

The escape of the great vessels and the auricle itself is worthy of note.

I am much indebted to Captain John Tull, C.A.M.C., for his clinical aid and to Dr. T. S. Lister for the notes he supplied me with.

ACUTE INTESTINAL OBSTRUCTION DUE TO PREGNANCY IN A BICORNUATE UTERUS.

BY
C. E. S. JACKSON, F.R.C.S.ENG.,

SURGEON, WEST NORFOLK AND KING'S LYNN HOSPITAL.

THE following case is worthy of record because it is an example of a rare condition which presented great difficulty in diagnosis, and because an interesting question is raised as to what should be done in any future pregnancy.

Mrs. W. was admitted to the West Norfolk and King's Lynn Hospital on October 29th, 1919. The history was as follows: She had menstruated on August 5th, 1919, and had morning sickness in September; in October she noticed that her abdomen was swelling, and her breasts became somewhat tender.

Forty-eight hours before admission she was seized with sudden abdominal pain and vomiting. Her doctor tried turpentine enemata without avail. The vomiting continued, and the abdomen became distended and tympanitic. On admission to hospital the pulse was 104, and of low tension, and the temperature was 98°. Her features were drawn and her expression anxious; the extremities were cold. She vomited twice during her first half-hour in hospital; the vomit was bile-stained, with no suggestion of a faecal taint. The abdomen was somewhat distended, particularly in the left iliac fossa and left flank, and acutely tender all over. In the suprapubic region was a pyriform swelling, obviously the uterus, and I was at once struck by the fact that, although she was less than three months pregnant, the uterine fundus reached a level a fingerbreadth above the umbilicus. On vaginal examination the cervix was found to be softened, and there was marked fullness in both lateral fornices, while from the rectum could be felt a tense elastic swelling, filling up the whole pelvis and pressing firmly upon the rectum. A diagnosis of pregnancy complicated by impaction of an ovarian cyst was made.

Operation.

The abdomen was opened by a left paramedian incision 6 in. long, extending 1 in. above and 5 in. below the umbilicus. The intestines (particularly the large bowel) were very distended, and were with some difficulty packed off from the field of operation. On passing the hand behind the uterus a tense cystic swelling was felt. This swelling quite filled the pelvis, so that it was not easy to insinuate the fingers between it and the pelvic wall. After some manipulation, however, this was done, and the swelling was partly delivered from the pelvis, when the following was found to be the condition of affairs. There was a bicornuate uterus; the first horn was normally placed, while the second horn lay behind and to the left of the first. It was attached to the left side of the cervix; it lay behind the left broad ligament, and there was no direct communication between its cavity and the lumen of the Fallopian tube. It was impossible to expose either the anterior or posterior walls of the second horn, so a transverse incision was made across the fundus of it, and a fetus of two and a half months' gestation was removed, together with placenta and membranes. The horn was sewn up with silk as in Caesarean section. The condition of the patient was not good, and the abdomen was closed forthwith.

After-History.

The intestinal obstruction was completely relieved by the operation, the bowels being well opened by a turpentine enema next morning. Convalescence was normal. I saw the patient again on December 20th, 1919. The median uterine horn was now normal in size, while the abnormal horn could be felt quite distinctly from the rectum as a hard swelling of the size of a large walnut lying behind and to the left of the cervix and slightly above it.

It will be noted that subsequent events showed that only one horn of the uterus contained a fetus. In spite of this, the empty horn was very much larger than the full one. There were no lochia.

As regards further treatment, should the abnormal horn be removed? My own view is that it should. If the patient again becomes pregnant, the best that can happen is that she be delivered at term by Caesarean section; the worst is that intestinal obstruction will develop again.

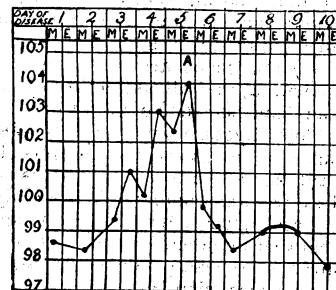
From what was found at the operation, I feel sure that it would be a safe and simple procedure to remove the abnormal horn. The patient, however, was not willing to have a second operation, unless I considered that her condition was immediately dangerous, and this obviously was not the case.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

ANTISTREPTOCOCCIC SERUM IN PUERPERAL FEVER.

NATURALLY every case of puerperal fever does not respond to antistreptococcic serum, but it is well to remember its remarkable results in some cases. I have used it twice, and on both occasions with the most dramatic results. The chart reproduced speaks for itself. It is from a patient I treated recently, and it is noteworthy that only 10 c.cm. of the serum were used, more not being available at the moment. The directions sent with the serum recommend 30 c.cm. as the minimal dose.



A=10 c.cm. antistreptococcus serum.

The other case was even more gratifying, as the woman had had a temperature ranging between 104° and 105° F. for several days, with repeated rigors, yet responded immediately to the serum.

Northwood.

O. HILTON.

A SIMPLE TREATMENT OF RINGWORM OF THE NAILS.

In general practice onychomycosis is comparatively rare and its treatment is apt to be superlatively disappointing. Two years ago I met with two cases which appeared to be very much alike. Both were women of middle age and in comfortable circumstances. In one a thumb and in the other a finger nail was badly affected.

Examination of scrapings showed hyphal fragments, and a few particles, placed on wort agar gave cultures of rather slow growth resembling specks of damp flour. No conidial fructifications were observed, and the organisms consisted of infrequently branched mycelium with many oidium-like elements and some simple chlamydospores. The cultures died in a few weeks.

It may be objected that such a miserable depauperate mould falls short of what a ringworm should be, but these elements are just the constants of every ringworm culture, and all other elements are variants, more or less perfect, more or less obsolete.

