

with gentle manipulation it was easily reduced. Dr. Taggart was struck by the fact that the reduction was sudden and complete, giving him an impression like that of pushing a button through a buttonhole. The patient felt relieved for a time, but during the night and next day she was uncomfortable and had occasional attacks of slight colic, and vomited twice; the following day (the third) she still complained of occasional abdominal pains, and again vomited twice.

During the time between the reduction of the hernia and my seeing her the patient had not been given any opium or sedative because the pain was not severe; the bowels had not been moved, nor had she passed flatus, except in small amounts, despite enemata; very wisely, no purgative medicine had been permitted.

Her condition when I saw her on the fourth day of her illness was as follows: A well-developed woman, spinster, aged 45; her general condition and appearance was good. Temperature normal, pulse 92. Abdomen slightly distended, but showing no visible evidence of peristalsis during observation over several minutes. When handling the abdomen, splashing sounds could be heard, and I got the impression of feeling distended coils of intestine. The hernial orifices were normal, and a pelvic examination did not yield any evidence.

Operation.

Laparotomy, some hours later, through the right pararectal incision disclosed a loop of small intestine, 4 in. in length and about three feet above the ileo-caecal junction, tightly strangulated in a peritoneal pouch; the origin of the pouch was not at first clear, but it proved to be a direct inguinal sac displaced from the inguinal canal into the abdominal cavity. By dividing the orifice of the sac the loop of strangulated intestine was easily released; at its point of entrance into the sac the loop showed a narrow annular strip of gangrene; it was simply covered over by an invaginating suture.

After suture of the peritoneum and muscles, the right inguinal canal was exposed, the sac pulled out into the canal and its relations as a direct (external direct) hernia clearly established. The sac was removed and the canal obliterated.

The patient left the nursing home within three weeks, and is now in good health and leading a normal life.

The noteworthy features of this case, apart from the reduction *en masse*, were:

1. The rarity of true direct inguinal hernia in the female.
2. The infrequency of strangulation of a direct inguinal hernia. Given strangulation of such a hernia, it is probable on anatomical grounds that reduction *en masse* is more likely to occur than in the case of the ordinary oblique type.
3. The subacute—in fact, quiet—character of the symptoms of obstruction which the patient presented considering the severity of the lesion; this I ascribed to the deliberate abstention from any aperient medicine and the restriction of her nourishment to the plainest fluids.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

A HELPFUL DIAGNOSTIC SIGN IN RUPTURED DIGESTIVE ULCERS.

MR. WILLAN's article in the JOURNAL of February 2nd is of great interest, and he is to be congratulated on his masterful description of the condition. The tight constricting band at the level of the lower ribs, the vertical obtuse angle, and the rigidity, present a complex diagnostic sign of great value. I believe it will be found of real use in some cases of subphrenic abscess, and will help in the diagnosis of this condition, which almost always is attended with difficulties.

A few weeks before Mr. Willan's description appeared, a patient admitted to the Cheltenham General Hospital presented this sign in a very marked degree. I will not enter into detail, but will be content to state that at the *post-mortem* examination, eleven days later, dense adhesions were present in the upper abdomen, with pus. An ulcer of the stomach had perforated, not in the usual acute way, and nature was attempting to shut off the diseased area. There is good reason to believe that adhesions were present before the last catastrophe, which did not present itself as an acute emergency.

I do not think the sign is present in a marked degree, if at all, in most cases of acute perforation, for the picture is so marked, when present, that it would have been described long ago.

It is one of those "pathognomonic" signs to which, nowadays, too little value is attached in the art of diagnosis. The present tendency to confine the diagnosis of abdominal

conditions to whether or no the abdomen should be opened, and to complete the diagnosis afterwards, is woful. The great majority of abdominal conditions, acute and chronic, can be correctly diagnosed after an average experience by the use of common sense. The sign Mr. Willan has described will form part of the armament of the thoughtful diagnostician.

Cheltenham.

S. M. HEBBLETHWAITE.

PREVENTION OF WATER-BORNE DISEASE IN THE TRENCHES.

A TYPE of water-borne diarrhoea observed in the winter in Belgian trenches was characterized by a tongue generally clean or moderately furred, and by marked temporary intractability to either sedatives or purgatives. Its course was rather under a week, as a rule, without fever, or with a temperature under 100°, without blood in the stools, but with very considerable pain and tenesmus. It could be clearly distinguished from the diarrhoeal form of trench fever by the tongue, which in that disease, as I have previously described, has a clean margin a quarter of an inch broad, and later by the lack of pain other than abdominal, and by the temperature chart. The incubation period was eight days. A prophecy made after some experience, to the effect that diarrhoea would break out at the end of the period as a result of a movement of the water-carts which was not communicated to the company officers, was accurate to the day, when some half-dozen cases appeared though the battalion had been free from this disease for a considerable period. The special methods of prophylaxis adopted may, in view of the ubiquity of water-borne diseases in all armies in greater or less degree, be of some interest.

