

The authors wish to express their thanks to Mr. E. S. Dean and Mr. F. T. Downing, who have been associated with them in this research.

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STRANGULATED DIRECT INGUINAL HERNIA.

BY

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THE formation of a direct inguinal hernia is due, in the majority of cases, to repeated distension of a weak point in the posterior wall of the inguinal canal. In such cases the abnormal opening in the abdominal wall is usually large, and the edges of the opening offer little resistance to the protrusion of bowel or omentum within the hernial sac. Occasionally, however, when the intra-abdominal pressure is suddenly increased, the weak point in the posterior wall of the inguinal canal undergoes instant rupture, and it is in these cases that strangulation is apt to occur.

In the case to be described the strangulation was probably caused simultaneously with the origin of the hernia—that is to say, a split occurred in the medial portion of the posterior wall of the inguinal canal (conjoined tendon) which allowed of the protrusion of a knuckle of gut—covered, of course, by a layer of parietal peritoneum—into the inguinal canal. The tension of the conjoined tendon tended to approximate the edges of the split and thus prevented the reduction of the hernia and also imperilled the blood supply of the herniated gut, producing its strangulation. Strangulation of a direct inguinal hernia is an event of somewhat uncommon occurrence, and the following case, which was recently under my care, may be regarded as a fairly typical example of this condition.

The patient, a carter, aged 62, was admitted as an urgency case under my care at the Ancoats Hospital, complaining of a painful swelling in the right groin. He stated that, about eight hours previously, whilst loading a cart, he felt a sudden pain in the lower part of his abdomen. At first he endeavoured to disregard the pain, but as it did not disappear he left his work and returned home. Here he noticed a swelling in the right groin, and on going to his doctor was advised to seek treatment immediately at Ancoats Hospital. He gave a previous history of a hernia which was easily reducible, on the left side, but he was quite sure there had never been one on the right side.

On examination the patient was a fairly muscular man, but looked decidedly ill. Over the inner third of Poupart's ligament on the right side there was a rounded tender swelling, tense, elastic, quite free above and below, and apparently not communicating with the internal abdominal ring. There was no impulse on coughing, and gentle taxis failed to have any effect on its reduction.

On the left side there was an easily reducible direct inguinal hernia. Operation was immediately carried out. The inguinal canal was opened by division of skin and external oblique aponeurosis. The hernial sac at once presented itself, and on isolation was found to be entirely free from, and external to, the spermatic cord. The neck of the sac was traced to the conjoined tendon. The sac, which was extremely thin, was then opened. A quantity of the usual blood-stained peritoneal fluid escaped, and a knuckle of bowel of the Richter type, and plum-coloured, was seen. Digital examination of the neck of the sac from within showed that the constriction was due to tension of the conjoined tendon. A hernia director was passed within the sac, and the tendon was divided in a medial direction. The gut was drawn out of the abdominal cavity, found to be viable, and then reduced. An attempt at a radical cure for the hernia was made by ligaturing the sac, suturing the split in the conjoined tendon, and then suturing the internal oblique muscle to Poupart's ligament.

The patient made an uninterrupted recovery, and was discharged from hospital seventeen days after admission.

THE Fifth Italian Congress for Industrial Diseases will be held at Florence from June 11th to 14th, when the following subjects will be discussed: (1) Rural hygiene since the war, especially in relation to malaria, introduced by Professor A. Monti; (2) new and old views on lead poisoning, introduced by Professor C. Biondi; (3) reform of legislation relating to industrial accidents, introduced by Professor Borri; (4) prevention of disabilities following disease, introduced by Professor L. Devoto. An exhibition will be held illustrating the most recent methods for preventing industrial accidents.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

TUBERCULOUS PERICARDITIS.

MEDICAL literature contains so few references to tuberculous pericarditis that I feel justified in recording the case mentioned below as being of interest.

A student, aged 23, who had arrived in England for the first time eighteen months previously from a colony, was admitted to the hospital of SS. John and Elizabeth on April 13th, 1921, with a history of having taken to bed for a week with marked malaise and rise of temperature. There were no other symptoms whatever. He had always enjoyed excellent health, and had never suffered from any pulmonary complaint. On admission his temperature was 103.6° F., pulse rate 120, and respiration rate 40. He was tall, thin, and of a pallid complexion. His breathing, though rapid, was unembarrassed. The tongue was clean.

