. We learn from the *Brighton Herald* that the committee has already raised a large sum entirely subscribed by Indians. A marble domed building will be erected, probably on the sea front, and the component parts will be carved in India by

Indian craftsmen, and sent over to England in pieces. An appropriate memorial is also to be erected over the burning ghat on the downs. This *chatri* will form a permanent memorial in keeping with Indian sentiment.

A SECTION of the British Electrical and Allied Manufacturers' Association has been formed, enrolling British manufacturers of *x*-ray and electro-medical apparatus, with the object of improving the status and prospects of that industry by co-operation and research. As was pointed out in a recent discussion at the Röntgen Society on the future of the British *x*-ray industry (BRITISH MEDICAL JOURNAL, April 21st, 1917, p. 521), before the war the greater part of the *x*-ray and electro-medical apparatus used in this country was made in Germany and other foreign countries. Since 1914, however, great strides have been made by individual British manufacturers, and it is hoped that the enrolment of them as a section of the larger association will enable them to supply, not only the home trade, but the whole of the empire, and offer a means whereby the manufacture of British electro-medical instruments may be systematized and fostered. The section has lately co-operated with the Government in research work connected with the improvement of some essential instruments. It is hoped that this will be a preliminary to wider investigations, and the section invites the co-operation of medical men and hospitals.

## 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, *Aitology, 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.

The address of the Central Medical War Committee for England and Wales is 429, Strand, London, W.C.2; that of the Reference Committee of the Royal Colleges in London is the Examination Hall, 8, Queen Square, Bloomsbury, W.C.1; and that of the Scottish Medical Service Emergency Committee is Royal College of Physicians, Edinburgh.

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.

O. desires to find a home, preferably with a medical man, for the wife of a Belgian doctor now at the front and her daughter, 2½ years old. The lady is well up in bacteriology, and can perform Wassermann, T.B., and other tests.

### PROTECTION FROM ULTRA-VIOLET LIGHT.

WE are asked what protection is necessary for the eyes and the rest of the body in working with an apparatus which produces ultra-violet rays quite exposed—that is, not in a lamp—working at 10 milliamperes, say for thirty minutes at a time.

\* \* We have referred this question to Sir James Mackenzie Davidson, who writes: "Sir William Crookes invented a glass which prevents the passage of violet rays; the eyes can be protected with this glass, or lenses made with it in suitable spectacles or goggles. Opticians now supply spectacles with Crookes's glass when desired. Ordinary clothes and gloves will be ample protection for the body and hands. The face must have a mask made of any light fabric. It takes very little thickness of any opaque material to stop the passage of ultra-violet light." We may add that Sir William Crookes's investigation was made for the Glass Workers Cataract Committee of the Royal Society, to which society he communicated his results, after nearly four years' work, in November, 1913.

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

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