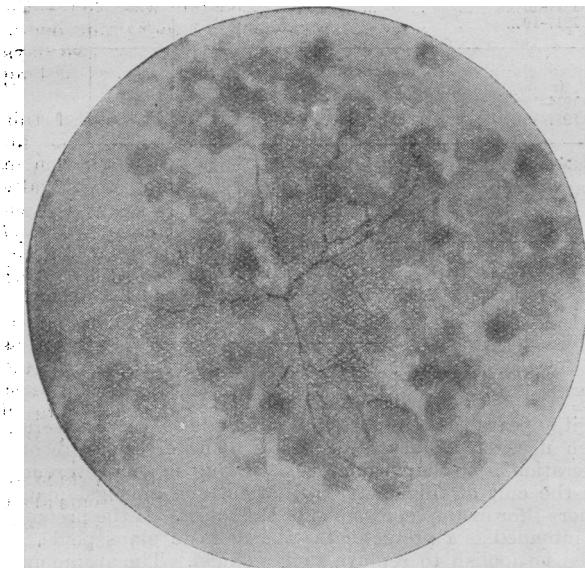


Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

A SIMPLE METHOD OF CULTIVATING THE MICRO-ORGANISM OF ACTINOMYCOSIS.

The object of this brief note is to draw attention to two points with regard to cases of actinomycosis. The first is the fact that instances of this disease are apt to be overlooked unless film preparations are invariably made from all purulent material submitted for bacteriological examination. The writer has had experience of two tragic cases in which, apparently from this omission, the true nature of the disease was only diagnosed shortly before death. One of these cases was a young woman who had suffered for some months from metastatic abscesses; a number of consultants had been called in, but as blood cultures were negative and cultures from the pus had only yielded staphylococcus, the condition was thought to be due to that micro-organism. The writer saw the patient for the first time a few hours before her death. A film of pus discharging from a sinus in the wall of the abdomen when stained by Gram revealed the typical actinomycotic mycelium seen in the accompanying microphotograph taken by Dr. Albert Norman from the preparation in



Pus showing mycelium of actinomycetes. $\times 700$.

question. The other case was an empyema of some standing which had been attributed to the pneumococcus. Here again the detection of actinomycetes, which was present in abundance, was effected too late for treatment either by iodide or vaccine to be of avail.

The second point to which I wish to draw attention is that the actinomycetes fungus can readily be cultivated in ordinary nutrient broth to which a few drops of fresh human blood have been added. It is advisable to sow the material in two blood broths, one of which is covered by a layer of oil 1 cm. deep. After incubation for a few days at 37° C., the actinomycetes fungus can be seen growing at the foot of the tube in small white masses—like little puffballs. As a rule, growth occurs first in the broth covered with oil, but when other bacteria are present the actinomycetes may come up first in the aerobic tube. Before using this method the writer could never get a satisfactory primary growth of actinomycetes, but since employing it he has succeeded in doing so with ease in all of seven cases. The practical advantage of getting a growth is that a vaccine can then be prepared. In two cases in which a vaccine of the homologous organism was employed improvement resulted. In the majority of the cases, however, vaccine treatment was not attempted, as secondary infections were present and the disease was too far advanced. Vaccination with a stock actinomycetes vaccine is, in the writer's experience, useless; it seems essential to employ the actual strain infecting the patient. In the case of patients whose lesions clear up under vaccine treatment, it is wise to

preserve a phenolated suspension of the vaccine in a sealed glass tube, so that it may be available in case of recurrence. In one case recurrence took place after an interval of nearly two years.

M. H. GORDON, M.D.,
Bacteriologist to St. Bartholomew's Hospital.

MALIGNANT ENDOCARDITIS IN A WAR PENSIONER.

The following fatal case of malignant endocarditis seems worth recording for the information and guidance of medical officers who have to deal with pensions claims. This is probably not a unique instance, and may throw light on other difficult and unexpected cases of disability attributable to war service.

A. B. C., aged 31, was a painter before the war, and had one attack of colic in 1913. He served with the infantry of the 48th Division for three years overseas, and kept in very good health. His only sickness on service was a mild attack of P.U.O. in 1916 on the Somme, for which he went to a divisional rest station for about ten days. He was demobilized from Italy in January, 1919, feeling in perfect health and being passed, in his own words, "as fit by the doctor." In August, 1919, he was compelled to give up work on account of cardiac symptoms. In February, 1920, he died of heart failure in the Bristol Royal Infirmary.

A *post-mortem* examination showed extensive vegetations on the aortic valves; one tag of vegetations was over an inch long. At the point on the mitral valve where the regurgitant stream from the aorta would impinge there was an exuberant mass of vegetations covering an area about the size of a shilling, which had almost perforated the cusp. There were many septic emboli in the lungs and kidneys. There were recent and old infarcts in the spleen. Dr. J. R. Kay-Mouat (pathologist to the Royal Infirmary) in his report stated that some of the infarcts in the spleen were converted into completely contracted fibrous tissue, which had lost its cicatricial density, and could not therefore be less than a year old.

The importance of the case is evident. The age of the splenic infarcts shows that the disease existed at the time of the man's discharge from the army. Yet neither he nor his medical officer had any reason to suspect this.

J. A. NIXON, C.M.G., M.D., F.R.C.P.,
Physician to the Bristol Royal Infirmary;
formerly Consulting Physician to the
British Armies in France and on the
Rhine.

ACUTE OEDEMA OF THE LUNGS.

I ENTIRELY agree with Dr. Stewart McNaughton that the cases which have been recently described as "acute suffocative catarrh" are identical with the disease known as "acute oedema of the lungs."

