*Operation.*

It was decided, on consultation with his friends, to give him the slight chance that operation alone afforded, and he was removed to a neighbouring nursing home. The operation was begun five hours after the onset of pain. Ether, with a small quantity of alcohol and chloroform, was administered by Dr. Robert Marshall, and anaesthesia was quiet and satisfactory. In addition, conduction anaesthesia was produced by blocking the intercostals with novocain, and good relaxation was obtained. The abdomen was opened in the middle line above the umbilicus. On incising the peritoneum a quantity of thin, slightly turbid fluid, with some gas, escaped. A punched-out, circular aperture about the diameter of a lead pencil was found in the stomach. From this exuded a small quantity of dark-coloured mucoid fluid. Surrounding the opening for at least an inch the stomach wall was indurated, inelastic, and friable. There were some omental adhesions to the upper part of the indurated area. The ulcer was situated on the anterior surface, three or four inches from the pylorus, and near the lesser curvature. The edges of the ruptured ulcer were infolded with difficulty, owing to their rigidity and friability, by two rows of linen thread sutures. A piece of omentum was sewn over the repair for greater security. The fluid lying in the neighbourhood was mopped up and the abdomen was closed in three layers without drainage, the whole procedure, including the induction of anaesthesia, having lasted twenty-six minutes.

*After-History.*

Recovery was uneventful, and the patient left the nursing home within three weeks, apparently quite well.

He was examined on January 22nd, 1920, about five weeks after the operation, and was then free from pain, in his ordinary health, and able to get about as usual.

## A METHOD OF TREATING TINEA.

BY

C. J. GLASSON, M.D., M.R.C.S.ENG., L.R.C.P.LOND.,

LATE CAPTAIN R.A.M.C., AND OFFICER IN CHARGE X-RAY DEPARTMENT, NETLEY.

As a result of so many men having to serve in many districts of the East (India, Mesopotamia, and Egypt) and East Africa, a form of tinea, known in the East as dhobie or washerman's itch, has become prevalent in England.

This variety invariably attacks the crutch and upper and inner surfaces of the thighs, sometimes extending upwards around the root of the penis and posterior part of the scrotum; the intense irritation causes a desire to scratch, accentuated at night and leading to insomnia. It is very contagious, and may easily be conveyed to others by laundries unless means are used to disinfect the clothing and sheets effectually before they are sent to be washed. Patients should be isolated completely until a cure is obtained.

I have treated many cases, both at home and abroad, with success by a combination of *x* rays and chrysophanic acid ointment (gr. xxx to ʒj of lanoline).

An ordinary *x*-ray tube of medium hardness may be used, or, better, one of the later "gas" tubes which can be regulated, or, best of all, the Coolidge tube, as by its use the hardness required can be got and the exact dosage wished given. If a "gas" tube is used it should be tested to give a penetration of 8 by Wehnelt's radiometer. With a Coolidge tube the battery should be 4 ampères, and the primary current should give a reading of 8 to 10 milliampères.

When the tube selected is ready the patient undresses and lies upon a couch, so that the part to be treated can easily be got at. Every part in this region, except that to be treated, must be adequately protected; this can best be done by a sheet of the prepared lead-lined rubber the same as used in protective aprons. Over the part to be treated is placed a thin sheet of lead $\frac{1}{16}$ in. thick, with a hole a little larger than the exposed part. A thin layer of the chrysophanic ointment is spread all over the part and a little beyond the outer borders of the tinea. The tube is then brought into position so that the target is directly over the centre of the part to be treated, and from 8 to 10 in. away from the surface of the skin; an exposure of five minutes exactly is given. Having finished one area, the application is made with the same precautions to another patch.

The dose is large, but I cannot give the exact amount, none of the methods at present in use being reliable. I measure by time guided by experience.

After the treatment is finished the ointment should be wiped off the skin in order to prevent staining of the linen or clothes by the chrysophanic acid.

In 90 per cent. of the cases treated in this way one application was sufficient to cure; in a few a second was given to make doubly sure.

For the first two days the skin shows a brown pigmentation due to the chrysophanic acid; this gradually disappears with slight desquamation, and by the end of a week the skin is clear and normal, the tinea having disappeared. Several cases, even those of long standing, cleared in two or three days.

In brunettes or dark-haired people no filter is necessary, but in persons who are fair or with a tinge of red in the hair a filter should be used, $\frac{1}{16}$ in. aluminium being sufficient; in red or coppery-red-haired people $\frac{1}{8}$ to $\frac{3}{16}$ in. will be necessary. Fair-haired and very red-haired people are much more susceptible to *x* rays, and in them I have found it necessary to reduce the time of exposure to three minutes, otherwise a radio-dermatitis with deep pigmentation due to the chrysophanic acid will result; this is, however, easily got rid of by zinc ointment.

The same treatment can be carried out with tinea on any other part, but before applying the ointment the tinea should be washed with ether soap. By the same method psoriasis also can be got rid of, but it does not cure, as patches always return either in the spring or fall of the next year.

*X* rays alone will not cure this very irritating complaint; the chrysophanic acid ointment will in time, but it stains the clothing. The two combined will cure, and, curiously enough, all irritation ceases after the application, so that patients are not worried and get at once a good night's rest.

There should not be the slightest risk to any patient of sterilization if proper precautions are used to protect the generative organs.

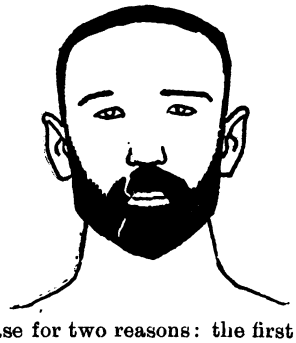
# Memoranda:

## MEDICAL, SURGICAL, OBSTETRICAL.

### HERPES ZOSTER AND GREYNESS OF HAIR.

THIS is a case in which grey patches appeared in the hair of the right side of the face during an attack of herpes zoster which affected the region of the right forehead.

