

health, but in a steady temperature, which has in some been very well marked.

As to the mode of action of eusol, it is obvious that the bactericidal effect must be very small. It has been shown that hypochlorous acid 1 in 2,000 serum is an effectual antiseptic, but to get that concentration about 300 c.c.m. would have to be administered. In the acute cases published, in which recovery was undoubtedly due to its action, the amount was only 100 c.c.m., and in one case 40 c.c.m. Cordova has shown that eusol would neutralize ten lethal doses of diphtheria toxin when given in two doses, the first immediately after, and the second twenty-four hours after the injection. He also obtained similar results with tetanus toxin and with *Staphylococcus albus*. He concluded that it acted by delaying the development of bacteria and destroying their toxins, thus enabling the natural resistance of the body to assert itself, and suggested that this destruction of toxins may be in the nature of a protean coagulation. It is a moot point whether in cases of arthritis we are dealing with a toxæmia or a direct invasion of the joint by organisms, but many of the other symptoms, the general malaise, and wasting must be due to toxin action. If these can be stopped, the patient must be greatly helped, and perhaps may either find sufficient power of resistance in his own body, or may be in a fitter condition to derive benefit from vaccine treatment. The most suitable cases for this treatment will be cases with signs of chronic poisoning, as shown by the temperature, skin reaction, and general condition. Some definite improvement should be obtained the day after a dose has been given; if this cannot be definitely elicited the treatment should not be continued.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

DEFORMITY OF STERNUM AND MALPOSITION OF VISCERA.

The following is a brief description of a case of congenital absence or imperfect ossification of the body of the sternum with malposition of abdominal viscera. It occurred in a youth aged 18, who came before a National Medical Board for grading.

He appeared healthy except for diffuse pulsation over the precordial area. The heart sounds seemed quite normal, but on palpating the precordia the examining fingers dipped down between the sternal ends of the ribs on to the pulsating pulmonary artery or right auricle. No ensiform cartilage could be felt, but the manubrium sterni seemed quite normal in its articulations with the clavicle and first rib. Percussion revealed abnormal dullness on the left side extending downwards almost to the level of the umbilicus. On the right side normal liver dullness was completely absent. He was sent to the Lord Derby War Hospital for x-ray examination, and the report stated "Absence of sternum with malposition of viscera to the left side." Since then Dr. Fox of Warrington has kindly taken an x-ray plate of the condition, and this shows increased heart shadow to the left with greatly increased definition of the bodies of dorsal vertebrae owing to absence of the intervening sternum.

Warrington.

J. S. MANSON, M.D.

TREATMENT OF FRACTURED FEMUR.

One of the chief difficulties in the treatment of a fractured thigh is to avoid posterior displacement or sagging at the seat of fracture.

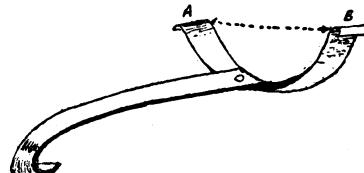
To overcome this displacement I make a simple addition to a Thomas's knee splint, as shown in the accompanying illustration. This support is made of iron sheeting about one-sixteenth of an inch thick and one and a half inches wide. The upper end hooks over the ring of the splint, and the lower end over the two side bars.

The iron sheeting is strong enough to support the thigh without bending, and can be arched forwards to conform with the natural bowing of the femur. It is made of sufficient length to support the condyles of the femur

without interfering with the movements of the knee-joint, and will admit of early movement of the knee-joint, especially when extension is taken by traction through the condyles of the femur.

This support can also be used with a Hodgen splint by making an extra transverse curve at the upper end instead of the hook.

The total length of the appliance is from nine to thirteen inches, as required. The distance from A to B will be



determined according to the size of the man's thigh; the depth of the curve below the line adjoining A and B will be two and a half to three inches.

J. H. C. FEGAN,
Captain R.A.M.C.(T.C.).

Reports of Societies.

CORRECTION OF BONY DEFORMITIES.