Treatment.—The disease had existed for months in one, for years in the other. They were given a lotion of 3 j of salicylic acid in 3 jss of methylated spirit, to be painted on after scraping every night, and without scraping every morning, and to be used for three months or longer. Both have been cured for twelve months.

London, W.

ROBERT CRAIK.

MODE OF INFECTION IN PULMONARY INFECTION.

HAVING felt for a considerable time that the present view of the mode by which tuberculous infection is carried from the tonsil to the lung—namely, through the cervical glands to the mediastinal and bronchial glands and so to the lung—is not satisfying, I offer the following suggestion:

Might it not be that the infection is carried from the tonsil through the cervical glands to the jugular trunk and then passed directly into the blood stream through the jugular vein and so to the right side of the heart, from which it would pass to all parts of the lungs? This would aid in explaining why it is that the tuberculous process in the apex is manifested in the lung substance, while in other parts it gives rise in the first instance to pleurisy. The movement at the apex is so much less than that of the other parts of the lung that a greater slowing down of the capillary circulation is more likely in this part. It is in the capillary circulation of the pleura that this slowing down would occur in other parts.

I am excluding trauma, which is no doubt an important factor in determining localization of the infective process, as this is not pertinent to the discussion of a route for infection from tonsil to lung.

The same mode is applicable in the case where the bacilli are absorbed from the intestine. No doubt they pass with the fats into the lacteals, then into the receptaculum chyli and to the thoracic duct, from which they would pass into the venous system and the right side of the heart to pass into the lungs in the blood stream.

THOMAS CAMPBELL, M.D., D.P.H.

Chorlton-cum-Hardy.

Reports of Societies.

PRINCIPLES OF EPIDEMIOLOGY.

At a meeting of the Section of Epidemiology and State Medicine of the Royal Society of Medicine, held on January 23rd, with the President, Dr. E. W. GOODALL, in the chair, Dr. F. G. CROOKSHANK read a paper entitled "First principles and epidemiology."

Dr. Crookshank, having called attention to a current neglect of or contempt for discussion of first principles, urged that the time had come for an attempt to define the fundamental concepts of epidemiology. He pointed out that much harm had arisen from a tendency, sanctioned by the example of Sydenham in his less consequent passages, to attribute objective reality to the concept of disease.

Let us, however, acknowledge that, while no "disease" *sui generis*, boasting a single *vera causa*, exists save as a justifiable mental construct, useful and convenient, we may regard the idea of a special disease as one involving the subordinate notions of (1) a single person manifesting (2) a defined group of symptoms, correlated by (3) a single intracorporeal cause.

A similar confusion had worked havoc in epidemiology, and in the speaker's opinion the student should have in mind a "concept," similar in construction to that of a 'disease' but of different content; a concept, that is, to which actual prevalences can be logically referred for verification, just as case-occurrences are referred to disease-concepts, in diagnosis. Three notions are again involved: (1) that of the subject deemed to be affected, (2) that of the disorders manifested in or by the subject, and (3) that of the correlating factor, which we speak of as the cause." In the substantive sense, he continued, the old word "epidemy" might fitly replace "epidemic," and the words of Brochin were significant:

Dans les épidémies, benignes ou dangereuses, il ne s'agit pas d'un homme, mais de la cité, et même de tout un pays. *Civitatem non virum curabis.*

This was no paradox, that the sufferer from an epidemic was never an individual but always a community or group, and its truth became evident the moment that the conceptual aspect was accepted. This was why in order to diagnose an epidemic one must collate cases in a community, while to diagnose a disease one need only collate symptoms in an individual. Neglect of this principle had led to failure to grasp an epidemic manifestation as a whole—to recognize the cavalry scouts of an advancing army. Dr. Crookshank discussed the theory of epidemic constitutions, and remarked that Ballonius, a hundred years before Sydenham, was much nearer the truth than his more famous successor, and better deserved to be described as the father of modern epidemiology. "The events of the latter months of 1918 are well known, but this should be noted, that during the weeks when the names botulism and encephalitis lethargica were so popular professionally not only the general but the special hospitals saw far more than is usual of Landry's paralysis, of ascending myelitis, of transverse myelitis, and the like. To all of this no attention was paid. Interest was focussed on one type of nervous disease alone, and for the first time during many years a new disease was defined on a regional basis without attempt to study the whole of the prevalent disorders in the hope of arriving at some idea of the scope of correlation."

The paper was discussed by the PRESIDENT, Dr. GREENWOOD, Dr. HAMER, and Dr. BUTLER.

DENTAL SEPSIS IN CHILDREN.

At a meeting of the Section of Odontology of the Royal Society of Medicine, held on January 26th, the President, Sir J. F. COLYER, being in the chair, Mr. S. F. St. J. STEADMAN read a paper on dental sepsis in children, its consequences and treatment, in which he referred to the deterioration of our national physique as revealed by the physical examination of recruits. He said that the Medical Society of London had commenced an investigation to determine as accurately as possible where we were at fault, but, judging from the report of a meeting held in November, 1918, in which the causes of rejection were classified and in which there was no mention made of dental disease, they were once again overlooking the commonest cause of all. Dr. J. D. Comrie, analysing the physical defects among the general male population, had stated that in 10,000 recruits 928 had artificial teeth, while another 1,120 had lost half their teeth at least, and that a septic condition of the teeth with deposit of tartar and gingivitis was frequently associated with dyspepsia, and invariably with a deteriorated physique. Chronic disease in childhood, the effects of which spread over a period of years, must have a profound influence upon mental and physical growth. Of all chronic diseases of this character dental disease was by far the most common, as something like 80 per cent. of the children of the race were suffering from dental diseases. All were agreed upon the importance to the child of a perfect dental arch. The best way to combat dental diseases was to attempt their prevention, the necessary prophylactic measures being to secure a clean mouth in, and the proper feeding of, the pregnant mother; breast feeding in infancy; the establishment of proper nasal breathing, and proper diet (a diet requiring efficient mastication), and early and constant dental supervision so that caries could be treated early. He was not concerned so much in his paper with the treatment of the children of the rich, for although the fundamental principles were the same for both, in dental diseases, like all other diseases, there was often one means for the rich and another for the poor, and the advice given to a wealthy, leisured mother might be different from the advice given to the busy working class mother.