Very little notice has been taken in English textbooks of medicine of this rare and extremely interesting condition, although I believe it has been described in French textbooks for a good many years.

It is associated generally with high arterial tension and valvular disease of the heart, and though often fatal is by no means necessarily so.

Some years ago I was called at 3 a.m. to see a domestic servant who had been suddenly seized by this alarming complaint. She was a woman of about 50 who had a mitral systolic murmur, but no symptoms of cardiac insufficiency.

She had gone to bed in her usual health, and woke about 2.30 a.m. with extreme dyspnoea and distress. When I saw her she was pallid and cyanotic with a very feeble pulse and an incessant cough; she was expectorating continually pink froth. There were moist crepitant rales all over the lungs, and she appeared to be practically moribund.

I gave a hypodermic injection of strychnine, and in the course of an hour she gradually began to improve, and within another hour the symptoms subsided and she was able to rest.

The next morning the lung was normal, and she was practically well. All the crepitant moist rales had gone. She had expectorated about a pint of clear pink fluid.

I have not heard of this patient having had any subsequent attack, and do not know whether she is still living.

The condition appeared to me to be allied to angioneurotic oedema, but I think it might be explained by a sudden and temporary dilatation of the left ventricle including the auriculo-ventricular orifice (there was already some incompetence of the mitral valve), and consequent acute regurgitation and engorgement of the pulmonary capillaries.

I remember seeing precisely similar pink frothy expectoration in a patient in whom the chordae tendineae of the

mitral valve had suddenly given way; it continued until he died about twelve hours after the rupture.

HERBERT H. BROWN, M.D.Lond., F.R.C.S.,
Surgeon to the East Suffolk Hospital.

THE COMBINED USE OF NOVARSENOBILLON AND MERCURY INTRAVENOUSLY.

A FEW weeks ago a note describing the combined use of neo-salvarsan and mercury intravenously was published in the BRITISH MEDICAL JOURNAL (December 6th, 1919, *Epitome*, para. 232). Since reading the note I have given several hundred injections of a mixture of 0.45 gram N.A.B. and 2 c.cm. of a 1 per cent. solution of mercury perchloride, with excellent results. The method employed is as follows:

A porcelain gallipot capable of holding 200 c.cm. of water is used as a mixing pot. The gallipot is thoroughly washed and flamed by means of a little methylated spirit, washed again in doubly distilled water, and placed on a sterilized piece of lint. The requisite amount of mercury perchloride is dissolved in doubly distilled water to make a 1 per cent. solution. This solution is kept in a sterilized glass-stoppered bottle. Four and a half cubic centimetres of distilled water are poured into the gallipot from a sterilized measuring glass; 2 c.cm. of the 1 per cent. mercury perchloride solution are added, and a short sterilized glass rod is placed in the solution, which now contains 4.5 c.cm. of distilled water and 2 c.cm. of the 1 per cent. solution of mercury perchloride in the gallipot, and it remains to add the 0.45 gram of N.A.B. Immediately this is added the solution, which was colourless, becomes first yellow-brown, and then dark grey-green. The glass rod is used to stir the mixture thoroughly. A sterilized 10 c.cm. eccentric nozzle Record syringe is used to administer the solution. The solution is sucked up into the syringe, and a platinum and iridium needle is well flamed and then fixed to the syringe. A little fluid is expressed to cool the needle and to obviate air bubbles. The solution is injected into the vein in the usual way. Ten doses can be mixed at the same time, and with a thorough stirring of the mixture before each injection there is a complete combination of the two solutions.

There are several advantages in the combined use of "914" and mercury given intravenously.

1. The mercury certainly gets into the circulation; sometimes after an intramuscular injection the mercury becomes encapsulated, and remains as a hard lump. Again, there is no fear of an abscess in the intravenous method. There is no pain, no limping, and patients will come back for treatment that is painless.

2. The method is quick and time-saving, as both drugs are given at the same time.

3. Lesions clear up more rapidly than when using the drugs separately—that is, intravenously and intramuscularly.

4. Stomatitis has not occurred in a hundred cases I have treated. These cases have all had seven injections, with an eight-day interval between each injection.

5. In the hundred cases I have only had two instances of reaction, and in each it was of the Jarisch-Herxheimer type.

6. At the completion of the course the blood was negative in 95 per cent. of the cases.

Compared with a hundred cases treated in the usual way this is an improvement, as the percentage of negative results was 85.

In these series old tertiary cases are not counted.

REGINALD JOHNSON, M.D.,
M.O. i/c V.D. Wards, Bermondsey Military Hospital.

ILLEGITIMATE BIRTHS AND OPHTHALMIA NEONATORUM.

It has been asked whether the number of cases of ophthalmia neonatorum has increased *pari passu* with the increase in the number of illegitimate births. Ophthalmia neonatorum has been notifiable since April, 1914. Statistics are here given for the six years 1914 to 1919 inclusive, in respect of four boroughs—one in Scotland, one in the north of England, and two in the south of England; the averages of the first three years and of the second three years are given. In each of the four boroughs there was a fall in the total number of births, but an increase in the number of illegitimate births, not only in actual figures but in proportion to the total number of births. In the first and second boroughs the increase in cases of notified ophthalmia neonatorum is very marked. In the third and fourth boroughs, though there is an actual increase in the number of cases, the proportion of

cases to the number of illegitimate births is not raised in comparison with the first three years. The fourth column represents the calculated number of cases of ophthalmia neonatorum had they been in the same proportion as for the first three years. It is possible and probable that the Registrar's figures in respect of number of illegitimate children is understated, inasmuch as a married woman will register her illegitimate child under her married name and her husband's name when at all possible.