On examination the right side of the chest was almost motionless and dull from the fourth rib downwards, where vocal fremitus was almost absent. Breath sounds were prolonged and high-pitched above and practically absent below the fourth rib. The apex beat of the heart was displaced to the left, and an exocardial to-and-fro murmur was heard. Aspiration of the right chest yielded 20 ounces of clear fluid, which on microscopic examination showed neither cells nor bacilli, and on culture this remained sterile. A diagnosis of pleural and pulmonary tuberculosis was made.

The murmur at the cardiac apex became more marked as time progressed, and seemed rougher and louder on expiration, and on May 19th some fine crepitations were heard in the right mid-axillary line, both on inspiration and expiration. These extended anteriorly on the 31st, when a very marked rough creaking pleural rub was also heard over the left base anteriorly. Night sweats at this date became very marked. Repeated examination of the sputum revealed no tubercle bacilli. The cardiac area of dullness appeared to increase gradually to the left and right, and on June 6th the exocardial murmur, which had been getting less audible, disappeared, and at the same time the heart sounds became less distinct. Breath sounds in the left mammary region were now harsh, and in the right scapular region almost tubular in character and accompanied by fine crepitations. Emaciation became more marked. Tuberculous pericarditis was now diagnosed.

X-ray examination on June 16th showed an enormous cardiac shadow, and loss of pulsation; this was suggestive of pericardial effusion. Paracentesis pericardii was performed on three occasions with obvious relief to the patient. The fluid obtained, altogether 8 ounces, was sanious in character, and sterile in direct films and culture. No tubercle bacilli were detected. The right base was also aspirated and a similar fluid obtained, which was shown to be sterile bacteriologically. The patient died on July 1st. During his illness the temperature was continued for the first ten days; subsequently it was intermittent, ranging between 97° and 102° F.; the pulse rate varied between 90 and 140, respirations from 18 to 35.

Post-mortem Examination.—The body showed extreme wasting. On opening the chest the parietal pericardium was found to be very thickened, in parts up to a quarter of an inch, and was fused with the thickened visceral pleura. The visceral pericardium was markedly thickened by a deposit of caseous material to the extent of half an inch. The pericardial cavity was dilated and contained approximately 8 ounces of sanious fluid. The heart muscle was very pale and flabby; the valves were competent. The pleurae were thickened and contained some free fluid; and the lungs, which were adherent to these in parts, especially on the left, showed numerous miliary tubercles, but practically no evidence of old tuberculosis. The mediastinal glands showed moderate enlargement. The liver, spleen, and kidneys showed amyloid degeneration; the latter had a few miliary tubercles, and the peritoneum was studded with these. Free fluid was present.

For kind permission to publish this case I am greatly indebted to Dr. A. Saunders, Physician to the Hospital of SS. John and Elizabeth.

F. JOSELIN JAUCH, M.R.C.S.Eng., L.R.C.P.Lond.,
Resident Medical Officer, Hospital of SS. John and Elizabeth, London.

REFERENCE.

Adrien Forestier: "Études Cliniques de la Péricardite Tuberculeuse avec atteinte des autres Séreuses."

RUPTURED HEART.

THE following case seems to me of sufficient interest to place on record, as it illustrates how a fatal result may follow a very slight effort in a person who was not apparently seriously ill, her chief complaint being of shortness of breath.

On January 10th, 1922, I was called hastily and found a fairly well nourished woman lying on her back on a bed. She was quite dead. The only person in the house besides the dead woman was her husband. He said his wife was about 50 years of age, was almost a teetotaler, and had never been really ill before, but a few months ago had had an upset and had lately complained of shortness of breath. On this particular day, not feeling very well, she stayed in bed; during the morning he heard a noise as of someone falling,

went upstairs and found his wife lying on the floor quite motionless. She never moved again. He lifted her on to the bed and sent for me. So far as one could gather from the husband she just got up out of bed and fell down dead.

Post-mortem Examination.—There were no marks of violence or bruising on any part of the body. On raising the sternum the pericardium was found to be full of blood clot and there was a rent in the anterior wall of the left ventricle about three-quarters of an inch long; the heart was enlarged, and there was marked fatty infiltration of the organ; there was also some thickening of the aortic valves.

Bishopston, Bristol.

J. ANGELL JAMES.

Reports of Societies.

WAR WOUNDS IN RELATION TO LIFE ASSURANCE.

