

generally used in the hospitals over there. The reservoir should lie on the foot of the bed or operating table with the patient in the inverted position, so that the water has a fall of only a few inches from the reservoir to the rectum.

#### Conclusions.

1. Have the full normal proportion of water in the blood before operating.
2. Replace by the rectum the amount of liquid lost by vomiting, catharsis, sweating, haemorrhage, and urine, either during the operation or immediately after it.
3. Encourage the patient to move the lower limbs freely, if not during the first two days at least during the next ten.
4. Give the patient abundance of water between meals and during the night; it may be hot or cold, sweet, sour, or salty, in the form of lemonade, barley water, weak tea without milk, or beef-tea; a jug and drinking cup with spout should be left within reach so that it may be taken when wanted without waiting for the nurse to come.
5. Speedy operating lessens embolism because it means less haemorrhage, and less sweating and less loss of water from the system.
6. Round-pointed needles with flat eyes are much less likely to cause haemorrhage than ones with cutting edges, and should alone be used in the abdomen.

## Memoranda:

### MEDICAL, SURGICAL, OBSTETRICAL.

#### TREATMENT OF ORIENTAL SORE.

AMONGST Indian troops in Mesopotamia, between the months of November and March, it is common to find sores which are chiefly distributed on the extensor aspect of the limbs and face. These sores are characterized by an irregular spreading raised edge, which is often undermined, vascular, and anaesthetic; by a base formed of pale oedematous granulations, slimy in appearance and slightly purulent; and by the chronic condition of the lesions, which may take months to heal. A crust often covers the sore, and at a hasty glance may be mistaken for a dry scab. On pressing the scab beads of pus appear at its edges. The sores are found to contain *Leishmania tropica*, chiefly situated in the undermined edge. They have been treated with hot fomentations, dilute carbolic and mercurial lotions, pure carbolic acid, powdered potassium permanganate, eusol, eupad, and injection with kerosene oil, with merely palliative effect.

The following method of treatment, employed in the ulcerating stage, was originated by Major W. R. J. Scroggie, I.M.S., who has kindly given me permission to publish the results. It has been in use during two winter seasons in a considerable number of cases.

Any undermined edge is cut away, and the surface of the ulcer is cleaned with carbolic lotion, and, if necessary, fomented to remove crusts and discharge. It is then covered with powdered corrosive sublimate obtained from the blue 8½-grain tablet. It is necessary to powder especially at or under the edge, where the chief infection lies. Care must be taken that the surrounding sound skin is free of powder. A dressing of dry gauze is then applied. Two hours later a hot fomentation is applied, and another at the end of two more hours. For the next two days hot fomentations twice a day are used until the sore presents a clean, bright red, vascular base, with a level or slightly sloping edge. The effect of the perchloride is to permeate every interstice of the wound, and in particular to destroy the infected margin. A short time after its application considerable pain ensues, which may last for twelve hours, but is not sufficient to require morphine. It is necessary to watch the temperature, as occasionally a dry blue scab is formed with pus pent up beneath. This must at once be raised to give exit to discharge. As a rule, fomenting keeps the surface sufficiently moist to allow of drainage of pus. When the surface of the wound is clean, new skin extends from the edges, and gradually covers the wound surface. With a daily dressing of 1 in 2,000 perchloride solution or eusol uninterrupted healing occurs, the time taken depending upon the size of the ulcer and varying from twelve days to six weeks. The scar is smooth and level with the surrounding skin, unlike the raised and

thickened scar produced by the use of antimony tartrate ointment.

If the above treatment were systematically carried out from the time of diagnosis, it is possible the length of absence of patients from their units would be materially shortened. In civil life these sores may be borne with little discomfort and interference with daily work, but in the exigencies of military service they form a real cause of ineffectives and their prolonged stay in hospital.

