effect. Vomiting of intestinal contents occurred twice after admission, and exploratory operation was decided on.

Operation.

Chloroform was given, and a median incision from the xiphoid cartilage to the symphysis pubis was made. The small intestines were explored from duodenum to ileo-caecal valve; they were very much distended. The large intestines were collapsed from the caecum onwards. No cause for the obstruction being found, it was thought to be a "kink" or some equally unsatisfactory thing.

The small intestines were taken from above downwards and passed through the gloved hands, segment by segment, to squeeze onwards the flatus. This was not satisfactory and the imprisoned air was evacuated by puncturing the bowel wall in at least six places with a medium sized trocar and allowing the air to escape. When the small intestines were thus relieved and collapsed they were replaced inside the peritoneal cavity—the whole of the distended small intestines (ileum) having been lying in a towel outside the abdomen whilst the abdominal cavity was searched—the wound was sewn up in one of the usual ways and the patient sent back to bed with the distension altogether relieved.

After-History.

No flatus or faeces were passed on the day of the operation, and next morning the abdomen was a little distended again, but during the morning flatus was passed and he felt more comfortable; two enemata (turpentine) were given.

On the third day after the operation a long tube was passed by the rectum and a dose of 1½ oz. of castor oil administered by the mouth; a large mass of tapeworms was passed. The patient passed bits of tapeworms on several occasions during the next three days.

Owing to a little leakage from one of the trocar punctures in a coil situated in the pelvis an abscess formed. This was localized, however, and although it became infected with *B. coli* and was very foul, recovery was retarded not more than two or three weeks.

Undoubtedly the mass of tapeworms (there were probably four or five separate ones), which measured when freed from intestinal débris two or three pints, had become blocked against the ileo-caecal valve, causing mechanical obstruction; and if this had not been relieved by manipulation of the intestines and evacuating the flatus, the patient would probably have died.

The principal points about the case appear to be the following: Absence of pain even at onset, or afterwards, although the obstruction was acute. There was discomfort certainly due to over-distension. There was very little, if any, collapse. The pulse was fairly good and, sixteen hours after symptoms commenced, was only 84. There was, however, fairly frequent vomiting of intestinal contents (in the cases recorded of obstruction due to *Ascaris lumbricoides* the worm was frequently vomited), but absence of acute pain and very little collapse, together with acute obstruction symptoms, may be taken, we think, as a characteristic of obstruction due to intestinal parasites.

In the case here described there was no question of delaying the operation, such a course was contraindicated by the vomiting, distension and peristalsis and total suppression of flatus and faeces. The obstruction was complete.

The diagnosis of the cause of intestinal obstruction is such an important subject that we do not think any apology is necessary for recording this case. Operations for intestinal obstruction are amongst the most fatal in surgery. Statistics place the mortality at 60 to 70 per cent., doubtless due to the fact that most cases are operated on when too late; but it is also due to the fact that diagnosis remains so often uncertain until after the abdomen has been opened, and to the fact that, even if a correct diagnosis is established before the abdominal incision is made, the condition of the parts involved is a matter of speculation, and is usually worse than is apparent from the symptom. Cases occur—as, for example, that here reported—in which the distension of the intestines is relieved (and presumably the cause of the obstruction), the intestines replaced, and still it is impossible to say what has been the cause, and we have to fall back on an unsatisfactory speculation—such as a "kink," for want of better knowledge. Let us have in mind that a mass of intestinal parasites may, especially in tropical countries, be the cause of acute intestinal obstruction.

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Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

INTESTINAL OBSTRUCTION DUE TO DIAPHRAGMATIC HERNIA.

J. B. was admitted to hospital on March 17th, 1918, in a collapsed condition. He complained of severe abdominal pains, with vomiting, and gave a history of several previous attacks of a similar nature. The abdomen was slightly distended, but no rigidity was present, and no acute tenderness on palpation. When first examined there was some tenderness over the descending colon, and on a second examination, a little later, tenderness was located in the middle line, between the umbilicus and pubes. The temperature on admission was 95° F., and remained subnormal. The radial pulse was imperceptible. The heart was displaced to the right side, the left border being about half an inch to the left of the sternum; the sounds were feeble and the action rapid. Breathing was slightly laboured, but the respiratory sounds showed no sign of lung trouble. Over the lower half of the chest, on the left side, intestinal rumblings were heard mingling with breath sounds. The tongue was dry and slightly furred. The bowels had not moved for three days. A soap and water enema was given, but was returned, showing slight trace of blood and no faeces.