The attack of herpes zoster and the appearance of the grey patches occurred in 1887. The patches of greyness were permanent; they are now becoming merged in the general greyness of advancing years.



It can be seen in the figure that the patches of greyness appeared on the fronto-nasal (inner extremity of right eyebrow), naso labial, and mental maximum points described by Dr. Henry Head in *Brain*, Part III, 1894, "On disturbances of sensation with especial reference to the pain of visceral disease."

I venture to publish this case for two reasons: the first is that it supports the observations I have published in many articles in this JOURNAL on the relation between certain forms of the hair's greyness and the nervous system; the second reason is that it is so difficult—at least I find it difficult—to discover any additional changes of nutrition accompanying lesions of herpes zoster. The grey patches of hair observed in this case appear to me to exhibit an additional change of that kind. The figure here produced is made from photographs taken years ago. The subject is a doctor, who has kindly given them to me with the history of his case.

London, W. G. LENTHAL CHEATLE.

### ATROPINE IN ACUTE SUFFOCATIVE CATARRH.

As acute suffocative catarrh is, in my experience, very rare, I wish to mention one case I treated some years ago.

A gentleman, aged 70, went to bed one night quite well,

but in an hour awakened suffocating, with blood-stained froth coming in such quantities from his mouth that it half filled a large basin. I saw him about twenty minutes after the onset of the attack. Crepitant râles were heard all over his chest, there was great distress in breathing, and the pulse was irregular; there was no fever.

I injected at once $\frac{1}{100}$ grain atropine sulphate and $\frac{1}{15}$ grain strychnine nitrate, and administered oxygen by inhalation. I also gave three separate drachm doses of sal-volatile at intervals during the night. I left him next morning at 9 o'clock, practically as well as ever. I considered the atropine to be the chief factor in producing his recovery.

Dublin. WM. VERNER FURLONG, M.D.

## TWO CASES OF HEMIPLEGIA.

THE two following cases of hem plegia present certain points of interest; both occurred in a ward under my charge in a war hospital.

CASE I.—A soldier, aged 26, was much upset by Zeppelin raids. During a raid he was found late one evening lying underneath his bed; next morning he had right-side hemiplegia and partial aphasia, which gradually became more complete. Fluid obtained by lumbar puncture and blood gave negative results to Wassermann's test. He lived for about five months. *Post-mortem* examination showed an old altered blood clot in a cyst-like cavity in the usual area (internal capsule).

CASE II.—This case had generalized and rapidly increasing signs in the lungs diagnosed as probably a miliary tuberculosis. The sputum was very scanty, and tubercle bacilli were not observed in it. About the sixth day after admission he complained of diplopia, and there was evidence of involvement of the third nerve on the left side. This was quickly followed by right hemiplegia and rapidly increasing coma. At the *post-mortem* examination extensive miliary nodules were found throughout both lungs, and four very small yellow nodules in the meninges at the base of the brain, accompanied by encephalitis spreading into the left crus cerebri. A smear from lung, and also one of the nodules in the meninges squeezed out on a slide, both showed many tubercle bacilli.

KENNETH ROGERS, O.B.E., M.D.Lond.

## RIFLE BULLET IN BLADDER.

ON the night of September 2nd, 1919, Pte. J. B., aged 20, was troubled with an "itchy sensation" in the urethra and tried to relieve this by passing a rifle bullet into the meatus. This he accomplished without pain or discomfort, and "suddenly the bullet slipped right down and disappeared." He at once reported to his medical officer, who passed a catheter into the bladder, meeting no resistance. He was sent to hospital on September 4th and came under my care on September 8th.

During these six days after his "accident" the only symptoms complained of were occasional slight delay in commencing micturition and a sensation of something inside the bladder. He stated that he could feel the bullet change its position when he rolled over suddenly in bed or if he stooped forwards quickly. *X* rays showed the bullet lying transversely in the pelvis. Chemical examination of the urine showed no abnormality, but a catheter specimen taken just before operation and examined microscopically revealed ample evidence of infection—the bacteriologist reporting "numerous organisms present; pus cells; oxalate crystals and epithelial (bladder) cells."

The bullet was removed by suprapubic cystotomy (extraperitoneally) on September 10th, the bladder wall sutured in two layers and the wound closed without drainage.

Apart from a mild degree of cystitis which rapidly responded to treatment the patient made an uneventful recovery and was evacuated on October 2nd, 1919.

F. R. BROWN,
Major R.A.M.C (T.C.); Surgical Specialist, — Casualty Clearing Station, Batoum.

## A "FROGHOPPER" AS A BLOOD-SUCKING INSECT.

To add to the list of the several blood-sucking insects already known I now send in the name of a member belonging to the order Homoptera or Hemiptera-Homoptera. So far as I am aware this order has not supplied any instance of a species with such propensities. In Madras, especially after the north-east monsoon—that is, in the months of November and December—large numbers of small whitish-green "froghoppers" come to light at night, and some of these bite, or rather sting, by means of their sharp proboscides. Several people used to complain to me of being stung by these insects, but, not being cognisant at the time of such habits among the Homoptera, I discountenanced these tales of the presumed aggressors. It was only when I was myself a victim of the insects' action that I was disillusioned.

These insects sting both at night and on cloudy days. I procured four of these "froghoppers," two caught actually in the act of sucking blood and two others hopping about at the same time and place. These I took to Dr. Gahan, of the South Kensington Museum, and they were identified by Mr. Distant. The two blood-suckers were *Phrynomorphus indicus*, Distant, and the other two included one of the same species and another Jassid, named *Nephotettix bipunctatus*, Fabr., which I cannot accuse of any malpractice. Dr. Gahan tells me that Dr. Guy Marshall informs him that he has from time to time received Jassidae sent to him from Africa as blood-sucking insects, but he does not know of any records of the kind published.

