

Thus in the American war 22,509 cases of jaundice occurred with 161 deaths, and in the South African war 5,648 cases with a small mortality. It is probable that these cases were mainly of the epidemic catarrhal type.

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- ⁴Lieut.-Colonel C. J. Martin, F.R.S., A.A.M.C.: Concerning the Pathology and Etiology of the Infectious Jaundice common at the Dardanelles, 1915, *BRITISH MEDICAL JOURNAL*, April 7th, 1917.
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- ⁹Sarrailhé et Clunet (1916): "La jaunisse des camps et l'épidémie de paratyphoid de Dardanelles," *Bull. et mém. de la Soc. Méd. des Hôp. de Paris*, 1916, 3 Sér., 32^{me} Année.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

TRAUMATIC RUPTURE OF THE HEART WITHOUT FRACTURE OR EXTERNAL LESIONS.

A GURKHA rifleman, aged 19, previous chest measurements 32 to 34, height 5 ft. 1 in., was brought in dead to hospital on account of the following accident: Whilst engaged in fire practice in the regimental lines he was pulling the wheeled fire pump when, coming downhill, it ran away with him, and he was crushed between a stone wall and the cross-bar handle of the pulling shaft, which apparently caught him across the middle of the chest. He was seen to fall dead at once.

Post-mortem Examination.—Externally there was some congestion of the right eye, and a small cut and contusion on the right side of the forehead. No other contusions or lesions were found anywhere and no fractures or hæmorrhages, though the saliva was tinged with blood, possibly from some undiscovered cut in the mouth. The base of the skull was not fractured; there was marked pachymeningitis along the superior longitudinal sinus. The abdomen was natural; the ribs were unfractured, but were very pliable, so that the chest could be easily compressed. The lungs were natural. The pericardium was full of blood but undamaged.



The heart was very small, being only about 3½ in. long and 3 in. broad. No scales were available at the time for weighing. The valves and heart muscle were apparently natural, and there was no trace of aneurysm or old disease. In the wall of the right auricle, between the right coronary artery and the entry of the inferior vena cava, was a small rent measuring about ¾ by ½ in., as shown in the diagram.

The only explanation I can offer of this curious accident is that at the moment of impact the man may have taken a deep inspiration, engorging the right auricle, which then burst on sudden compression through the costal wall by the cross-bar of the shaft of the fire pump.

A. C. L. BILDERBECK,
Captain I.M.S.

INTRAUTERINE CRYING.

A FEW days since I was called to attend a case of labour in a multipara. Progress was slow, and I injected pituitary extract twice—1 c.cm. doses two hours apart. I then dilated the os as fully as possible, and as the head still remained above the outlet of the brim I decided to use forceps.

Having punctured the membranes the fluid escaped

freely, and a short time afterwards I was surprised to hear muffled but unmistakable crying. The patient being uncovered and already prepared and under chloroform, I applied forceps, but the head being high and moving freely the blades slipped off. During the interval before the forceps were reapplied the crying was again heard quite clearly, and was remarked upon by the husband and nurse.

It was about six minutes from this time that the head was finally delivered, the blades having been previously removed to prevent laceration. The cord encircled the neck twice. The child—a girl—gasped, was easily resuscitated, and cried lustily. Later considerable fluid was removed from the air passages. The child did well.

Ponoka, Alberta, Canada.

MELVIN GRAHAM, M.B.

Reports of Societies.

THE BACTERIOLOGY OF PYORRHOEA.

At the meeting of the Section of Odontology of the Royal Society of Medicine on May 26th Mr. J. G. TURNER, F.R.C.S., and Mr. A. H. DREW, D.Sc., gave an account of an experimental inquiry into the bacteriology of pyorrhoea. It was described as a continuation of a previous communication on the general microbiology of pyorrhoea, and the further results were now reported because Dr. Drew was about to resume his duties as bacteriologist to the tuberculin department of the Federal Serum Institute, Melbourne. The methods by which the microscopical preparations were made during the present research were fully described, and the results were stated under the following headings:

1. *Living Pulp.*—The living pulp appeared to become readily infected, and such infection was not necessarily associated with caries in the ordinary acceptance of that term. A preparation from the pulp of a bicuspid was demonstrated, showing a diphtheroid infection; in this case there was associated chronic pyorrhoea, but it was thought improbable that it was concerned in the pulp infection. In another case infection by two distinct types of diphtheroids was demonstrated, in others mixed infections by diphtheroids, streptococci, and at times staphylococci, and spirochaetes. Mixed infections were always associated with caries to a greater or less extent, and in at least one instance the vessels of the pulp were found to contain organisms (diphtheroids and cocci).