W. S. EVANS,  
Captain R.A.M.C.(Temp.).

#### PERSISTENT VITELLINE DUCT IN TWINS.

Mrs. C. was delivered of female twins on April 5th, 1918. The first was a footling, the second a vertex, presentation. There was one sac of membranes. A troublesome prolapse of the cord in the first case may possibly account for the difference in degree of the two cases.

In appearance there was nothing unusual about the cords, which were dry and off on the ninth day. On the tenth day a few drops of bile were observed on the pad of the first born, continuing daily at that amount morning and evening. No faecal matter appeared. The stump of the cord, which was dry and firmly healed, presented in the mesial line, subcentrally, a well marked triangular orifice, which would take a No. 3 catheter. The intestinal orifice must either be very small or protected by a valvular position.

Three days afterwards there was a minute trace of bile on the pad of the later twin, and the umbilicus showed an even more manifest orifice situated similarly.

There has been no constitutional disturbance, but a slight degree of icterus has been present all through in both cases.

In Norris and Dickinson's *Textbook of Obstetrics*, vol. i, p. 118, it is stated that:

The connexion of the yolk-stalk or vitelline duct with the intestinal canal rapidly becomes less conspicuous, and by the end of the fifth week the yolk-stalk has but slight connexion with the gut. The position of the junction of the vitelline duct with the intestinal tract varies greatly, but usually corresponds with a point within the small intestine from 40 to 60 centimetres (16 to 24 inches) from the ileo-caecal valve. When the usually atrophic cord is replaced by a tubular recess, the persistent portion of the duct constitutes Meckel's diverticulum, a structure of interest. The vitelline duct may remain pervious throughout its intra-embryonal extent, resulting sometimes in congenital umbilical fistula.

That the condition should occur in twins must be uncommon, but not to be marvelled at when one calls to mind that these are likely to be homologous twins, so that the vitelline ducts of each developed from common parent blastodermic cells, and inherited in equal degree the tendency to persist.

Kingstown.

J. R. GARRATT, M.D.

#### THE TREATMENT OF PERNICIOUS ANAEMIA.

I THINK it may be of interest to record a case of pernicious anaemia treated by intramuscular injections of salvarsan cream. My patient, a woman aged 39, had suffered from pernicious anaemia, showing all the usual blood changes and general signs and symptoms, for over two years. In spite of several temporary remissions the disease steadily progressed, and in November last she appeared to be dying. The liver reached to the umbilicus, and there was a loud haemic murmur over the heart. The usual blood changes were present and the haemoglobin content 15 per cent. I gave her an injection of 0.2 gram salvarsan cream (prepared from "Kharsivan" brand salvarsan by Messrs. Allen and Hanbury) into the muscle of the buttock (as suggested in the *BRITISH MEDICAL JOURNAL* in 1912 and 1913), repeating the same dose in a fortnight, and another of 0.3 gram a fortnight later. The result was really extraordinary. Within a few weeks she regained her usual healthy colour, the liver returned to its normal size, the haemic murmur disappeared, and the haemoglobin content rose to 85 per cent. She is now, six months after commencing the injections, apparently in normal health. Whether the recovery is permanent I cannot say, but a line of treatment followed by such remarkable results in such a hopeless disease is worth recording, and I hope that this brief note will lead to its further trial.

London, W.

R. THORNE THORNE, M.D.

Part II). The conclusions then reached by me regarding metabolites and, as we subsequently became accustomed to term them, hormones, and their influence upon the germ cells, have since then been enunciated by several prominent biologists, by Heape, Bourne, Cunningham, MacBride, and Dendy, although in each case without note of my earlier contribution, which, it should be noted, appeared in a leading organ of the medical profession under a title which had no uncertain sound.<sup>1</sup>

What I stated in 1901 was, after pointing out that agents introduced into the body from without could influence the germ cells:

Exogenous and bacterial intoxications are not the only intoxications. We recognize yearly more and more the existence of states of truly endogenous intoxication, auto-intoxication, of disturbed states of constitution due to disturbances in glandular activity, or to excess of certain internal secretions, or of the substances ordinarily neutralized by the same. Such disturbances acting on the germ cells would be truly somatogenic.