As pain still continued severe, morphine (2 grains) was given, and the general condition was treated by administration of brandy in small doses and hot-water bottles. No improvement resulted, though the pain was considerably eased. He got gradually weaker, and died on March 18th, 1918.

At the *post-mortem* examination the stomach was found to be greatly distended, extending to midway between the umbilicus and pubes. The caecum and large intestine were normal; the appendix was bound by adhesions to the caecum. There was at first sight no sign of small intestine in the abdominal cavity, but the ileo-caecal junction was found, and the ileum, when traced back, was found to disappear through the oesophageal opening of the diaphragm. Practically the whole of the small intestine was lying in the chest cavity on the left side, displacing the heart and left lung. Both the ascending and the descending portions of the loop of intestine passed through the oesophageal opening of the diaphragm along with the oesophagus. The stomach was full of faecal fluid under considerable tension. Two ulcers were found on the stomach wall, one near the pylorus and the other on the greater curvature. The part of the duodenum between the stomach and diaphragmatic opening was similarly distended and full of faecal fluid. The coils of intestine inside the chest cavity were slightly distended. The portion of ileum in the abdominal cavity was empty and contracted. The caecum and large intestine were normal and contained only a very small quantity of faeces. All the other organs in the abdomen were normal.

L. S. DICKIE.

Reviews.

TREATMENT OF VENEREAL DISEASES.

The Diagnosis and Treatment of Venereal Diseases in General Practice,[1] by Colonel L. W. HARRISON, D.S.O., R.A.M.C., is a book addressed by a specialist to general practitioners, and, in spite of some faults of arrangement, will be found remarkably complete in its discussion of syphilis, and highly practical in its directions for treating both that disease and gonorrhoea. Most readers will turn to the section in which Colonel Harrison summarizes his experience of the treatment of syphilis. He would at present choose one of the organic arsenical compounds, either salvarsan or one of its chemical equivalents—arsenobillon, kharsivan, or diarsenol—which are given intravenously, or one of the "neo" compounds given intramuscularly. He advises the simultaneous use of

[1] *The Diagnosis and Treatment of Venereal Diseases in General Practice.* By L. W. Harrison, D.S.O., Lieut.-Colonel R.A.M.C. London: H. Frowde, and Hodder and Stoughton. 1918. (Demy 8vo, pp. xvii + 482; 16 plates; 84 figures. 21s. net.)

For "John" Dunn, as he was always called at Guy's, was, from the day he became demonstrator of anatomy until his last illness, above all the students' friend, and many are those who realize that but for his kindly and persevering teaching they would in all probability never have qualified. After a brilliant student career John Dunn became demonstrator of anatomy in 1885, and held this post until he was appointed assistant surgeon in 1894. In the dissecting room he acquired a quite extraordinary influence over the boys, as he called them, for, besides being an unusually clear and helpful teacher, he had a great charm of manner, and took a real personal interest in each of his pupils, thus gaining the friendship and getting the best out of each one. At the same time he was a strict disciplinarian, for, kindly and familiar as he was, he had complete control, and never permitted laziness or slackness in attendance. And so again in the wards and out-patient department his clear, patient, and helpful clinical teaching was an immense boon to generations of students, each of whom he knew and understood and remembered in a quite remarkable degree. In fact, it seemed to those who knew him best that his greatest interest in life was his teaching and his personal relationship with the students. That all he did for them was properly appreciated by the men is not in doubt, for it would be hard to imagine a teacher more popular and universally more loved and esteemed. He was a very accurate clinical observer and was also possessed of a great clinical memory; often has he thrown some fresh light on a difficult case seen with the writer or others of his colleagues. As an operator, whilst he would not be described as either brilliant or showy, his work was always neat, decided, and accurate. Charming and friendly to all with whom he came in contact, he was also retiring and self-contained almost to exasperation, so that even his oldest and best friends saw really but little of him.