Effects.

The effects of dental sepsis upon children could be considered under two main headings: (a) General; (b) local.

(a) *General*.—Dental sepsis frequently had a pronounced effect upon children. Their mental and physical growth was retarded; they were pale-faced and anaemic, their eyes had not the normal lustre of healthy children, and they looked tired and sleepy. Sir J. F. Colyer was the first to weigh these children before and after treatment, and in a paper read before the Manchester Odontological Society in 1910, gave the weights of some of the cases he had treated for sepsis. He showed that there was frequently a marked increase in weight, too great to be accounted for by the normal increase of growth; at times the increase following extraction was very marked. From his own experience Mr. Steadman was able amply to confirm these findings.

One of the chief ways by which dental sepsis in children produced this loss of mental and physical growth was by the loss of sleep. A careful investigation of the history of these cases would frequently show that for months the child had not slept well. Its nights had been disturbed by pain. This important symptom had to be looked for, as children did not as a rule complain of it. A common result of oral sepsis in children was gastro-intestinal disorder, as evidenced by gastric and abdominal pain, diarrhoea of an offensive character, with much undigested food in the motions, marked wasting, fretfulness, night terrors, loss of appetite, sleeplessness, and pallor of the face. In treating a case such as this, it would appear reasonable to inspect the mouth first and to remove any possible source of infection therein before proceeding to treat the stomach; yet many medical practitioners still neglected to do this. That this gastro-intestinal condition is due to sepsis and not to lack of mastication, was proved by the fact that the patients frequently got well very soon after extraction of the teeth, and almost before the gums had healed, that is, while they were still too tender to allow of mastication upon the teeth that remained. This

of the infections came from London, and that with the development of disinfection achieved in France we were within measurable distance of reducing venereal disease to a negligible quantity.

The statement that the incidence of venereal disease among British troops was only 38 per 1,000 is not correct, and the rate is not comparable with the figures given above. In the British army there was much concealment of disease, and we believe it is established that the overseas rate of infection was never so high as that of the English Army of Occupation in the early part of 1919.—We are, etc.,

ETTIE A. ROUT,

Hon. Sec., N.Z. Volunteer Sisters.

H. WANSEY BAYLY,

Hon. Sec., Society for the Prevention of Venereal Disease.

HONOURS.

ORDER OF THE BRITISH EMPIRE.

A SPECIAL Supplement to the *London Gazette*, January 30th, 1920, announces the following appointments to the Order of the British Empire (Civil Division) for valuable services rendered in or in connexion with military hospitals, Territorial hospitals, war hospitals, auxiliary and civil hospitals, command dépôts, convalescent camps, or on other duties of a similar nature in the United Kingdom in connexion with the army during the war:

K.B.E.

James Frank Colyer, F.R.C.S.

C.B.E.

George Blacker, M.D., Charles Bolton, M.D., F.R.S., C. Hubert Bond, M.D., J. Walter Carr, M.D., Miss Helen Chambers, M.D., David Drummond, M.D., Edward P. Furber, M.R.C.S., Miss Florence B. Lambert, M.B., Hugh Lett, F.R.C.S., Thomas Lewis, M.D., F.R.S. T. D. Lister, M.D., the late Cecil R. C. Lyster, M.R.C.S., Iawrie H. McGavin, F.R.C.S., H. J. Paterson, F.R.C.S., John Sinclair, M.D., Sir T. Rudolph Hampden Smith, Bt., F.R.C.S., James Taylor, M.D., R. A. Young, M.D.

O.B.E.

Lieut.-Colonel W. G. P. Alpin, M.D., W. Dunlop Anderson, M.B., Thomas Baker, M.R.C.S.; T. W. N. Barlow, M.D., J. H. Barnard, M.D., J. S. Boden, M.B., J. G. Boon, L.R.C.S., C. H. Bubb, L.D.S., Miss Winifred F. Buckley, M.R.C.S., W. F. R. Burgess, M.D., A. C. Burrows, L.R.C.S., C. T. T. Comber, M.D., Richard Dagger, M.D., R. G. Davidson, M.B., W. H. Dickinson, M.B., L. G. Dillon, M.D., M.S., G. O. Garratt, M.D., H. W. Gell, M.B., T. P. Gostling, M.R.C.S., E. C. Greenwood, M.R.C.S., J. Z. Hanafy, M.R.C.S., Arthur Hawley, M.B., K. R. Hay, M.B., W. Hern, M.R.C.S., H. T. Herring, M.B., R. J. B. Howard, M.D., F.R.C.S., Richard Humphreys, M.B., W. Warwick James, F.R.C.S., W. H. Jewell, M.D., H. Jossé Johnson, M.B., R. Nelson Jones, M.R.C.S., J. E. Kilvert, M.R.C.S., P. C. W. Laws, L.M.S.S.A., K. A. Lees, F.R.C.S., R. M. Hutchinson-Low, M.B., H. M. McCrea, M.D., Niel McDonald, M.B., W. F. McEwen, M.B., Miss Ethel M. Magill, M.B., C. J. L. Mansel, M.D., Major A. E. Morison, F.R.C.S., Enoch Moss, M.D., R. A. Murray, M.D., G. E. Newby, F.R.C.S., G. Northcroft, D.D.S., W. J. C. Nourse, F.R.C.S., J. Irwin Palmer, M.R.C.S., A. H. Parrott, L.D.S., J. L. Payne, M.R.C.S., G. J. Peacocke, M.D., J. P. Phillip, M.D., E. T. Pinhey, M.B., J. F. Porter, M.D., T. G. Prosser, M.R.C.S., J. A. Reed, M.B., P. J. Rendall, M.D., B. J. Rodway, L.D.S., R. A. Rowlands, M.D., Harrington Sainsbury, M.D., O. B. Shelswell, M.R.C.S., Miss Amy Sheppard, M.B., G. K. Smiley, M.B., J. A. Southern, M.R.C.S., G. S. Stansfield, M.R.C.S., R. de S. Stawell, F.R.C.S., H. W. M. Strover, M.B., E. G. Thomas, M.D., R. Turner, M.B., W. Turner, M.D., M.V.O., J. O. D. Wade, F.R.C.S., A. H. Warde, M.R.C.S., James Alexander Wilson, M.D.

