Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

PREVENTION OF INTESTINAL OBSTRUCTION AFTER VENTROFIXATION.

IN the *Epitome of Current Medical Literature* of the JOURNAL of February 12th there occurs a paragraph (No. 216) on "Intestinal Obstruction after Ventrofixation of the Uterus," by Hastrup, from *Ugeskrift for Laeger* of December 30th, 1920. After losing a patient, on whom I had operated, owing to obstruction of an intestinal loop, I have always closed the space between the retroflexed uterus and the bladder before fixing the uterus, in the following way: The whole of the bladder surface of the body of the uterus, from the fundus down to the line of reflexion of the bladder, is bared of its peritoneal covering by dissecting back two flaps as in the figure. At first I dissected similar flaps on the bladder, but this part was more difficult and is not necessary. The bared uterus is next united to the bladder and peritoneum above by central catgut sutures. These are of fine gut, and care must be taken not to put the bladder sutures too deep. A continuous catgut suture next unites the dissected flaps all round from bladder reflexion on one side to the other over the fundus. The rest of the operation is done in the usual way.

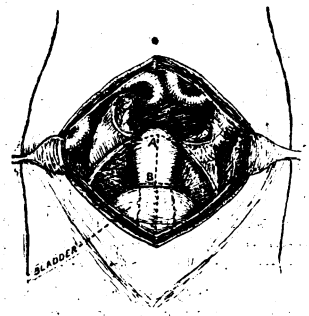

FIG. 1.—The vertical dotted line A B is on the uterus, with limbs at A and B to show flaps of peritoneum reflected. Curves and knots above show the lines of suture of uterus to bladder and abdominal wall (catgut). Two or three strong silkworm-gut sutures fix fundus above A to wall.

I have had only one opportunity of seeing the late result, and there instead of the usual band there was a broad ligament supporting the uterus. There has been no return of prolapse, though usually no vaginal operation has been done, and several have borne children with no difficulty, and no return of the prolapse. I have no doubt others will have done the same operation, but from the abstract in the *Epitome* the method does not seem to be well known. It can, of course, be combined with operative treatment on the round ligaments, but I have not considered both necessary.

Aberdeen. ALEXANDER DON, C.M., F.R.C.S.Ed.

AMOEBIC DYSENTERY COMPLICATING MALIGNANT DISEASE OF THE LOWER BOWEL.

THE following case is of some interest from the fact that *Entamoeba histolytica* was found microscopically four months prior to death from carcinoma of the pelvic colon.

C. L., a ship's painter, aged 41, who had never been in the tropics, was admitted to Queen Mary's Hospital for the East End on October 10th, 1920, suffering from diarrhoea with blood and mucus. He first had diarrhoea and colicky pains four months previously, but he continued work down to three weeks before admission. His physique was good, but he appeared slightly anaemic; the tongue was slightly furred; he had an upper denture, the lower teeth were good, and he had no lead line on the gums. The heart and lungs were normal. The abdomen was rather full and tympanitic, with tenderness in the left iliac fossa. The liver and spleen were not enlarged nor tender; there was no pain on micturition. Urine, specific gravity 1022, acid, and free from albumin. The stools were pale and watery, containing large jelly-like masses and shreds of blood-stained tissue. Temperature 98.6°, rising to 99.2° in the evening. The bacteriologist reported the presence of free amoebae of *E. histolytica* type. Plates were negative for *B. dysenteriae*. Sigmoidoscopic examination showed the mucous membrane pale, but no ulceration or inflammation of bowel within 9 in. of anus.

Emetine bismuth iodide, grains 3, was prescribed; twelve doses were taken from October 18th to October 30th; the lower bowel was irrigated with ensol, half-strength, daily. The condition did not materially improve, and two courses of emetine hydrochloride injections, gr. 1/3, were given in November and December. On December 12th the bacteriologist reported that the stools were very fluid, without blood or mucus; no amoebae or cysts were found, and there was no cellular exudate.

The diarrhoea persisted with occasional mucus and blood, and the patient was losing weight and becoming cachectic, de Morgan spots were seen on the body, the skin was atrophic, and the tongue furred. Rectal examination showed ballooning, but no growth could be felt. The abdomen, when examined on January 12th, 1921, was soft and flabby with wasted muscles; a firm nodular tumour the size of a Tangerine orange, slightly movable, but adherent to the pelvic structures, was palpable just above the pubis. The lower edge could not be reached. Laparotomy was performed by Mr. Cousins on January 14th. A large malignant mass was found in the lower abdomen involving the descending and pelvic colon, a loop of small intestine, and the base of the bladder. An anastomosis of the small gut into the transverse colon was performed and the abdomen closed. Later there was some amelioration of the symptoms, but death occurred on February 16th.

