

Memoranda: MEDICAL, SURGICAL, OBSTETRICAL.

A NOTE ON SKIN GRAFTING.

Two instances of skin grafting in my practice are worthy of notice, especially by the general practitioner.

In both cases there was an extensive raw surface, one over the whole front of the lower leg in a man of 65, the other in a virile old man of 82 over the whole area of the scapula.

I have nothing to suggest as to method, but, as far as I know, the source of the grafts is novel. The foreskin of a circumcised infant was utilized in each case. At least two hours elapsed after the circumcision before the grafts were placed *in situ*; they were kept in the meantime in a bottle of normal saline. The wounds were both clean and fairly free from discharge. The grafting skin was scraped and cut into small pieces about one-eighth of an inch square, applied to the wound, covered with oilskin, and bandaged lightly. Two days were allowed to elapse, and it was then found that six out of seven grafts had taken in each case.

The points of interest are (1) the source of the grafts, (2) the utilizing of a waste product, and (3) the length of time between the taking and planting of the grafts.

Wednesbury.

H. C. CREW, L.S.A. Lond.

BILATERAL TWISTED OVARIAN TUMOURS.

On opening the abdomen of a patient to deal with, as I thought, a twisted ovarian tumour, I was surprised to find that the condition was bilateral there being an ovarian tumour the size of a fetal head on the left side, and one somewhat larger on the right. As the patient had been ill about a fortnight before I saw her, both were almost gangrenous and adherent to everything round about. With patience both were isolated and removed, and as the vermiform appendix was closely involved in adhesions to the tumour of the right side, it also was removed. Owing to the condition of the tumours drainage was necessary for some days, but the recovery of the patient was uneventful.

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Ballymena Cottage Hospital.

A CASE OF SEPTICAEMIA DUE TO INFECTION BY *BACILLUS DYSENTERIAE* SHIGA.

The following case is of special interest in presenting several abnormal clinical and pathological features:

Driver A. B., aged 21, after two years' home service went to the East. On July 22nd diarrhoea is said to have commenced—twelve to fourteen stools daily. The patient stated that he had headache from onset, but no mention was made of abdominal pain or tenderness. On July 27th he was admitted into a dysentery ward of the military hospital at Malta, under my care. He was then exhausted and collapsed, with sordes on teeth and lips, furred tongue, extreme thirst, constant headache, marked restlessness, and incontinence of urine and faeces. The temperature was 99°, and the pulse 84. His appearance suggested a severe typhoid condition, so much so that, although admitted as a suspected dysentery, antidyenteric serum was withheld pending the pathological examination of the stools. He could answer questions and remained quite rational for the first twenty-four hours. No enlargement of liver or spleen was detected, and no abdominal pain or tenderness elicited; there was no exanthem and nothing abnormal in heart or lungs.

The stools, which were very frequent, consisted of fluid faecal matter mingled with blood in considerable quantity. Their glairy appearance suggested amoebic dysentery, but no animal parasites were found by the protozoologist. Tenesmus and straining were absent, and the patient never complained of any abdominal discomfort.

On July 28th he was more drowsy, becoming semi-conscious and incoherent at times. The restlessness had increased—frequently tried to get out of bed—but he took fluids well, and the pulse had improved. The temperature once reached 100.2° (its maximum), otherwise it remained about 99° till the day of death, when it fell to 97.4°. The stools now consisted almost entirely of pure, bright blood. His condition steadily became worse, and on July 29th, as he was presenting a picture of increasing septicaemia resembling the typhoid state, blood was taken from the median basilic vein for pathological examination. By this time the pathologists had reported the stool culture to be negative to *Bacillus dysenteriae* Shiga.

On consultation, the view was expressed that the case was probably a fulminating Shiga dysentery, stress being laid on the ear-nosed abdomen associated with the marked toxæmia. The administration of antidyenteric serum was advised, and

60 c.cm. immediately injected subcutaneously; it was rapidly absorbed. This dose was repeated next day, when it was found that the patient's blood—which had been sown in bile and incubated for twenty-four hours—gave a profuse, pure growth of the Shiga bacillus, and also an agglutination which pointed strongly to Shiga infection. Still no *Bacillus dysenteriae* Shiga had been found in the stools.

The patient's condition steadily became worse, and, in spite of frequent saline infusions and other stimulative treatment, he died at 8 p.m. on July 30th, within three days of admission.

The post-mortem examination showed extensive disease of the large intestine. The whole of the mucous membrane from the ileo-caecal valve down to the anus was intensely congested, being studded throughout with minute superficial ulcers. The whole appearance showed an exceedingly rapid and fatal infection with *Bacillus dysenteriae* Shiga, which was isolated from scrapings taken from the mucous membrane of the lower bowel. Nothing abnormal was found in the small intestine.

The points of special interest in the case are:

1. The rapid progress of the disease, producing a profound toxæmia caused by the septicaemia.
2. The atypical temperature chart.
3. The marked cerebral symptoms as compared with the clear mental condition exhibited in ordinary acute dysentery cases.
4. The absence of any abdominal pain, tenderness, straining, or tenesmus.
5. The fact that the Shiga bacillus was not isolated from the stools during life, whereas, in the great majority of acute bacillary stools examined during the last two and a half years at this military hospital, positive results have been obtained.

