

## Memoranda:

### MEDICAL, SURGICAL, OBSTETRICAL.

#### DEXTROSE IN CARDIAC FAILURE.

EARLY in 1912 my attention was drawn to the fact that a 5 per cent. saline solution of glucose was of great benefit in post-operative shock; I was able fully to corroborate this in several cases of my own; when the patients showed marked signs of collapse following an abdominal operation, one pint of a glucose saline solution injected per rectum had the effect of tiding the patient over this critical period, and every one made a complete recovery.

On October 15th, 1920, I was called to see a gentleman, aged 70, who two years previously had contracted pneumonia, and a small unresolved patch at the base of the right lung had remained; I found that the patch had again become active; the pulse was 108, respirations 36, and the temperature 99.6° F.; he had a persistent irritating cough with mucous râles all over the right side, with all the signs of an active bronchopneumonia. For several days the pulse kept between 102 and 108, and intermittent; the respirations were shallow, with numerous moist râles all over the right lung, more particularly at the base; the left lung was comparatively free. He was sleepless owing to the cough.

On October 19th the base of the left lung became involved. The temperature was between 98.4° and 100° F., respirations 48, pulse 104, with marked intermittency. Cough was very troublesome and the patient was sleepless. He remained in this condition for the next few days, but showed signs of getting weaker, and on October 24th he required an injection of hypophysis 1 c.cm., as the pulse showed signs of failure. The temperature was now between 97.6° and 98° F., and respiration was hurried and shallow; the lungs showed no signs of improvement, while the heart laboured with marked arrhythmia. As his nights were the worst, and he was unable to lie down, he received an injection of hypophysis once or twice throughout the night.

About 3.30 a.m. on October 26th I was hurriedly sent for owing to his sudden collapse. The extremities were cold, the pulse almost imperceptible, heart sounds faint and very irregular; the temperature 95° F. With appropriate remedies he revived; oxygen was given. The temperature gradually rose until it reached 97.6° F., the pulse 92, small and intermittent; respirations 42.

On October 30th a 5 per cent. solution of dextrose was administered in teaspoonful doses every fifteen minutes. Throughout the night he suffered from wandering delirium, his speech was indistinct. The respirations would fade away, then become somewhat stertorous, only to die away again. After the continuous exhibition of the dextrose solution for thirty-six hours the respirations had become natural although still rapid, the temperature still subnormal, but the mental apathy completely gone. The heart was regular.

I now gave him hypophosphites with hydriodic acid and 5 drops of the digitalis; the chest began to clear. By November 12th the chest had almost entirely cleared up; the pulse was 72 and regular, and the heart sounds normal.

I have recorded this case in the hope that others will give dextrose a more extended trial in cases of cardiac failure. My experience previously had only been in operative work, and its success was so marked that the idea occurred to me that to give small doses continuously for a lengthened period would achieve the same effect as giving a rectal injection.

G. SCOTT MACGREGOR, M.D.,  
Senior Surgeon Glasgow Hospital for Women.

#### TUBERCULOUS HAEMARTHROSIS OF THE KNEE.

So far as the writer is aware the condition here reported is a very rare one, only a few cases being on record.

The patient, a girl of 15, was admitted to Duke Street Hospital suffering from multiple tuberculous lesions. The glands of the neck were involved; she had tuberculous dactylitis, and there were small lesions in connexion with the epiphyses of the left wrist, right ankle, and right elbow. Wassermann reaction negative. No history nor evidence of haemophilia.

The patient was placed in bed with extension, on account of the condition of the right ankle-joint, which was swollen and tender; but she was allowed up when the condition of the ankle improved.

The right knee had been painful upon occasion from the time of admission, but the pain now became gradually worse and more constant, and, upon slight swelling of the knee-joint occurring, extension in bed was reapplied. The

extension relieved the pain, but it did not disappear entirely and the swelling became more marked, until about three weeks after return to bed the swelling rapidly became extreme, while the pain was severe.