At a meeting of the Assurance Medical Society on May 10th, with the President (Dr. R. A. YOUNG) in the chair, a discussion took place on "War wounds in relation to life assurance." A similar discussion was held in the society three years ago, when a table was presented by Mr. McAdam Eccles (*Transactions of the Society*, 1919) containing certain suggestions for the acceptance, with or without load, or the rejection of lives damaged in the war.

Mr. McADAM ECCLES said that later experience had proved the necessity of very few corrections in that table. He had urged that all cases of penetrating gunshot wounds of the head which gave rise to mental changes or fits should be rejected, but perhaps this was too sweeping a counsel so far as the fits were concerned. It was possible also that some would take exception to his advice that cases in which there had been fracture of the skull, with operation, loss of bony substance, visible pulsation, but no serious symptoms, might be accepted, with a debt, according to the nature of the case. Quite a number of such cases had now had the gap in the bone filled up by bone taken from elsewhere in the body, and some of the patients had been completely restored to their normal, with no headache, fits, or obsessions of danger, and no want of concentration. He would be inclined to accept such cases at ordinary rates if they had had three years of good health from the time of the operation. In fractures of the base of the skull, the result of aeroplane accidents, there were cases in which the proposer had apparently suffered little permanent damage as a result of the injury, and some of these cases might be accepted at small load, or even at ordinary rates. He adhered to his original recommendations with regard to gunshot wounds of the neck, that when there was no permanent disability the case should be accepted at ordinary rates, when there was need for a tracheotomy tube the case should be rejected, and when there was slight damage to larynx or injury to the large vessels or nerves there should be a load of three to five years; he would add, however, that in this last category care should be taken that there were no resulting symptoms of the injury, such as a traumatic aneurysm, which might give rise to an embolism, causing hemiplegia. In his original suggestions with regard to injuries to the abdomen he had omitted those cases in which the spleen had been removed for injury: many of these recovered entirely, and if there was not a definite history of removal of the spleen it would be difficult to tell that the organ was missing. The proposers might be accepted at ordinary rates three years after complete recovery, but in any case where examination of the blood showed a want of return to the normal a load of five years, or even rejection, must be advised. He also raised the question of cases in which there had been amputation of both upper or both lower extremities—whether these should be accepted, and, if so, at what load. In conclusion, he reminded the society that all the men concerned had served their country well, and should have every consideration when they presented themselves for assurance.

Mr. G. E. GASK dealt with war wounds of the chest and their prognosis in relation to life assurance. He thought that wounds of the parietes without injury to the internal viscera need not be considered as having impaired the life; also that the vast majority of men who had suffered from perforating wounds of the chest unaccompanied by retention of a missile or the formation of an empyema were now completely cured and might be considered as sound lives; but that men who developed an empyema following a wound of the chest ran a grave risk, and he thought the actual damage

comparable to that resulting from an empyema which followed an attack of pneumonia. In assessing their life value it must be remembered that they had successfully passed through a severe illness, and that the efficiency of one lung might have been permanently impaired. Perforating wounds associated with a persistent empyema-sinus or retention of pus in the chest constituted a grave risk to life, but the number of men now suffering from this condition must be very small. As for retained missiles, a missile which had remained for four or five years embedded in the muscles was not likely to give rise to trouble. A missile lodged in the lung or mediastinum must be considered an added risk to life, and a piece of metal with jagged edges was more dangerous than a smooth bullet.

Dr. ALDREN TURNER spoke of gunshot injuries to the head in relation to epilepsy. There were two groups of epilepsies to be considered: (1) Genuine traumatic epilepsy with definite brain lesions, and (2) the less common group in which epilepsy occurred without obvious injury of the brain. This second group was the more difficult to consider from the point of view of prognosis and treatment, and in war cases from the point of view of attributability. In the first group most of the cases had hemiplegia or some definite evidence of lesion of the central nervous system, and there was no difficulty at all in adjudicating direct attributability in epilepsy of this type. The fact that a man who had had a gunshot injury to his head with brain lesion developed a traumatic epilepsy a few months later was a reason, he thought, for granting the full disability pension irrespective of whether any member of the man's family had had epilepsy. It had been possible to divide a series of cases presented to a medical board into traumatic epilepsy of an idiopathic character and epilepsy of the Jacksonian type. In nine cases out of eleven Jacksonian epilepsy had been cured by operation, which showed that the condition was not epilepsy in the strict acceptance of the word, but a cortical irritation due to a definite lesion. It was held by Sargent that it was due to a vascular change occurring periodically at the seat of injury. In many cases the brain was anchored to the cicatrix, and a change in the position of the head might lead to an epileptic seizure. Out of 18,000 cases of gunshot injuries to the head under the care of the Ministry of Pensions, only 800 (or 4½ per cent.) had developed traumatic epilepsy, a proportion very similar to that obtaining in the Franco-Prussian war of 1870. The smallness of the relative number suggested that research must be carried farther afield, and an attempt made to discover how this epilepsy occurred, and whether there was any hereditary and constitutional disposition. He could not help coming to the conclusion that in this particular form of traumatic idiopathic epilepsy following upon gunshot injuries with organic lesion of the brain, the epilepsy was really a symptom of an inherited or inborn neuropathic condition. From the point of view of assurance, these cases ought to be regarded as idiopathic epilepsy was regarded in civil life—namely, as not uninsurable, provided other conditions were normal.