In adding this member to the list of blood-sucking insects I wish to demonstrate that we have reached no finality in our knowledge of sanguinivorous flies.

London, W. C. DONOVAN, Lieut.-Colonel, I.M.S.

## CAESAREAN SECTION FOR PLACENTA PRAEVIA WITH CONCEALED HAEMORRHAGE.

THE case reported by Mr. Arthur Cressy in the BRITISH MEDICAL JOURNAL of November 29th, 1919, p. 706, is similar to one with which I had to deal recently.

A woman, aged 39, pregnant for the fourteenth time, was admitted to the Nightingale Maternity Home, Derby, on May 14th, 1919, in a state of profound collapse. Her daughter said she had been bleeding for a week. When I saw her she was cold, blanched, and almost pulseless and had an irritating cough. Haemorrhage from the vagina continued. The cervix admitted one finger and a soft mass presented. The abdomen was distended, rigid and excessively tender. The uterus was hard. There was marked dullness in both flanks. Her whole appearance reminded me strongly of cases of bullet wound of the abdomen, and I decided to treat her on the lines we adopted at a casualty clearing station for such cases.

*First Operation.*

A hypodermic injection of morphine and scopolamine was given at once. Half an hour later she was anaesthetized with ether and oxygen. An intravenous transfusion of alkaline hypertonic saline was set going and during the operation 2½ pints were administered. On opening the abdomen blood escaped and about 2 pints were removed from the peritoneal cavity. The uterus was very distended and blood oozed steadily from several tears in the perimetrium, which, however, did not extend deeply into the muscular layer of the uterus, but explained the presence of blood in the abdomen. On incising the uterus a large clot was found separating the placenta and membranes from the lower hemisphere of the uterus. The membranes containing the fetus were shelled out intact. On account of the perimetrial tears I performed subtotal hysterectomy. The peritoneal toilet was completed and the incision closed layer by layer. The patient was in the theatre about half an hour.

*After-History.*

Shortly after her return to bed her condition was distinctly better than on admission, but the pulse was poor. During the night she was much disturbed by the cough, which was partly relieved by a hypodermic injection of heroin ⅓ grain.

Next day she still suffered from blood shortage, and I transfused 1½ pints of blood from her daughter. The improvement was striking. Listlessness, pallor, and subnormal temperature gave place to restlessness, flushed face, a temperature of 103°, free action of the skin, and improvement in the volume of the pulse. The following day her condition was very satisfactory, and the temperature 99.2°. The severe cough only distressed her. The temperature settled down to normal on the fourth day, and remained so till the ninth, when the stitches were removed. Early the following morning, during a very severe fit of coughing, the wound burst open and the intestines escaped beneath the abdominal dressing. They were skilfully replaced by the night nurse, who retained them in position by packing with abdominal swabs. I removed these two days later and found the wound clean and adhesions formed. The temperature, which had risen to 102° after the packing, settled to normal in two days, and the wound healed rapidly, with no suppuration. On the fifteenth day her condition was satisfactory, and I went away for ten days' holiday.

*Second Operation.*

On my return I was surprised to find that there had been a running temperature, and that she had the appearance of septicaemia. On vaginal examination I found a soft fluctuating mass in the pelvis. Under an anaesthetic I opened through the posterior fornix and evacuated large quantities of pus and an abdominal swab. I accepted the responsibility of leaving this in the abdomen at the time of operation, until I found that it did not correspond with the swabs then used, being of different size and having no tape attached to it. It was, however, recognized as one used by the nurse when she replaced the intestines on the ninth night, and it must have been introduced deeply into the abdomen with a coil of bowel. The temperature fell to normal five days later, and for the next three weeks rose only twice to 99° F.

*Death.*

As she showed no sign of regaining strength, she was removed to a sanatorium where she could have open air, but she died a fortnight later, about two months after the Caesarean section.

On inquiring into her previous history I found she was a confirmed alcoholic. There was also evidence that the haemorrhage was preceded by a sharp attack of influenza, for which she had stayed in bed ten days but had not seen a doctor.

Two conclusions can, I think, be drawn from this case: (1) That Caesarean section is the right method for delivering this class of case, and (2) that adequate methods for counteracting haemorrhage and collapse will give results as satisfactory in civil practice as in war surgery.

R. DOUGLAS LAURIE, M.B.,
Derby. Hon. Assistant Surgeon, Derbyshire Royal Infirmary.

## VOLVULUS OF THE WHOLE JEJUNO-ILEUM.

A LABOURER, about 45 years of age, was admitted to the J. J. Hospital one afternoon as an emergency case, with a history of abdominal pain, vomiting, and constipation of four days' duration. He was a well developed and well nourished man, and gave no history of any previous abdominal trouble. He did not look acutely ill. The pain was generally distributed all over the abdomen, which, though distended, was not tense. No particular spot of maximum tenderness was made out. He vomited only after food. The constipation was absolute. An enema was given without result. He was immediately prepared for operation.

On incising the peritoneum, greatly distended coils of small intestine protruded through the wound, rendering further exploration impossible. Enterotomy was performed in two places, and about three pints of faecal fluid removed. This permitted the necessary manipulations. The whole of the small intestine was found to be distended. The colon was empty and contracted. On tracing the ileum from the caecum upwards it was found that about six inches from the ileo-caecal junction it was tightly compressed by and kinked over the mesentery, the whole of which was twisted completely round once, from right to left (reverse clock-wise). The volvulus was relieved by giving the mesentery one turn in the opposite direction. At the seat of compression the peritoneal coat of the ileum was damaged. This was repaired by Lembert sutures, and the wound was closed without drainage.

Healing took place by first intention and convalescence was uneventful, except for an attack of abdominal pain and distension during the second week, which was relieved by an enema. He left hospital quite well at the end of the third week.