An exploratory puncture was therefore made, and a large quantity of dark fluid blood, together with a few clots, was evacuated, after which the joint resumed its normal size. A firm bandage was applied and the patient felt greatly relieved. The improvement continued for about ten days, when the joint again became rapidly distended, and a further quantity of blood was evacuated. Horse serum was given to promote the coagulability of the blood, but a third bleeding occurred a week later and the blood was evacuated.

Thereafter there was no further haemorrhage and the patient's health steadily improved, but the joint remained slightly swollen and tender, and the synovial membrane distinctly pulpy.

JOHN A. C. MACEWEN,  
Surgeon, Glasgow District Hospitals; Honorary Surgeon,  
Erskine Hospital for the Limbless.

#### ABDOMINAL TUMOUR FOLLOWING INJURY TO THORAX.

PRE. X, a young man, was admitted to hospital in France labelled "N. Y. D. abdomen." He complained of intermittent pain and discomfort in the upper left abdomen, with occasional vomiting and weakness; these symptoms extended over some months. He gave no history then of any injury; none was suspected, nor was there any apparent evidence of such.

The patient did not look ill. Palpation of the abdomen showed marked resistance over the left hypochondriac region. He was given fluids and watched. The symptoms continued with slight occasional rises of temperature and slightly quickened pulse rate. No diagnosis was made, but possibilities were thought of—none in the right direction, however. A week after admission he was taken to the operating theatre. Abdominal palpation during induction of anaesthesia showed resistance markedly present until he was fully under, when a definite tumour, moving with respiration, could be made out in the uppermost part of the left upper quadrant. On laparotomy I found a large puckered ball of great omentum lightly adherent to the left half of the diaphragm, which was reddened. The omentum was easily unrolled and placed in its normal apron position. The wound being closed and sealed off with aeroplane varnish, a second vertical incision was made in a line external to the nipple, over the seventh and eighth costal cartilages. Pus was found and these cartilages were eroded. The cavity was scraped, flushed, and drained. Both wounds healed quickly and no abdominal symptoms recurred.

On being interrogated the patient subsequently stated that he had been kicked in the left lower chest some months previously. The case, therefore, seems to demonstrate excellently that the "abdominal policeman" was as usual unremitting in attention to duty—in addition to his own regular "beat," he was in readiness to deal promptly with an intruder from an outside source.

F. J. STRACHAN, M.C., M.B., B.S.  
Dunreggan, Troon, Ayrshire.

#### GLANDULAR AND PULMONARY TUBERCULOSIS.

A VERY constant, if not invariable, fact I have observed in my fifty years' experience of tuberculosis is that those members of families with an inherited predisposition to the disease who suffer from cervical gland lesion leading to suppuration do not get pulmonary tuberculosis, or, indeed, any other form of the malady; whereas several other members of the same families without gland lesion, and often the more robust individuals, frequently develop consumption. All my cases have also shown signs that the apex of the corresponding lung had been affected but had recovered. Depression and dullness were present in some cases, but in all there was condensation, as shown by very marked increase of vocal resonance.

Can, then, the absorption of tubercle bacilli from the surface of the mouth when conveyed by the lymphatic vessels and arrested in the glands, as indicated by these glands breaking down, lead to the production there of a type of bacillus capable of curing consumption and of conferring immunity without the bacilli themselves going beyond the glands? That is, I think, what is to be inferred from the above account.

W. WILLIAMS, M.D., M.R.C.P.,  
Consulting Physician, Royal Southern Hospital, Liverpool.

She has one living, healthy child, but this was by her first husband. A physical examination of her present husband revealed nothing which might throw a light on the mystery.—I am, etc.,

A. R. C. DOORLY, M.B., B.S.Lond.

Surbiton, Jan. 18th.