6. Lastly, and perhaps most interesting, the fact that a pure culture of the Shiga bacillus was grown from the patient's venous blood. Only rarely has it been found possible to isolate the *Bacillus dysenteriae* Shiga from the blood, this being the first occasion at the hospital, and, so far, only a few cases have been reported by workers in other laboratories.

I wish to tender my grateful thanks to Captain Shields, R.A.M.C., O.J.C. Laboratory, and to Dr. Ada McLaren, for their kind collaboration, and also to the O.C., Lieut.-Colonel G. B. Price, R.A.M.C., for permission to publish the case.

C. MURIEL ASTLEY MAER, att. R.A.M.C.

Reviews.

CONDUCTION OF THE NERVE IMPULSE.

IN 1914 Dr. KEITH LUCAS of Cambridge delivered seven Page May Memorial lectures at University College, London, but they had not been completely written out at the time of his untimely death in an aeroplane accident. His co-worker, Dr. ADRIAN, has therefore, with the modest devotion of a pupil, finished the last labours of a great physiologist, who since the beginning of the war had applied all his inventive genius to solving the practical problems of aviation, and whose death, as will be disclosed later, is as great a loss to flying as to physiology. The result is a volume with the title *The Conduction of the Nervous Impulse*.¹

The object of the lectures was to discuss how a nerve conducts the nervous impulse and how far the phenomena of conduction in a peripheral nerve can be made the basis of the understanding of conduction in the central nervous system. The impulse in a nerve of a nerve-muscle preparation is followed by a refractory period, during which the nerve is unable to respond to a second stimulus; this is due to a defect both of excitability and of conductivity. With the return of excitability the nerve becomes more excitable than when at rest, and the supernormal phase explains the phenomenon of summation—namely, that when a single impulse fails a repetition succeeds, provided that it is so timed as to fall within the supernormal phase left by its predecessor. After the demonstration that summation and apparent inhibition—the two most important phenomena of reflex conduction—can be reproduced in the isolated nerve-muscle preparation, the phenomena of these processes are applied to the central nervous system in the chapter on central inhibition, which Dr.

¹ *The Conduction of the Nervous Impulse*. By the late Keith Lucas, Sc.D., F.R.S., Fellow and Lecturer of Trinity College, Cambridge. Revised by E. D. Adrian, M.B., M.R.C.P., Fellow of Trinity College, Cambridge. Monographs on Physiology. Edited by E. H. Starling, M.D., F.R.S. London: Longmans, Green and Co. 1917. (Med. 8vo, pp. 102; 22 figures. 5s. net.)

attracted considerable attention in the profession, for he was elected to the Fellowship of the Royal College of Physicians in 1887, and the following year he delivered the Goulstonian Lectures, the subject being "Insanity in Relation to Aortic and Cardiac Diseases." In 1895 a valuable article on syphilis of the nervous system was contributed by Dr. Mickle to *Brain*, and not long after he was elected president of the Neurological Society. He published many other papers bearing upon mental diseases, of which he had a wide experience. For many years he lectured on mental disease at University College and at the Middlesex Hospital.

Dr. Mickle was a careful and reliable observer and he did not fail, as happens with some specialists, to see the obvious. His long association with the Neurological Society (at the meetings of which he was a regular attendant) showed his bent, as an alienist physician, was to seek where possible a material cause of mental disorders. The present advance in our knowledge regarding syphilis as the sole and essential cause of general paralysis shows that Dr. Mickle was a pioneer in recognizing the association between syphilitic lesions of the aorta and general paralysis.

For a long time he took an active interest in the work of the British Medical Association. He was a member of the Parliamentary Bills Committee and the organizer and director of the work of its Lunacy Laws Subcommittee. He had a very extensive and accurate acquaintance with lunacy laws and administration, and his assistance in dealing with questions of this nature was always readily placed at the disposal of the Subcommittee and of this JOURNAL. He was secretary of the Section of Psychology at the annual meeting in Liverpool in 1883 and vice-president at Glasgow in 1888. He was president of the section at the annual meeting in London in 1895 and again at the meeting in Toronto in 1906, when he was given the Hon. LL.D. of his Alma Mater.

Dr. Mickle retired about ten years ago; his health failed during the last few years, and as he had no close ties in England the writer advised him to return to Canada a few years ago, where he remained with his relations until his decease.

F. W. MOTT.

THE death occurred on January 14th, at Coatbridge, of Dr. CHARLES O'NEILL, Nationalist M.P. for South Armagh since 1909. Dr. O'Neill was born in 1849. He received his medical education at Glasgow University, where he graduated M.B., C.M., in 1892. From 1897 to 1899 he was assistant professor of botany at St. Mungo's College, Glasgow. He was J.P. for the County of Lanarkshire, and was for some years the senior magistrate at Coatbridge. He was first returned as member for South Armagh at a by-election in November, 1909; he was re-elected unopposed in the following January, and held his seat at the next general election in December, 1910, thus being thrice elected for the same constituency within thirteen months.