At a meeting of the West London Medico-Chirurgical Society held at the West London Hospital on June 7th, Dr. A. J. RICE-OXLEY, the President, in the chair, Captain D. McCRAE AITKEN gave an address on the correction of gross bony deformities of the lower limbs resulting from war injuries. The results obtained at the Military Orthopaedic Hospital, Shepherd's Bush, which he demonstrated by lantern slides and casts, were excellent, and bore testimony to the efficiency of the methods adopted. Captain Aitken dwelt on the necessity of allowing time for the hardening of callus before letting the patient walk without supporting appliances. Neglect of this rule resulted in gross deformities in limbs properly set at the time of injury. Delirium from intercurrent pneumonia or head injuries was no reason for neglecting the fracture, a statement which applied equally to all other intercurrent ailments. A suitable splint would permit of moving the patient bodily without disturbing the fracture. Early surgical interference was to be avoided until all inflammatory signs had disappeared, and to aid the process and improve the condition of the limb massage was meanwhile applied. Although so far sepsis had occasionally been lighted up by surgical interference there had not been any cause for serious anxiety. Fractures of the femur were put up in the abducted position with the knee extended, and traction made on the leg after reduction under an anaesthetic by strapping attached to the end of the splint. Captain Aitken held that the general alignment of the limb was the point to be considered, but that very good practical results could be obtained where, without surgical interference, the alignment of the bone could not be made perfect. He described the reversed bone-wedge method of dealing with injuries in the neighbourhood of joints whereby shortening of the limb was obviated.

Mr. TYRELL GRAY, while accepting most of the views expressed by Captain Aitken, could not agree that the danger of lighting up septic foci was slight, and thought this militated against the reversed wedge method. In similar cases he would prefer a simple osteotomy above the injury. Major JOCELYN SWAN supported Mr. Tyrrell Gray's views about sepsis, and further criticized the method of putting up cases of fractured femur with the knee extended. He put up such cases with the knee slightly flexed, and applied extension to the knee by Beesley's callipers, to which a weight was attached. Dr. JAMES MENNELL pointed out that massage could neither light up nor disperse minute pockets of pus or latent septic foci. Any tenderness over the seat of fracture contraindicated walking exercise. The PRESIDENT and Mr. ASLETT BALDWIN and Mr. A. ROCYN-JONES also took part in the discussion.

soul know well that he would not look upon his death as a disaster but as a well-earned promotion. The sympathy of many mourners goes out to his widow.

THE LATE DR. HEBB.

SIR BRYAN DONKIN writes: May I add a few words from my personal knowledge to the memorial article in your issue of May 25th on the occasion of the death of my great friend and sometime colleague, Dr. R. Grainger Hebb? I most cordially agree with your statement that

No member of the staff of the Westminster Hospital in the last thirty years exercised so great an influence over the students or was so universally esteemed for the precision of his knowledge, for his entire freedom from professional cant, and for his essential probity of character; to none did old students return in after years with more affectionate and grateful remembrances.

These telling words are indeed a splendid tribute to his memory, true to the letter, and a eulogy that but few can deserve. But I am anxious to emphasize the fact that, whether or no his systematic lectures on medicine or his clinical teaching beyond the mere elements of medicine were more or less unattractive to some students, Dr. Hebb never lost touch of the principle that clinical study and pathology should be regarded as inseparable. If, indeed, his long association with the pathological department and his extensive acquaintance with all-round pathology, so widely known to the profession in London, may have overshadowed his reputation as a clinical observer and an exceptionally thoughtful and able physician, I am sure that he may be ranked with the very best of those comparatively few physicians who have persistently obeyed this principle. Hebb was in this particular fully worthy to be classed with such men as Wilks, H. Gawen Sutton, of the London Hospital, and James Andrew of Bartholomew's. In my opinion his clinical intuition was unsurpassed by anyone's in my time. He was as good at the bedside as in the *post-mortem* room.

Nor do I think that Hebb lacked the scientific imagination. Rather he held it in check, partly from his great reluctance to write on any subject prematurely, and partly because he ever realized the frequent errors made by some who, having formed plausible and attractive hypotheses, proceeded all too soon to regard them, and induce others to regard them, as fully verified theories. His retiring disposition, and his long-standing illness, may have deprived him of the title "a great physician" in the usual sense of these words, but a great physician he certainly was.