#### THE NAVAL MEDICAL SERVICE.

SIR,—I have seen no reply up to date to the letter of six aggrieved naval medical officers, dated December 1st, which appeared in your JOURNAL of December 11th. I quite agree with them in principle, but I would like to qualify two of their points. In the first place—"It is an undisputed fact that the great majority of newly qualified men who join the branch do so with no knowledge of the service." I agree with that, but the same thing applies to every other branch, and moreover, the medical student is often impressed with the idea that there is nothing to do in the navy, with a nice pension to look forward to after years of leisure. This attracts a class of man who is no use either in or out of the service. Such men after joining just sit down and grumble, and in the meantime neglect the opportunities which are at hand. In regard to "status" with the executive officer, a medical officer's status is just what he makes it; the status of the idler and grumbler is not high.

There are two sides to every question. What has the average naval surgeon done for the service? What is his status with the general medical profession? Without the British Medical Association at his back, how would he stand on his own merits? He has no grounds for comparing the Naval Medical Service with the Army Medical Service. The British Royal Army Medical Corps has made itself a pattern of efficiency to the rest of the world by hard work and by making a special study of the requirements of the service. They have justly earned any emoluments they have got. Contrast with the navy. Naval medical officers, with some exceptions, have not adapted themselves to their surroundings. They have not sufficiently considered the requirements of naval service. They have in turn compared their position with the army surgeon and the civil practitioner without realizing that the requirements of the navy are as special and as different from either as the work of the army surgeon is from the civil.

Granted that clinical material is lacking in the navy, interesting clinical material is not the stuff a navy is made of—nor a nation, for that matter; but surely the navy offers other fields of greater usefulness and of equal interest to a medical officer. Men in the navy are passed in as physically fit. It is our job, therefore, to keep them fit. A study of the diseases prevalent in the navy shows that they are, to a great extent, preventable, and yet what have we done in that direction? The subject is a life's study. Lind, Trotter and Blane, our illustrious predecessors of the last century, pointed out the way. Had we followed their example, the Naval Medical Service would not be in its present humble position; we should not have to look to other countries for information on the ventilation of ships; we should not have to grumble about recognition, about status, about pay, about honours, etc. We should have won everything on our merits. Every workman is worthy of his wage.

It is high time, therefore, that we put an end to grumbling and put our heads together to set about making the Naval Medical Service a worthy unit of the great service to which we belong. The rest will follow.—I am, etc.,

January 24th.

SURGEON COMMANDER, R.N.

### Universities and Colleges.

#### UNIVERSITY OF OXFORD.

##### Lectures in Clinical Medicine and Surgery.

THE Regius Professor of Medicine, Sir Archibald E. Garrod, K.C.M.G., is conducting a course of clinical lectures on Tuesdays, at 2.30 p.m., at the Radcliffe Infirmary. Courses of clinical lectures are also being given by the Litchfield Lecturer in Medicine, Dr. W. Collier, and by the Litchfield Lecturer in Surgery, Mr. A. P. Dodds-Parker, F.R.C.S.

#### Scholarships in Natural Science.

An examination for scholarships in natural science is announced at Merton, Exeter, New, Brasenose, and Corpus Christi Colleges, beginning on June 28th.

At Jesus College the following elections to exhibitions in natural science are announced: G. M. Dyson, C. Hutton, K. P. Osborne, M. H. Evans, W. G. Rees, H. W. Jones.

At a congregation held on January 20th the degree of Bachelor of Medicine was conferred on T. S. Nelson and H. G. Burford.

#### UNIVERSITY OF CAMBRIDGE.

At a congregation held on January 21st the following medical degrees were conferred:

M.B., B.CH.—R. C. P. Whitcombe, D. W. R. Richardson, W. S. Sykes.

B.CH.—J. M. Lawrie, J. L. Potts, F. S. Maclean, F. G. Wood, G. P. N. Richardson.