I then instanced the case of gout and the gouty diathesis, at times originating *de novo*, more often "inherited," and I continued:

Defect in bodily metabolism has led to intoxication of the germ cells, and the offspring show a peculiar liability to be the subjects of intoxications of the same order. Here what is transmitted is a constitutional state, and that constitutional state may manifest itself in more than one way, but no one will deny that this is truly inheritance of an acquired condition.

Now it is true that in 1901 Professor Cunningham's distinguished colleague at University College had not invented the term "hormone." Professor Starling brought this into the world in the course of his Croonian lectures for 1905. He introduced it in order to afford a generic term for what may rightly be termed the active principles of the internal secretions, for bodies which have a direct chemical action upon sundry tissues in contradistinction to the enzymes which have a mediate action. Granting this, it is the thing, not the name given to it, that counts. It is quite possible that some one anticipated me in the suggestion that modifications of the internal secretions may permanently influence the germ cells. Unconsciously we absorb the opinions of others. Yet all these years I have not succeeded in discovering that any one was before me in arriving at this conclusion. It will be observed that I did not claim, as Professor Cunningham implies elsewhere in his letter, the enunciation of a complete harmonic theory. Rather, I regard a purely harmonic theory as incomplete, adhering to my original presentation and holding that metabolites of more than one order—enzymes, for example, as well as hormones—are to be held effective. No physiologist can accept a hormone theory pure and simple. But the greater includes the less, just as 1901 preceded 1908.

Briefly, therefore, Professor Cunningham's "charge" is, on the first count, that I have the audacity to claim that there were students of nature before Aristotle; and, on the second, that I have the audacity to mention Galen and other naturalists in the same breath with the Stagirite.

Had Professor Cunningham moved in circles outside the biological—for instance, among artists—he would have found that it is quite a commonplace to draw the distinction between the academic upholders of tradition and those who are impatient of the trammels of the schools. This charge of audacity takes us back in a curious manner to the academic atmosphere of the late Middle Ages, and to those who resisted the Renaissance.—I am, etc.,

London, W., June 3rd.

J. G. ADAMI.

#### CARE OF THE TUBERCULOUS SOLDIER.

SIR,—Major Horton-Smith Hartley in his valuable paper (p. 609) emphasizes the need of men retaining their previous occupations in better health conditions than is possible in crowded cities. The possibilities of this, however, are at present limited, but they need not be in the future, if men with the influence that he has will join in urging a bold progressive housing policy such as is proposed by the National Garden Cities Committee, of 19, Buckingham Street, Strand, W.C.2. Half a million houses will have to be built in the future, and we must demand that they be built under the best possible conditions. I am not inviting him to send these men to Letchworth, for we already have our share, but we need a multiplication of garden cities.—I am, etc.,

NORMAN MACFADYEN, M.D., D.P.H.

Letchworth, June 2nd.

<sup>1</sup> "Theories of Inheritance, with special reference to the inheritance of acquired conditions in man."—BRITISH MEDICAL JOURNAL, vol. i, 1901.

## Universities and Colleges.

### UNIVERSITY OF OXFORD.

At a congregation held on May 25th the degree of M.B. was conferred on W. J. Hart.

### UNIVERSITY OF LONDON.

The following candidates have been approved at the examinations indicated:

THIRD M.B. B.S.—\*W. A. Hewitson, \*Emily Catherine Lewis, \*J. G. Wardrop, Ruth Balfour, M. Baranov, G. Bourne, G. W. J. Bousfield, H. Carpenter, D. C. Clark, R. N. Cooper, R. M. Dannatt, W. Feldman, Marjorie E. Franklin, Eryl Glynne, H. E. Griffiths, Winifred E. Lepper, A. E. B. Paul, E. N. Ramsbottom, Violet I. Russell, C. K. Scales, Eleanor M. Scarborough, Elisabeth H. Schwab, A. Selby-Green, Charlotte A. Shields, Elsie Stansfield, G. P. Staunton, T. J. Thomas, Naomi Tribe, R. N. Vakil, Phillis E. Webb, E. Wolff, H. W. S. Wright, Irene Yates, W. A. Young.