SAMUEL POZZI,

Professor of Clinical Gynaecology, Paris.

PROFESSOR POZZI, whose name is well known wherever surgery is practised, was murdered in his consulting room on June 13th. His murderer, who immediately afterwards committed suicide, was a man upon whom Professor Pozzi had operated about two years ago, and his grievance was that his surgeon would not operate upon him again. Professor Pozzi was wounded in the abdomen by four revolver shots. On his own instructions he was removed to the Astoria Hospital, where laparotomy was performed, twelve perforations of the intestine and a wound in the kidney being found. He survived only a few hours.

Samuel Pozzi was born at Bergerac (Dordogne) on October 3rd, 1846. He had a brilliant career as a student, becoming interne of the Paris hospitals in 1868 and winning the gold medal of the faculty in 1872. In 1873 he graduated with a thesis on fistulae of the upper pelvi-rectal space, for which he was awarded a bronze medal, and in 1875 he became *agrégé* with a thesis on the value of hysterotomy in the treatment of uterine fibroma. He was already well known by his work in comparative anatomy when he was elected surgeon to the hospitals in 1877. In 1878 he was appointed surgeon to the public lunatic asylums of the Seine Department, and in 1885 he was attached to the Lourcine hospital. From that time he gave his attention mainly to diseases of women, and was one of the pioneers of operative gynaecology in France. He was the author of a treatise on clinical and operative gynaecology which has gone through several editions. For this work, which has been translated into English, German, Italian, and Spanish, he was awarded a prize by the Institute of France. Among his many contributions to medical literature are an important article in the *Dictionnaire Encyclopédique des sciences médicales* and a translation, made in conjunction with Dr. Benoit, of Charles Darwin's book on the expression of emotions in men and animals. Pozzi was one of the founders of the French Congress of Surgery, of which he was general secretary till 1885. He was brilliant as a teacher not only in gynaecology but in anatomy and operative surgery. He was a favourite pupil of Broca, and in 1888 held the office of president of the Society of Anthropology. At the time of his death Professor Pozzi was professor of clinical gynaecology and surgeon to the Broca Hospital, and director of the surgical division of the military hospital at the Panthéon. He was a member of the Académie de Médecine, was elected vice-president this year, and would have been president next year. He was senator for his native department for nine years.

Universities and Colleges.

UNIVERSITY OF CAMBRIDGE.

C. R. A. THACKER, M.B., B.C., has been elected to a Fellowship at Sidney Sussex College. The following medical degrees have been conferred:

M.D.: W. A. Stokes, W. J. Fison. *M.C.*: H. J. Gauvain. *M.B.*: K. B. Aikman.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

AN ordinary Council was held on June 13th, when Sir George Makins, G.C.M.G., President, was in the chair.

The late Mr. L. A. Dunn.—A vote of condolence was passed on the recent death of Mr. Dunn, a member of the Council and past-member of the Court of Examiners. The vacancy in the Council occasioned by the death of Mr. Dunn will be filled up at the annual meeting of Fellows in July, 1919.

Grant of Diplomas.—Diplomas of Fellowship were issued to two candidates (Messrs. Ernest F. Murray and David P. D. Wilkie) found qualified at the recent examination. A third candidate (Mr. Arthur Morford) was found qualified, but being under the age of 25, the grant of the diploma was deferred. The Licence in Dental Surgery was granted to eleven candidates found qualified at the recent examination.

Donations.—The thanks of the Council were given to Mr. I. Foster Palmer, M.R.C.S., for a donation of books and engravings.

The Primary Examination for the Fellowship.—A Committee was appointed to consider the desirability of altering or amending the subjects and character of the primary examination for the Fellowship.

Military Orthopaedics.—A letter was read from a provincial hospital calling attention to the manner in which the hospitals and medical schools are being affected by the steps taken by the Ministry of Pensions, in conjunction with the War Office, to eliminate cases of military injuries on a very wide definition of "orthopaedics" from treatment in certain civil hospitals. The matter was referred to a committee.

Proposed Formation of a Ministry of Health.—A committee was appointed to consider the steps which are being taken to form a Ministry of Health, the committee to co-operate with a similar committee appointed by the Royal College of Physicians.

Medical News.