Leichtenstern's description, quoted in Treves's *Intestinal Obstruction*, fits this case exactly. Although the obstruction had lasted four days, the patient's general condition was not bad on admission. The placid expression, the absence of severe pain and vomiting were remarkable. A possible explanation may be that the onset of the volvulus was gradual, and that the compression of the ileum took place late in the course of the illness.

I have to thank Lieut.-Colonel A. Street, I.M.S., S.M.O. J. J. Hospital, for permission to publish this case.

B. P. SABAWALA, F.R.C.S.Ed.,
Captain I.M.S. (Hon. T C.),
Honorary Surgeon J. J. Hospital, and
Marine Lines War Hospital, Bombay.

DR. LÉON BERNARD, Professor of Hygiene in the Faculty of Medicine, Paris, and a well known writer on tuberculosis, has been elected a member of the Académie de Médecine. Dr. Lesbre of Lyons and Dr. Lignières of Buenos Aires have been elected correspondents.

# Reports of Societies.

## GAS POISONING

AT a meeting of the War Section of the Royal Society of Medicine, held on February 9th, a discussion was held on the subject of gas poisoning in warfare.

*Drift Gas.*

Sir WILMOT HERRINGHAM said that in April, 1915, in a Canadian field ambulance in France, he came across three French (Algerian) soldiers who said that while they were in their trenches they had seen the Germans opposite come out bearing certain tubes from which they poured some stuff out on the ground and set light to it, whereupon clouds of choking smoke had drifted towards the French line. The story was subsequently found to be inaccurate in certain particulars. Chlorine had been used in this first attack, and its change from colourlessness to white and green had deceived the Algerians into thinking that it had been ignited. That was the speaker's first introduction to the effects of stifling or asphyxiating gas used in warfare in the form of clouds or drifts. At about the same time he also saw the effects of lacrymatory gas, for there was brought into the dressing-room a man whose clothes smelt strangely, and in a few minutes no one could remain in that room because of the severe watering of the eyes which was occasioned, yet this man had been lying out in the open for four hours on a windy day. Three days after the first gas attack another attack was made, and as a result of this he found six or seven hundred men in the two hospitals at one centre all suffering from its effects. They were gasping for breath, coughing, and bringing up thin yellow, frothy fluid, which often ran out of their mouths when they lay on their sides. Various measures of treatment were tried at that time, but nothing seemed to be of very much use. He had never before seen a cyanosis which did not yield to the ordinary administration of oxygen. The methods of employing oxygen were those that had been customary in dealing with pneumonia and the like, and they were not of the slightest use. He was inclined to think at first that the cyanosis must be due not to reduced haemoglobin, but to a morbid change in the haemoglobin; that supposition, however, was proved to be wrong. In *post-mortem* examination the effects found were mainly three—laryngitis, extreme oedema of the lungs, and emphysema. Experiments were immediately made in England with the object of elucidating the pathology, and it was soon shown that the chief symptoms, if not all of them, might be explained by the impossibility of getting oxygen into the blood through the great wall of oedema. He could not help thinking that, to explain the rapid collapse, there must have been some further action on the heart. Presently it became possible to divide these cases into three groups. The first were the "grey" cases, which collapsed almost at once; in these cases, as a rule, nothing could be done. Then came an intermediate group of cases, which required very close supervision; here neglect was dangerous, but otherwise there was good hope of recovery. The third group were cases only slightly affected, which recovered even though more or less left alone. The mainstay of treatment was oxygen, and the speaker showed the makeshift apparatus, such as improvised petrol tins, which were used until Dr. Haldane's apparatus became available.

*Mustard Gas.*

Attacks with chlorine gas went on all through the summer of 1915; in the course of the winter phosgene was substituted. Later, gas shells took the place of drift. The British forces were the first to employ gas in projectors. In July, 1917, came mustard gas attacks. He saw the first *post-mortem* examinations of these cases, and when the attack was repeated a fortnight later near Nieuport he saw the first gassed men brought in. The principal action of chlorine and phosgene was to produce an enormous oedema; that of mustard gas was first of all to inflame the eyes, though little permanent injury resulted to the eye; secondly, to scorch the air passages; and thirdly, to scorch the skin. The main danger was septic bronchopneumonia,

to his widow and to his sister and brother-in-law, Dr. and Mrs. T. A. Gregg, of Newbridge. Dr. Myles, who was 42 years of age, was the eldest son of the late Dr. James P. Myles, of Birr, King's County, Ireland, and a brother of the late Major C. W. Chester Myles, M.C., a Territorial officer who served with the R.A.M.C. at Gallipoli and in Egypt, and died while on active service, in October, 1918. He was a near relative of Sir Thomas Myles, the distinguished Dublin surgeon. He was educated at the Academical Institute, Coleraine, and the Medical School of Trinity College, Dublin. He qualified in 1905 and in the following year became assistant to the late Dr. Thomas at Newbridge. In 1910 he entered into partnership with Dr. Gregg, and went to reside at Pontllanfraith with his mother, who passed away seven months ago. Dr. Myles married only last October, and a very distressing feature of the sad circumstances was that Mrs. Myles had a few days previously undergone an operation for acute appendicitis. Dr. Myles was a good and conscientious worker in his profession. During the war he was the military representative on the local tribunal and whole-heartedly supported every movement in the interest of the wives, children, and dependants of the men. He was a staunch Churchman and a gentleman of high honour and noble ideals. He made many efforts to be allowed to go on active service during the war, but an ankylosis of the knee following an injury received many years ago led to his rejection. Dr. Myles was president and secretary of the local cricket club, whose members offered to carry the coffin to the graveside at Abercarn Cemetery.

