

## Memoranda:

### MEDICAL, SURGICAL, OBSTETRICAL.

#### SPONTANEOUS RUPTURE OF MALARIAL SPLEEN.

AN ex-soldier, aged 25, was admitted to King Edward VII Hospital, Windsor, sent in by Dr. Osborn of Windsor. On the morning of admission, while wheeling a wheelbarrow he was attacked by violent pain in the back and in the abdomen on the left side.

On admission the pulse was soft and fluttering, 124, and the respiration rate was 42. The rigidity of the abdomen was extreme above the umbilicus, and the patient laid particular stress on pain in the left shoulder and behind the shoulder blade. He gave a history of malaria contracted in Turkey in 1919 and repeated slight attacks since.

Under an anaesthetic a large spleen could be felt easily, and incision showed the peritoneum full of blood. The large spleen presented in the median incision, and on examination showed on the posterior superior surface a rent some 2½ in. long, which was bleeding freely. Sutures proving useless, the spleen was excised, the operation presenting no difficulty.

Examination of the removed organ showed great enlargement but no sign of "ague cake." On the superior surface were the remains of some fine adhesions, and the remnants of one of these by the edge of the tear in the spleen leads one to suppose that the fixation of the spleen by these adhesions led to the rupture. Fourteen hours after removal the spleen weighed 1 lb. 9 oz., though it had partly dried.

With the exception of two slight malarial attacks the patient made an uninterrupted recovery and left the hospital in excellent health twenty-six days after operation. The blood contained a large quantity of malaria parasites.

In this case time and blood were lost by endeavours to check the haemorrhage instead of at once proceeding to splenectomy. The median incision was found very suitable for removal of the spleen, as the hilum could be reached with ease.

Windsor.

J. SKEVINGTON, F.R.C.S.

#### VENTRIFIXATION BEFORE THE MENOPAUSE.

THE following case may be worth recording if only as a warning to those surgeons—and there are some—who consider that the operation of ventrifixation can be performed with impunity in all cases of prolapsus uteri, notwithstanding warnings as to its danger of performance in most textbooks.

Mrs. P., aged 26, a unipara, suffered from prolapsus uteri after the birth of her child, aged 4, and was operated on in 1915, ventrifixation and shortening of the round ligaments being performed.

She again became pregnant, and the child was expected to be born in the first fortnight of July, 1918. Throughout this pregnancy she complained of pain and "a lump" in the right side of the abdomen, apparently the fetal head. This gradually rose higher until finally it was in contact with the rib in the region of the gall bladder; during the last two months she remained in bed owing to the discomfort. On July 6th I was sent for to see the patient as she was having labour pains. I was again sent for on July 16th; for some hours she had been having regular pains, apparently those of the first stage of labour. I did not see her again until the following night. The pains had continued, but there had been no vaginal discharge. She was becoming exhausted. I now made a vaginal examination for the first time; no part was presenting and the os could not be felt. The vagina was filled in front by a tense swelling, and it was some time before I realized what had happened—namely, that the uterus had practically turned a somersault, the fundus being down in the pelvis and the os at the gall bladder, with the vagina stretched and elongated into a narrow tube.

She was removed to the Forest Hospital, and in the early hours of the morning I performed Caesarean section, Dr. B. F. Pendred assisting. On opening the abdomen the fundus uteri was found attached, by a strong fibrous

band just above the pubis, to the anterior abdominal wall. The os was in the region of the gall bladder; consequently the posterior wall of the uterus was forwards, and through this I had to make my incision. The uterine wall was not more than ½ in. thick. A dead female child and placenta were delivered. I was then surprised to find a second child; its head was partly through the os, and so firmly grasped by the ring of Bandl that it took some minutes to deliver. I sutured the walls of the uterus, and the fibrous band having been divided, it contracted and righted itself, so that my sutures then became posterior.

The patient and second child made an uneventful recovery, excepting for a slight rise of temperature for one or two days in the second week, for which I could not account.

Buckhurst Hill.

GEO. NORMAN.

#### ACUTE OEDEMA OF THE LUNGS.

IN connexion with the descriptions of this condition which have recently appeared in the JOURNAL, the following case may be of interest. It is very similar to that reported by Dr. Brown in the issue of March 27th.

A retired farmer, aged 65, the subject of chronic nephritis, with high blood pressure, generally about 200 mm. Hg, had six months ago a small cerebral haemorrhage, from which he recovered well, and, except for some dyspnoea, was in fairly good health. He went to bed as usual on the night of March 22nd, 1920, and awoke at midnight with a sensation of suffocation, and began to expectorate quantities of pink froth. When I saw him he was cyanosed (ashy grey), sitting up in bed, and constantly spitting up this froth. Fine crepitations could be heard all over both lungs; the pulse was rapid and irregular, but the restlessness, which had been very marked at first, had ceased. I gave him morphine sulphate gr. ½ hypodermically, and made preparations to perform venesection. However, in a short time his colour had improved, the expectoration was less, and in an hour he was asleep. Later in the day he seemed fairly well; except for coarse moist sounds at the bases the lungs were clear, but the pulse remained rapid. He was given a mixture of ammonium carbonate, tincture of digitalis, and trinitrin, and has now practically regained his former state of health, except that his blood pressure is 230 mm. Hg.

Dr. R. A. Young, writing in Latham and English's *System of Treatment*, recommends prompt venesection, followed by injections of strychnine and atropine. In my case the man's general appearance certainly suggested venesection, and I should have performed it if the more easily available remedy had not been successful.

KENNETH ANDERSON, M.B.Lond.,  
M.R.C.S., L.R.C.P.

Banwell, Somerset.

I HAVE read with interest the various accounts given recently of experiences of acute pulmonary oedema. In twenty years' experience of general practice I have seen two cases.