In the brief obituary notice of the late Colonel James Forbes Beattie, R.A.M.C.(ret.), p. 633, it should have been stated that he was promoted Brevet Colonel for valuable services rendered in connexion with the war, with effect from June 3rd, 1917.

The Services.

INDIAN MEDICAL SERVICE.

THE London Gazette of June 11th announces the following alteration in the rank and titles of surgeon-generals of the Indian Medical Service: Surgeon-generals ranking as lieutenant-generals shall be granted the rank and title of lieutenant-general, and surgeon-generals ranking as major-generals shall be granted the rank and title of major-general.

Universities and Colleges.

UNIVERSITY OF CAMBRIDGE.

At a congregation held on June 7th the following were admitted to medical degrees by proxy:

B.C.—W. N. Leak, A. W. Stott.

UNIVERSITY OF LONDON.

THE degree of D.Sc. in Statistics has been conferred upon Robert John Ewart, an internal student of the Lister Institute of Preventive Medicine, for a thesis on the influence of age of parent at birth on length of life, sex, susceptibility to zymotic diseases, stature, intelligence, and eye colour.

Dr. Janet E. Lane-Claypon has been appointed examiner in hygiene on the Board of Examiners for the academic diploma in sociology.

The Senate has expressed its gratification that the London Hospital has decided to open its medical college to women students.

The following were appointed staff examiners for medical degrees for 1918-19:—

Anatomy: Professors R. W. Reid and A. Macphail. Bacteriology: Professor R. T. Hewlett. Chemistry: P. Haas and Professor J. M. Thomson. Forensic Medicine and Hygiene: F. J. Smith and Professor Matthew Hay. General Biology: J. Stuart Thomson and J. T. Galloway, K.B.E., C.B. (Internal). Mental Diseases and Psychology: Robert H. Cole and W. H. B. Stoddart. Obstetric Medicine: G. F. Blacker and Comyns Berkeley. Pathology: Professor J. Martin Beattie and Charles Bolton, F.R.S. Pharmacology: Professor H. J. Campbell and Fred Ransom. Physics: W. Makower and F. Lloyd Hopwood. Physiology: Professor D. Noel Paton, F.R.S., and Professor E. H. Starling, C.M.G., F.R.S. State Medicine: Richard King Brown and W. G. Savage. Surgery: William Turner (Internal) and V. Warren Low, C.B. Tropical Medicine: C. W. Daniels.

The annual report of the Superintendent of the Brown Institution for 1917 states that 2,550 animals had been brought to the institution; they included 1,060 dogs, 840 cats, and 470 horses. Five lectures on dysentery and allied conditions were delivered by Mr. F. W. Twort, the superintendent.

LONDON INTER-COLLEGiate SCHOLARSHIPS BOARD.

FOURTEEN medical entrance scholarships and exhibitions, of an aggregate total value of about £1,200, tenable in the Faculty of Medical Sciences of University College and King's College, and in the Medical Schools of Westminster Hospital, King's College Hospital, University College Hospital, and the London (Royal Free Hospital) School of Medicine for Women, will be offered for competition on Tuesday, July 16th, 1918. Full particulars and entry forms may be obtained from the Secretary of the Board, Mr. S. C. Ranner, M.A., Medical School, King's College Hospital, Denmark Hill, S.E.5.

SOCIETY OF APOTHECARIES OF LONDON.
THE following candidates have been approved in the subjects indicated:

SURGERY.—*G. H. Fitzgerald, *†L. E. Lewis, *H. M. Waller.
MEDICINE.—*J. Gorsky, *†F. Lyth, *†H. Lyth, *†G. G. Rigby, *†J. Stephen, *†T. C. Stephen.
FORENSIC MEDICINE.—J. Gorsky, T. Mensa Annan, J. Stephen.
MIDWIFERY.—A. M. Berman, A. G. Curzon Miller, S. V. Goldhurst, T. Mensa Annan, H. H. Selim.

* Section I. † Section II.

Medical News.

DR. E. H. TWEEDY (principal medical officer) has been appointed a member of the executive committee of the colony of Sierra Leone.