COLONEL SIDNEY KEYWORTH RAY, Army Medical Staff (retired), died at West Kensington on January 2nd, aged 81. He took the diplomas of M.R.C.S. in 1858 and L.S.A. in 1859, and the F.R.C.S. Edin. in 1889. He entered the Army Medical Department as assistant surgeon on April 20th, 1859, became surgeon on April 20th, 1871, surgeon-major on March 1st, 1873, and retired as brigade surgeon on July 31st, 1891; but was promoted to colonel on October 18th, 1902, for services in England in connexion with the South African war. He served in the Egyptian war of 1882 and received the medal with a clasp and the Khedive's bronze star.

SURGEON-LIEUT.-COLONEL WILLIAM BENJAMIN CHATTERTON DEEBLE, R.A.M.C. (ret.), died at a nursing home at Ryde, Isle of Wight, on December 28th, 1917, aged 59. He was educated at St. Bartholomew's Hospital, took the diplomas of M.R.C.S. and L.R.C.P. Edin. in 1881, and entered the army as surgeon on February 3rd, 1883, becoming surgeon-lieut.-colonel on July 23rd, 1903, and retiring on September 27th, 1911. Most of his service was passed in the Household Brigade, as medical officer of the 1st Life Guards.

Universities and Colleges.

UNIVERSITY OF LONDON.

A MEETING of the Senate was held on December 19th, 1917. Sir Seymour Sharkey, M.D., F.R.C.P., has been appointed chairman of the Graham Legacy Committee for the remainder of the year 1917-18; Dr. A. E. Boycott, F.R.S., has been re-appointed Director of the Laboratory, and Dr. C. Bolton acting Director during the absence of Dr. Boycott on military duty. *University Medal.*—The University medal at the M.B., B.S. examination in October last has been awarded to A. E. P. Parker, of Westminster Hospital.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

AT a quarterly council held on January 10th, when Colonel Charters Symonds was in the chair, the thanks of the Council were given to Colonel C. E. Shepherd for his gift to the Museum of a collection of otoliths of bony fishes and other gifts during the last eleven years, to Sir Robert Jones for presenting to the library a collection of the published works of the late Mr. H. O. Thomas, and to Sir Rickman Godlee for a copy of his biography of Lord Lister.

Surgeon-General Sir Anthony A. Bowlby, K.C.M.G., will deliver the Hunterian Oration in 1919.

The names of two members, previously erased from the *Medical Register*, were removed from the College list.

Medical News.

IT is proposed to make venereal diseases notifiable in Philadelphia.

CAPTAIN HENRY L. MARTYN, M.B., F.R.C.S., R.A.M.C., has been appointed one of the Surgeons-Apothecary to His Majesty's household at Windsor.

THE Carmarthen Town Council has decided to confer the freedom of the borough upon Captain Ernest Emrys Isaac, R.A.M.C., who has been awarded the Military Cross with a bar.

DR. CECIL P. LANKESTER (Guildford), secretary of the Surrey Branch of the British Medical Association, has been appointed an honorary associate of the Order of St. John of Jerusalem in England.

A PERUVIAN Medical Commission is making a tour of inspection of the schools of medicine in the United States with the object of collecting information to be used for the reorganization of the medical schools of Peru in accordance with American standards.

A COURSE of advanced lectures on infant care for nurses, health visitors, teachers, infant welfare workers, and mothers has been arranged by the National Association for the Prevention of Infant Mortality and for the Welfare of Infancy, and particulars can be obtained on application to the secretary, 4, Tavistock Square, London, W.C.1. The lectures, which will be given at the house of the Royal Society of Medicine, 1, Wimpole Street, begin on January 28th, at 5.30 p.m.

THE Local Government Board has issued a circular drawing attention to the revised arrangements for the provision of treatment for men discharged from the army and navy on account of tuberculosis. Hitherto accommodation has been found by the Insurance Commissioners, or by Insurance Committees, for insured men needing residential treatment; while in the case of uninsured men the Local Government Board has arranged for the provision of residential treatment for such as were not in the position to obtain this at their own expense. Under the provisions of the National Insurance Amending Act, 1917, the Insurance Commissioners, after consultation with the Ministry of Pensions and the Local Government Board, have made regulations extending sanatorium benefit to all invalidated uninsured sailors and soldiers whose income from all sources does not exceed £160 a year. Uninsured officers, nurses, non-commissioned officers and men whose income exceeds that sum will be dealt with by the Ministry of Pensions. While county and county borough councils are now relieved of the duty of providing directly for the treatment of uninsured army and navy cases, it is anticipated that Insurance Committees generally will desire to arrange with the Councils of their areas for the provision of residential treatment for discharged sailors and soldiers suffering from tuberculosis. Steps are being taken to provide additional accommodation at convenient centres in different parts of the country. A further circular will be issued on the subject of home-visiting and after-care.