1. The use of chlorinated water is all-essential. The statement that "the water is always boiled before use" is certainly not true as far as the preparation in the trenches of many a stew and many a dixie of tea is concerned.

2. The discipline of the company commander must be such that his orders that no water is to be taken except from the water-cart must be obeyed to the letter.

3. The water corporal must keep a record of every gallon supplied from the cart, and to whom it is supplied. It is best to take the name of each man and the platoon or section which he supplies, and, in the case of isolated strong points, the names of the men he supplies. The amount of water taken per company is compared with the trench strength of the company, and from this the number of pints per man is obtained. By obtaining the amount of water used by the cooks for stews, tea, etc., by observing the tempting streams crossing the routes of weary water carriers and the efficiency of water guards, if any, set over them, remarkably accurate deductions can be made as to the source of some or all of the water used. To obtain the records the water men must work on double shifts; water, at all times, if possible, should be available for the carriers as they arrive, or, at any rate, the sergeant-major warned daily as to the exact hours at which it is available. The labour of carrying adequate supplies up the trenches is very great, yet the importance of this is obvious.

It was observed in one instance that the surface water derived from an area within the trenches was apparently as pure as that derived from the tanks miles behind, requiring less than a single measure of chloride of lime. By bacteriological examination and by repeated daily examination with the Horrocks cabinet, it is possible under certain geological and other conditions that a very large amount of labour could be saved by a battalion in the line.

It is hoped that the simple methods here described might, under conditions where it is feasible to supply water at all in the trenches, go far practically to eradicate water-borne disease from an army fighting under modern conditions.

E. R. GRIEVESON, M.B., Ch.B. Edin.

THE United States War Department has decided to extend the system of psychological examinations to all enlisted men and newly commissioned officers. Specially equipped buildings will be provided in each army cantonment, and a school of military psychology established at Fort Oglethorpe, Georgia. The object of the tests is to help in weeding out the mentally incompetent and classifying men according to their mental capacity.

A MEDICAL friend of the late Mr. W. H. Jalland, whose death was announced in the *JOURNAL* of February 16th, p. 217, sends a personal note in which he says that Mr. Jalland justly held the premier position as surgeon in York. He possessed a sound judgement; he took great pains; he kept himself well abreast of the times, and read the medical journals faithfully; he was loyal to the best traditions of the profession. In cases of difficulty his advice and support to the harassed practitioner were invaluable. In counsel he was always helpful, while his sound judgement was the main reason for his success; yet behind this was a conspicuous integrity of character which commanded respect. For nearly forty years the welfare of the York County Hospital was one of his chief interests. Many of the improvements were largely made at his suggestion—for example, the erection of the children's ward, the open-air balconies, and the incorporation of the Eye Institution. He freely gave of his ripe experience to many city institutions where his considered judgement was much valued, and besides his work for the British Medical Association he took an active interest in the York Medical Society, of which he was twice president. By his regular attendance and frequent contributions his influence upon the younger members was considerable. He never forgot the dignity of his calling and always upheld what is best and noblest in the profession. For years to come his tall commanding figure and his cheerful helpful personality will be greatly missed.

DEEP regret is felt in Guernsey at the recent death of Dr. JOHN AIKMAN, Staff Surgeon-Colonel to the Lieutenant-Governor of the island, principal medical officer to the Royal Guernsey Militia, and past president of the Guernsey and Alderney Division of the British Medical Association. Dr. Aikman was born in Edinburgh in 1850; his father was the late Rev. Dr. Logan Aikman. After studying medicine in the University of Glasgow he graduated M.B. and C.M. with honours in 1871, and proceeded M.D. three years later. Having held house appointments at the Glasgow Maternity Hospital and the Glasgow Royal Infirmary, he served for a short time as assistant medical officer to the Metropolitan Asylums Board; he then went to Guernsey, where he practised for more than forty years. For some time he was surgeon to St. Peter Port Hospital, and he was surgeon to the Victoria Cottage Hospital, Guernsey, at the time of his death. Dr. Aikman was devoted to his profession and to his patients, and was held in the highest regard throughout the island. While shunning public life he had a great capacity for friendship, with a sympathetic charm of character. Much of his leisure was devoted to literature, which was his principal recreation; his published essays on a variety of general topics were much appreciated by his large circle of friends. The funeral, which was of a semi-military character, was attended by the Lieut.-Governor and many representatives of the military and civil sections of the community.

Universities and Colleges.

UNIVERSITY OF LEEDS.