The autopsy revealed a large malignant growth encircling the bowel about ten inches from the anus, extending upwards and involving about four inches of large bowel. The primary growth showed necrotic changes, and numerous elongated shreds of growth, with which was mixed dark clotted blood. No mucus was discovered. A coil of small intestine three feet above the caecum had become invaded by growth and its lumen almost occluded. The primary growth encircling the large bowel had not caused obstruction. The growth was adherent to the bladder but had not ulcerated through. Secondary deposits were found in the mesentery of the small bowel but not in the liver. The anastomosis was soundly healed and functioning. The liver showed fatty changes and was very bile-stained. There was no jaundice.

I consider that the malignant disease was not of recent origin, and that it was present at the time he had his first symptoms, seven months before death. The amoebic dysentery was merely a complication, and probably had no bearing on the causation of the growth. However, the fact that *Entamoeba histolytica* was found four months before death made the case unusual and obscured the real diagnosis. I have to thank Dr. Troup, under whom the patient first was, and Mr. Cousins, for their kindness in allowing me to publish this case.

JENNER HOSKIN, M.R.C.P.,
Honorary Physician, Queen Mary's Hospital for the East End.

Reports of Societies.

DIGESTION OF THE OESOPHAGUS.

AT a meeting on March 18th of the Royal Medico-Chirurgical Society of Glasgow a communication was made on "Digestion of the oesophagus as a cause of post-operative and other forms of haematemesis," by Mr. J. HOGARTH PRINGLE, Dr. LAURENCE T. STEWART, and Professor J. H. TEACHER. Post-operative haematemesis, they said, was a symptom of great importance to the practical surgeon, and associated with serious danger to the patient. In recorded cases various explanations were given, but digestion of the oesophagus was not mentioned. A few cases of *intra vitam* oesophagomalacia and ulcus a digestione had been recorded, and in July, 1914, Glynn demonstrated to the Pathological Society of Great Britain and Ireland sections of the oesophagus which showed ulceration and inflammatory reaction.

Prior to January, 1914, one of the authors had seen two cases of destruction of the lower part of the oesophagus which looked as if this might have commenced during life. Then a case occurred, under the care of Mr. Pringle, in which vomiting of brown material was observed after operation and about thirty-six hours before death. There was also complaint of pain behind the sternum. No cause of these symptoms except digestion of the oesophagus (which had not gone the length of perforation) could be made out, and the observation then ceased to be a pathological curiosity and became a matter of practical importance. In 1919 the authors made a communication to the *British Journal of Surgery* (vol. vi, No. 24, p. 523) on this subject in which they described a number of cases in which digestion of the oesophagus appeared to have been the cause of haematemesis or vomiting of brown or black material and in some cases the cause of death. Several of the cases in the series were not surgical but medical cases—for instance, anthrax, pneumonia, puerperal eclampsia. On clinical and morbid anatomical grounds the digestion of the oesophagus was regarded as a vital phenomenon. Sections from a number of these cases were shown to the Pathological Society at the meeting in Leeds in January,

Medical News.

THE Royal Institute of Public Health will hold a series of conferences in London at the end of the first week in June. On Thursday, June 2nd, there will be discussions in the morning on municipal hygiene and its suggested connexion with the administration of the Poor Law and the future of voluntary hospitals, and in the afternoon on the housing problem. On Friday morning there will be a discussion on the prevention of ill health in industry, and in the afternoon on venereal diseases and the additional measures necessary for their prevention; on Saturday morning the discussion will be on the present machinery for dealing with tuberculosis. Further particulars can be obtained from the honorary secretaries, 37, Russell Square, London, W.C.1.

SIR LEONARD ROGERS has been appointed extra physician for clinical research and lecturer, and Lieut.-Colonel W. Clemesha lecturer on hygiene of the tropics, at the Hospital for Tropical Diseases and the London School of Tropical Medicine.

A THREE months' course of lectures and demonstrations in hospital administration for the diploma in public health is being given at the Western Hospital, Seagrave Road, Fulham, by Dr. R. M. Bruce, medical superintendent, on Tuesdays and Fridays, at 5 p.m. Applications should be made to the Clerk to the Metropolitan Asylums Board, Embankment, E.C.4, giving full name and address.

ON the recommendation of the Minister of Health, the King has been pleased to appoint Miss Ruth Darwin to be a Commissioner (unpaid) of the Board of Control.

THE inaugural meeting of the Institute of Physics will take place on Wednesday, April 27th, at 6 p.m., in the hall of the Institution of Civil Engineers, Great George Street, Westminster. Sir Richard Glazebrook, K.C.B., President, will preside, and Sir J. J. Thomson, O.M., will deliver an address. Mr. A. J. Balfour is expected to be present and extend a welcome to the institute. Non-members of the institute or of the societies associated with it may obtain tickets of admission on application to the Secretary, 10, Essex Street, Strand, W.C.2.

A COURSE of ten lectures on ante-natal and post-natal child physiology will be given by Dr. W. M. Feldman, in the physiological theatre of the London Hospital Medical College, on Mondays, at 5 p.m., beginning on April 25th, and Dr. Millais Culpin will deliver a course of fourteen lectures on psychoneuroses in the clinical theatre of the hospital on Tuesdays and Fridays, at 5.15 p.m., commencing on May 3rd. Further particulars can be obtained on application to the dean of the college.