IT is announced from Amsterdam (June 16th) that an epidemic presenting symptoms similar to that which prevailed recently in Spain, and believed to be influenza, has broken out in Berlin.

PROFESSOR DENTI of Milan has taken the initiative in collecting funds for the establishment of a workshop for men blinded in the war. The subscriptions already amount to £14,360.

WE are informed that the Scottish Women's Hospital evacuated, as mentioned last week, was the advanced hospital at Villers Cotterets. The work of the main hospital at Royaumont, near Chantilly, described by Miss Ivens in our columns on August 18th, 1917, has not been interrupted.

DR. VERNON DAVIES, M.B.E., has been appointed a Knight of Grace of the Order of St. John of Jerusalem in England.

ON the occasion of the twenty-first anniversary of St. Paul's Hospital for Skin and Genito-Urinary Diseases, Dr. Felix Vinrace and Dr. Alfred Allport were entertained to dinner at the Holborn Restaurant on June 14th.

THE proceedings of the Conference on the administration of the Mental Deficiency Act, held in London last February, have been printed in a pamphlet, copies of which can be obtained from the honorary secretary of the Central Association for the Care of the Mentally Defective, Queen Anne's Chambers, Tothill Street, Westminster, S.W.1.

CIVILIAN practitioners desiring to attend the course of instruction on war neuroses and shell shock at the Maudsley Neurological Clearing Hospital (Denmark Hill, S.E.5), for which no fees are charged, are, by desire of the Director-General, A.M.S., requested to bring a letter of introduction from a hospital physician or surgeon. The course begins on Tuesday next at 3 p.m., and will be continued on Tuesdays and Fridays for six weeks.

JUST as the Director-General of the British Army Medical Service has no seat on the Army Council, so the Surgeon-General of the United States Army is not a member of the American General Staff. We learn from the *Journal of the American Medical Association* that a bill has recently been introduced into the House of Representatives proposing that hereafter the Surgeon-General shall be a member of the General Staff Corps.

THE British Thomson-Houston Co., Ltd. (77, Upper Thames Street, London, E.C.4) has completed a scheme for repairing Coolidge *x*-ray tubes which have been damaged or broken.

THE Swiney prize, founded to encourage work on jurisprudence, by Dr. Swiney, who died in 1844, is awarded alternately by the Royal Society of Arts and the Royal College of Physicians for medical and for general jurisprudence. On the last occasion (1914) the prize, which consists of a cup value £100 and money to the same amount, was given for a work on general jurisprudence. The next award, which will be made in January, 1919, will be for a work on medical jurisprudence.

THE annual general meeting of the Asylum Workers' Association, founded in 1895 to promote the betterment of the condition of all classes of persons engaged in the care of those afflicted in mind, was held at the Mansion House, under the presidency of the Lord Mayor, on May 29th. The adoption of the report, which showed an increase of membership and of funds during 1917, was moved by Sir John Jardine, Bt., M.P., President of the Association, who referred to the desirability of further legislation to secure for asylum workers the full benefits which the Asylums Officers' Superannuation Act, obtained by the efforts of the association in 1909, in part conceded to them. The Dean of Windsor, who seconded, laid stress on the need of ample recreation for those engaged in nursing the sick, whether in body or mind, in order to maintain the freshness of spirit so essential in their dealings with patients. Dr. Mercier drew from his reminiscences, some of which were of a very piquant character, to emphasize the call on the long suffering, good nature, self-sacrifice, and devotion to duty of those engaged in nursing mad folk, and to show how much they merited the sympathy of the community at large, especially at this time, when war exigencies had depleted the personnel of asylums. It was, he said, much to the credit of these workers that in a period of such stress the Board of Control had been able to report an unprecedentedly low number of suicides occurring amongst asylum patients. Amongst other speakers were Sir Frederick Needham, Sir George H. Savage, Lieut.-Colonel D. Thomson, Captain Kirkland Whittaker, R.A.M.C., and Major the Rev. S. Lipson, S.C.F

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.2, on receipt of proof.

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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.

RETINITIS PIGMENTOSA.