2. *Dental Tubules.*—It was certain that the dental tubules were frequently infected from the pulp cavity. While probably any organisms in the mouth could infect pulp, those most usually associated with dental infections seemed to be comparatively few in number—namely, diphtheroids, cocci, and spirochaetes.

3. *Cementum.*—Infection of the cementum was frequent, and three routes could be distinguished—(a) from the pulp cavity and tubules; (b) through the periodontal membrane; and (c) from surface caries. There was evidence that cementum could be infected from a living but infected periodontal membrane. No section showing actual invasion of the cementum by bacteria from the dental tubules had been obtained, but one showed its near approach. Another showed surface caries of the cementum, with a thick growth of bacteria on the surrounding cement surface. This layer of bacteria was always found on the denuded roots in pyorrhoeal pockets, and explained the difficulty of treating pyorrhoea without thorough cleaning of all such denuded roots.

4. *Gums.*—In chronic cases bacteria were invariably present in the gums; the most frequent were diphtheroids, streptococci, and staphylococci. In one instance a heavy infection with a sporing bacillus was observed; the gum showed chronic fibrous thickening; there was no pocketing by destruction of the alveolar dental membrane but only by swelling of the gum, nor was there any ulceration; apparently the bacteria gained entrance through a merely inflamed surface. A section from the gum flap overlying an erupting wisdom tooth in a man of 48 showed dental sepsis at its earliest moment—namely, just as the gum uncovered the tooth and left the crypts open to infection. Here a pure diphtheroid infection was to be seen running up the lymphatics.

nowadays, perhaps, lost the significance it had, for most of it was written prior to the time when the relationship of syphilis to all tabetic disease was realized, and before the modern, if unproved, theory was advanced that the pathology or genesis of delusion, and even of paranoia, may be revealed by analytical methods of examination.

About fifteen years ago Dr. Wiglesworth was very seriously assaulted by a patient while on his rounds at Rainhill Asylum, and but for the fact that he was accompanied by one of his medical colleagues he would there and then have bled to death from a murderous wound in his throat. His early retirement from lunacy practice was probably the outcome of shock after that assault. His withdrawal from practice was much deplored by his colleagues in the specialty, who looked upon him as a keen investigator and indefatigable worker in the difficult domain of cerebral pathology.

On his retirement Dr. Wiglesworth went to live at Winscombe, in Somerset. At the time of his death he was engaged on a work descriptive of the birds peculiar to the county of Somerset, and his investigations took him to Hurlstone Point, on the eastern side of Porlock Bay. The circumstances of his death are obscure, but it appears that he may have fallen from the cliff on May 16th. His absence from the hotel caused alarm, and search parties scoured the coast. The body was found on the shore two days later at low tide. The coroner found that death was caused by fracture of the skull and not by drowning.

Dr. Wiglesworth leaves a widow; his only son was killed during the war whilst in the Air Service.

In the obituary notice of Captain J. C. M. BAILEY, O.B.E., R.A.M.C., published in the BRITISH MEDICAL JOURNAL of May 3rd, his services during the present war were not given. He was the eldest of six sons, all of whom joined the forces for the war. He served in the Kamerun campaign of 1914-15, when he was mentioned in dispatches, and was afterwards transferred to Salonica, where he served for two and a half years, and was again mentioned in dispatches, receiving the O.B.E. (Military Division) on January 1st, 1919.

Universities and Colleges.

UNIVERSITY OF CAMBRIDGE.

Diploma of Psychological Medicine.

COURSES in preparation for Parts I and II of the examination for the diploma in psychological medicine will be held at the Psychological Laboratory, Cambridge, from August 2nd till August 30th. The classes will be conducted as follows:—Part I: Psychology, with practical work, Dr. J. P. Lowson; Anatomy and Physiology of the Nervous System, with practical work, Dr. E. D. Adrian. Part II: Neurology, Dr. Adrian; Psychiatry, Lunacy Law and Administration, Dr. M. H. Archdale, Superintendent of the Cambridge County Asylum; Psychopathology, Dr. W. H. R. Rivers, F.R.S. The inclusive fee for Part I is £4 4s. and for Part II £4 4s. For further particulars application should be made to Dr. C. S. Myers, F.R.S., The Psychological Laboratory, University of Cambridge.

UNIVERSITY OF LONDON.

LONDON (ROYAL FREE HOSPITAL) SCHOOL OF MEDICINE FOR WOMEN.