Table showing Number of Births and of Cases of Ophthalmia Neonatorum in respect of Four Boroughs for Two Periods of Three Years each.

Borough and Period.	Average No. of Total Births.	Average No. of Illegitimate Births.	Average No. of Notified Cases of Ophthalmia.	Average No. of Calculated Cases of Ophthalmia for Second Period.
1. Borough in South of England (seaside resort). Pop. 30,000. 1914-16 515.3 24.3 2.3 2.9 1917-19 395.6 31.0 7.0				
2. Borough in Scotland (port). Pop. 90,000. 1914-16 1979.6 99.6 8.3 9.3 1917-19 1725.6 111.6 14.3				
3. Borough in South of England (residential). Pop. 90,000. 1914-16 1497.0 32.6 6.6 8.9 1917-19 1125.0 41.0 7.3				
4. Borough in North of England (industrial). Pop. 130,000. 1914-16 3748.6 145.6 31.3 36.5 1917-19 3306.0 170.0 36.3				

GRACE H. GIFFEN DUNDAS,
Medical Officer to Maternity and Child Welfare,
Middlesbrough.

CIRCUMCISION—A BARBAROUS AND UNNECESSARY MUTILATION.

As it appears that the foreskin is intended to serve a useful, even necessary, purpose, I desire to urge serious reconsideration as to the wisdom of persisting in our reverence for the cult of this body mutilation, one amongst many others—for example, removal of the tonsil. If the prepuce be intended as a protector for the delicate glans penis, it must be foolish to remove such a shield. The arguments in favour of the time-honoured mutilation of circumcision are (1) as a preventive of masturbation and sexual excitement, due to irritation of retained secretions; (2) as a measure of cleanliness; (3) as a prophylactic against the contraction of venereal diseases, etc.

Now all the alleged advantages (with none of the disadvantages) to be gained from circumcision can be attained by retaining the prepuce and so dilating its orifice that it slides freely backwards and forwards over the glans. This should be done in infancy, and it can always be effected by dilatation, even when at first sight such appears unlikely. Trial will show that the difficulties are imaginary, not real. One dilatation nearly always suffices, but if not, a second can be carried out. Very little time (a minute or two) is required, and no cutting or mutilation. The small size of the preputial opening in an infant is less than appears while prepuce adheres to glans; it is, in fact, due to the adherence, and if separation be effected by a sinus forceps or probe, it will be found that a blunt dilator will readily stretch the foreskin, so that it can be freely drawn backwards over the glans. The parts are then lubricated with vaseline and the prepuce kept in retroposition by wrapping a strand of wool layered with vaseline round the part.

Secretions can only collect under the foreskin when its orifice is too small to allow of free retraction. Complete dilatation obviates this. Hence the objections to the prepuce on the ground of hygiene and irritation fall to the ground: they only apply to an unretractable prepuce.

Regarding venereal diseases the same argument applies, as discharges are not retained under a foreskin that is

dilated and freely movable, and therefore fully retractable, and which also for the same reason can be kept clean. But this argument as to venereal disease, assuming its validity, is not an argument in favour of circumcision, but for the abolition of venereal diseases.

At one time, when I accepted what "authorities" and books told me, I was such a believer in the orthodox cult of circumcision that I performed the operation on myself; but increasing experience has convinced me of the unsoundness of this operation, and I never perform it now as a routine procedure—always dilatation, with most excellent results. I would strongly urge that this amongst many other unnecessary and evil mutilations be relegated to limbo. This injurious procedure, like that of keeping women in bed after childbirth, we owe to the Jews, and we have nothing to thank them for as regards these two of their religious rituals.

Sydney, N.S.W.

G. S. THOMPSON, F.R.C.S.

AN ECTOPIC OVARIAN CYST.

MRS. R., aged 60, was admitted to hospital on December 12th, 1919. Thirteen years previously an ovarian tumour had been removed, and seven years later a further operation was performed for a similar condition. The abdomen was fat and pendulous. There were two subumbilical scars, one in the middle line, the other right paramedial. For several months there had been continuous discomfort in the abdomen with occasional attacks of severe pain, but just before admission there was a very violent attack of abdominal pain and vomiting.

When the patient was anaesthetized a tumour was readily palpated at the level of the umbilicus. It was freely movable laterally and in an upward direction, but only slightly downwards. A subtotal hysterectomy had been performed with removal of the ovaries. Suspended from the lower border of the omentum was a rounded tumour, 6 in. in diameter, containing sanguineous fluid. Its inner surface was studded with numerous papillary outgrowths of varying sizes. There were no attachments except to the omentum.

Macroscopically and microscopically this was a papillary ovarian cyst.

Wakefield.

J. W. THOMSON, M.B., C.M.Aberd.

Reports of Societies.

ACCIDENTAL HAEMORRHAGE.

At a meeting of the Section of Obstetrics and Gynaecology of the Royal Society of Medicine, held on March 4th, with the President, Mr. J. D. MALCOLM, in the chair, Dr. GORDON LEY read a clinical paper on fifty consecutive cases of utero-placental apoplexy (accidental haemorrhage). He dealt first with the causative factor, which, he was of opinion, was the toxæmia of pregnancy; 84 per cent. of his cases had considerable albuminuria and 32 per cent. had other manifestations of toxæmia. He suggested the following theory:

(1) Fetal necrosis with haemorrhage in the uterine musculature and decidua. (2) Resulting separation of an area of the placenta opening up uterine sinuses. (3) Extensive retro-placental haemorrhage therefrom.