At a private degree ceremony, held on February 19th, Miss E. E. Violet Glover was admitted to the degree of Doctor of Medicine. Miss Glover is the first woman to obtain the Doctorate of Medicine in the University of Leeds.

SOCIETY OF APOTHECARIES OF LONDON.

THE following candidates have been approved in the subjects indicated:

SURGERY.—*D. A. Dyer, *M. J. Panthaky, C. E. Rice, *† J. Remers.
MEDICINE.—*O. Halstead, †E. A. Leak, C. E. Rice, *T. T. Tiplady, *J. L. Walker.

FORENSIC MEDICINE.—A. E. Collie, R. E. Jenkins, C. E. Rice, T. T. Tiplady.

MIDWIFERY.—I. De Wardt, M. Girgis, T. A. Jordan, G. L. Mitchell, C. E. Rice.

* Section I.

† Section II.

The diploma of the society has been granted to Messrs. I. De Wardt, E. A. Leak, J. Remers, and C. E. Rice.

Medical News.

DR. D. REID CAMPBELL of Drybrook has been appointed to the Commission of the Peace for Gloucestershire.

THE Carmichael prize, value £100, of the Royal College of Surgeons in Ireland for the best essay on the state of the medical profession, has been awarded to Alderman J. C. McWalter of Dublin, Captain R.A.M.C.

DR. A. ASHKENNY, honorary secretary of the School Medical Service Group of the Society of Medical Officers of Health, having received a commission as temporary lieutenant R.A.M.C., his address is now V.D. Section, Connaught Hospital, Aldershot.

THE trustees of Columbia University have under consideration plans for the establishment of a large clinic for the benefit of patients who do not wish to be recipients of charity but cannot afford to pay the fees of a number of specialists.

A MEETING of the members of the Old Epsomian Club will be held at the office of Epsom College, 37, Soho Square, on Tuesday next at 4.30 p.m., when, in addition to ordinary business, the sum to be given to the Epsom College War Memorial Fund will be decided. As the list of addresses is believed to be erroneous notices will not be issued by post.

DR. E. NORDENSKIÖLD of Gothenburg, the famous explorer, was present at the annual meeting of the Danish Medico-Historical Society at Copenhagen on December 10th, 1917, when Dr. Carl Jul. Salomonsen was elected its president for the ensuing year, and Professor Vilh. Maar undertook to edit its bulletin. Professor H. Mygind read a paper on the hygiene of the private house at Pompeii.

IN a report presented to the London Education Committee on February 27th Dr. W. H. Hamer, school medical officer, called attention to the relation between overcrowding in air raid shelters and the increased spread of infectious diseases. During the autumn air raids rises in the incidence of certain infectious diseases, including measles and scarlet fever, corresponded with periods of special crowding.

DR. D. M. WILSON, honorary secretary, Cheadle and District, informs us that the Cheadle (Staffs) medical men holding appointments under the guardians of the poor and the rural district council applied for an increase in their salaries and emoluments to the extent of 25 per cent., plus 10 per cent. for travelling expenses, plus 5 per cent. for drugs. The guardians and district council refused the application, so that the medical men concerned decided to resign their offices, and their resignations have been accepted by the guardians and district council.

THE introduction of compulsory rationing and the discontinuance of the voluntary propaganda department has led the Food Controller to reorganize the food economy division of the Ministry hitherto conducted by Sir Arthur Yapp. It will now consist of four branches: Public services food consumption, National Kitchens, Public Catering, and an Educational Branch under the direction of Professor E. H. Starling, F.R.S. The co-ordination and control of the several departments will be exercised by a Food Survey Board, of which the directors of the several departments will be members, with Lieut.-Colonel A. G. Weigall, M.P., as chairman.

A SMALL pamphlet entitled *Weekly Meat Rations*, containing Taylor's tables for rapidly calculating the purchasing value of coupons from 1 to 24, has been issued by Messrs. Mathieson and Sons, 16, Copthall Avenue, E.C.2 (price 6d.). A general note on meat rations is followed by a set of tables showing the amount of money that may be spent on meat in each week if three coupons a head or any smaller number are used, and the weight of other meat foods which can be obtained with the fourth coupon, which cannot be used for buying butcher's meat. The pamphlet ought to be very useful to any housekeeper who will take the small pains necessary to understand it.

THE Health Department of Cincinnati has established a health centre in the city for the purpose of carrying out a programme which includes the prenatal care and education of expectant mothers; the examination of children under school age; school medical examination and follow-up work; the establishment of health leagues in schools; junior Red Cross work, including elementary hygiene, home care of the sick and first aid; better housing and improved sanitary conditions for the community; frequent inspection of bakeries, dairies, groceries, restaurants, barbers' shops. It is also proposed to establish a night clinic for working men should the need for such a service exist.