THE *Journal of the American Medical Association* announces the death, after a surgical operation, of Dr. EMERY MARVEL of Atlantic City, New Jersey. The news will be received with much regret in this country, and especially by those of our profession who attended the Convention of the American Medical Association in America last June. Dr. Marvel was Vice-President of the Convention and Chairman of the Committee of Arrangements. Sir Shirley Murphy writes: Dr. Emery Marvel was deservedly held in high esteem for his professional knowledge and had a personal charm which contributed in great degree to the success of the meetings of the Convention. Possessed of a mind well stored with knowledge, a kind, genial, and courteous personality, he made a charming host. He will always be remembered by those who were privileged to meet him as representative of the best type which our profession produces. He belonged to the family of which Andrew Marvell, the seventeenth century poet and satirist, was a member.

# Universities and Colleges.

## UNIVERSITY OF CAMBRIDGE.

PROPOSALS put forward by the Special Board of Medical Studies for alterations in the first and second M.B. examinations were discussed in detail by the Senate on February 5th. Sir G. Sims Woodhead, Professor of Pathology, undertook that the proposals should be considered further by the Special Board.

*War List.*

The *Cambridge University War List*, which will be published by the Syndics of the University Press, is now undergoing final revision. We are asked to invite any reader who (being a member of the University before the war) served in the Army, Navy, or Air Force, and has not already supplied his college with an up-to-date record of his services, to send the particulars to Mr. G. V. Carey, M.A., Editor of the *War List*, the University Press, Cambridge. The particulars required are: College and year of matriculation, unit (or units, if transferred), rank on the date of the armistice or highest substantive rank attained prior to it, casualties and distinctions.

## ROYAL COLLEGE OF PHYSICIANS OF EDINBURGH.

A QUARTERLY meeting of the College was held on February 3rd, with the President, Sir Robert Philip, in the chair.

L. F. Bianchi, L.R.C.P.Ed., and W. Hughes, M.B., were elected Fellows of the College.

D. H. D. Cran, M.D., P. C. Davie, M.B., H. C. Elder, M.B., D. Cook, M.B., and E. W. Frecker, M.B., were admitted to the membership of the College.

Licences to practise were granted (in conjunction with the associated bodies) to eleven candidates who had fulfilled the conditions and passed the final examination.

Sir Robert Philip was appointed a trustee of the College.

*Election of Honorary Fellows.*—M. Eleutherios Venizelos, Prime Minister of Greece, was elected an Honorary Fellow of the College.

*Supplementary Royal Charter.*—The President announced that the Supplementary Royal Charter dated December 3rd, 1919, had now been delivered and was placed on the table of the College. The Supplementary Charter empowered the College to admit women to the membership and fellowship of the College on the same conditions and with the same privileges as men.

At an extraordinary meeting, immediately following the quarterly meeting, William Herbert Fawcett was suspended *sine die*, and deprived until the said suspension is removed or remitted of all his rights and privileges as a member and a licentiate.

# The Services.

## HONOURS.

THE following awards and promotions are announced in recognition of distinguished and valuable services rendered in connexion with the war in the fields of operations indicated. The officers belong to the R.A.M.C. unless otherwise specified:

ARCHANGEL (NORTH RUSSIA).

*C.M.G.*—Captain (acting Lieut.-Colonel) Duncan Campbell Lloyd Fitzwilliams (T.F.).

*C.B.E.*—Colonel George St.Clair Thom, C.B., C.M.G. Temporary Captain (acting Major) Eric Stewart Marshall, M.C.

*O.B.E.*—Majors (acting Lieut.-Colonels) Alfred William Adamson Irwin, John Maurice, B. Rahilly. Captain (acting Lieut.-Colonel) Thomas H. Richmond (T.F.).

*D.S.O.*—Major Archer Irvine-Fortescue.

*M.C.*—Captain Jeremiah John Magner (156th Field Ambulance).

MURMANSK (NORTH RUSSIA).

*O.B.E.*—Captains (acting Lieut.-Colonel) John Forbes W. Sandison, M.C. (S.R.), (acting Major) Charles George G. Keane. Temporary Captains (acting Majors) Alexander Hepburn Macklin, M.C., Thomas Victor Somerville, M.C.

SOUTH RUSSIA.

*O.B.E.*—Captain Trevor Aveling Butcher (S.R.).

*To be Brevet Major.*—Captain C. S. P. Hamilton, D.S.O.

BUSHIRE.

*C.B.E.*—Lieut.-Colonel (temporary Colonel) Charles Harford Bowle-Evans, C.M.G., I.M.S.

*O.B.E.*—Majors Thomas Scarborough Dudding, (acting Lieut.-Colonel) William Lapsley, I.M.S.

PERSIA (BUSHIRE FORCE).

*To be Brevet Major.*—Captain (acting Lieut.-Colonel) H. R. B. Gibson, I.M.S.

### MENTIONED FOR SERVICES.

The following are among the names brought to the notice of the Secretary of State for War for valuable and distinguished services in connexion with military operations. The officers belong to the R.A.M.C. unless otherwise indicated:

*North Russia (from March 25th to September 26th, 1919).*

Colonel G. St C. Thom, C.B., C.M.G.

Majors (acting Lieut.-Colonels) A. W. A. Irwin, J. M. B. Rahilly, Major A. Irvine Fortescue.

Captains (acting Lieut.-Colonels) D. C. L. Fitzwilliams (T.F.), T. H. Richards (T.F.), J. B. A. Wigmore. Captain (acting Major) L. E. Hughes, M.C. (T.F.). Temporary Captains (acting Lieut.-Colonels) E. R. Hunt, R. Jamison. Temporary Captains (acting Majors) R. T. Grant, E. S. Marshall, M.C., J. D. Watson, M.C. Temporary Captain R. L. Sinclair.

Lieutenant (temporary Captain) G. E. Spicer, M.C. Temporary Lieutenant F. C. S. Bradbury.

*Murmansk.*

Major (acting Colonel) E. L. Moss, C.M.G., M.C.