#### UNIVERSITY OF LONDON.

##### LONDON HOSPITAL.

THE Liddle Triennial Prize, in the gift of the London Hospital, has been awarded to Surgeon Commander S. F. Dudley, O.B.E., M.D., R.N., and Professor James McIntosh, M.D.

#### UNIVERSITY OF EDINBURGH.

A MEETING of the University Court was held on January 17th. Professor Lorrain Smith, Dean of the Faculty of Medicine, was elected one of the delegates to a Congress of the Universities of the Empire to be held in London and Oxford in July. Dr. J. Stewart Fowler, a senior lecturer in the Faculty of Medicine, was appointed a member of the Faculty. It was agreed to revive the course on advanced morphology of the vertebrata, which had been suspended since 1914. Dr. Henry Yellowlees and Dr. William M'Alister were appointed university assistants to the Professor of Psychiatry.

Dr. H. D. Wright, of the Department of Pathology, has tendered his resignation on appointment as assistant to the Superintendent of the Laboratory of the Royal College of Physicians. Professor Kynoch has been appointed joint representative of the University Courts of the Universities of St. Andrews and Edinburgh on the Central Midwives Board for Scotland.

#### UNIVERSITY OF MANCHESTER.

PROFESSOR SIR WILLIAM THORBURN has resigned the Chair of Clinical Surgery, and at the last meeting of the Council and Senate the following resolution was passed:

That the Council and Senate have heard with deep regret of the resignation by Sir William Thorburn, C.B., K.B.E., M.D., F.R.C.S., of his position as senior honorary surgeon to the Manchester Royal Infirmary, which involves also his resignation of the Chair of Clinical Surgery in the University. The Council and Senate desire to express to Sir William Thorburn their high appreciation of the great services which he has rendered to the university during his long connexion with it as a teacher; of the contributions he has made to the advancement of knowledge in surgery, and of his distinguished record and skill in the practice of his profession. The regret which Sir William Thorburn's friends and colleagues feel at the termination of his official connexion with them is increased as they recall the high qualities and devotion which he has brought to the administrative side of his university work, and the geniality and consideration which he has always shown towards his colleagues.

The University Prize in Medicine has been awarded to L. J. Witts.

Dr. A. H. Holmes and Mr. Geoffrey Jefferson, M.S., F.R.C.S., have been appointed lecturers in applied anatomy.

#### ROYAL COLLEGE OF SURGEONS OF ENGLAND. HUNTERIAN LECTURES.

THE following arrangements are announced for the forthcoming Hunterian Lectures to be delivered in the theatre of the college, Lincoln's Inn Fields, at 5 p.m.: Mr. W. Sampson Handley will give one lecture on the pathology and surgery of lupus on Monday next, January 31st; Mr. W. G. Howarth will give one lecture on mucocoele and pyocoele of the nasal accessory sinuses on Wednesday, February 2nd; Mr. C. W. Gordon Bryan will give one lecture on injuries of the diaphragm, with special reference to wounds jointly involving thoracic and abdominal viscera, on Friday, February 4th.

#### LONDON INTERCOLLEGIATE SCHOLARSHIPS.

THE London Intercollegiate Scholarships Board announce that twenty-three scholarships and exhibitions of an aggregate value of about £2,450, open to men and women, and tenable in the Faculties of Arts, Science, Medical Sciences, and Engineering of University College, King's College, East London College, and Bedford College, will be offered for competition on May 3rd next.

Seventeen medical entrance scholarships and exhibitions, of an aggregate value of about £1,580, tenable in the Faculty of Medical Sciences of University College and King's College, and in the Medical Schools of Westminster Hospital, King's College Hospital, University College Hospital, the London (Royal Free Hospital) School of Medicine for Women, and the London Hospital, will be offered for competition on June 28th.