OWING to the present position of supplies, it has become necessary to reduce the jam ration in the civil general hospitals scale from 8 oz. to 4 oz.

MR. HENRY EDGAR WILLIAM HOFFMEISTER, M.A., M.B., B.C.Cantab., M.V.O., of East Cowes, has by deed poll changed his name to Edgar William Seymour.

MR. WALTER SCHRÖDER, Coroner for Central London, and Dr. F. J. Waldo, Coroner for the City of London and Southwark (a past president), have been elected president and honorary secretary respectively of the Coroners' Society.

AT the last meeting of the Society of Public Analysts Mr. A. Chaston Chapman reported that he had worked out a method for the manufacture of plant nucleic acid on a large scale, and that considerable quantities of the acid and its salts are now being manufactured in this country.

THE annual meeting of the British Science Guild will be held at the Mansion House, London, under the chairmanship of the Lord Mayor on Wednesday next, June 19th, at 4 p.m., when an address on education, science, and leadership will be given by Lord Sydenham. Cards of invitation can be obtained from the Secretary of the Guild, 199, Piccadilly, W.1.

A MASS meeting will take place on Monday, July 1st, at 3 p.m.; a national conference on maternal and infant welfare will be held on July 2nd and July 3rd, and an educational mothercraft exhibition will be open throughout Baby Week, July 1st to 6th, at the Central Hall, Westminster. The address of the Baby Week Council is 27A, Cavendish Square, London, W.1.

THE late Sir George Hare Philipson, whose gross estate has been sworn at £26,235, has by his will bequeathed £2,000 to the University of Durham College of Medicine, Newcastle-on-Tyne, for the foundation of two Philipson scholarships to be awarded to the undergraduate of the college obtaining the highest marks at the M.B. final examination.

MISS FRANCES IVENS, M.B., M.S.Lond., Médecin-Chef of the Scottish Women's Hospital at Royaumont, Villers Cotterets, successfully evacuated the hospital last week in the midst of severe enemy fire and several successive air

raids. Miss Ivens carried on till the last permissible moment, operating under these trying conditions; no one among staff or patients was injured. Miss Ivens has been in charge of Royaumont since the hospital was opened in November, 1914, and received the Legion of Honour in 1917.

The third annual meeting of the National Council for Combating Venereal Diseases will be held at Caxton Hall, Westminster, on Monday next at 5.30 p.m., when the chair will be taken by the president, Lord Sydenham. A discussion will take place on the place of legislation in the campaign against venereal diseases. Among those who are expected to take part in it are Mr. Hayes Fisher, M.P., Mrs. A. C. Goto, and Mr. E. B. Turner.

LIEUT-GENERAL SIR ARTHUR SLOGGETT was entertained on June 10th by some members of the British Red Cross Society and the Order of St. John on the occasion of his relinquishing the post of Chief Commissioner of the joint societies at the expiration of his term of office as Director-General of Medical Services with the British armies in France. Among those present were the Earl of Donoughmore, the Earl of Lucan, Viscount Knutsford, Viscount Chilston, and Lord Cheylesmore. The Duke of Connaught was prevented from being present owing to his absence at Aldershot on military duties.

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.2, on receipt of proof.

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, *Aetiology*, Weststrand, London; telephone, 2631, Gerrard.

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

3. MEDICAL SECRETARY, *Medisecra*, Weststrand, 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.

INCOME TAX.

X. inquires as to his liability to pay tax on professional debts recovered since his retirement, and as to expenses incurred while acting in an "outdoor locumtenancy."

* * * The debts in question are not assessable to income tax; X. having paid tax on his assessed profits as a general practitioner is entitled to regard these sums as postponed receipts of profits taxed in previous years. On the other hand, he is liable to pay tax on his receipts as a locumtenent without any deduction for private expenses, notwithstanding that he is maintaining his former residence as well as paying for rooms, etc., where his work is now being done. A locumtenent on "indoor" terms is in a favourable position in that he receives (in effect) unassessable emoluments or benefits.

SALIVARY CALCULI.