The first was a tragic occurrence. During my very early years as an assistant in Warwickshire I was asked to see a platelayer who had been working in his garden in the morning apparently in his usual health when a sudden attack of pain in the chest forced him to go to bed. When I saw him about noon he was sitting up in bed spitting up large quantities of white frothy fluid. His temperature was normal, and there was no cardiac or respiratory distress. The chest was amazingly full of râles. I told his wife to apply a poultice, mainly, I am afraid, to give her something to do, and to give me, in my inexperience, something to say. I did tell her that I was not sure what was the matter, and asked her to send for some medicine. I mounted my horse and rode away. After I left the wife busied herself in the kitchen getting materials for the poultice. She then went upstairs and found her husband dead. Apparently he was drowned in his own secretions. This occurred within fifteen minutes of my departure. I happened to see the late Sir Robert Simon that day, and he gave me the diagnosis of acute pulmonary oedema—a condition I had never heard of. He also directed my attention to five recorded cases, four of them rapidly fatal; the fifth recovered because the visiting physician dosed him with heroic doses of tincture of belladonna, of which he fortunately had a supply in his pocket.

My second case occurred in 1918, when I was in charge of the medical division of the 36th Stationary Hospital at Gaza. A man, aged 50, belonging to a garrison battalion of the Northants Regiment, was brought in late one night with symptoms similar to those in the case described above but with much dyspnoea and cyanosis in addition. The orderly officer (Captain Soden, R.A.M.C., T.) did not call me but treated the case with hypodermic injections of atropine, which promptly relieved the urgent symptoms. The lungs cleared up rapidly within two or three days.

Winchcombe.

WILLIAM S. SCOTT.

## Reports of Societies.

AT a meeting of the Pathological Section of the Liverpool Medical Institution, held on March 18th, with the President, Dr. J. E. GEMMELL, in the chair, Professor ERNEST GLYNN contributed a critical review of so-called "ovarian hypernephromas." He was of the opinion that such tumours were exceedingly rare, if they ever did occur, and gave three reasons for his view: (1) there was only one recorded case of a cortical rest in the ovary (1913), and even this was doubtful and unconfirmed by other observers. It was undoubted that such rests were frequently found in the broad ligament. (2) Ovarian hypernephromas were never associated with hirsuties and changes in the sex characters so common in primary neoplasms of the adrenal cortex in women before the menopause. (3) There was little if any difference, clinically and histologically, between ovarian tumours described as "hypernephroma" and as "malignant lutein" formations respectively, yet both these tumours were apparently quite unlike true neoplasms of the adrenal cortex itself. Dr. G. F. R. SMITH read a paper on the urine after anaesthesia, based on a quantitative investigation of acidosis following various types of anaesthesia. He noted the development of acidosis after ethyl chloride and ether as well as chloroform, and discussed predisposing causes. He was of the opinion that warmed ether given by the open method to a patient not unduly starved before operation was the safest anaesthetic available.

## Reviews.

### ANTE-NATAL AND POST-NATAL PHYSIOLOGY.

DR. FELDMAN's book, *The Principles of Ante-natal and Post-natal Child Physiology, Pure and Applied*,<sup>1</sup> marks a distinct step forwards in our knowledge of young life in its intimate and essentially most important characters. It does more than this, but it does this in the first place. With this book in hand we start afresh and from a new vantage point in our understanding of the physiology of the most obscure part of child life (the ante-natal) and of the most dangerous to health (the neonatal); and it will not be Dr. Feldman's fault if the clinicians and the hygienists do not pass onward to new triumphs of preventive and curative medicine founded thereupon. It may be possible with great labour to find much of the content of the book in monographs and periodicals scattered through the literature of all countries, and in that sense novelty may be lacking; yet it is a strikingly novel work, by reason of the fresh facts and conclusions revealed by the simple bringing together of the many data in it. It has the resultant novelty of a wider and a newer outlook, which is also more penetrating in its intensity.

It is admirable in its arrangement. After a general introductory chapter which has for its heading Samuel Butler's paradoxical truth, "birth . . . is commonly considered as the point at which we begin to live; more truly it is the point at which we leave off knowing how to live," Dr. Feldman divides his subject matter into three parts—ante-natal physiology, natal, and post-natal—and subdivides the first of these into ante-conceptional, conceptional, and post-conceptional or intra-uterine, with a further subdivision of the post-conceptional into germinal, embryonic

and fetal. The life after birth is dealt with under the four headings of neonatal, infancy, childhood, and puberty. The continuity of the life which begins in the germ cells is thus traced onward up to the time when it in its turn is ready to initiate a new life at puberty. At each stage in this process the characters of the vitality differ, in the earliest stages most startlingly, and Dr. Feldman succeeds well in tracing the physiology of each, so that in his chapters fertilization, Mendelism, heredity, development, pre-natal metabolism, neonatal rearrangement of function, child life all fall into their proper places and serve to explain each other. To the physiologist as well as to the pediatric physician there will not be a chapter which does not supply some new seed-thought from which others will spring. One of the most striking features of the book is the evidence it affords upon almost every page of the modern tendency of physiology to become increasingly mathematical, and perhaps on that account more exact; not only is this seen in such a chapter as that on the bio-dynamics of growth (where it was to be expected) and in those on the mechanics of development and of the child's body, but also in those dealing with the circulation and the nervous system both before and after birth. The physiology of the prematurely born—a subject of immense importance from the point of view of life-saving—is treated at the end in a special chapter; but we miss an adequate consideration of the companion and yet widely different problem of the infant post-maturely born. There are, of course, many blanks in our knowledge of the physiology of all these periods of life, and more especially in the ante-natal, and these are necessarily reflected in this work: but they are not faults in the author; indeed, but for him we should not be able to put our finger upon them, and his book will do much to stimulate others to undertake the task of expanding our scientific acquaintance so as to fill up all such lacunae.