\* Distinguished in Surgery.

† Distinguished in Forensic Medicine.

The following candidates have passed in one of the two groups of subjects:

Group I.—Mary N. Andrews, J. E. A. Boucaud, O. S. Martin, Irene G. Parsons, Lily D. Taylor, J. A. van Heerden. Group II.—G. E. Barker, O. D. Brownfield, G. F. Cooke, H. C. Cox, J. H. Dancy, Maud Gazdar, H. N. Hornbrook, P. Hughes, P. N. Menon, Gladys M. Miall-Smith, B. H. Pidcock.

### UNIVERSITY OF ST. ANDREWS.

The following medical degrees were conferred at the graduation ceremony on June 1st:

M.B., Ch.B.—J. C. Coutts, J. Ferguson, Janet H. Hodge, J. C. M'Gregor, J. K. T. Mills, Jean M. Orkney, G. R. Ross, Margaret W. Shirlaw, G. R. Tudhope, Tharyan Verghese. M.D.—K. M'Leay, Captain R.A.M.C.

### ROYAL COLLEGE OF SURGEONS OF EDINBURGH.

On the invitation of the president and council, a representative number of surgeons in the United States Naval Service visited the college and museum on May 31st. The party was received by the president, Dr. R. McKenzie Johnston, and members of council. There were also present Major-General John Joshua Russell, A.M.S., D.D.M.S. Scottish Command, and representatives of the British navy at present on active service.

## Medical News.

THE late Mr. William Hamerton Jalland, F.R.C.S., of York, left £65,225.

DR. G. ARBOUR STEPHENS has been elected chairman of the Glamorgan Poor Law Committee for the Feeble-minded which administers the Drymma Institution at Neath.

THE sixty-ninth annual meeting of the American Medical Association is to begin at Chicago on June 10th. It will be attended by several British representatives including Sir Arbuthnot Lane and Sir James Mackenzie.

DR. W. NONNENBRUCH claims to have cured a severe case of botulism with serum supplied by the Koch Institute. Clinically the case was typical, and the improvement coincided exactly with the injections, three of which were given.

THE Freemasons' War Hospital No. 2, an extension of the original hospital in the Fulham Road, has now been installed in Fulham Palace, and was formally opened by its President, the Duke of Connaught, on May 31st. The accommodation provided is 100 beds. His Royal Highness commended this work of Freemasons for the wounded, and as Grand Master wished it every possible success.

OWING to the great shortage of nurses in Germany, much of the nursing and night watching has been done by other hospital employees. Cooks have nursed infectious cases, and one cook, who nursed a case of typhoid fever, passed the disease on to eleven persons through their food. The Minister of the Interior has, therefore, forbidden members of the kitchen staff of a hospital to take part in the nursing of infectious cases under any circumstances.

THE annual report of the Homes for Inebriates Association for 1917-18 contains in an abbreviated form the report by Dr. F. S. D. Hogg, resident medical superintendent of Dalrymple House, Rickmansworth. During 1917, 47 patients were admitted, 38 of whom were cases of alcoholism, and 9 were suffering from drug addiction. Nine patients joined the army immediately on leaving the home, and Dr. Hogg finds that most of those discharged who have entered one of the services have done well. More than 50 former patients are known to have joined the colours.

At its meeting in London on May 28th the President, Lieut.-Colonel D. G. Thomson, announced that the late

Dr. Maudsley had bequeathed £2,000 to the Medico-Psychological Association of Great Britain and Ireland. The disposal of the bequest will be considered by the Council at its next meeting. The annual meeting will be held in Edinburgh next month, when Colonel Keay, Medical Superintendent, Edinburgh District Asylum (Bangour Village), will succeed Lieut.-Colonel Thomson as President.