Full particulars and entry forms may be obtained from the Secretary of the Board, S. C. Ranner, M.A., The Medical School, King's College Hospital, Denmark Hill, London, S.E.5.

of years in general practice in the Old Kent Road, doing a good deal of research work at the same time. He was an early authority on photomicrography, and wrote a useful manual upon the subject. On his appointment to the position of bacteriologist to the metropolitan boroughs of Camberwell and Hackney and director of the Camberwell Research Laboratories he went to reside at Denmark Hill, where he remained to the end. He leaves a widow and three sons and a daughter. The youngest son is also in the medical profession, and is, we understand, carrying on with the old staff his father's work at Camberwell. Dr. Bousfield had a striking personality, and all who knew him set a high value on his friendship. He was a keen investigator, having an alert mind, a well balanced judgement, a thirst for truth, and a special aptitude for the practical application of new knowledge.

## The Services.

### HONOURS.

#### MENTIONS IN DISPATCHES.

THE names of the following officers have been brought to the notice of the Secretary of State for War by Lieut.-General Sir J. A. L. Haldane, General Officer Commanding-in-Chief, Mesopotamian Expeditionary Force, for distinguished and gallant services and devotion to duty, and are recommended for special recognition:—Captains: W. Adams, R.A.M.C.(S.R.), L. G. Blackmore, R.A.M.C.; R. R. Thun Oo Tha, I.M.S.; Sub-assistant Surgeons: Abdulmia Ahmedia Bukhari and Hashim Ali Khan, I.M.D.

#### DEATHS IN THE SERVICES.

Major James Sydney Pascoe, D.S.O., R.A.M.C., died in the Military Hospital at Poona on December 29th, aged 43. He was the fourth son of the Rev. S. Pascoe of Newquay, was educated at Charing Cross Hospital, and took the M.R.C.S. and L.R.C.P.Lond., in 1904. After holding a house-surgeoncy at Charing Cross, he entered the army as lieutenant in 1905, and attained the rank of major on October 15th, 1915. He served in the South African war in 1900-01, as a combatant, in the Imperial Yeomanry, taking part in the operations in the Orange Free State and in the Transvaal, including the action at Wittebergen, and gained the Queen's medal with four clasps. In the late war he was twice mentioned in dispatches, in the *London Gazette* of May 29th, 1917, and for the Indian frontier campaign on July 10th, 1919, received the 1914 star, with the war medal and Victory medal, the D.S.O. on June 3rd, 1917, and the Legion of Honour (Chevalier) on February 24th, 1913.

## COMMITTEE ON POST-GRADUATE MEDICAL EDUCATION IN LONDON.

As we go to press the composition is announced of the Committee appointed by the Minister of Health, with the concurrence of the University Grants Committee, to formulate a scheme for post-graduate instruction in medicine in London.

The terms of reference are: "To investigate the needs of medical practitioners and other graduates for further education in medicine in London, and to submit proposals for a practicable scheme for meeting them."

The Chairman, as stated in the *JOURNAL* this week, at page 170, is the Earl of Athlone, G.C.B. The other members of the Committee are Dr. H. J. Cardale, Chairman of the London Panel Committee; Sir Wilmot Herringham, K.C.M.G., M.D., a member of the University Grants Committee; Sir George Makins, G.C.M.G., late President of the Royal College of Surgeons of England; Sir George Newman, K.C.B., M.D., Chief Medical Officer, Ministry of Health and Board of Education; Sir Robert Newman, Bt., M.P. for Exeter; Sir Edward Penton, K.B.E., a member of the board of the Middlesex Hospital; Sir E. Cooper Perry, M.D., Principal Officer of the University of London; Mr. J. Dill Russell, F.R.C.S., late honorary secretary of the Hampstead Division of the British Medical Association; and Dr. T. W. Shore, Dean of St. Bartholomew's Hospital Medical School. The secretary is Mr. A. L. Hetherington, to whom all communications should be addressed at the Ministry of Health, Whitehall, S.W.