THE following scholarships will be awarded this summer:

(1) St. Dunstan's Medical Exhibition: £60 a year for three or five years. (2) Mrs. George M. Smith Scholarship: £50 a year for three or five years. (3) Isabel Thorne Scholarship: £30 for one year. (4) Mabel Sharman Crawford Scholarship: £20 a year for four years. (5) Dr. Margaret Todd Scholarship: £37 10s. a year for four years. (6) Sarah Holborn Scholarship: £20 a year for three or five years. (7) Agnes Guthrie Bursary for Dental Students: £50 for one year.

Nos. 1, 2, 5, 6, and 7 will be awarded to candidates who are in need of financial assistance for the prosecution of their medical studies. Applications for Nos. 5, 6, and 7 must be received by July 1st. Forms of application and full particulars can be obtained from the Warden and Secretary, Dr. Louie M. Brooks, Hunter Street, Brunswick Square, W.C.1.

ROYAL COLLEGE OF SURGEONS OF EDINBURGH.

THE following gentlemen having passed the requisite examinations have been admitted ordinary Fellows:

D. H. Bett, M.B. Univ. New Zealand, C. Bouck, M.B. Toronto, O. T. Dinick, M.B. Toronto, Haji Hyderali Khan, L.M.S. Bombay, A. V. Meehan, M.B. Sydney, J. T. Wall, M.D. McGill.

The Bathgate Memorial prize, consisting of bronze medal and set of books, was, after a competitive examination in materia medica, awarded to Mr. W. F. G. Radford.

The Services.

ROYAL NAVY.

RETIREMENT OF SIR W. H. NORMAN, K.C.B.

SURGEON VICE-ADMIRAL SIR WILLIAM HENRY NORMAN, K.C.B., who, as already announced, has retired at his own request from the office of Director-General of the Medical Department of the Royal Navy, comes of a naval family. His grandfather and three of this officer's brothers served in the navy during the Napoleonic wars. One—afterwards killed as lieutenant of the *Sirius* when leading an attack on the Ile de la Passe—was present at Trafalgar. Another was killed in action in 1814. Sir William Norman's father, who held the Baltic and China medals, and four of this officer's brothers also served in the Royal Navy, and Sir William's two sons are now serving in the navy. Sir William Norman himself entered the navy in August, 1882, and as surgeon of the *Reindeer* was mentioned in dispatches for his treatment of the wounded after an action with a slave dhow at Zanzibar in 1887. In 1895 he was a member of the party landed at Mombassa for the punishment of a rebellious Arab chief, and received the African General Service medal. He was a member of the committee on naval medical service in 1907, and naval member of the Medical Consultative Board. He was surgeon-general R.N. Hospital, Plymouth, when appointed medical director-general of the navy in 1917. He received the C.B. in 1916 and the K.C.B. in 1918. He is a Commander of the Legion of Honour, of the Crown of Belgium, and of the Star of Rumania, and Grand Cordon of the Sacred Treasure (Japan). During his two years of office as medical director-general he has shown himself an able and sympathetic administrator, devoted to the interests of his service, easily accessible to its officers, and desirous, so far as the times permitted, to advance the cause of medicine afloat. His successor, Sir Robert Hill, K.C.M.G., C.B., will have no light task in attempting to complete the work which has been begun.

HONOURS.

MESOPOTAMIA.

THE following awards are announced in recognition of gallantry and devotion to duty in the field in Mesopotamia:

D.S.O.

Captain Heersajee Jehangir Manookjee Cursetjee, I.M.S., attached 14th Sikhs.

For conspicuous gallantry and devotion to duty at Mushaq, October 26th-27th, 1918, and at Sharqat, October 29th. Throughout the operations he displayed the greatest zeal and disregard for danger while tending the wounded under heavy fire, working unceasingly for forty-eight hours. He has previously rendered excellent service, and once was severely wounded.

Military Cross.

Captain John George Bennett, R.A.M.C., attached 20th Brigade R.F.A.

For conspicuous gallantry and devotion to duty at Mushaq, October 26th, 1918. He worked day and night in the open under heavy fire, tending the wounded and superintending their evacuation. His energy and disregard of danger throughout were admirable.

Captain Maurice Dwyer, R.A.M.C. (S.R.).

For conspicuous gallantry and devotion to duty on October 29th-30th, 1918, at Sharqat. He displayed great disregard of danger during an attack on the enemy's position. He remained all day and night exposed to heavy fire searching for and dressing the wounded. In the dark he made his way forward to the firing line to see if his services were required, and stayed there attending to and superintending the evacuation of the wounded.

Captain Harold Jacques, R.A.M.C.