At the annual general meeting of the Society for Relief of Widows and Orphans of Medical Men on May 29th, when Sir A. Pearce Gould, president, was in the chair, it was reported that the invested funds amounted to £143,550 and the income from investments to £4,557 18s. 7d. Subscriptions and donations amounted to £317 2s., and the working expenses for the year were £267 10s. The sum of £4,292 10s. was distributed among the annuitants of the charity (48 widows and 7 orphans). Membership is open to any registered medical practitioner who at the time of his election is resident within twenty miles of Charing Cross. Relief is only granted to the widows and orphans of deceased members. At the present time the widow of a member who has an income of £100 per annum or under receives a grant of about £80 per annum, and each orphan up to the age of 16 receives £43 per annum. There are, however, two special funds which enable the directors to continue the grants to orphans after the age of 16. Further particulars of the society may be obtained on application to the secretary at the offices of the society, 11, Chandos Street, Cavendish Square, W.1.

The following provision has now been made by the Ministry of Food for the supply of extra rations to expectant and nursing mothers: Expectant mothers may receive, on application in due form to the Local Food Office, an extra ration during the last three months of pregnancy. This may consist either of two meat coupons per week or of one butter coupon per week. In districts where a milk priority scheme has been found necessary they may also obtain a priority permit for one pint of milk daily during the same period. Nursing mothers will not themselves receive any additional ration, but are entitled to use the rations obtainable for the infant, namely, the ordinary child's weekly ration of meat, butter or margarine, and sugar, and in districts in which priority schemes are in force, a priority certificate for one and a half pints of milk daily. To obtain the child's meat and food cards, application must be made to the Local Food Office on a special form.

## Letters, Notes, and Answers.

THE postal address of the BRITISH MEDICAL ASSOCIATION and BRITISH MEDICAL JOURNAL is 429, Strand, London, W.C.2. The telegraphic addresses are:

1. EDITOR of the BRITISH MEDICAL JOURNAL, *Attitology, Westrand, London*; telephone, 2631, Gerrard.

2. FINANCIAL SECRETARY AND BUSINESS MANAGER (Advertisements, etc.), *Articulute, Westrand, London*; telephone, 2630, Gerrard.

3. MEDICAL SECRETARY, *Mediascera, 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 AND ANSWERS.

#### STERILIZATION OF CATGUT.

"OLD MEMBER."—There are many ways of sterilizing catgut. Lister's sulphochromic method is described in Caird and Cathcart's handbook. Boiling, or Jellett's method, is usually employed, under some modification, for the proprietary brands put up in sealed glass tubes. The ether and corrosive sublimate method requires the raw gut to be soaked in ether and 1 in 4,000 perchloride for a week each. The method of choice to-day, however, is the iodine method, which is at once simple and reliable. Commercial catgut is steeped in ether for twenty-four hours and then transferred to a 1 per cent. solution of iodine in potassium iodide for eight days. It may be kept in this solution indefinitely. Before use it should be placed in sterilized water for a few minutes.

### LETTERS, NOTES, ETC.

#### MEDICAL SICKNESS AND ACCIDENT SOCIETY.

DISSATISFIED writes: Allow me to join in the protest against the withdrawal of bonus to those going out of benefit. I reach the age limit this summer, and have been expecting the usual payment at that time. That it should not be paid

is, I consider, a very great injustice to me and to those who have been paying their premiums for many years, and who are likewise approaching the end of their benefits, especially as the funds of the society are in a good sound state, and well able to bear the old bonus payment. I think that a special meeting of the society ought to be called to discuss and reconsider such an important decision, as I do not for a moment suppose it can have the support of the majority of its members.