There are some 700 pages in the work, and on almost every one of them will be found a thought-stimulating statement. There are numerous plates, including some photographs of well-known workers in this most modern field of research; there are 129 illustrations, and there are crowds of tables and schemes. There are two excellent indexes. The language is always clear and terse, if at times a little inclined to the bare condensation of the textbook which aims at curtailment of space; now and then the greatness of his subject grips the author and shows itself in a sort of restrained enthusiasm, restrained as befits a scientific work and yet enthusiastic because here one is dealing with the very springs of life and is feeling after measures of preventive medicine with almost unthought-of beneficent possibilities. Dr. Feldman has not only written a good book: he has accomplished the yet more valuable achievement of putting forth a work which will stimulate physiologists, obstetricians, and pediatric physicians everywhere, and which will give origin to many other books, small and large. His own book will be often quoted, and it will be many a time utilized without being quoted, as all really stimulating and progress-making books are. The science of child welfare, ante-natal and post-natal, is making great strides in these days, both in its scientific and in its practical aspects, and it has found an invaluable ally in the present work.

### MINERS' NYSTAGMUS.

DR. STASSEN of Liège, in his book on fatigue of the visual apparatus in miners,<sup>2</sup> has written a very useful little monograph on miners' nystagmus. This disease, as is well known, has only recently attracted the attention it deserves. The coal miners of the past, although daily running the risk of explosion, do not seem to have suffered from nystagmus. By 1860, however, the use of the safety lamp had extended, and the results of diminished illumination began to be observed. Stassen traces his subject from the pit-head, where the miner enters the cage with his eyes adapted to "cone" vision in bright light and with his aural apparatus adapted to atmospheric pressure, to the bottom of the shaft and the coal face, where his eyes have now to be adapted to "rod" vision in a dim light and his labyrinth subjected to a higher pressure. The author has

<sup>1</sup> *The Principles of Ante-natal and Post-natal Child Physiology, Pure and Applied*. By W. M. Feldman, M.B., B.S. Lond. Longmans, Green, and Co., London, New York, etc. 1920. (Demy 8vo, pp. 741; 6 plates; 129 figures. 35s. net.)

<sup>2</sup> *La fatigue de l'appareil visuel chez les ouvriers mineurs*. By Dr. M. Stassen. Liège: H. Vaillant-Carmanne. 1914-1919. (Demy 8vo, pp. 233; 20 figures.)

## INTERNATIONAL HEALTH CONFERENCE.

THE delegates attending the International Health Conference held at the Ministry of Health last week were the guests of the Government on April 15th at a luncheon given at the Carlton Hotel, London. The Minister of Health, Dr. Addison, presided.

The Conference was convened by Dr. Addison at the request of the Council of the League of Nations. Its first purpose was to consider the constitution of an International Health Office under the League, an idea roughly parallel to that of an International Labour Office under the League. Although the Covenant of the League did not provide for the establishment of an International Health Office in quite the same way that it provided for the establishment of an International Labour Office, nevertheless the Covenant clearly contemplates such an office, and it was in the knowledge that it would meet with sympathetic support from other nations of the League that Dr. Addison took the initiative and convened a preliminary informal Conference in July, 1919, which has been followed by the formal Conference last week.

A second purpose of the Conference was to discuss and advise as to measures to be taken in connexion with the typhus outbreak in Poland. Poland lies between the West of Europe and the typhus epidemic which is now raging in Russia. The country is without sufficient means to establish any satisfactory barrier against the spreading westwards of that disease. Not only is there difficulty owing to the indeterminate state at present of Poland's eastern boundaries, but there are the difficulties also arising from lack of medical personnel, sanitary stores, and money. The Conference discussed how best these difficulties might be met in the interests not only of Poland but of all Europe alike. The chairman of the Conference was Viscount Astor. The delegate representing Great Britain was Dr. G. S. Buchanan, C.B., with Dr. Steegmann as technical adviser. Sir George Newman, K.C.B., attended when his other engagements permitted, but the British vote was given by Dr. Buchanan.

## The Services.

## R.A.M.C. FUND AND OFFICERS' BENEVOLENT SOCIETY.

THE annual general meeting of the Royal Army Medical Corps Fund (Regular Army) will be held in the Library of the Royal Army Medical College, Grosvenor Road, S.W., at 2.30 p.m. on Monday, June 14th. The Director-General will preside. It is hoped that all subscribers who can spare the time will be present and will freely express their views on any point connected with the fund.

The annual general meeting of the Royal Army Medical Corps Benevolent Society (Regular Army) will take place immediately afterwards.

Any officers desiring information regarding these funds are requested to communicate with the Secretary, Lieut.-Colonel E. M. Wilson (76, Claverton Street, S.W.1, Tel. Victoria 2722), beforehand, so that there may be no delay in dealing with any questions asked.

## R.A.M.C. CENTRAL MESS FUND.

THE annual general meeting of subscribers to the Royal Army Medical Corps Central Mess Fund will be held in the Library of the Royal Army Medical College on June 14th, following immediately that of the Royal Army Medical Corps Officers' Benevolent Society. Officers desiring information about this fund are asked to communicate with the Honorary Secretary beforehand, so that there may be no delay in dealing with any questions which may be asked. Notice of any definite proposal which it may be desired to bring forward should be sent to the Honorary Secretary, Captain J. T. Clapham (3, Homefield Road, Wimbledon, S.W.; Tel. Wimbledon 750), in order that it may appear on the agenda paper.

The annual corps dinner will take place the same evening at the Wharnclyffe Rooms, Great Central Hotel, at 7.30 p.m. A separate notice will be issued.

## UNITED SERVICES MEDICAL SOCIETY.

THERE will be a meeting of the United Services Medical Society in the Library of the Royal Army Medical College, Grosvenor Road, S.W., at 3.30 p.m. on May 28th, 1920, to discuss the proposed amalgamation of the Society with the War Section of the Royal Society of Medicine.