DR. JOSEPH CATES, M.O.H. for the county borough of St. Helens, has been appointed county M.O.H. for Surrey.

DR. G. S. TRAIL, on the occasion of his retirement after forty-three and a half years' active practice at Strichen, Aberdeenshire, has been presented with an inscribed silver salver, a gold watch chain, and a cheque for £130 by the inhabitants of the district.

## VITAL STATISTICS FOR ENGLAND AND WALES, 1920.

WE are indebted to the Registrar-General for the following statement showing the birth rates and death rates and the rates of infantile mortality in England and Wales and in certain parts of the country during 1920.

### ENGLAND AND WALES.

*Birth Rate, Death Rate, and Infant Mortality during the Year 1920 (Provisional Figures).*

	Birth Rate per 1,000 Total Population.	Death Rate per 1,000 Population (Crude Rate)*	Deaths Under One Year per 1,000 Births.
England and Wales ... ..	25.4	12.4	80
96 great towns, including London (populations ex- ceeding 50,000 at the Census of 1911)	26.2	12.5	85
148 smaller towns (popu- lations from 20,000 to 50,000 at the Census of 1911)	24.9	11.3	80
London ... ..	26.3	12.4	75

\* The death rate for England and Wales relates to the whole population, but that for London and the groups of towns to the civilian population only.

The rates here shown are provisional, but any adjustment that may be found necessary will not affect the following points, namely: (1) That the birth rate for 1920 is the highest of the decade; (2) that the death rate is the lowest ever recorded; (3) that the infant mortality is the lowest ever recorded; (4) that the number of births is the highest ever recorded; (5) that the number of deaths is the lowest recorded since 1862, when the population was only 20 millions.

## Medical News.

THE Ministry of Health has issued an amended notice with regard to substitutes for salvarsan which local authorities may supply to practitioners and the prices that may be paid. The names of the substances are: Arsenobillon and novarsenobillon (Messrs. May and Baker), diarsenol and neodiarsenol (Messrs. Allen and Hanburys), galy (The Anglo-French Drug Company), kharsivan and neokharsivan (Messrs. Burroughs, Wellcome and Co.), and salvarsan (Messrs. Evans, Sons, Lescher and Webb).

PROFESSOR H. R. KENWOOD, C.M.G., will give an introductory lecture on Monday, January 31st, at 5.30 p.m., to students attending the courses of instruction at the Royal Sanitary Institute.

THE annual dinner of past and present students of the Royal London Ophthalmic Hospital will be held at the Café Royal, Regent Street, on Thursday, February 10th, at 7 for 7.30 o'clock. The chair will be taken by Mr. J. B. Lawford, Consulting Surgeon to the Hospital. Tickets, price 15s. (excluding wine), may be obtained from Mr. Charles Goulden, 42, Welbeck Street, W.1.

A SERIES of six post-graduate lectures and demonstrations in connexion with the Manchester Babies' Hospital will be held on Saturdays at 3.30 p.m., commencing February 5th. There is no fee for attendance.

THE annual dance of the Medical Society, University College Hospital, will be held in the Medical School Library on Monday, February 7th, from 9.30 to 2.30. Tickets, 15s., may be had from Mr. W. L. Spencer-Cox, honorary secretary, at the hospital.

DR. GEOFFREY EVANS has been appointed Assistant Director of the Medical Professorial Unit at St. Bartholomew's Hospital, and Assistant Physician to the Hospital. This appointment completes the staff of the unit, Dr. Francis Fraser having already succeeded Sir Archibald Garrod in the post of Director.

A SPECIAL meeting of the Council of King Edward's Hospital Fund for London was held on January 26th to consider the policy to be recommended to the Government for the preservation of the voluntary system of hospital management and control. The specific resolutions contained in a report of the Executive Committee were unanimously adopted, and ordered to be forwarded to the Prime Minister, the Minister of Health, and the members of the Government Committee of Inquiry into Hospital Finance.