For conspicuous gallantry and devotion to duty at the Lesser Zab on October 25th, 1918. When the artillery brigade to which he was attached was in action he displayed great disregard of danger in attending the wounded under heavy fire. Four battery wagons were exploded by shell fire but he continued to work in close proximity, rendering most valuable assistance until all cases were successfully evacuated.

2nd Class Senior Subassistant Surgeon Bhagwan-Singh, I.O.M., Indian Medical Department.

For conspicuous gallantry and devotion to duty at Sharqat on October 29th, 1918. When the regimental aid post came under heavy fire he displayed the utmost coolness in appeasing the wounded and alleviating their sufferings. Throughout the action his conduct was a fine example to his subordinates.

NORTH RUSSIA.

THE following are among the recipients of immediate awards for conspicuous gallantry and devotion to duty in North Russia conferred by Major-General W. E. Ironside, C.M.G., D.S.O., in pursuance of powers vested in him by H.M. the King:

Bar to Military Cross.

Temporary Captain John Dalglish Watson, M.C., R.A.M.C.

For conspicuous gallantry and devotion to duty in evacuation of wounded from Toulgas during the period November 12th-14th, 1918, under fire and through drift ice with a panic-stricken crew on the river steamer. (M.C. gazetted January 1st, 1918.)

Military Cross.

Captain (acting Major) Frank Mortimer Taylor, R.A.M.C. (S.R.).

For conspicuous gallantry and devotion to duty on December 30th, 1918, at Kodish, when he urged his sleigh drivers into Kodish through severe fire. He thus established a dressing station, collecting and tending the wounded under difficult and dangerous conditions.

Lieutenant John Peter, R.A.M.C.(S.R.), attached 17th Battalion Liverpool Regiment.

For gallantry and devotion to duty during the attack on enemy positions near Kodish on February 7th, 1919. Under heavy fire he attended to the wounded and placed them on sleighs. It was largely due to his fine conduct that the wounded were promptly evacuated and many lives saved.

ORDER OF THE BRITISH EMPIRE.

The following appointments to the Order of the British Empire are announced in recognition of valuable services rendered in connexion with the war:

Officers of the Military Division (O.B.E.).

Surgeon-Commander William Rhodes Harrison, R.N.

For valuable services as senior medical officer of the Sixth Destroyer Flotilla.

Surgeon Lieutenant Stanley Samuel Beare, R.N.

For valuable services in attending to the sick and wounded in the Dover Patrol.

Member of the Military Division (M.B.E.).

Surgeon Sublieutenant Donald Eadie Brown, R.N.V.R.

For valuable services in attending to sick and wounded of the Dover Patrol.

The Meritorious Service Medal has been conferred upon Surgeon Lieutenant Samuel Franklin Abbott, R.N., for services in ocean escorts between July 1st and November 11th, 1918.

FOREIGN DECORATIONS.

The President of the French Republic has conferred the silver Médaille d'Honneur des Epidémies upon Surgeon-Commander Charles R. Sheward, R.N., and Surgeon Lieutenants Abel Evans and Richard Wilkins, R.N., for distinguished services rendered during the war.

The King of Hellenes has appointed Surgeon Lieutenant Commander Douglas A. Mitchell, R.N., to be an Officer of the Order of George I in recognition of distinguished services rendered during the war.

The President of the French Republic has appointed Surgeon Captain George T. Broatch, C.B.E., R.N., to be an Officer of the Legion of Honour; and Surgeon Lieutenant Michael E. T. D. Vlasto, R.N., an Officier d'Instruction Publique, for distinguished services rendered during the war.

Medical News.

MAJOR-GENERAL SIR ANTHONY BOWLBY, K.C.M.G., K.C.V.O., C.B., having relinquished the appointment of consulting surgeon to the British armies in France, has returned to London.

SIR W. ARBUTHNOT LANE, Bt., C.B., is leaving for New York this week to attend the conference of the American Medical Association (Victory meeting) as the representative of the Royal Society of Medicine.

THE library and offices of the Royal Society of Medicine will be closed for the Whitsuntide holidays from Saturday, June 7th, to Monday, June 9th, both days inclusive.

AT the forthcoming eighty-seventh meeting of the British Association, which will be held at Bournemouth on September 9th-13th under the presidency of Sir Charles Parsons, Professor Arthur Keith, M.D., F.R.S., will preside over the section of anthropology, and Professor Noël Paton, M.D., F.R.S., over the section of physiology.

THE Cavendish Lecture before the West London Medico-Chirurgical Society will be given at the West London Hospital on Friday, June 20th, by Sir George Makins, G.C.M.G., C.B., P.R.C.S., the subject selected being the part of the consulting surgeon in war. The annual dinner of the society will be held at Pagani's Restaurant, Great Portland Street, W., on July 10th.