## A PENSIONS HANDBOOK.

THE *Local War Pensions Committees' Handbook*, which consolidates the circulars and instructions issued by the Ministry of Pensions, other than those concerning the functions of the Special Grants Committee, has now been placed on sale (price 2s.) by H.M. Stationery Office. It is arranged in five parts, corresponding with the main divisions of the work of the Local Committees; it replaces the Instructions for the Assessment of Alternative Pensions, 1917, Instructions and Notes on the Treatment and Training of Disabled Men, 1917, Instructions on the Treatment of Disabled Men, 1918, and Ministry of Pensions Circulars issued prior to January 1st, 1920. Among the Appendices is the complete text of the Royal Warrant of December 6th, 1919, under which soldiers' pensions are awarded. This handbook should be of value to Local Committees and medical officers, and facilitate the working of Pensions administration.

## Universities and Colleges.

## UNIVERSITY OF GLASGOW.

THE History of Medicine Prize, value about £50, will be awarded for the best essay on some subject in the history of the science or practice of medicine, other than a subject of recent development in some limited branch thereof. Candidates must be graduates of the university. A work on the history of medicine, published by a candidate within the years 1919, 1920, and 1921, will be admissible.

## Faulds Fellowships.

Regulations for the Faulds Fellowships instituted under the will of Mr. W. B. Faulds, writer, in Glasgow in the faculties of Arts, Medicine, Divinity, and Law respectively have been approved. A fellowship will be awarded by the Senatus, on the recommendation of the Faculty concerned. In considering the applications of candidates the Faculty will take into account the candidate's general academic record, the evidence of his capacity for advanced study inquiry or research, and the results of any independent work, published or unpublished, which he may have undertaken. The Faculty may, if it thinks fit, arrange for such trial and oral or practical examination as it may deem necessary to distinguish between candidates of apparently equal merit. Each Fellow must devote himself to a branch of advanced study, inquiry, or research recommended by the Faculty, which may appoint one of its number or a lecturer of the university to be responsible for the general direction of the Fellow's work and to make an annual report on its progress. A Fellow may be required to deliver lectures or otherwise assist in the public teaching of the Faculty in a subject connected with his special work, but may be authorized to carry on his work, during one year, elsewhere than at the University of Glasgow. No Fellow must engage in professional work or practice or any other occupation during his tenure of office, save with the express permission of the Senatus, which shall not be granted unless found expedient in the interest of his work as Fellow. Candidates for the fellowship in medicine must be men who have within the three academical years immediately preceding the award completed the medical curriculum by passing the final professional examination required for graduation and taken the degrees of M.B., Ch.B.

## ROYAL COLLEGE OF SURGEONS OF ENGLAND.

A QUARTERLY council was held on April 8th, when Sir George Makins, president, was in the chair.

*Election to the Fellowship of Members of Twenty Years' Standing.*—The following were elected: Henry Alexis Thomson, C.M.G., Professor of Surgery in the University of Edinburgh; Wilfred Thomason Grenfell, C.M.G., Superintendent of the Labrador Medical Mission of the Royal National Mission to Deep Sea Fishermen.

*Donations.*—The thanks of the Council were given to Sir C. Kirkman Finlay for presenting, through Mr. J. G. Turner, F.R.C.S., the skulls of twenty Burmese and four Chinese, who were executed in gaols in Burmah. Thanks were given also to Sir Rickman Godlee for presenting the original drawings which he made for his *Atlas of Human Anatomy*, 1880; and the calvaria of the patient he trephined in 1884 for the removal of a cortical tumour—the first operation of its kind.

*The late Mr. George Arthur Wright.*—A vote of condolence was passed on the death of Mr. George Arthur Wright, who died March 23rd at the age of 63, and who was a past member of the Council.

Three vacancies on the Council of the Royal College of Surgeons of England will be filled on Thursday, July 1st. The retiring members are Sir Anthony Bowlby, Mr. W. Harrison Cripps, and Sir D'Arcy Power. Mr. Cripps is not seeking re-election, the other two retiring members are coming forward again.

The constitution of the Council at present is as follows:

*President.*—Sir George Henry Makins, G.C.M.G., C.B., (1) 1903, (2) 1911, P. 1917.

*Vice-Presidents.*—Sir Anthony Alfred Bowlby, K.C.B., K.C.M.G., K.C.V.O., C. (1) 1904, (2) 1912; Sir John Bland-Sutton, C. (1) 1910 (2) 1918.

**Other Members of Council.**—William Harrison Cripps, C. (1) 1905 (substitute till 1908), (2) 1909, (3) 1917 (substitute till 1920); Sir Charters James Symonds, K.B.E., C.B., C. (1) 1907, (2) 1915; Mr. William Frederick Haslam (Birmingham), C. (1) 1908, (2) 1916; Sir Charles Alfred Ballance, K.C.M.G., C.B., M.V.O., C. (1) 1910, (2) 1914; Sir D'Arcy Power, K.B.E., C. 1912; Sir Berkeley G. A. Moynihan, K.C.M.G., C.B. (Leeds), C. (1) 1912 (substitute till 1919), (2) 1919; Mr. James Ernest Lane, C. 1913; Mr. Holburt Jacob Waring, C. 1913; Sir William Thorburn, K.B.E., C.B., C.M.G. (Manchester), C. 1914; Mr. William McAdam Eccles, C. 1914; Mr. Charles Ryall, C.B.E., C. (1) 1914 (substitute), (2) 1915; Mr. Walter George Spencer, O.B.E., C. (1) 1915 (substitute till 1921); Mr. Frédéric François Burghard, C.B., C. 1915 (substitute till 1921); Sir Herbert Furnival Waterhouse, C. 1915; Mr. Thomas Horrocks Openshaw, C.B., C.M.G., C. 1916; Mr. Raymond Johnson, O.B.E., C. 1916; Mr. Vincent Warren Low, C.B., C. (1) 1916 (substitute), (2) 1917; Mr. James Sherren, C.B.E., (1) 1917; Sir John Lyon-Thomas, K.B.E., C.B., C.M.G. (Cardiff), C. 1918 (substitute till 1925); Mr. Ernest William Hey Groves (Bristol), 1918; Sir Cuthbert Sidney Wallace, K.C.M.G., C.B., 1919.