From a clinical point of view he grouped his cases under three headings: External cases, internal cases, and combined external and internal cases. The external cases were the most mild, the haemorrhage as a rule being not very severe. The mildest cases were amenable to rest. The more severe cases were best treated by rupture of the membranes, the application of a tight binder, and the hypodermic injection of pituitrin. For the internal cases, which he considered were entirely due to uterine paralysis, the result of the sudden forcible distension of the uterus by blood, he advocated rest with careful watching of the pulse, general condition of the patient, and the outline of the uterus. If the patient improved she should be left alone until contractions started. These would be evidenced by the appearance of blood from the vagina even before they were recognizable to the patient, or by palpation. On the advent of pains he advocated treatment as for external haemorrhage. If the patient's condition became worse, as

evidenced by rising pulse rate or enlargement of the uterus, he advocated Caesarean section, followed, if necessary, by hysterectomy. For the combined cases he advocated treatment of the condition present at the time when the patient was seen—that is, treatment for external cases if bleeding were present; treatment for internal cases if bleeding had been present, but had ceased, and the patient's condition had become worse. His results had been as follows:

The external cases had all recovered. Of 11 internal cases, 9 had recovered; 2 in which hysterectomy had become necessary had died. Of 25 combined cases, 23 had recovered and 2 died, one of uterine rupture and the other of post-partum haemorrhage.

Dr. EARDLEY HOLLAND considered the paper an important contribution, because accidental haemorrhage was a subject needing all the knowledge that could be got. With regard to treatment, he was in complete agreement with Dr. Ley in all essential details. He was not convinced, however, of the efficiency of plugging in the arrest of haemorrhage. He thought it quite likely that the patients recovered in spite of, just as much as because of, the plugging. He doubted whether the plug ever compressed the uterine arteries, and even if it did it failed to control the ovarian arteries. He doubted also whether the plugging and the binder increased the uterine pressure, because the uterus was a plastic hollow organ, and if its capability of expansion were limited in one direction it could still expand in others. The question, however, as to the value of plugging could only be settled by an analysis of a large number of cases treated by different methods. Caesarean hysterectomy, he believed, was never necessary. From his own experience he was convinced that the uterus could always be made to contract if time were given it. He would not hesitate to wait even fifteen or twenty minutes for this to occur, controlling the haemorrhage in the meantime by compression of the uterus by hot towels without and hot gauze pads within. Another reason given for hysterectomy was the infiltration of the uterine wall with blood. This, however, was no indication for its removal. He criticized the title of Dr. Ley's paper. The word *apoplexy* meant a knock-down blow, and it was quite inapplicable to uterine haemorrhage; but if employed it should be limited to cases of severe concealed accidental haemorrhage associated with interstitial haemorrhages in the uterine wall. In spite of these and other criticisms he was deeply grateful to Dr. Ley for his statement of facts; if every hospital would display and analyse its cases as he had done, knowledge would advance more quickly.

Dr. RUSSELL ANDREWS congratulated Dr. Gordon Ley on the excellent use he had made of his extraordinary collection of cases of ante-partum haemorrhage. He did not agree that shortness of the cord was never a cause of separation of the placenta. Shortness of the cord undoubtedly caused inversion, and if it caused inversion it also caused separation of the placenta. The explanation of concealed accidental haemorrhage as due to paralysis of the uterus had been generally held for a long time.

The paper was discussed also by Dr. A. M. Ross, Dr. STEVENS, and Dr. LACK, and Dr. GORDON LEY replied.

VACCINES IN GYNAECOLOGY AND OBSTETRICS.

At a meeting of the Edinburgh Obstetrical Society held on March 10th, with Dr. WILLIAM FORDYCE, President, in the chair, Dr. ROBERT ROBERTSON read a paper on the value of vaccine treatment in gynaecological and obstetrical practice. He recorded a number of illustrative cases. The first was a case of menorrhagia and frequency of micturition. An anaerobic diphtheroid bacillus was recovered from the urine. Vaccine was prepared, and its administration produced as a reaction haemorrhage from the uterus. It resulted in cure. The second case was one of uterine fibroid, the anterior surface of the uterus pressing on the bladder. There was frequency of micturition and clinical symptoms of *Bacillus coli* infection. An autogenous vaccine was prepared from the urine, which led to complete relief of the symptoms. The fibroid was not removed. Two cases of rheumatoid arthritis were reported where the uterus was the septic focus. The first was treated by curettage and stock

where he upheld his practice of closing the vagina by clamps and leaving it open for drainage, instead of opening the vagina unclamped and closing the peritoneum over the raw surface as Bumm had done, thus reducing his rate of mortality. Wertheim did much other work in gynaecology, and at the time of his death was, with Bumm, editor of the *Archiv*, but his name will be for ever associated with his *magnum opus* on cancer. All British gynaecologists will agree that though the author is no more amongst us his work will live.

A CRIMEAN V.C.

ASSISTANT SURGEON HENRY THOMAS SYLVESTER, V.C., R.A.M.C. (retired), died at Paignton, Devon, on March 13th, aged 89. He was born at Devizes on April 16th, 1831, and educated at Marischal College, Aberdeen, where he graduated M.B. in 1853 and M.D. in 1855, also taking the L.R.C.S. Edin. in 1853 and the L.S.A. in 1869. He entered the army as assistant surgeon in March, 1854, served in the 23rd Foot, the Royal Welsh Fusiliers, and retired on half pay on November 15th, 1861—nearly sixty years ago. He served with the 23rd in the Crimea, when he took part in the siege and capture of Sebastopol, was mentioned in dispatches, received the medal and clasp, and also gained the Victoria Cross, as well as the Legion of Honour, which was bestowed on him in 1856. With his regiment he went on from the Crimea to India, where he served in the Mutiny, and took part in the relief of Lucknow, receiving the medal with a clasp. The services for which he received the V.C. were given in the *London Gazette* of November 20th, 1857: "For going out under a heavy fire, close to the Redan, to dress the wounds of Lieutenant Dyneley, who lay there mortally wounded. He was again mentioned in General Simpson's dispatch for similar courage, also under heavy fire, during our disastrous assault." This was one of the first Crosses given; the dates referred to in the dispatch were September 8th and 18th, 1855. Before joining the army he filled the post of resident medical officer of Swansea Hospital, and, after he left it, was for many years in practice at Westminster till he retired from work some years ago.