#### A FATAL SELF-INFLICTED LESION.

PROFESSOR SANTI PUSATERI recently reported to the Royal Medical Academy of Palermo (*Il Policlinico: sezione pratica*, May 19th, 1918) a case which is of special interest owing to its extreme rarity. On May 8th, 1917, a soldier, in order to escape returning to the front, injected nitric acid into his right ear. This was followed by high fever, vomiting, giddiness, headache, and acute pain in the right mastoid region. Seventeen days afterwards facial paralysis supervened, and nearly three weeks later haemorrhage from the right ear and from the nose came on. On October 6th the tympanum was explored, and it was found that the ossicles had become disintegrated. A large amount of granulation tissue was removed and was quickly reproduced. On November 21st there was recurrence of venous haemorrhage, and the man died four days later (about 6½ months after the injection of the acid). *Post-mortem* examination showed rupture of aneurysms of the carotid artery and jugular vein at a point corresponding to the lower and anterior walls of the tympanic cavity. The front surface of the petrous bone was eroded, and on the corresponding surface of the dura there was a thin layer of pus spreading towards the middle fossa of the brain and the cerebellum. The erosion of the vessels by the necrotic and suppurating process was the direct cause of death by haemorrhage, but even without this the purulent leptomeningitis would probably have proved fatal. The present war has shown that the ear is chosen in preference to other organs as the object of self-inflicted injury probably because the public, and even some doctors, think that such lesions are of comparatively little importance.

#### THE BILLING CASE.

THE hearing of the case against Mr. Billing, M.P., which ended in his acquittal, was conducted in such a manner as to bring to the notice of a very wide public an evil which is apparently an invariable accompaniment of civilization when it reaches the stage of luxury. As we had occasion to show some years ago, the practices of sexual perverts are defended with the utmost effrontery by a number of persons who pose as philosophers, and many of whom have undoubtedly possessed literary talents of a high order. This attitude towards an irrational vice is inexplicable to the healthy mind of man or woman, and must be classed among pathological states. The vice seems usually to be congenital—that at least we take to be the outcome of Krafft-Ebing's researches—but apparently it may be developed by example and precept in individuals of unstable sexual equilibrium who, without such stimulation, would never spontaneously have given evidence of perversion. It is probably for this reason that the majority of people consider that such lapses are best treated by police methods.

#### THE BELGIAN DOCTORS' AND PHARMACISTS' RELIEF FUND.

##### Subscriptions to the Second Appeal.

The following subscriptions and donations to the Fund have been received during the fortnight ending June 1st:

	£	s.	d.		£	s.	d.
Dr. W. Maxwell Penny	2	0	0	Dr. Evan Jones	0	10	6
Dr. John A. Macdonald	1	1	0	Dr. Killen	1	1	0
Dr. J. J. Perkins	3	3	0	Dr. Edhir	1	1	0
The Viscount Iveagh, K.P.	25	0	0	Medical Insurance Agency	50	0	0
(per Sir Rickman Godlee)	5	5	0	(per Dr. Haslip, chairman)	4	2	6
Dr. J. A. Macdonald (Taunton)	5	0	0	Sir Rickman Godlee	1	5	0
Sir Francis Champneys	0	10	6	Dr. A. Bowe (sale of microscope)	2	2	0
Dr. C. Legg	20	0	0	Dr. Taylor			
R. H. W.							

Subscriptions to the Fund should be sent to the Treasurer, Dr. H. A. Des Vœux, at 14, Buckingham Gate, London, S.W.1, and should be made payable to the Belgian Doctors' and Pharmacists' Relief Fund, crossed Lloyds Bank, Limited.

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

	£	s.	d.
Seven lines and under	0	6	0
Each additional line	0	0	9
Whole single column	4	0	0
Whole page	12	0	0

An average line contains six words.

All remittances by Post Office Orders must be made payable to the British Medical Association at the General Post Office, London. No responsibility will be accepted for any such remittance not so safeguarded.

Advertisements should be delivered, addressed to the Manager, 429, Strand, London, not later than the first post on Wednesday morning preceding publication, and, if not paid for at the time, should be accompanied by a reference.

NOTE.—It is against the rules of the Post Office to receive *poste restante* letters addressed either in initials or numbers.