Captains (acting Lieut.-Colonels): J. J. D. Roche, J. F. W. Sandison, M.C. (S.R.). Captains (acting Majors): H. R. Friedlander, C. G. G. Keane. Captains: J. Hope, L. J. Schwartz (S.R.), M. D. Vint (S.R.). Temporary Captains (acting Majors): T. E. Coulson, A. H. Macklin, M.C., T. V. Somerville, M.C.

*With the Bushire Force in Persia.*

Lieut.-Colonel (temporary Colonel) C. H. Bowle-Evans, C.M.G., I.M.S.

Majors (acting Lieut.-Colonels): H. Hallilay, I.M.S., G. A. Jolly, I.M.S., W. Lapsley, I.M.S. Majors: A. Cameron, I.M.S., T. S. Dudding.

Captain (acting Lieut.-Colonel) H. R. B. Gibson, I.M.S. Captains: A. L. Badcock (T.F.), B. F. Beatson, I.M.S., C. M. Finny (T.F.), W. E. Hodgkins (T.F.), T. Kennedy (T.F.). Temporary Captains: N. Joshi, I.M.S., R. N. Khosla, I.M.S., P. N. Mitra, I.M.S., J. H. Oonawala, I.M.S., B. S. Rao, I.M.S., M. A. Singh, I.M.S.

Honorary Lieutenant A. J. Hardaker, I.M.D.

The names of the following have been brought to the notice of the Secretary of State for War for valuable services rendered in connexion with the war. This list will not be gazetted:

Lieutenant E. J. Bader, S.A.M.C., Mr. G. W. Badgerow, C.M.G., F.R.C.S., Captain A. C. Barnes, R.A.M.C.(T.F.), temporary Captain E. B. Barton, R.A.M.C., Dr. W. H. Beaumont, Captain E. C. Bradford, R.A.M.C.(T.F.), Major W. Bruce, O.B.E., N.Z.M.C., temporary Major Archibald Cambell, R.A.M.C., Dr. E. H. Colbeck, O.B.E., F.R.C.P., Mr. W. H. Cooke, F.R.C.S., Dr. C. Curd, Dr. M. B. Ferguson, Captain E. E. W. Fisk, S.A.M.C., Dr. R. F. Flood, Captain C. R. Girdlestone, R.A.M.C.(T.F.), temporary Captain J. Graham, R.A.M.C., Dr. A. S. Griffith, Dr. J. M. Harper, Dr. H. Henderson, Dr. A. Hodgson, Dr. L. Kidd, Dr. P. King, Major (acting Lieut.-Colonel) W. Kirkpatrick, R.A.M.C.(T.F.), Mr. F.

Lace, F.R.C.S., temporary Captain A. W. Macgregor, R.A.M.C., Dr. G. J. K. Martyn, Dr. J. M. H. Munro, Dr. J. M. H. Murray, Major (acting Lieut.-Colonel) W. Murray, R.F.A.(T.F.) (temporary Major, R.A.M.C.), Major-General Sir W. W. Pike, K.C.M.G., D.S.O., A.M.S., temporary Captain A. H. Priestley, R.A.M.C., Major A. G. Reid (West Riding Vol. R.A.M.C.), Dr. C. W. C. Robinson, Dr. G. J. Scale, Captain A. L. Singer, N.Z.M.C., Dr. C. Sturm, temporary Captain J. H. K. Sykes, R.A.M.C., Dr. E. C. Thompson, temporary Captain A. H. Ward, R.A.M.C., Dr. A. M. Watson, Captain R. W. F. Wood, N.Z.M.C., temporary Captain A. E. Wynne, R.A.M.C.

# Medical News.

THE Prince of Wales, who has become President of Guy's Hospital, presided at a Court of Governors last week, at which he gave his approval to a special appeal for funds which the hospital is about to make.

AT a meeting of the Royal Society on Thursday next at 4 p.m. Professor W. M. Bayliss will read a further paper on the properties of colloidal systems, dealing with reversible gelation in living protoplasm.

SIR ARTHUR MAYO-ROBSON has been elected an honorary member of the Royal Medical Society of Ghent. The society was founded in 1834; for the record of its proceedings it issues *Annales* and a *Bulletin*.

MR. H. NORMAN BARNETT, F.R.C.S, who was for more than five years on active service, and held the rank of lieutenant-colonel, has returned to private practice at Bath, where he is surgeon to the Ear, Nose, and Throat Hospital

DR. F. F. SIMPSON has come from America to discuss the possibility of forming a world congress of physicians and surgeons composed of the various international congresses and associations already existing.

As in 1918 the Caroline Institute at Stockholm has decided not to award the Nobel Medical Prize for 1919.

THE zoological station at Naples is well known for the facilities it affords for zoological research. We are asked to say that it also affords advantages as a fully equipped centre for physiological research.

MR. ALFRED SMETHAM, chemist to the Royal Lancashire Agricultural Society, has been elected president of the Society of Public Analysts in succession to Dr. Samuel Rideal.

DR. T. LISTER LLEWELLYN will open a discussion on the illumination of mines, with special reference to the eyesight of miners, at a meeting of the Illuminating Engineering Society at the Royal Society of Arts, John Street, Adelphi, on Tuesday, February 24th, at 8 p.m.

WE are informed by the Automobile Association and Motor Union that an inquiry is being made into the justification alleged for the recent advance in the price of petrol to 3s. 8½d. a gallon. It is pointed out that imports of petrol amounted last year to something like 200,000,000 gallons, and that the consumption will probably be nearer 250,000,000 gallons this year. A very small increase in the price per gallon therefore means a large increase in the public's total expenditure.