WITH great regret we report the death from pneumonia of Dr. GEORGE V. PEREZ of Santa Ursula, Teneriffe, on February 29th. Dr. Perez was descended from a medical ancestry. He received his medical training at University College Hospital, and filled the post of resident clinical assistant at the Brompton Hospital for Consumption. He took the diploma of M.R.C.S. in 1882, and graduated M.B. Lond. in 1883. He married Miss Carnochan of Harrogate before returning to Teneriffe, where he was for many years the leading physician in Orotava. Dr. William Ewart, Consulting Physician to St. George's Hospital, writes: Dr. Perez was best known to the medical world through his discovery of the characteristic sounds often yielded by fibrous mediastinitis—Perez's sign. He combined with great accuracy of observation special keenness for therapeutics. If not, perhaps, the first, he was an early and original advocate of the administration of tincture of iodine in typhoid fever. He held a strong belief in the healing virtues of raw garlic for pulmonary and other affections. His most recent therapeutical inquiry related to the beneficial action of eucalyptus in glycosuria and diabetes. After undergoing a severe abdominal operation in London some years ago he did not completely recover his strength; and afterwards retired from practice. But his active mind never rested from the attempt to elucidate the pathological problems suggested by his own unusual case. To the last it was his great wish that his sufferings might serve some good purpose for the furtherance of medical knowledge. The profession loses in him an untiring student, and many friends will mourn the loss of one so kind and true.

MAJOR HUGH GODWIN SHERREN, R.A.M.C., died during the last week of February at Constantinople, of typhus fever contracted while attending Russian refugees, and was buried with full military honours on March 1st in the British Crimean cemetery at Haidar Pasha. He was educated at the London Hospital, took the diplomas of M.R.C.S. and L.R.C.P. Lond. in 1905, and entered the

R.A.M.C. as lieutenant in 1905, becoming captain on January 31st, 1909, major on October 15th, 1915, and acting lieutenant-colonel on June 24th, 1918. He also took the D.P.H. of the London Colleges in 1913.

Universities and Colleges.

UNIVERSITY OF CAMBRIDGE.

Diploma in Radiology and Electrology.

IN connexion with the courses now in progress in London at University College and at the Royal Society of Medicine the Committee for the Diploma propose to announce to the Senate the following dates for the next examination, which will be held at Cambridge: Part I (a and b), Tuesday, July 27th, 1920, with practical work and *viva voce* examination on July 28th; and Part II (a and b), Thursday, July 29th, with practical work on July 30th.

Candidates desiring to take the diploma by thesis next term under Regulation 13 should apply to the Secretary, Dr. Shillington Scales, Medical Schools, Cambridge, without delay for the necessary certificate forms.

The Committee propose to hold courses of lectures and practical work in Physics and in Electrology during the ensuing Long Vacation in Cambridge, beginning June 22nd and finishing about the middle of August; and in Radiography in the next Michaelmas term, beginning October 12th and finishing in time for the examination at Christmas. The necessary clinical work can be carried out at Addenbrooke's Hospital, Cambridge. The Physics course will be given by Dr. Crowther, by arrangement with Professor Sir Ernest Rutherford; the course in Radiology and Electrology by approximately the same lecturers, all leading workers in these subjects, who have given the courses now running in London. The holding of these courses in Cambridge will, however, be dependent on a sufficient number of students entering for them, and for this reason early application should be made to Dr. Shillington Scales. It is hoped in future to hold courses and examinations twice a year, the courses in Cambridge alternating with those in London, so that candidates from overseas may have an opportunity of taking the diploma.

UNIVERSITY OF LIVERPOOL.

THE following candidates have been approved at the examinations indicated:

FINAL M.B. AND CH.B.—*Part I (Pathology)*: F. H. Alexander, G. P. F. Allen, Eleanor E. Bryant, G. L. Gately, H. T. Hughes, Isobel K. Johnstone, J. G. L. Jones, R. J. Jones, H. R. Madan, J. B. Oldham, T. R. Robertson, C. F. H. Sergeant, F. C. H. Sergeant, S. S. Shrikant, C. C. L. Spurring, T. A. Williams, J. F. C. McColl, J. C. Twomey, S. A. Walker. *Part II (Forensic Medicine and Toxicology and Public Health)*: J. F. C. McColl, J. C. Twomey, S. A. Walker. *Part III (Medicine, Surgery, Midwifery)*: W. H. Butler, Mary S. Share-Jones.

M.B. AND CH.B. WITH HONOURS.—*(Second Class)*: Isabel M. Collier, *W. H. Evans, †H. Reid.

D.P.H.—A. E. Saunderson, W. F. Young.

* With distinction in Medicine.

† With distinction in Surgery.

UNIVERSITY OF EDINBURGH.

Honorary Degrees.