THE Royal Institute of Public Health will hold a conference in London at the end of June at the Guildhall.

SIR JOHN COLLIE, C.M.G., has been appointed deputy coroner for the Hatfield district of Hertford.

AT a penal meeting of the Central Midwives Board for England and Wales on May 22nd, with Sir Francis Champneys, Bt., in the chair, three women were struck off the roll, two of them principally on charges of neglect of ophthalmia neonatorum; both were very advanced in years. After the conclusion of the penal board the ordinary monthly meeting was held. The report of the standing committee included a letter from the British Medical Association with reference to the fees to be tendered by the Board to medical practitioners asked to give oral evidence in penal cases. Eighteen midwives were accepted by the Board by reason of their having obtained the certificates of the Central Midwives Boards for Ireland and Scotland respectively.

ON April 27th Dr. J. A. Turner, C.I.E., sailed for England on his retirement after nineteen years' service as municipal executive health officer for the City of Bombay. The *Times of India* for April 26th gave an appreciative review of some of the chief features of Dr. Turner's work in Bombay—more especially in the organization of measures against plague, malaria, and cholera, and the systematic registration of births and deaths in the city—and paid a tribute to Dr. Turner for his extra-official and honorary work on behalf of the Bombay Sanitary Association and the Bombay Sanitary Institute. The foundation of the King George V Anti-Tuberculosis League was also due to his initiative. An entertainment was given in honour of Dr. Turner and Dr. N. H. Choksy, the assistant health officer, on the eve of their retirement, when the chairman, Sir T. B. Nariman, presented them with silver bowls as mementos of their work in Bombay.

THE annual meeting of the Asylum Workers' Association, held at the house of the Medical Society of London on May 21st, was overshadowed by a consciousness of the severe loss the association had sustained by the recent death of its president, Sir John Jardine, Bt. Lieut.-Colonel D. G. Thomson, M.D., R.A.M.C., who occupied the chair, referred in sympathetic terms to the invaluable services of Sir John Jardine during his seven years' presidency, and Sir William Collins, M.D., testified to his benevolent efforts in the cause of asylum workers, both in assisting to pass the Asylums Officers' Superannuation Act, 1909, and in placing before Parliament amendments subsequently found desirable. The report for 1918 having been adopted (showing a membership of 2,171) the re-election of the Vice-Presidents and Executive Committee was carried, on the proposal of Sir F. Needham, M.D. (Commissioner of the Board of Control), and other necessary business transacted.

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.

IN order to avoid delay, it is particularly requested that ALL letters on the editorial business of the *JOURNAL* be addressed to the Editor at the Office of the *JOURNAL*.

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*, *Articulate, Westrand, London*; telephone, 2631, Gerrard.
2. ACTING FINANCIAL SECRETARY AND BUSINESS MANAGER (Advertisements, etc.), *Articulate, Westrand, London*; telephone, 2630, Gerrard.
3. MEDICAL SECRETARY, *Medisecra, Westrand, London*; telephone, 2634, Gerrard. The address of the Irish Office of the British Medical Association is 16, South Frederick Street, Dublin.

QUERIES AND ANSWERS.

THE ROAD SIGNAL.

A MIDDLE-AGED doctor who drives his own car (a closed coupé) asks whether there is any contrivance for signalling to traffic that he is going to turn; being rheumatic he is afraid to keep the right window open to signal with the raised arm in the usual way.

ARRANGEMENTS FOR DISPENSING BY CHEMIST.

"M.D." writes: In a mixed country and small town practice we wish to hand over our dispensing to a chemist, and desire information as to the best methods to adopt in order to avoid complex bookkeeping and to ensure easy reference to previous prescriptions, fair dealing and prices, with proper checking of accounts. Information as to prices already in force would be very acceptable.

LETTERS, NOTES, ETC.

FAILURE TO NOTIFY OPHTHALMIA NEONATORUM.

DR. J. A. NEILAN (New Seaham, co. Durham) writes: I notice in the *BRITISH MEDICAL JOURNAL* of May 24th a report of a case in which a doctor at Newcastle-on-Tyne was fined £50 for failing to notify a case of ophthalmia neonatorum. I enclose notification form for this disease, supplied to me by the M.O.H. of this area, on which it is stated, in footnote, that the penalty for failure to notify this disease does not exceed forty shillings. If the law allows the imposition of a larger penalty, it would be interesting to know why this misleading statement is printed on these forms.

** As stated in the note last week the charge was of unlawfully and wilfully neglecting to obey a regulation of the Local Government Board. The charge was made in