M.B.E.

T. Cuming Askin, M.D., R. T. Bailey, M.R.C.S., F. W. H. Bigley, M.D., W. T. Blackledge, M.B., Major J. FitzG. Blood, M.D., E. M. Brockbank, M.D., T. W. Chaff, M.R.C.S., P. M. Chapman, M.D., A. C. Clarke, M.D., Ch.B., J. Craig, M.B., J. B. Cruickshank, M.B., Major G. H. Darwin, M.D., J. H. Fardon, M.R.C.S., C. H. Ferguson, M.B., Lieut.-Colonel M. Gamble, M.D., C. F. Hadfield, M.D., J. Stirling-Hamilton, M.B., Captain E. W. Hedley, M.D., G. E. Helme, M.B., J. Brierley Hughes, M.B., G. A. Hutchinson, M.R.C.S., Miss Catherine M. Ironside, M.B., T. H. Jamieson, M.B., W. J. Lindsay, M.D., W. McClelland, M.B., G. MacGill, L.R.C.S., Mary Campbell, Mrs. Mackie, M.B., J. C. MacWatters, M.R.C.S., F. W. Melvin, M.D., W. Struthers Moore, M.D., J. G. Moyles, M.B., M. M. Murphy, L.R.C.P., H. T. Nixon, M.D., John Noble, M.B., S. J. Palmer, M.D., W. H. Prentice, M.D., John Rust, M.R.C.S., J. W. Stenhouse, M.B., J. S. B. Stopford, M.D., Professor W. Thelwall Thomas, F.R.C.S., T. H. Sanderson-Wells, M.D., H. B. Woodcock, M.B., F. Wallace Wilson, M.R.C.S., Richard Wyse, M.D.

The following appointments to the Order of the British Empire (Military Division) are announced in recognition of services rendered whilst prisoners of war or interned:

O.B.E.

Majors Wright Mitchell, R.A.M.C., and Frank S. Park, C.A.M.C. (attached 4th Battalion Canadian Mounted Rifles) Captain Thomas W. Leighton, R.A.M.C.(T.F.).

M.B.E.

Assistant Surgeons Edwin Brook Holt and Harold Arthur T. Wells, I.M.D.

Military Cross.

Temporary Captain William J. Maloney, R.A.M.C., has been awarded the Military Cross in recognition of gallant and distinguished services in the field.

Mentioned for Services.

The names of the following officers have been brought to the notice of the Secretary of State for War, in accordance with the terms of Army Order 193 of 1919, for valuable services whilst prisoners of war or interned. They belong to the R.A.M.C. unless otherwise indicated.

Lieut.-Colonels E. F. E. Baines, I.M.S., P. H. Collingwood, Majors W. R. O'Farrell, J. Startin, and W. I. Thompson. Captains R. C. Clifford, D.S.O., M.C., I.M.S., W. H. R. McCarter, S. S. Meighan (T.F.), L. Murphy, C. E. Redman, A. Sutcliffe, W. Warburton.

Temporary Captains H. M. Gilbertson (attached Somerset Light Infantry), A. J. Gilfillan, R. W. Hodgson-Jones (attached Royal Irish Fusiliers), J. L. Jackson, A. T. I. Macdonald, E. A. Walker.

The name of temporary Captain I. C. MacLean, D.S.O., M.C., R.A.M.C. (died), has been brought to the notice of the Secretary of State for War for gallant and distinguished services rendered in the field.

The Services.

GREENWICH HOSPITAL PENSIONS.

INSPECTORS-GENERAL of Hospitals and Fleets William H. Lloyd, M.D., K.H.S., and Thomas Browne, M.D., have been awarded the Greenwich Hospital Pension of £100 a year from February 4th, 1919, and October 12th, 1919, respectively, in the vacancies created by the deaths of Inspectors-General James W. Fisher, M.D., and Adam B. Messer, M.D., K.H.P.

Universities and Colleges.

UNIVERSITY OF OXFORD.

PROFESSOR ARTHUR THOMSON, M.A., M.B., Professor of Human Anatomy in the University, has been elected to a Studentship at Christ Church.

UNIVERSITY OF CAMBRIDGE.

At a congregation held on January 30th the following medical degrees were conferred:

M.B., B.Ch.—W. G. Marsden, D. L. Spence.

UNIVERSITY OF MANCHESTER.

Chair of Physiology.

THE Council has appointed Mr. A. V. Hill, O.B.E., M.A., F.R.S., to the Chair of Physiology, vacant through the resignation of Professor Stirling. Mr. Hill was a Scholar of Trinity College, Cambridge, was Third Wrangler in 1907, and was placed in the first class in Part II of the Natural Science Tripos (Physiology) in 1909. He was George Henry Lewes Student; Walsingham, Gedge, and Rolleston Prizeman. In 1910 he was elected to a Fellowship at Trinity College, and in 1916 was elected a Fellow of King's College. In 1918 he became a Fellow of the Royal Society. During the war he obtained the rank of major in the Cambridgeshire Regiment, and was appointed Director of the Anti-Aircraft Experimental Section of the Munitions Invention Department. The inventions which he made proved of the greatest value in the scheme of defence against attack from the air. He has made valuable researches on the physiology of voluntary muscle.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.