THE Senate has resolved to confer a number of honorary degrees on the occasion of the conclusion of peace. Among those who receive the honorary degree of LL.D. are Viscount Allenby, the Right Honourable G. N. Barnes, M.P., Professor Emeritus Francis M. Caird, F.R.C.S. Edin., Lord Robert Cecil, Sir Richard T. Glazebrook, C.B., F.R.S., until recently Director of the National Physical Laboratory, Mr. John Horne, F.R.S., formerly of the Geographical Survey of Scotland, and President of the Royal Society of Edinburgh, Mr. Rudyard Kipling, Professor-Emeritus William Russell, M.D., and Professor-Emeritus George Saintsbury. Mrs. Humphry Ward has not lived to receive the honorary degree.

Spring Term Examinations.

At the recent examinations in two subjects of the First Professional Examination the number of candidates was in each over 300. Altogether the number of persons, including those sitting for the preliminary examination, who were being examined in the University on March 20th, was over 1,500. The number of candidates at the preliminary examination was about normal.

UNIVERSITY OF GLASGOW.

AT the last meeting of the University Court of Glasgow Professor Bryce said that it had not been possible to find accommodation for 76 applicants for admission as medical students. All the service men and women had been placed in a separate category and were admitted first; the remaining applicants were taken in the order of the standard of their preliminary examination. The number admitted was 116, of whom 36 were women. Similar excess of applicants was stated to exist in respect of first-year classes for the B.Sc. degree in engineering. The Principal said that it would be necessary to build, but building could not be commenced before October, and all that could be done at present was to intimate to students the necessity for making early application for admission.

The Services.

NAVAL MEDICAL MEMORIAL FUND.

SIR.—May I bring the following to the notice of any of your readers who may be interested?

It is proposed to perpetuate, by a suitable memorial, the memory of the medical officers, nursing sisters, and men of the Sick Berth Staff who were killed or died on service during the war. The memorial will be dedicated to permanent reserve and temporary officers, R.N., and R.N.V.R., and permanent and reserve nursing sisters and Sick Berth Staff.

The final decision as to what shape the memorial will take will be in strict accordance with the wishes of the majority of the subscribers to the memorial fund, provided that the amount received will be sufficient for the purpose.

Those of your readers who have not already received a letter on this subject and who may wish to subscribe are invited to write to the Honorary Secretary, Naval Medical Memorial Fund, Medical Department, Admiralty, who will forward a copy of the original letter that has been circulated amongst those whose addresses are still on record at the Admiralty.—I am, etc.,

C. K. BUSHE,
Surgeon Commander R.N.,
Honorary Secretary.

Admiralty Medical Department,
1, Lake Buildings, St. James's Park, S.W.1.

March, 1920.

HONOURS.

TERRITORIAL DECORATION.

THE Territorial Decoration has been conferred upon the following medical officers under the terms of the Royal Warrant dated August 17th, 1908, as modified by the Royal Warrant dated November 11th, 1918:

Colonels Alfred Bertram Soltau, C.M.G., C.B.E., Sir William R. Smith, V.D. (Sanitary Service); Lieut.-Colonels Alexander B. S. Stewart, O.B.E. (1st London General Hospital), John Kyffin (5th Southern General Hospital); Major (brevet Lieutenant-Colonel—acting Colonel) Henry A. Leebody (attached to Head Quarters Staff, Scottish Command); Majors Harry G. Parsons (2nd Wesssex Field Ambulance), Charles B. Baxter, O.B.E. (attached South Midland Clearing Station), Francis W. Squair (attached to 3rd Highland Howitzer Brigade, R.F.A.), Henry Halton (attached Western Signal Company, R.E.), John R. Williams, retired (attached 6th Battalion, Royal Welsh Fusiliers), Thomas A. Sellar (attached 6th Battalion, Gordon Highlanders), Surgeon Major Gardiner W. Trouton (West Kent Yeomanry).

FOREIGN DECORATIONS.

The following decorations have been conferred by the President of the French Republic for distinguished services rendered during the course of the campaign:

Légion d'Honneur.—Officer: Major David Leonard Fisher, D.S.O., R.A.M.C.(T.F.).

Croix de Guerre.—Captain William Donald, M.C., R.A.M.C. (S.R.), Lieutenant (acting Major) Henry Goff Kilner, 5th Battalion, Suffolk Regiment, T.F. (attached R.A.M.C.), temporary Captain Henry Leslie Messenger, M.C., R.A.M.C.

Ordre de l'Étoile Noire.—Officer: Major John Humphrey Barbour, R.A.M.C.

Médaille d'Honneur avec Glaives (en Vermeil).—Captain William Victor Corbett, R.A.M.C.

Médaille des Épidémies (en Vermeil).—Captain John Robert Crolius, R.A.M.C.(S.R.).

Médaille des Épidémies (en Argent).—Captain and Brevet Major Robert Ernest Kelly, C.B., and Captain John Francis Roberts, (R.A.M.C.T.F.).

Medical News.

WE are informed that the printing of the volumes that were to have been presented to the late Sir William Osler on the occasion of his 70th birthday last July is at length completed. Copies have been dispatched from America and their arrival may be expected in a few weeks. The long delay in their appearance has been due to strikes and other disturbances in the printing and publishing trades.

To exercise his powers as President of King Edward's Hospital Fund for London during his absence from the United Kingdom the Prince of Wales has appointed a committee, consisting of the Earl of Donoughmore, K.P., Viscount Finlay, G.C.M.G., and the Governor of the Bank of England.

THE Bordeaux Society of Medicine and Surgery has appointed a commission composed of Drs. Anglade, Henri Verger, René Cruchet, Ginestous, Galtier, and de Teyssieu to study epidemic encephalitis and to draw up a report.

THE late Professor Alexander MacAlister left estate valued at £12,140, with net personalty £11,864.

THE well-known neurological journal *L'Encéphale* and its supplement *L'Informateur des aliénistes et des neurologistes* has resumed publication.