The medical schools are represented as follows:

**London:**

St. Bartholomew's	...	...	...	...	5*
Charing Cross	...	...	...	...	1
Guy's	...	...	...	...	1
King's College	...	...	...	...	1
London	...	...	...	...	2
Middlesex	...	...	...	...	1
St. Mary's	...	...	...	...	2
St. Thomas's	...	...	...	...	3
University College	...	...	...	...	1
Westminster	...	...	...	...	1
Special London Hospital	...	...	...	...	1
<b>Total London</b>	...	...	...	...	19

**Provincial:**

Birmingham	...	...	...	...	1
Bristol	...	...	...	...	1
Cardiff	...	...	...	...	1
Leeds	...	...	...	...	1
Manchester	...	...	...	...	1
<b>Total Provincial</b>	...	...	...	...	5

**Total Council** ... .. 24

\* Out of the five, two offer themselves for re-election this year and one retires.

**ROYAL FACULTY OF PHYSICIANS AND SURGEONS OF GLASGOW.**

*Representative on General Medical Council.*

At the monthly meeting of the Fellows of the Royal Faculty of Physicians and Surgeons of Glasgow, on April 12th, Dr. James Alexander Adams, Senior Surgeon to the Glasgow Royal Infirmary, was elected the Representative of the Faculty to the General Medical Council for the period of five years. Dr. Adams succeeds Dr. D. N. Knox, who has resigned on the ground of ill health. Dr. Knox held the office for twelve years.

**CONJOINT BOARD IN SCOTLAND.**

THE following candidates have been approved at the examinations indicated:

**FINAL EXAMINATION.—Medicine:** D. C. Scotland, T. Poole, J. Stevenson, T. A. du Toit, J. S. Durward. **Surgery:** J. MacGlashan, J. S. Durward, J. H. Bain. **Midwifery:** W. S. Patrick, D. C. Scotland, A. Cuthbertson, T. Poole, W. W. Glucksman, H. W. Whytock, J. MacGlashan, W. G. Carew, A. J. Vakil. **Medical Jurisprudence:** J. G. Collee, R. E. Hopton, J. Hagard, Alexandra M. Limont, R. G. Clouston, Pauline Figgdor, Gracie O. D. Evans, A. W. Smith.

The following candidates, having passed the Final Examination, have been admitted L.R.C.P.E., L.R.C.S.E., L.R.F.P. and S.G.

A. C. Lornie, H. Barlow, R. C. Dow, W. Grant, R. Smith, G. S. Barnett, O. Fitzpatrick, G. H. S. Lindsay, H. Cohen, F. P. McN. Clarke, G. M. Kerry, A. S. Paranjpe, E. Isserow, J. F. E. Burns.

**ROYAL COLLEGE OF SURGEONS IN IRELAND.**

THE President, Vice-President, and Council have elected Professor G. Elliot Smith, M.A., M.D., F.R.C.P., F.R.S., to the Mary Louisa Prentice Montgomery Lectureship in Ophthalmology. The subject of his first lecture will be "The influence of stereoscopic vision on the evolution of man." The lecture will be given in October, 1920.

**Obituary.**

JOHN BATTY TUKE, M.D., F.R.C.P. EDIN.,  
New Saughton Hall, Midlothian.

DR. JOHN BATTY TUKE, who only survived his distinguished father, Sir John, by some seven years, died in a nursing home in London on April 11th. It was known that he was suffering from a serious disease, but the end came unexpectedly early. He was born in 1860, and after passing through the Edinburgh Academy graduated M.B., C.M. Edin. in 1881, and took the degree of M.D. in 1890; he was elected a Fellow of the Royal College of Physicians of Edinburgh in 1889. He first acted as assistant medical officer to the Royal Lunatic Asylum at

Montrose, and then as resident clinical assistant to the West Riding Asylum, Wakefield. Thereafter he was associated with his father in the management of the asylum near Edinburgh, first at Saughton Hall (now converted into the beautiful Gorgie Public Gardens), and then at New Saughton Hall, near Polton, Midlothian; latterly he was superintendent in the last-named institution, and had consulting rooms in Edinburgh. He published articles dealing with mental disease, notably a paper on "Recovery after seventeen years' continuous residence in an asylum," and another on "Divorce and insanity," both in 1913. Dr. Batty Tuke was an unassuming man, doing his day's duty silently and well, and he leaves many friends in the profession who will miss him much.

EDWIN ALLAN MALING, M.R.C.S.,  
Darlington.

ON April 12th there passed peacefully away, at the ripe age of 81, at Blackwell Hall, Darlington, Mr. E. A. Maling. It is given to few men to lead such a busy, happy, and successful life as his. He was the representative of a well known Sunderland family; his father, Mr. E. Haygarth Maling, was surgeon to the Royal Infirmary, and the founder of the Durham County and Sunderland Eye Infirmary. Mr. E. A. Maling was educated in the Grange School, Sunderland, and King's College Hospital, London. He was the house-surgeon of the Royal Infirmary, Sunderland, for five years from 1860. In those days infectious diseases were received in the general wards, and for some months he attended, practically single-handed, many cases of small-pox and typhus fever during severe epidemics in the town. On leaving the infirmary Mr. E. A. Maling was a partner for ten years of Mr. George Welford, the first surgeon in the North of England to perform ovariectomy successfully. Later he was appointed an assistant surgeon and then full surgeon to the infirmary, a post which he resigned in 1892 in order to make way for his then partner, Mr. John Whitehouse, F.R.C.S., who unfortunately died in November, 1893. From 1892 Mr. E. A. Maling held the post of honorary consulting surgeon. During his surgeoncy Mr. Maling's biggest operation was the amputation of the entire upper extremity of a man for sarcoma of the scapula, which was an operative success. From 1894 to 1903 his partner was Mr. William Robinson, F.R.C.S., the present senior surgeon to the Royal Infirmary.