An ordinary Comitia of the Royal College of Physicians of London was held on January 29th, at 5 p.m., the President, Sir NORMAN MOORE, Bt., being in the chair.

Members.

The following candidates, having passed the required examinations, were admitted as Members:

James Beatty, M.D. Dublin; Thomas Izod Bennett, M.B. Lond., L.R.C.P.; Richard Christopher Clarke, M.D. Bristol, L.R.C.P.; Edgar Leigh Collis, M.D. Oxf., L.R.C.P.; Neil Hamilton Fairley, M.D. Melb.; Dorothy Christian Hare, M.D. Lond.; Geoffrey Marshall, M.B. Lond., L.R.C.P.; Stanley Graham Ross, M.D. McGill; Kerr Simpson, M.D. Edin.; Reginald Hugh Simpson, M.D. Lond., L.R.C.P.; Arthur Theodore Todd, M.B. Edin.; Sibyl Ibbetson Welsh, M.D. Lond.

Diplomas.

Licences to practise Physic were granted to 65 candidates who had conformed to the Bye-laws and Regulations, and passed the required examinations.

Diplomas in Public Health were granted, in conjunction with the Royal College of Surgeons, to 15 candidates.

Council.

The following were elected Councillors on the nomination of the Council: Dr. W. H. R. Rivers, Dr. S. Monckton Copeman, Dr. T. H. Arnold Chaplin, Dr. John Fawcett, vice Sir Henry Davy, Dr. W. Essex Wynter, Dr. James Taylor and Dr. Herbert Spencer, who retired by rotation.

Lectures.

The President announced that he had appointed Dr. F. W. Andrewes to be Harveian Orator, and Dr. R. C. Wall to be Bradshaw Lecturer for this year; that the Council had appointed Dr. Martin Flack to be Milroy Lecturer for 1921; and that the Censors' Board had awarded the Oliver-Sharpey prize for 1920 to Professor Emil Roux, of the Pasteur Institute, Paris.

Mitchell Lecture on Tuberculosis.

It was decided that the interest on the sum of £500 presented by Mr. Mitchell through Sir Edward Malins for the advancement of the knowledge of tuberculosis should be devoted to providing for a triennial lecture on tuberculosis, the lecturer to be appointed by the President and Censors.

Diploma in Tropical Medicine.

The revised regulations for the Diploma in Tropical Medicine and Hygiene and the revised syllabus for the examination adopted by the Committee of Management of the Conjoint Examining Board was approved. The course of instruction required in future will be not less than three months, and must include practical instruction in pathology, protozoology, helminthology, entomology, bacteriology, and hygiene in relation to tropical medicine, and clinical practice in a hospital recognized for the study of tropical diseases. Graduates in medicine and surgery of Indian, Colonial, and foreign universities recognized by the Conjoint Board in England, whose degrees are not registrable in this country, may enter for the examination on fulfilling the same conditions in relation to study.

SOCIETY OF APOTHECARIES OF LONDON.

The following candidates have been approved at the examinations indicated:

SURGERY.—*†Aspinwall, *†C. G. Bunn, †N. D. Dunscombe, *G. E. Rae, *†G. K. Reeves.

MEDICINE.—*†J. G. Barrie, †N. D. Dunscombe, *†A. H. El Rakshi, *J. Kendall, *W. E. Neale.

FORENSIC MEDICINE.—A. H. El Rakshi, C. T. Gasking.

MIDWIFERY.—A. H. El Rakshi, A. Keilin, G. E. Rae.

* Section I.

† Section II.

The Diploma of the Society has been granted to Messrs. C. G. Bunn, N. D. Dunscombe, and G. K. Reeves.

Obituary.

DAVID GOYDER, M.D. ST. ANDREWS,
Consulting Physician, Bradford Royal Infirmary.

DR. DAVID GOYDER of Bradford died on January 27th, in his 91st year. He was the son of the Rev. David Goyder of Accrington, where he was born in December, 1829. Having obtained a diploma of the British Pharmaceutical Society, he decided to study medicine, and entered as a student at Anderson's College, Glasgow. He graduated M.D. St. Andrews in 1860 and took the diploma of L.R.C.P. Edin. From 1862 to 1871 he worked in partnership with the late Dr. Samuel Brown of Bradford, after which he began practice on his own account with great success. About the year 1903 he restricted himself to consulting practice. Dr. Goyder took great interest in the work of the British Medical Association, was an ex-president and ex-secretary of the Yorkshire Branch, of which he was also a vice-president and for some years its representative on the Central Council. He was also a member of the old Parliamentary Bills Committee and of other committees of the Association. He was one of the founders in 1863 of the Bradford Medico-Chirurgical Society; he held the office of president, and on the completion of twenty-five years in the capacity of its secretary the members of the society presented him with his portrait by Mr. Ernest Sichel. On the occasion of his 80th birthday, in 1909, Dr. Goyder was entertained by his professional brethren at a dinner presided over by Mr. T. Pridgin Teale, of Leeds.

Dr. Goyder was greatly interested in philanthropic and public work; he assisted in the founding of the Bradford Nurses' Institution, and as its secretary for a quarter of a

century was largely responsible for its sustained usefulness. He was honorary consulting physician to the Bradford Royal Infirmary, to which institution his elder son, Mr. F. W. Goyder, F.R.C.S., is honorary surgeon.