THE number of wounded and sick demobilized French soldiers under treatment in military hospitals on January 15th, 1920, was 7,133.

LIEUT.-COLONEL F. E. FREMANTLE, M.B., M.P., has been elected chairman of the Housing Committee of the London County Council.

THE Berraute prize of the Académie de Médecine for research in cancer has been awarded to Dr. Alexander Paine, director of the Cancer Hospital Research Institute, and Dr. Albert Peyron, director of the Military Laboratory for Cancer at the Hotel Dieu, for their joint investigations on the subject.

THE Friday evening discourses of the Royal Institution of Great Britain are now again given at 9 p.m. On April 23rd Professor H. Maxwell Lefroy will speak on the menace of man's dispersal of insect pests, and on May 14th Professor Karl Pearson will deal with sidelights on the evolution of man. Among the lectures to be given at 3 p.m. during April, May, and June are four on the ethnology of the invaders of England, by Professor Arthur Keith, F.R.S., and two on dreams with special reference to psycho-analysis by the dramatic critic, Mr. William Archer, M.A.

THE last quarterly return of the Registrar-General for England and Wales states that the births registered in the fourth quarter of 1919 were 48,202 more than in the preceding quarter and 61,794 more than in the fourth quarter of 1918; it was the highest recorded in any fourth quarter since 1906. Of the 223,569 births registered during the quarter 115,419 were males and 108,150 females.

A WHITE PAPER just issued shows that the number of persons injured by street accidents in England and Wales in 1919 was 45,544, as against 33,456 in 1918. The number of deaths was 2,239, as compared with 1,852 in the previous year. Mechanically propelled vehicles were responsible for 1,741 of the fatal accidents, as compared with 1,365 in 1918. Pedal cycles caused 142 deaths, as against 105 in 1918. The number of fatal accidents in the metropolitan area was 700, and 13 of them occurred in the City of London.

POST-GRADUATE classes in surgical tuberculosis are given at the Lord Mayor Treloar Cripples' Hospital, Alton, Hants, under the direction of Sir Henry Gauvain, Medical Superintendent. The next course will begin on Monday, March 29th. There will be daily demonstrations in the wards, and practical work will be performed in the plaster room, theatre, and x-ray room. Lectures will be delivered on choice of site, organization and administration of a special hospital for the treatment of surgical tuberculosis; conservative treatment of tuberculous abscesses of bony origin; diagnosis and treatment of tuberculous disease of the spine, hip, knee and other tuberculous bone and joint lesions; tuberculosis and peritonitis; adjuvant measures of treatment (x rays, etc.); heliotherapy, chemotherapy, vaccine therapy, and balneotherapy. These courses are informal and intensive; no fees are charged; lunch and tea are provided. Only a limited number of students are accepted for any given course.

THE Lord Mayor of London, who presided at the annual meeting of the Royal Medical Benevolent Fund Guild at the Mansion House on March 19th, made a strong appeal for increased support to the Guild, which exists to assist distressed members of the medical profession, their wives, widows, and families. Mrs. Scharlieb, M.D., who presented the financial report, said that part of the annual expenditure was met by the interest on investments, but the Guild had to live on a precarious margin. The contributions from different parts of the country showed great variations. A cordial vote of thanks was given to Lady Tweedy, chairman of council, who had been succeeded in the chairmanship of the General Purposes Committee by Lady Fripp. Lady Barrett, O.B.E., said that the closure of St. Anne's School for girls had been a misfortune to the Guild; it was hoped to make arrangements with other schools, but the task was not easy. Miss Lilian Braithwaite, speaking for the theatrical profession, which, she said, always responded liberally to appeals, asked for contributions for the erection of a Guild hostel for persons requiring rest and treatment. A vote of thanks to the press, moved by Sir Alfred Fripp, for its share in making known the objects of the Guild, was carried, as was a vote of thanks to the Lord Mayor for presiding.

THE Achilleion palace at Corfu, formerly the possession of the ex-Emperor of Germany, was converted into a hospital by the French after the Serbian retreat, and is now known as the Tribondeau hospital, after the naval medical officer and bacteriologist who died of influenza in the epidemic of September, 1918.

THE annual report of the Seamen's Hospital Society for the year 1919 shows that the Dreadnought Seamen's Hospital at Greenwich, which has 250 beds, received 2,669 in-patients, and the Albert Dock Hospital, with 50 beds, 760 in-patients; 401 patients were treated in the Angas Convalescent Home, Cudham, Kent, which has 30 beds, and it is announced that a site has been acquired at Bramshott in Hampshire for a tuberculosis sanatorium. The most memorable event of the year was the acquisition of the premises in Endsleigh Gardens, used during the war as an officers' hospital, for a central hospital for tropical disorders. A gift of £100,000 from the Joint Committee of the British Red Cross and the Order of St. John rendered it possible to purchase the building, and another gift from the Mesopotamia Comforts Fund in memory of Lieut.-General Sir Stanley Maude has been devoted to the endowment of a ward which will bear his name. The building is large enough to provide accommodation also for the London School of Tropical Medicine. The report makes special reference to the death of Dr. Guthrie Rankin, consulting physician to the hospital, and mentions that he bequeathed £1,000 to its Samaritan Fund.

Letters, Notes, and Answers.

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

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

3. MEDICAL SECRETARY, *Mediscrea*, Weststrand, London; telephone, 2634, Gerrard. The address of the Irish Office of the British Medical Association is 16, South Frederick Street, Dublin, and of the Scottish Office, 6, Rutland Square, Edinburgh.

QUERIES AND ANSWERS.

"T." asks for suggestions in the treatment of a child, aged 4 years, who suffers from enlarged tonsils with adenoids, complicated by purulent otitis media, and in whom operation is contraindicated owing to the fact that he is a haemophilic.