For forty years Mr. Maling was one of the best known medical men of the town and district; his brisk step, his courteous manners, genial disposition, cheery voice, even temper, and constant readiness for work made him one of the busiest practitioners of the North of England in his day, and although he retired from practice in December, 1903, and went to live in the country, hundreds of his old patients look upon his decease as the loss of a constant friend. Though reserved in speech, Mr. Maling was an excellent judge of character, and his great experience and sound judgement made him a rapid diagnostician. For forty years Mr. Maling was a J.P. for the County of Durham, and for many years past he was chairman of the Sunderland County Bench. He was a keen fisherman.

Mr. Maling married a daughter of the late Mr. James Hartley, for some time M.P. for the borough of Sunderland, who survives him. There are also three sons and three daughters left to mourn his loss. His youngest son, George A. Maling, B.M.Oxon., gained the V.C. early in the war whilst in the R.A.M.C. Mr. Maling read his *BRITISH MEDICAL JOURNAL* to the last.

DR. GUTHRIE NEVILLE CALEY, of Ealing, who died a short time ago, after an operation, was 58 years of age. He was educated at Durham University and St. Mary's Hospital, took the M.R.C.S. and L.R.C.P. Lond. in 1885, and graduated at Durham M.B. with honours, and M.S. in 1886, and M.D. in 1888. After serving as house-physician, house-surgeon, and ophthalmic clinical assistant at St. Mary's, he went into private practice, and settled some one-and-twenty years ago at Ealing, where he gradually built up a large practice, till at the time of his death he was generally regarded as the leading medical man in the town, and had a large consulting practice. During the war he was consulting medical officer to the Ealing auxiliary military hospital. He was greatly overworked in the later years of the war, when most of his juniors were absent on military service.

## Medico-Legal.

### AN ABORTIONIST SENTENCED.

THE trial was held last week at the Central Criminal Court, before Mr. Justice Shearman, of Devi Dayal Sasun, L.R.C.P. and S. Edin., L.R.F.P.S. Glasg., of Brady Street, Bethnal Green, for the murder of a young single woman. Sir Richard Muir for the prosecution said that the accused was a panel doctor with 3,600 patients, and was well known in the East-end of London. The allegation was that the woman died as the result of an illegal operation performed by the prisoner for a fee of £10. The prosecution submitted that her body was carried down-stairs from his surgery by Dr. Sasun and deposited under an archway. The prisoner himself went up to some policemen in the early hours of the morning and told them "there is a woman lying drunk under the archway," and he accompanied them to the archway. Prisoner's object, said counsel, in calling the attention of the police to the body would perhaps be plain when the jury heard that Dr. Sasun, being the first person to discover the woman, would have been called by the coroner to give evidence and to make a *post-mortem* examination; there could be no safer way for him to get rid of the body and of any suspicion that might attach to himself. Dr. Spilsbury gave evidence that, in his opinion, death was due to shock following an illegal operation. Such occurrences were very rare, but during his long practice he had known of five instances. The prisoner, in the witness box, gave his version of the woman's visit to him and of the finding of the body. Mr. Curtis Bennett, K.C., for the defence, called Dr. Russell Andrews, Dr. Comyns Berkeley, and Dr. Fairbairn, who gave evidence voluntarily; they disagreed with the evidence for the prosecution that death occurred from shock in the circumstances stated. Dr. Fairbairn said that death from shock under such conditions was so rare that it was without his knowledge. The jury acquitted the prisoner of the charge of murder, but found him guilty of manslaughter. Sir Robert Muir said there was another indictment on the file charging Sasun with performing illegal operations on three separate women on different dates, but the judge did not think it necessary to proceed with that charge. A detective inspector stated that he found in the prisoner's safe a large number of documents signed by women, that he took statements from 116 of the women whose names and addresses were on the documents, and that as a result of his inquiries it appeared that abortion had been performed or attempted on all these women. In reply to the judge, he expressed the opinion that prisoner had been carrying on such practices for about fifteen years. In passing sentence of ten years' penal servitude, Mr. Justice Shearman said it was clear to him that Sasun had been a professional abortionist. He had perhaps been a little unlucky in this case because death had resulted, and they did not know whether death had resulted before or not. It was a very bad case.

## Medical News.

THE Memorial Brass and Bed to thirty old students of Sir Patrick Dun's Hospital, Dublin, who fell or died on active service, subscribed for by their comrades who also served in the war, are now nearly ready. A circular was sent to 415 old Dun's men who were on active service concerning this memorial, but it may not have reached some. Any who may wish to subscribe will please accept this notice, and communicate at once with the honorary secretary at the hospital.

A POST-GRADUATE course on spa treatment will be held in Bath during June; it has been arranged in conjunction with the Fellowship of Medicine and Post-Graduate Medical Association. It will comprise clinical lectures, demonstrations, and visits to hospital wards during the early part of each day and a lecture each afternoon. The course will open on Monday, June 7th, when an introductory lecture will be given by Dr. Cave, and there will afterwards be a reception at the Royal Mineral Water Hospital. The course will conclude on Saturday, June 19th. An exhibition of x-ray photographs, microscopic and pathological specimens, and bacteriological cultures will be open on each day during the course. Further particulars can be obtained from the secretary, Dr. R. G. Gordon, 6, Queen Square, Bath.