DR. EDWIN LINDSAY DUNN, late medical superintendent of Berkshire Asylum, Wallingford, died on January 22nd, after several weeks' pain and suffering endured with patience and fortitude. He was the son of the late Mr. Robert Dunn, of Dunfield, Waterside, Ireland, was born in 1865, and received his early education at Foyle College, Londonderry. After being an intermediate exhibitor in 1879, 1880, and a matriculation exhibitor R.U.I. in 1881, he entered Trinity College, Dublin, as first junior exhibitor in 1882. He graduated B.A. with honours in classics and English literature, and then entered upon the study of medicine. He was resident pupil at Dr. Stevens's Hospital, clinical clerk and surgical dresser at Sir Patrick Dun's Hospital, Dublin, and prosector to the University Anatomist. He graduated M.B., Ch.B. in 1887. He became assistant house-surgeon to the Children's Infirmary, and assistant surgeon to the Liverpool Dispensary, and afterwards was appointed assistant medical officer at the West Riding Asylum, Wakefield. There he made several contributions to medical literature, and at the Psychology Section of the annual meeting of the British Medical Association at Nottingham in 1892 read a valuable paper on paranoia. He was a member of the Medico-Psychological Association, a member of many years' standing of the British Medical Association, and a member of the Reading Pathological Society. He was appointed senior A.M.O. and deputy medical superintendent of the Berkshire Asylum, Wallingford, in 1894, and on the death of Dr. Murdoch succeeded him as medical superintendent. While at Trinity College he rowed for the University Boat Club, was a member of the University fifteen, and played for the Wanderers' Club. His recreations in later life were shooting, fishing, and golf. He was an enthusiastic Freemason, and became Worshipful Master of the St. Hilda Lodge, Wallingford, in 1890. His good-humour and interesting talk made him very popular; the visiting committee of the asylum were all his personal friends, and he was beloved by his patients and staff. He was unmarried.

The death took place on December 29th, 1919, of Dr. PETER FRASER, late of Carnarvon, at the age of 55. Dr. Fraser graduated M.B. at the University of Edinburgh in 1886, taking his M.D. and B.Sc. degrees three years later. After practising in Llangefni, he became medical officer for Carnarvonshire and parts of Denbigh and Merioneth. In 1908 he went to Lushai as a medical missionary, proceeding in 1915 to North-Eastern Assam where he was medical officer to a large group of tea gardens. Dr. Fraser acquired a very extensive knowledge of tropical diseases and his devoted work on behalf of the native population was untiring. His strenuous and self-sacrificing life out in India eventually proved too much for his strength. He returned to England in November.

DR. WILLIAM PATRICK O'MEARA, of Southampton, who died suddenly on January 23rd, aged 53, received his medical education at the Ledwich School of Medicine, Dublin, and obtained the Scottish triple qualification in 1889. He took great interest in public affairs, had been vice-chairman of the Southampton Board of Guardians, and was appointed a magistrate in 1906. At the Southampton Police-court, on January 23rd, the Mayor referred in appreciative terms to Dr. O'Meara's work as police surgeon for twenty-six years and on the bench. Dr. O'Meara was a member of the Southampton Division of the British Medical Association. He is survived by his widow, one son, and a daughter.

COLONEL ROBERT DAVIDSON MURRAY, Bengal Medical Service (retired), died in London, after an operation, on January 12th, aged 68. He was educated at the Inverness Royal Academy and at Edinburgh University, where he graduated with honours in 1873. He entered the I.M.S. as surgeon on March 31st, 1875, passing into Netley first,

and passing out second, and became colonel in March, 1905, retiring in March, 1910. He served in the Burmese war in 1886-87, taking part in the operations of the 1st Brigade, was mentioned in dispatches, G.G.O. No. 434 of 1887, and received the medal with a clasp. Except for this war service, he spent thirty years in civil employment in Bengal, where he held the posts of first resident surgeon of the Presidency European general hospital, Calcutta, and the civil surgeoncies successively of Jessore, Nadiya, Champaran, Gya, and Howrah, till in August, 1898, he was appointed Professor of Surgery in the Calcutta Medical College and first surgeon to the Medical College Hospital. On promotion to the administrative grade he was appointed Inspector-General of Civil Hospitals in the North-West Provinces and Oudh, and a member of the Legislative Council of these provinces. After his retirement he was honorary secretary of the Indian Empire Club, from its foundation, about ten years ago, till his death. Colonel Davidson Murray married a daughter of the late Surgeon-General George Mackay, I.M.S., by whom he is survived, with three daughters and three sons; the latter served with distinction in the war.

CAPTAIN FRANCIS JAMES SPILSBURY, R.A.M.C., died on October 11th at the S.M.S. Hospital, Headington, Oxfordshire, aged 57. He was educated at St. Bartholomew's Hospital and at Edinburgh, and took the L.R.C.P.I. in 1887 and the L.R.C.S.Ed. in 1892, after which he went into practice at Hogsthorpe, Lincolnshire, where he held the appointments of medical officer and public vaccinator of the Hogsthorpe district of the Spilsby Union, medical officer to the Post Office and to the Board of Education, and Admiralty surgeon and agent. He took a temporary commission as lieutenant in the R.A.M.C. on October 16th, 1916, and was promoted to captain after a year's service.

Medical News.

BEFORE beginning the first of his Lettsomian Lectures, published at p. 179, Dr. Herbert Spencer said that in the portrait group which adorns the wall of the Medical Society's room in which the standing figure of Lettsom is prominent, there was represented seated Charles Combe, obstetric physician to the General Lying-in Hospital. Combe, he said, published one of the finest editions of the works of Horace, with a most admirable index. In order that the Fellows of the Medical Society might have the opportunity of consulting it, Dr. Spencer offered for their acceptance a copy of the 1792 library edition. He went on to point out that the first Lettsomian lecture on an obstetric subject had been given sixty-six years ago by Professor E. W. Murphy, a predecessor of his own in the Chair of Obstetric Medicine at University College; in it Murphy dealt with education in the practice of midwifery, a subject arousing much lively interest to-day.