AN institute for biology and serumtherapy under the direction of Professor Pittaluga has recently been opened at Madrid

THE centenary of the firm of Reynolds and Branson of Leeds was celebrated a few weeks ago by a dinner at which the staff and the wives of the married workers were entertained at the Queen's Hotel, Leeds. The firm was, in fact, established by Mr. William West, F.R.S., in 1816, but the celebration was postponed owing to the war. In 1841 Mr West was joined in partnership by Mr. Harvey, one the founders of the Pharmaceutical Society. The firm assumed the present name in 1883 and became a limited company in 1898

IN the annual report for the year ending June 30th, 1918, by the medical officer for Capetown, Dr. A. Jasper Anderson, the rates are calculated on the basis of a census taken for electoral purposes in May, 1918. The European population is estimated to have been 89,700, and the non-European 82,350, the total being 172,050. The birth rate was 27.4 for Europeans and 44.06 for non-Europeans. The death rate, corrected for visitors, was 11.41 for Europeans and 26.57 for non-Europeans, a decrease in both cases. The infant mortality for Europeans was 79.33, and for non-Europeans 201.16. The number of cases of enteric fever and diphtheria showed a decrease. Four cases of leprosy were notified, all among non-Europeans, and three members of the labour contingent were repatriated on this account. Dr. Anderson complains that the accommodation for infectious diseases and for tuberculosis is insufficient.

DR. J. TUBB-THOMAS, on the occasion of his retirement from the office of M.O.H. for the county of Wilts after twenty-two years' service, has been presented by the medical staff of his department with a chased silver cigar box, cedar lined, and a silver cigar case inscribed with his initials, as a mark of their esteem. Dr. Tubb-Thomas's services are being retained as consulting medical officer for the county.

MR. H. L. EASON, C.B., C.M.G., M.D., M.S., ophthalmic surgeon to the hospital, has been appointed to the post of superintendent of Guy's Hospital, in succession to Sir Cooper Perry, M.D. During the war Mr. Eason served as consulting ophthalmologist to the forces in the Mediterranean, and later to the Egyptian Expeditionary Force. On January 29th a presentation was made to Sir Cooper Perry in the Court room of the hospital.

WE mentioned last week an observation by M. Achard to the effect that the existence of lymphocytosis in the fluid obtained by lumbar puncture in a suspected case of lethargic encephalitis should not be considered to negative that diagnosis. At a subsequent meeting of the Académie de Médecine M. Widal confirmed this observation and reported the existence of lymphocytosis in the cerebrospinal fluid in three out of four cases in hospital under his care. In one the number of leucocytes was fourteen to the cubic millimetre, and in another eleven. In the latter case the first examination was made six days after the patient took to his bed and the proportion of different types of cell was mononuclear 84, polynuclear neutrophile 16; there were also a few red corpuscles. Two days later the numerical lymphocytosis was the same, but all the cells were mononuclear.

APPLICATIONS are invited for the Mary Louisa Prentice Montgomery lectureship in ophthalmology in the gift of the Royal College of Surgeons in Ireland. The lecturer is appointed for one year, but is eligible for reappointment year by year for a period not exceeding five years. The salary is approximately £150 a year, and applications must be received by the Registrar of the College on or before March 4th.

A MEETING, called by the Society for the Prevention of Venereal Disease, was held at the Mansion House, London, on February 5th, the Lord Mayor presiding. The speakers included Lord Willoughby de Broke, Sir James Crichton-Browne, Sir Arthur Sloggett (late D.G.A.M.S.), Sir Archibald Reid, Sir E. Ray Lankester, and Dr. Mearns Fraser (M.O.H. Portsmouth). Among those on the platform were Sir Humphry Rolleston, Sir Frederick Mott, Sir Bryan Donkin, Sir D'Arcy Power, Sir John MacAlister, Dr. R. A. Lyster, and Dr. A. J. Harries. The following resolution was carried unanimously: "It is obvious that the best way of avoiding venereal disease is to abstain from promiscuous sexual intercourse. It is, however, certain that a large number of persons continue, in spite of moral teaching, to expose themselves to risk and so to incur and spread disease amongst the community, the chief sufferers being women and children. Venereal disease has become a menace to national health and prosperity, and in view of the proved fact that infection can be prevented by means of self-disinfection, if properly applied, immediately after exposure to risk, it is necessary to instruct the public as to (*a*) the vital importance of self-disinfection at the time of exposure to risk as a preventive of venereal disease, and (*b*) the methods of application.

IN an Order dated January 23rd, 1920, under Section 13 (1) of the Education Act, 1918, the Board of Education makes it compulsory, as from April 1st, 1920, that local authorities should provide for medical inspection in their secondary schools, continuation schools, pupil teacher centres, and recognized preparatory classes, as well as in junior technical schools and certain full-time technical classes. Inspections of children and young persons in such schools and classes are to be made on the occasion of their admission and thereafter once a year during their period of attendance.

THE Executive Committee of the Tuberculosis Society, to whom the subject was referred at a general meeting, have unanimously decided against affiliation with the British Federation of Medical and Allied Societies. They consider that the Federation, owing to its constitution, cannot in any circumstances represent the majority of general practitioners, and that its aims and programme have been, or should be better undertaken by the British Medical Association, which by right of numbers is best qualified to represent the profession. If it be desirable to take the opinion of medical societies, as distinct from individual members of the profession, on vital matters, the committee suggest that a subcommittee of the British Medical Association could do this at a fraction of the

expenditure required of necessity by the Federation. In conformity with this decision of the Tuberculosis Society, Dr. Halliday Sutherland has resigned from the Executive Committee of the Federation.

WE announced recently that under the terms of an agreement between St. Mary's Hospital and the Paddington Board of Guardians the clinical material in the wards of the Paddington Infirmary (which during the war was used as a military hospital) will be made available for teaching the students of St. Mary's Hospital. The current number of *St. Mary's Hospital Gazette* states that a scheme of affiliation for teaching purposes has been concluded at the same time with the Paddington Green Children's Hospital and with the Hospital for Epilepsy and Paralysis and Other Diseases of the Nervous System, Maida Vale. Henceforward the out-patient departments and the wards of these special hospitals will be open to all students of St. Mary's. The lecturer on children's diseases will be permitted to make use of all the clinical material in the wards of Paddington Green for teaching purposes, and the lecturer on neurology will have similar privileges at Maida Vale. Further, the physicians and surgeons to these two hospitals will give clinical demonstrations to St. Mary's students in the wards and out-patient departments.