A REUNION dinner of those who served with the 1st London (City of London) General Hospital, including its sections and auxiliaries, will be held in the Wharnclyffe Rooms, Hotel Great Central, Marylebone Road, N.W.1, on Wednesday, May 12th, at 7.30 p.m. Tickets, price £1 ls., can be obtained before May 7th from the honorary secretary, Lieut.-Colonel W. McAdam Eccles, 124, Harley Street, W.1. Evening or service dress will be worn.

A POST-GRADUATE course of instruction, for qualified medical women, in the treatment of venereal diseases has been arranged jointly by the London (Royal Free Hospital) School of Medicine for Women, the Royal Free

Hospital, the Elizabeth Garrett Anderson Hospital, and the London Lock Hospital. The fee for the course, which commences on May 17th at 5 p.m., and concludes on Saturday, May 29th, is 5 guineas. The course will be repeated during the second fortnight of September, beginning Monday, September 13th. Applications should be addressed to the Warden and Secretary, London School of Medicine for Women, Hunter Street, Brunswick Square, W.C.1.

A COURSE of forty lectures on tuberculosis has been arranged at the Medical School, Royal Chest Hospital, City Road, E.C.1, commencing on Monday, May 3rd, and terminating on Friday, June 25th. The fee for the course is 5 guineas.

A 23rd Divisional medical dinner will be held at Oddenino's, Regent Street, London, W., on June 5th, 1920, at 7.15. All ex-medical officers of the above division who wish to attend are requested to send their names (with remittance of 15s. for dinner, exclusive of wine) to Major W. J. Pearson, New University Club, St. James's Street, London, W. Names should be submitted by May 20th.

THE proposal to convert the Medical Sickness, Annuity, and Life Assurance Friendly Society into a company limited by guarantee under the Companies Acts was confirmed at a second extraordinary general meeting held at 11, Chandos Street, W., on April 16th. The reasons for the change were explained in the report of the first extraordinary general meeting published in our issue of April 3rd, p. 475.

INFLUENZA was made notifiable in Vienna at the end of last January.

DURING December, 1919, 1,093 fatal cases of plague occurred in Java.

PROFESSOR ENRICO MORELLI, founder and editor of *Il Policlinico*, died on February 13th.

THE Académie de Médecine has recently elected M. Guillaud to be a member, and MM. Truc of Montpellier, Imbert of Marseilles, Moure of Bordeaux, Weill of Lyons, Dévé of Rouen, Girard of Toulon, Mirallé of Nantes, and Crespini of Algiers, to be corresponding members.

THE net amount received in the year ending March, 1919, by the excise authorities for patent medicine labels in Great Britain only, after deducting drawbacks, rebates, repayments, and allowances was £1,065,694. The annual return has not been published during the last few years, but for the year ending March 3rd, 1914, it was £360,377.

DR. CHARLES EDWARDS has been appointed to the Commission of Peace for the Borough of Bridport.

DR. JOHN MACLEAN CARVELL has been appointed M.B.E. for ambulance training and organization, London District, Order of St. John.

SIR JAMES BARR, C.B.E., LL.D., M.D., has been appointed a Knight of Grace in the Order of the Hospital of St. John of Jerusalem in England.

DR. GEORGE E. SCHOLEFIELD, M.B.E., M.O.H. West Lancashire Rural District Council, has been appointed an honorary Associate of the Order of St. John of Jerusalem in England in recognition of services rendered to the St. John Ambulance Association during the past forty years.

PRUSSIA and Baden have decided to create a doctorate of dentistry (*doctor med. dentariae*), with an academic education, eight terms' study, and the licence in dentistry as necessary qualifications.

THE Duty and Discipline Movement has, since it was founded by the Earl of Meath in 1911, collected much useful information concerning the upbringing of children and the formation of character. The Executive Committee are now putting their theories into practice in a manner which should prove of great benefit to parents. Their scheme, called the Parents' Advisory Bureau, is likely also to prove of value to the medical profession, particularly those members who specialize in child psychology. Briefly, the system is as follows: A parent unable to control a child is invited to come to the bureau for advice. A visit is then paid to the home, or perhaps the parent is asked to bring the child to see one of the officers of the movement. By sympathetic questioning, the cause of the conduct complained of can generally be found, but this questioning requires a certain amount of skill and tact which are not found in everyone. Care has been taken that the advice given shall be sound and wholesome. Such case receives personal attention by Mr. C. J. Mead-Allen, the director of the movement, Mr. C. Montgomerie, the secretary, or Dr. Hamilton-Pearson, of 72, Wimpole Street. Practitioners who meet with cases which present interesting features, or which are likely to

add to the store of knowledge in dealing with children, are invited to communicate with the movement, 117, Victoria Street, London, S.W.1, with a view to co-operation.

THE Italian Society of Paediatrics will meet at Trieste from September 23rd to 26th, when the following subjects will be discussed: (1) Vaccine treatment of children's diseases, introduced by Professor Di Cristina of Palermo and Professor Caronia of Naples; (2) infant welfare, introduced by Professor Allaria of Turin and Professor Modigliani of Rome. Communications should be addressed to the Secretary, Professor E. Modigliani, Via Palermo 28, Rome.

## Letters, Notes, and Answers.

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

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

THE postal address of the *BRITISH MEDICAL ASSOCIATION* and *BRITISH MEDICAL JOURNAL* is 429, Strand, London, W.C.2. The telegraphic addresses are:

1. EDITOR of the *BRITISH MEDICAL JOURNAL*, *Atiology*, Westrand, London; telephone, 2631, Gerrard.

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

3. MEDICAL SECRETARY, *Mediscera*, Westrand, London; telephone, 2634, Gerrard. The address of the Irish Office of the British Medical Association is 16, South Frederick Street, Dublin (telegrams: *Bacillus*, Dublin; telephone, 4737, Dublin), and of the Scottish Office, 6, Rutland Square, Edinburgh (telegrams: *Associate*, Edinburgh; telephone, 4361, Central).