ENQUIRER.—The primary cause of retinitis pigmentosa is not known. To judge by the similarity of effects in other conditions it would appear that the primary defect lies in the blood supply to the retina. Experience shows that there is a progressive diminution of the field of vision, and ultimately of the visual acuity, in all these cases; but the rate of progress of the disease varies widely—very many retain good vision until late in life. Two or more cases may occur in the same family, and are frequently associated with other defects of the body, and particularly of hearing, but not all are hereditary or even familial. Cases which may be considered to be of a congenital and developmental type, in which the condition is atypical (in the common absence of observable retinal changes; or of changes of any extent) and remains stationary, have been minutely described and recorded by Nettleship and others. Reference should be made to Nettleship's paper (*Trans. Ophthalmological Society, U.K.*, vol. xxvii, p. 269), wherein will be found the pedigree of a French family affected with hereditary night blindness in which the defect is known to have occurred in ten generations living through a period of three hundred years; also reference may be made to Nettleship's Bowman Lecture (in the same *Transactions*, vol. xxix, pp. cii and cliii), in which will be found reference to cases of hereditary retinitis pigmentosa and lamellar cataract.

LETTERS, NOTES, ETC.

WAS DR. FARQUHARSON ENTITLED TO THE EAGLE'S FEATHER?

DR. CLIPPINGDALE (London, W.) writes: Many Scottish readers of the BRITISH MEDICAL JOURNAL will remember that the head of the clan Farquharson is entitled to wear upon his bonnet an eagle's feather. The Farquharsons of Finzean, of which Dr. Robert Farquharson was the head, contested the chieftainship of the clan with the Farquharsons of Invercauld, of which Mr. James Ross Farquharson is the head. Both septs are descended from Mor Farquharson, bearer of the royal standard at the battle of Pinkie in 1547, and both bear the Scottish standard as part of their armorial ensigns. The Farquharsons of Invercauld are, or were, descended from an elder son of Mor Farquharson, the Farquharsons of Finzean from a younger son. In 1806, however, the Farquharsons of Invercauld came to an end by the death of James Farquharson, who left no son, but a daughter who married Captain James Ross, R.N., who assumed the name and arms of Farquharson. It is to be presumed that the chieftainship of this ancient clan fell upon the late Dr. Farquharson, and with it whatever glory attached to the wearing of the eagle's feather. Those who had the pleasure of attending the ball given in Mareschal College during the meeting of the Association in 1914, will remember the striking impression created by the late Dr. Farquharson, who came with kilt, dirk, sporran, and all the other accoutrements of a Highland chief.

TUBERCULIN TREATMENT OF PULMONARY TUBERCULOSIS.

DR. MARJORIE HARCOURT (London) writes: For many years, in Australia and America, I used the "tuberculinum purum" of Russian manufacture with all the success from its use that I could have desired. The cases were chiefly of the afebrile type, and in the early stages of the disease those of the febrile type being less amenable to this form of treatment. In every case, without exception, the old method of forced feeding was also adopted, together with any general systemic treatment which was indicated. The tuberculin was used in graduated doses, very slowly increased week by week, and occasionally a week or more was allowed to elapse after the next injection was due. In no case was a patient allowed out of bed for the first twenty-four hours after every injection, often for forty-eight hours or more—until, indeed, there was not any indication of the slightest rise in temperature, and twenty-four hours thereafter. This treatment did not hinder the patients taking graduated exercises as soon as they were out of bed each week, such exercises consisting chiefly in gardening, wood-chopping, house repairing, etc.—anything suitable in individual cases which was also useful. Some of my poorer patients were treated along these lines in their own homes, they or their relations reporting once or twice a week after the first day after injection every week, with such happy results that I can ask for nothing better than to have as many tuberculous cases as I can manage myself personally. No disease has been so amenable to treatment in my hands as pulmonary tuberculosis in the manner I evolved for myself from the teachings of Sir Robert Philip of Edinburgh, whose pupil I was a dozen years ago.

MEDICAL SICKNESS AND ACCIDENT SOCIETY.

AN OLD MEMBER writes: I should like to support the protest of "Dissatisfied" as to the sudden stoppage of the bonus to those going out of benefit. Old members like myself have for years put up with the loss of the quinquennial bonus, looking for the proffered bonus at the end of our time. We feel we are hardly treated by this sudden change from what we were led to expect. I agree with the proposal that a special meeting should be held.