THREE Hunterian Lectures will be given during the course of next week at the Royal College of Surgeons of England, by Mr. H. Tyrrell Gray, on Monday, on the influence of nerve impulses on gastro-intestinal disorders; and by Mr. James Sherren, on Wednesday, on late results of surgical treatment of chronic ulcers of the stomach and duodenum; on Friday Mr. Walter G. Spencer will give the first of three lectures discussing the historical relation between experiments on animals and the development of surgery. Professor G. Elliot Smith, M.D., F.R.S., will give the first of two Arris and Gale Lectures, on the evolution of the cerebellum, on Friday, February 20th, when the origin of the cerebellum will be discussed. The second lecture, on Monday, February 23rd, will be devoted to the mammalian cerebellum, and the meaning of the changes that transformed a primitive reptilian cerebellum into the mammalian organ will be considered, along with the morphology and functional significance of the cerebellum in the various mammalian orders. The lectures are delivered at 5 p.m. on each day.

ON the occasion of the retirement of Dr. Robert Milne from the position of Chief Medical Officer of Dr. Barnardo's Homes after forty years' service in that capacity a framed address has been presented to him by the council of the homes, and also, on behalf of the united staff, a gift comprising an illuminated album bearing the names of over 500 subscribers, a first-grade bicycle, and a cheque (to be subsequently increased) for eighty guineas.

PRINCESS BEATRICE has appointed Mr. Douglas George Rice-Oxley, M.C., M.B., to be Surgeon-in-Ordinary to Her Royal Highness.

A QUARTERLY meeting of the Medico-Psychological Association of Great Britain and Ireland will be held on February 24th at the house of the Medical Society of London (11, Chandos Street, W.1), under the presidency of Dr. Bedford Pierce, at 2.45 p.m., when Dr. R. H. Steen will read a paper on chronic hallucinatory psychosis.

THE amount of the Mary Putnam Jacobi fellowship, which the Women's Medical Association of New York City is offering for award to a woman physician for post-graduate study in any country for work in any medical science is 800 dollars (approximately £200, not £2,000, as printed last week). Full particulars can be obtained from Dr. Murrell, 86, Porchester Terrace, London, W.2.

A SERVICE in memory of the late Sir William Osler was held at Christchurch Cathedral, Montreal, on Sunday, February 1st. It was attended by the faculties and students of McGill University. Dr. Symonds, vicar of the cathedral, conducted the service, in the course of which he referred to Sir William Osler's profound effect on student life during his career at McGill University, and his subsequent interest in everything connected with that university. Sir William Osler left his personal library to McGill University, and for its reception a special memorial room is being prepared, in which also will be placed the urn containing his ashes.

AT the last meeting of the Royal Edinburgh Physical Society Captain Basil Spence, R.A.M.C., a member of the Sudan Sleeping Sickness Commission, gave an account of recent observations on the prevalence of sleeping sickness in Africa and of the measures taken to control its spread. The first case in the Lado Enclave occurred in 1910, and later in the same year a serious outbreak was discovered in Yei; in 1913 it was identified in Kajo Kaji. From 1909 onwards cases continued to crop up in the Bahr-el-Ghazal amongst immigrants from the French Congo. In 1914 it was ascertained that there was a serious epidemic in the French Congo along the Mboma River, and that natives from the Sudan were in the habit of going there on visits. In the following year a small force from the Sudan, accompanied by many natives, operated along the Mboma River; the force returned to the Tambura district of the Sudan, and in 1916 and 1917 many natives of the French Congo began to emigrate into the Sudan. In the spring of 1918 Yuz Nueb Bey, a civil medical officer of the Egyptian army, discovered a serious epidemic in and about Tambura. In order to cope with it patients were collected into a village specially built for them; roads were made through the district, rest houses built, maps and road reports compiled, a census taken, and a systematic inspection made of the inhabitants in Tambura and the district. Communication between the French and Belgian Congo, with neighbouring parts of the Sudan was only permitted under very stringent regulations. In 1918 and 1919 876 cases in all were notified.

THE London County Council is making application to the Ministry of Health for the issue of regulations similar to those made in view of the influenza epidemic of 1918, and it asks that they should cover other infectious diseases, and should be made without delay so as to be applicable at once should influenza become epidemic. The previous regulations provided that an entertainment should not be carried on for more than three hours, or in cinematograph halls four hours, and that there should be an interval of half an hour between any two entertainments during which the premises could be ventilated. The Theatres and Music Halls Committee, however, has expressed the view that an adequate system of mechanical ventilation in which the fresh air admitted is warmed is a necessity.

DURING the extreme shortness of petrol, early in 1918, when many motorists were endeavouring to use coal gas as an alternative, the Automobile Association offered a prize of £1,000 for the best system of enabling coal gas to be satisfactorily used. The gas bag had not proved satisfactory, and the conditions of the competition proposed an installation capable of carrying, under compression, a charge of coal gas sufficient to run a medium-powered touring car a distance of fifty miles. The space to be occupied by the gas containers was not to exceed 19 cubic feet and their weight to be not more than 140 lb. The apparatus was not to cost more than £20, and the expense of establishing and working the plant for charging the containers was not to add more than 3d. to the cost of an amount of gas equal to a gallon of petrol. So far no device fulfilling the requirements has been submitted.

SATISFACTORY progress has been made with the arrangements for the Australasian Medical Congress which is to be held at Brisbane, Queensland, from August 23rd to 28th. Sectional secretaries have been appointed from Queensland, and local secretaries in each of the other States. There will be eleven sections, as at the last congress, which was held in Auckland, New Zealand. The intention was that the Congress should meet in Brisbane in 1917, but the war and the large participation of the Commonwealth in it made postponement necessary. As already announced, the chief subject for discussion will be the question of permanent settlement of a working white race in tropical Australia. The meeting in Brisbane has the cordial support of the Queensland Branch of the British Medical Association and of the Federal Committee of Branches in Australia.