A POST-GRADUATE course of lectures and demonstrations will begin at the National Hospital for the Paralysed and Epileptic, Queen Square, on May 2nd, and will be continued on each Monday, Tuesday, Thursday, and Friday till June 24th. Mr. Leslie Paton will give a series of six lectures and demonstrations in neurological ophthalmia, beginning on May 11th, and Dr. Greenfield a course in pathology if sufficient entries are received. Mr. Armour and Mr. Sargent will operate on Tuesday and Friday mornings, or at such other times as may be announced. The fee for the post-graduate course is seven guineas; for the course in ophthalmology, if taken with it, two guineas, and for the course in pathology three guineas. The Fellowship of Medicine's ticket will not admit to these courses.

THE Leicester Medical Society has arranged a course of post-graduate lectures to be given at the Royal Infirmary, Leicester, at 4.45, on Wednesdays, from April 20th to May 18th. Dr. Arthur Hurst will lecture on gastric and intestinal diseases on April 18th and May 4th, Dr. G. F. Still on urinary disorders in childhood and on dietetic causes of disease in infancy and childhood on May 11th and 18th, and Mr. R. C. Elmslie on manipulative surgery on April 27th.

AT a meeting of the Executive Council of the Federation of Medical and Allied Societies on April 5th it was announced that its incorporation had been satisfactorily completed. Sir Berkeley Moynihan, K.C.M.G., C.B., M.S., of Leeds, was elected president, and Sir Malcolm Morris, K.C.V.O., F.R.C.S.E., the Chairman of Council, was elected vice-president. The Federation now has (1) a medical council, (2) a council of allied professions, and (3) a citizens council. Each society is to have a representative on the council appropriate to its professional interests. The British Association of Radiology and Physiotherapy was elected to membership.

DR. DAN MCKENZIE has been elected a Corresponding Fellow of the American Laryngological Association.

A MEETING of the Röntgen Society will be held on Thursday, April 21st, at 8.15 p.m., in the Physics Lecture Theatre, University College, Gower Street, when a paper on a new form of stereo-fluoroscope will be read by Professor A. M. Tyndall and Mr. E. G. Hill, and descriptions and demonstrations will be given of new apparatus. A meeting of the Society is to be held at Manchester on May 6th, when Professor W. L. Bragg will read a paper and Professor A. V. Hill will demonstrate some physiological experiments.

DR. E. RIST has arranged a ten days' advanced course on tuberculosis in Paris for the latter part of May; the subjects to be treated will include artificial pneumothorax, experimental reinfection, the extent to which x-ray work has affected ideas regarding the pathology and diagnosis of lung tubercle, etc. One day will be spent at the hospital for surgical tuberculosis at Berck-sur-Mer, and a visit has been arranged to Bligny Sanatorium; visits will be paid also to the Rockefeller Dispensaries, Pasteur Institute, Laënnec Hospital, and other institutions. Further particulars can be had from Dr. W. H. Dickinson, 91, New Bridge Street, Newcastle-upon-Tyne.

ACCORDING to a recent census, the total population of Russia has been reduced by about 10 per cent. The diminution amounts to 45 per cent. in Moscow and 71 per cent. in Petrograd, and is very pronounced in all the cities. In the country districts, on the other hand, it is very slight.

THE King's Fund Policy Committee has just issued an interim report, dated April 4th, 1921, on the policy to be recommended for the preservation of the voluntary system of hospital management and control. Copies of this interim report and of the thirteen resolutions passed by the President and General Council on January 26th last may be obtained from King Edward's Hospital Fund for London, 7, Walbrook, E.C.4.

Letters, Notes, and Answers.

As, owing to printing difficulties, the JOURNAL *must be sent to press earlier than hitherto, it is essential that communications intended for the current issue should be received by the first post on Tuesday, and lengthy documents on Monday.*

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

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

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

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

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

1. EDITOR of the BRITISH MEDICAL JOURNAL, *Aitiology, Westrand, London;* telephone, 2630, Gerrard.
2. FINANCIAL SECRETARY AND BUSINESS MANAGER (Advertisements, etc.), *Articulate, Westrand, London;* telephone, 2630, Gerrard.
3. MEDICAL SECRETARY, *Medisecra, Westrand, London;* telephone, 2630, 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.

"W. A. R.," who is treating a woman of 55 suffering from severe rheumatoid arthritis of one knee, believes that if the joint could be fixed she could get about without pain. Would fixation in plaster, he asks, be of any use in producing ankylosis, or is excision of the joint ever justifiable in such a case? No other joint is affected.

INCOME TAX.

"T. M. C." asks for further advice as to liability in respect of cash coming to his hands after he has sold his share in the practice. His previous answer was published on March 5th, 1921.

*** We are clearly of opinion that he is not liable, and suggest that the inspector of taxes, whose letter he has forwarded, does not appreciate the point. Simply stated, this is that when "T. M. C." ceases to do professional work his income ceases also; what he receives is in respect of past earnings, and he has paid tax on those earnings. Of course, not *specifically* on those receipts, but on other receipts which