G. P. desires advice as to treatment of a man aged 55, obese, and the subject of gout, who has salivary calculi. Several have been removed already from Wharton's duct, but after a period of days or weeks fresh ones make their appearance and cause considerable pain and irritation.

LETTERS NOTES, ETC.

WRITING with regard to the difficulty of separating the parts of an all-glass hypodermic syringe which have become stuck, Dr. G. G. Davidson states that after leaving such a syringe, in which both the nozzle and piston were stuck, in strong nitric acid for three and a half months they came apart quite easily.

MR. W. J. GOODING (61, Burlington Road, New Malden) has patented a bedstead lift trolley to enable bedsteads without castor wheels to be transferred from one place to another. The trolley is wheeled beneath the bedstead, which by means of a lever is lifted a few inches clear of the ground.

THE TREATMENT OF PERNICIOUS ANAEMIA.

DR. THORNE THORNE's note in the JOURNAL of June 8th, p. 645, has led a correspondent, "Locum," to send the following note: Nearly three years ago I took over a practice of a young friend who was joining the R.A.M.C., and one of the cases was a man with pernicious anaemia, as diagnosed by a professor of medicine. As the man was exceedingly ill and did not look as though he could last long, I gave him several doses of salvarsan cream (made by Allen and Hanbury) in the buttock, and he began to improve thereafter. The injections gave him considerable pain, and he refused to have as many as I had wished to give him; but he is alive and well to-day and going about superintending his work. He had been taking iron and arsenic before that, and I did not stop them, but a marked change came over him at that time. He is still taking the drugs at intervals, but possibly they may be unnecessary. I was afraid to stop them as he was doing so well.

ELECTRO-CHEMICAL TREATMENT OF GONORRHOEA.

CAPTAIN H. H. KING, I.M.S., writes with reference to the electro-chemical treatment of gonorrhoea to make the following suggestions:

1. That the same electrical treatment might possibly be of the greatest service in the treatment of ordinary infected gunshot wounds, helping the removal of bacteria and pus from the surface of infected tissues. I am not aware of this method having been tried.

2. That in the simple irrigation of all mucous membranes hypertonic saline should be more used, with or without the addition of compatible antisepsics such as potassium permanganate. I have used such with a little permanganate as large enemas in the treatment of dysentery. Knowles and Cole (*Ind. Journal of Med. Research*, January, 1917) have found enemas of 1 in 80 magnesium sulphate useful in amoebic dysentery. I see no reason why the ordinary weak permanganate solution used for the urethra should not be a hypertonic one.

3. For the irrigation and distension of the urethra a metal catheter might be used with a projection at the handle end for the entrance of the irrigating liquid, and with several small perforations in three rows along $\frac{1}{4}$ in. of its length starting from $\frac{1}{4}$ in. below the ordinary hole at the bladder end. The whole catheter should be traversed by another finer tube opening at the two ends of the catheter only, thus shutting off the bladder from the main channel of the catheter. Liquid would enter by the side nozzle, flow along the main channel, enter the urethra in its prostatic part through the small perforations, course along the urethra, and so out. The inner channel would drain the bladder of all leakage into it. Distension would be secured at will by squeezing the urethra. The catheter would be passed slowly, and stopped as soon as urine flowed from the inner tube.

I have no experience with such an instrument; the idea suggested itself on reading Captain Lamb's note (BRITISH MEDICAL JOURNAL, October 6th, 1917).

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 week ending June 8th:

	£ s. d.	£ s. d.
Dr. T. Rouse ...	1 1 0	*Anonymous ... 1 1 0
*Mr. J. H. Jacobs ...	10 10 0	Mr. E. Spencer Evans (m.) 0 10 0
Dr. H. J. Mackenzie ...	1 1 0	Dr. Albert Lucas ... 2 2 0
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Sir A. Pearce Gould (m.)	5 0 0	*Lady Cooper ... 10 0 0
Dr. W. A. Miine ...	3 0 0	*Mr. G. S. Albright ... 50 0 0

* Per Sir Rickman Godlee. m., Monthly.

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.

THE appointments of certifying factory surgeons in the following places are vacant: Cruden (Aberdeen), Dublin (Dublin), Mullingar (Westmeath).

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An average line contains six words.

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