THE Metropolitan Life Assurance Company of New York, which in 1916 gave one hundred million dollars to the National Association for the Study and Prevention of Tuberculosis for an experiment in the control of tuberculosis in the town of Framlingham, Massachusetts (a typical American community), during a period of three years, has, we learn from the *Boston Medical and Surgical Journal*, resolved to provide funds for the continuance of the experiment. It was considered that the most effective method of control would be early detection of tuberculosis and the hygienic care of persons affected or threatened. In the first year 42 per cent. of the new cases were of an advanced type, in the second year 16 per cent., and in the first five months of the third year 22 per cent. Contemporaneously the tuberculosis death-rate fell from 0.93 per mille to 0.79 per mille, but this fall can hardly be looked upon as a result of the experiment.

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, *Atiology, Westrand, London*; telephone, 2631, Gerrard.
2. 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.

W. K. L. describes the case of a young soldier recently demobilized after service in France, India, and Mesopotamia, who suffers from profuse sweating in the axillae, chiefly at night. The parts have been shaved, and lemon and boracic powder applied, without avail. He asks for suggestions.

"COLONIAL SERVICE."—We cannot ascertain that there is any institution in London for the care of young children whose parents are abroad.

LETTERS, NOTES, ETC.

THE TERTIUM QUID.

DR. J. F. GORDON writes: A patient who, on my advice, had consulted one of our leading Liverpool specialists asked me why his fee for consultation was £3 3s. when she had previously paid £2 2s. I answered her that her case must have been one that is called the "Tertium quid." She simply smiled, ejaculated "Oh!" remarked that he had not called it that, asked no further questions, and apparently was quite satisfied.

A NEEDLE IN THE ALIMENTARY CANAL.

DR. W. M. FELDMAN (London, W.) writes: The interesting memorandum by Dr. Heywood Smith in the *BRITISH MEDICAL JOURNAL* for January 17th reminds me of a similar case. Some fifteen years ago a child about 1½ years old was brought to me by the mother because it cried each time it tried to evacuate its bowels. On rectal examination I found a small needle stuck point downwards in the wall of the rectum immediately above the anus. I removed this and the condition was cured. The mother then told me that a couple of days earlier she was doing some needlework and the child was looking on. She then left her work on a chair for a few minutes, and when she came back missed the

needle. She asked the child where the needle was, and it pointed to its mouth. She, however, attached no importance to it, and the finding of the needle in the rectum came as a surprise to her. There were no subsequent bad effects, and the child is now a healthy lad 17 years old.

PERICRANIAL EFFUSION OF BLOOD.

DR. WALTER FISHER (Kallene Hill, Northern Rhodesia), writes: Early in October, 1919, a native boy about 10 years of age was injured by the fall of a sun dried brick (about 4 lb. in weight) from a height of about 8 feet on to the back of his head when he was working in a stooping position. He was only temporarily stunned, and a small abrasion found was dressed. He seemed none the worse and went to his work as usual, but on the third or fourth day his head began to swell, and he was sent here (five days' journey) in a hammock. On arrival the large size of his head was abating, but he did not appear ill, and the temperature was only slightly above normal. The head was not tender, but in each temporal region there was fluctuation extending forwards into the frontal region, and slight fluctuation on the top of the head; in the occipital region where there was a healed abrasion the surface was normal. An exploring needle thrust into the swelling revealed blood, which under the microscope was fresh. We decided that an exploratory operation was useless, and sent him back. On visiting this station ten days later the swelling was twice the size, being more prominent in the frontal region; it still consisted of pure blood. The boy went about as usual and had no headache. We hear that the swelling has decreased and that he is now nearly well. Did the blow cause a fracture injuring one of venous sinuses, and may we conclude that callus has in some way aided in the repair of the vein?

COLD WATER AND ANTIPYRETIC DRUGS.

DR. H. S. REYNOLDS (Upwell, Wisbech) writes: During the year 1886 I reported to the *BRITISH MEDICAL JOURNAL* from Cradock, Cape Colony, South Africa, the satisfactory result of treating an epidemic of enteric fever complicated with hyperpyrexia by cold-water baths. I had previously tried antipyretic drugs, such as quinine disulphate, in large doses, which I found only increased the complications by causing cinchonism. In the epidemic of influenza in 1918 and 1919, the great complications being hyperpyrexia and pneumonia, I followed the same course of treatment by the cold bath, except that in cases in which the patient's friends feared the drastic treatment I had recourse to cold sponging or sheets wrung out of cold water continually, which causes a lot more work and is not so effective, although I am thankful to say I did not lose one life. The late Sir William Osler, when addressing a meeting of the British Medical Association on fever in 1894, condemned the use of antipyretic drugs and extolled the use of the cold bath. An alcoholic stimulant previous to a bath is advisable, and in children I started with tepid water, gradually cooling it, keeping them in the bath till the temperature was down, independent of shivering.

DURATION OF PULMONARY TUBERCULOSIS.

MAJOR P. HEFFERNAN, I.M.S.(ret.), Tuberculosis Officer, West Derbyshire, writes to question statements made by Dr. Baskett in the *BRITISH MEDICAL JOURNAL* of January 10th and in an editorial article in the same issue, with regard to the average duration of pulmonary tuberculosis in the individual. In both places it was assumed that the mortality in any year was due to disease contracted on the average two years previously. Major Heffernan thinks there is no specialist in tuberculosis and no tuberculosis officer who would agree with the statement.

VACANCIES.

NOTIFICATIONS of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found at pages 38, 42, 43, 44, and 45 of our advertisement columns, and advertisements as to partnerships, assistantships, and locum tenencies at pages 39, 40, and 41.

THE following appointments of certifying factory surgeons are vacant: Long Melford (Suffolk), Salford and Stretford (Lancaster), Shrewsbury (Salop).

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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.