### QUERIES AND ANSWERS.

X asks for suggestions as to the treatment of chyluria in a man who has never resided out of the British Isles, and otherwise is in good health.

#### ESTABLISHMENT LICENCES.

W. asks whether a medical practitioner is liable to a tax for a driver of a car used for professional purposes.

\*. The point is by no means free from difficulty. A "male servant" is defined to include a motor-car driver, and no exemption is given because the driver is employed for professional purposes. *Prima facie* our correspondent would be liable, but it can hardly be supposed that licences are required in the case of all motor-car drivers—for example, bus drivers, or the drivers of tradesmen's delivery vans; in such cases they would probably be regarded as trade employees rather than as male servants. A medical practitioner's driver often acts in both capacities, and in such cases we think that the licence would have to be taken out. Whether it could be insisted on in the case of a driver who did no non-professional driving or any other work may be open to doubt.

#### ARTIFICIAL APPLIANCE FOR AMPUTATION BELOW THE ANKLE.

A CORRESPONDENT in a remote part of the world asked recently for hints as to how to direct an artificial stump to be made in the case of a supramalleolar amputation; the apparatus would have to be constructed not by an expert, but in the shop of a ship-repairing company.

\*. We are indebted to Mr. Muirhead Little, F.R.C.S., for the following reply to this question: A great deal depends upon the nature of the stump. If it has a Syme flap and is suitable for end-bearing, the problem is much simplified. In any case a plaster-of-Paris cast of the stump from the knee-joint down to and including the end should be taken. This should be covered with a thin stocking, and then a blocked leather (sole leather) socket made to fit it closely, taking as much bearing as possible under the head of the tibia. The leather should be well soaked in cold water, applied to the cast wet, and held with a bandage while it dries on the cast. A steel plate about 15 mm. wide and 3 or 4 mm. thick, and long enough to project at least 2 in. below the bottom of the leather socket and to reach nearly to the top of it, should be fixed with copper rivets to each side of the socket. The lower ends of these steels must be fixed with screws on to a hard wood block, of sufficient thickness to equalize the length of the limbs, below the end of the socket. A piece of sole leather or a rubber heel should be fixed to the lower surface of this block. Before applying the leather to the cast to form the socket, a piece of felt at least half an inch thick should be

put inside the stocking at the end of the cast, so as to allow a space between the end of the stump and the bottom of the socket. If the stump can bear end-pressure this space is filled by a pad in the finished appliance. If not, it is left empty. If enough support is not obtained by the appliance here described, the side steels must be carried up to form knee-joints, and thigh corset and steels added.

### LETTERS, NOTES, ETC.

T.F. AND S.R.

"OPTIMIST" writes: The advice concerning the Territorial Force and Special Reserve given by your correspondent "Quoth the Raven" (March 20th, p. 417) is so thoroughly sound that no medical man can seriously dispute it; but how can his first recommendation—"If you are in either, get out as soon as you can"—be carried into effect? As far as I know suicide is the only method.

#### JAMAICA AS A HOLIDAY RESORT.

DR. H.G. WHARRY (London, W.1), writing as a recent visitor to Jamaica, strongly advises any medical man who contemplates going there or sending a patient, to make careful inquiries beforehand. By the direct route, which he thinks should be avoided, the voyage, generally unpleasant in winter, may, he says, take from fourteen to twenty-three days, and on arrival at Kingston there may be great difficulty in finding rooms, even though a promise may have been made to reserve them. In other places on the island the same congestion, he says, exists. The prices in Jamaica, he found, were not low, and his view is that a visitor must make up his mind to rough it and pay heavily for the privilege.

#### LIGHT WINES AND HEAVY PRICES.

PEOPLE with long memories can recall how Mr. Gladstone in one of his budget speeches sang the praises of light French wines, and, to encourage the British to consume more of what he considered a wholesome as well as a palatable beverage, reduced the duty. His recommendation, if not the reduction of the duty, undoubtedly encouraged the importation of light wines, and for a time "Gladstone claret" was a common name for light red French wine. Ever since the duty has been 1s. 3d. or less per gallon—on the average, say, twopence a bottle. Mr. Chamberlain has now doubled it, yet still it is only about fourpence a bottle; but the price of "Gladstone claret" was about 1s. 6d. a bottle, or less, and very ordinary Bordeaux wine now costs 4s. or 5s. a bottle at the wine merchant's. The cause of the greater part of this increase is to be found in the very great increase in the price at Bordeaux. It is now three or four times as much as it was a few years ago. The explanation given by the Bordeaux merchants is that the supply has been diminished by neglect of the vineyards during the war, and also, it is asserted, by the large purchases made for the French army. Some newspapers have interpreted the increase in the excise duty in the Budget as ungracious treatment of our allies, but in this connexion it is only fair to remember that the increase due to the duty is only 5 or 6 per cent. of the total increase in the price to the consumer here.

#### VACANCIES.

NOTIFICATIONS of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found at pages 35, 34, 38, 39, 40, and 41 of our advertisement columns, and advertisements as to partnerships, assistantships, and locum tenencies at pages 35, 36, and 37.

THE following vacant appointments of certifying factory surgeons are announced: Blarney (Cork), Kingston-on-Thames (Surrey), Menai Bridge (Anglesey), North Berwick (Haddington).

A SECOND medical referee under the Workmen's Compensation Act, 1906, for the Marylebone and West London (Brompton) County Courts (Circuit No. 43) is to be appointed. Applications to the Private Secretary, Home Office, by May 5th.

### SCALE OF CHARGES FOR ADVERTISEMENTS IN THE BRITISH MEDICAL JOURNAL.

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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.