# Letters, Notes, and Answers.

ORIGINAL ARTICLES and LETTERS *forwarded for publication are understood to be offered to the* BRITISH MEDICAL JOURNAL *alone unless the contrary be stated.*

CORRESPONDENTS who wish notice to be taken of their communications should authenticate them with their names—of course not necessarily for publication.

AUTHORS desiring reprints of their articles published in the BRITISH MEDICAL JOURNAL are requested to communicate with the Office, 429, Strand, W.C.2, on receipt of proof.

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, *Aitiology, 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.

"PENSIONER" wants to hear of a dry, warm, climate within a week's sail of England, where he might conduct a small unopposed medical practice.

### ERYSIPELAS.

"X. Y. Z." asks the following questions: (1) Is local or general treatment the more important in cases of erysipelas? (2) Is ichthyol superior to other local applications, and will it so employed cure all cases? (3) Has death resulted in cases in which ichthyol has been employed?

### TREATMENT OF PROFUSE SWEATING IN THE AXILLAE.

DR. W. CAMERON DAVIDSON (London) writes: I would suggest that "W. K. L." should try the effect of general treatment in the case of profuse axillary sweating as local treatment has proved ineffectual. The patient should be instructed to rub the skin of the body briskly all over with a rough towel night and morning, and to take two or three hot baths weekly at a temperature of 110° F. at least. An ordinary mild diuretic mixture can be given as well, but attention must be particularly directed to the hygiene of the patient's surroundings. I have treated a similar case recently in a young lady who was living in a house with central heating. The atmosphere was very unsuitable for this climate, and although she improved a little under treatment it was only when she moved to a different house—without central heating—that she became quite free from the sweating.

DR. D. M. MACDONALD (Arnside, Westmorland) writes to suggest the use of the constant current. He has used it for the axilla and also for the more common and distressful condition of hyperidrosis of the palms. It may occur in one hand only—generally the right one. A few applications suffice as a rule.

### DUPUYTREN'S CONTRACTION.

"B. W."—Dupuytren's contraction is not one of the diseases scheduled under the Workmen's Compensation Act. Beathand is scheduled, but it is not to be confounded with Dupuytren's contraction. The Report of the Departmental Committee on Industrial Diseases, 1913, which gives full particulars of the Committee's finding on this subject, and the Act itself, can be obtained from H.M. Stationery Office, Imperial House, Kingsway, London, W.C.2, or through any bookseller, price 1½d. and 3d. respectively (without postage).

### INCOME TAX.

J. A." inquires as to expenses incurred in connexion with his appointment as M.O.H.

*** The emoluments are assessable under Schedule E, and the expenses deductible must therefore have been incurred "wholly, exclusively, and necessarily in the performance of the duties of the office." In so far as it is a condition of his appointment that he should keep his professional knowledge abreast of modern research, it seems to us that the expense of purchasing the necessary books and periodicals should be allowed, though admittedly the word "exclusively" raises some difficulty. The cost of removal of our correspondent's household to his new residence is not admissible; that expense is not incurred "*in* the performance" of his duties, but is external and preliminary thereto (*see* Cook *v.* Knott).

## LETTERS, NOTES, ETC.

THE editors of the *Medical Directory* ask us to state that by a clerical error the name of Dr. E. Hyla Greves, of Rodney House, Bournemouth, was accidentally omitted from the current issue of that directory.

### ABORTIFACIENTS AND PREVENTIVES.

DR. BARBARA G. R. CRAWFORD, M.B.E. (Mancol, Chester), writes: It is to be regretted that in your editorial in last week's issue on "The Sale and Advertisement of Abortifacients" you record without recantation the error committed in 1909 by the Association in supporting Lord Braye's bill (fortunately dropped), which endeavoured to make illegal the advertisement of drugs or articles designed for the prevention of conception, classifying them with abortifacients. As is well known, these are entirely different classes of articles; abortifacients are highly dangerous and their use is criminal, but preventives of conception are quite otherwise, and are used without harm by prudent and self-respecting persons. To anyone who, like myself, has seen the moral, physical, and economic degradation caused by excessive maternity among the poor, and how the lack of knowledge of preventive methods leads many a woman to the use of abortifacients, endangering her health and perhaps her life, the classification of preventives with abortifacients is not only regrettable, but gives weight to the allegation that in some matters the policy of the Association is out of touch with the hard realities of life.

### A PIN IN THE ALIMENTARY CANAL.

DR. H. B. POPE (Leeds) writes: The case mentioned by Dr. Heywood Smith (January 17th, p. 81) reminds me that whilst acting as medical officer at the Leeds Public Dispensary, probably early in 1914, a boy of about 5 years of age was brought to the casualty room as he stated that he had swallowed a pin a short time previously. About four days later he complained of a sudden intermittent pain referred to the anus. A pin-like body could be felt in the rectum on examination, and was easily withdrawn by dressing forceps under nitrous oxide anaesthesia. It proved to be an ordinary pin, rather a long one, and blackened by its transit through the alimentary canal.

### VACANCIES.

NOTIFICATIONS of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found at pages 42, 45, 46, 47, 48, and 49 of our advertisement columns, and advertisements as to partnerships, assistantships, and locum tenencies at pages 43, 44, and 45.

THE following appointments of certifying factory surgeons are vacant: Broughton Astley (Leicester), Long Melford (Suffolk), Maidenhead (Berks), Shelf (Yorks, West Riding), Shrewsbury (Salop), South Molton (Devon), Uphall (Linlithgow).