HAY FEVER.

"R. A. J." asks for advice in the treatment of a lady, a professional singer, who has hay fever every April or May. He has tried vaccine and the patient has had the turbinates cauterized.

GRANULOMA OF THE EYELID.

"A. C. R." suffers from a chronic condition of the upper lid, consisting of three flattened nodular masses of granulomatous tissue, not definitely cystic; five operations have been undertaken since 1916. At times nodules become inflamed, and fresh ones are apt to form. Further operative interference is considered risky from fear of cicatricial contraction. Astigmatism and monocular diplopia are now present from pressure on the eyeball. Section of a portion removed shows solid mass of granulomatous cells. Yellow oxide and massage have been tried without avail. Would induction of a general leucocytosis and local application of heat be likely to promote absorption? If so, what will be the best agent to employ?

INCOME TAX.

"J. G. S." inquires whether officers' pensions are subject to income tax.

* * * Wound pensions granted to members of the naval, military, or air forces are exempt from income tax under Sec. 16 of the Finance Act, 1919. If the pension does not fall within that category it is apparently liable to income tax and should be separately shown in the annual return.

LETTERS, NOTES, ETC.

THE ROMAN NETTING NEEDLE FOR WINDING A SURGICAL THREAD.

DR. S. HOLTH (Christiania, Norway) writes: Thanking you for your kind mention on p. 268 of my account of "Graeco-Roman and Arabic Bronze Instruments and their Medico-Surgical Use," I beg you to correct a small error appearing at the end of your note—namely, "The Roman netting needle was

employed for surgical suturing." I only put forth the thought that the surgeons of antiquity found the netting needle handy to wind up the suturing thread, exactly as the fishermen did with the net-binding thread. In literature there is no evidence for my suggestion, because Celsus, Galen, and Paulus Aegineta do not mention any way of how to carry the suture thread. I have no other support for my suggestion than that three netting needles are among John Stewart Milne's and Baron Ustinov's collections of Graeco-Roman surgical instruments. The netting needle I mentioned in the museum of Saint-Germain-en-Laye did not belong to the Gallo-Roman oculist Gaius Firmius Severus in Rheims, but came from the neighbourhood of Compiègne. This last information is due to the kindness of Monsieur Salomon Reinach, the director of the museum.

THE BROTHERS MICHELIN.

WE have received a well illustrated pamphlet on the brothers Michelin, originally written by William Serieyx for the French magazine, *Je Sais Tout*. It gives the history of the origin of the famous tire works at Clermont. The grandfather of the Michelin, M. Barbier, joined his cousin, Captain Daubrée, in founding a sugar factory on the banks of the Allier. Daubrée had married a niece of the Scottish chemist, Mackintosh, whose name, through his discovery of the solubility of rubber in benzine, has become associated with waterproof garments. Mackintosh and his niece had amused themselves by making rubber balls, and Madame Daubrée resumed with success and profit the manufacture of these playthings in a corner of her husband's factory. When the sugar factory was washed away by floods M. Barbier and Captain Daubrée started a rubber factory at Clermont, which has since become the Michelin factory for tires.

In their early days neither of the brothers Michelin had much to do with the factory; one brother studied painting, while the other was interested in the manufacture of iron, but finding in 1883 that the factory was about to break up, they decided to try to re-establish its former prosperity. In 1891 the first attempt was made to produce pneumatic bicycle tire which should be easily detachable, in order to allow of immediate repair in case of puncture; and in September of that year the cycle race from Paris to Brest was won on detachable tires manufactured at the Michelin works.

In 1896 a cab appeared in Paris on pneumatic tires. In the meantime the Michelin had set to work to devise pneumatic tires for motor cars, and in 1895 a car mounted on such tires was entered for the Paris-Bordeaux race. This car proved to be so dangerous to drive that a few days before the race the driver refused to undertake it. Consequently the Michelin brothers had to do so themselves. Punctures were numerous, so that the wits of the day said, "The pneumatic tires absorb all obstacles—and die of them." However, the car reached Bordeaux—ninth and last!

After the description of the Michelin works and the Michelin tire, the pamphlet gives other instances of the initiative, enterprise, and imagination of the brothers Michelin. To them was due the Prix du Puy de Dôme for flying. They instituted also the Prix de l'Aero Cible for bombing aviation. They have established scholarships to enable students to travel abroad and study working organizations; and they have developed clubs, cottages, societies, and pensions in connexion with their works. It would seem that the Michelin factory is one of which France may well be proud.

VACANCIES.

NOTIFICATIONS of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found at pages 40, 43, 44, 45, 46, and 47 of our advertisement columns, and advertisements as to partnerships, assistantships, and locum tenancies at pages 41, 42, and 43.

THE appointment of certifying surgeon at Tipperary (Tipperary) is vacant.

CHARGES FOR ADVERTISEMENTS IN THE BRITISH MEDICAL JOURNAL.

NEW SCALE.

THE charges for advertisements in the BRITISH MEDICAL JOURNAL will in future be as follows:

	£	s.	d.
Six lines and under	0 7 6
Each additional line	0 1 3
Whole single column	6 0 0
Whole page	16 0 0

An average line contains six words.

The charge for announcements of births, marriages, and deaths will be 7s. 6d.

All remittances by Post Office Orders must be made payable to the British Medical Association at the General Post Office, London. No responsibility will be accepted for any such remittance not so safeguarded.

Advertisements should be delivered, addressed to the Manager, 429, Strand, London, not later than the first post on Tuesday morning preceding publication, and, if not paid for at the time, should be accompanied by a reference.

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