Dr. OTTO MAY asked whether Dr. Turner had had any experience of epilepsy arising after, and possibly caused by, injuries to parts of the body other than the head. In a case of fracture of the leg, when there was no obvious head injury nor any loss of consciousness, the person concerned had his first epileptic fit five months after the accident, and had had five or six since; there was no family history, and the only thing to be detected on examination was a certain tremulousness of the face muscles, which made him think of the possibility of a syphilitic condition, precipitated by the shock of the accident.

Dr. OGIER WARD asked what was to be done in cases in which missiles remained in the limbs—embedded in the head of the tibia, for instance, or in the cavity of the long bones. As for the loss of two limbs, it used to be remarked that one never saw a man who had undergone a double amputation survive to old age. That might have been due to the great drain upon his vitality, in pre-aseptic days, from the shock of the operation. There was still shock under anaesthesia, though, of course, the patient did not feel it, and it was a question how far it reacted on the constitution.

Dr. A. CHARLES GRAY asked whether a man who had lost one or both lower extremities should be definitely loaded, and whether there was increased risk of accident or of ill health. Dr. H. W. COLLIER gave an interesting account of two cases in which fits occurred after head injuries sustained in aeroplane crashes. The first fit occurred in one case as long as four years, and in the other as long as six years after the

What I did say was that there was a great need of establishing a special course of instruction in this country for sanitary inspectors destined for the colonies. So far as I am aware, no diploma in sanitary science as applied to the tropics yet exists for sanitary inspectors. Ail that has been done in this direction is represented by the certificate granted by the Royal Sanitary Institute to sanitary inspectors who have qualified in the examination on tropical sanitation, which has been recently instituted.

I would also like to point out that the investigations on ankylostomiasis of pigs were carried out in Queensland, not in South Australia, and that, as I stated, work has also been done on this subject by O'Connor in the Ellice Islands.—I am, etc.,

ANDREW BALFOUR.

Wellcome Bureau of Scientific Research,
London, N.W., May 12th.

MARRIED MEDICAL WOMEN WHOSE HUSBANDS ARE ABLE TO SUPPORT THEM.

SIR,—As a married woman whose husband is able to support her I protest most strongly against your Association accepting such an advertisement as the one in to-day's JOURNAL, saying such women are ineligible at St. Pancras as assistant medical officers for maternity and child welfare. It is contrary to law (the Sex Disqualification Act), and it is against the best interests of the profession, which no sex jealousy should be allowed to interfere with. In my opinion, with conceit if you like, women with experience of their own children are infinitely better fitted for this work than single women; however much better individual men or women without that experience may be, the former can speak with authority.

We hear a deal about waste these days; surely it is a waste for women to spend so much on qualifying and then (as in my own case, when her children are of school age) stay at home and do another woman out of a job, which she is probably much better at than oneself, and which personally I loathe with a deadly hatred. Looking after one's children when young is a different matter.

But there is another point of view. Many husbands are able to support their wives and fail to give them anything but a housekeeping allowance, which is often meagre enough for housekeeping alone, and until wives have a recognized status as wage-earning members of the community it is cruel to prevent them not earning a living (they do that), but receiving pay for their work. Even in the lowest class husbands have to have their "bit of spending money." I have known of at least half a dozen cases of wives whose husbands are serving or have served terms of imprisonment rather than support them. It is not likely that medical women would be reduced to such straits, but is any woman going to admit that her husband is not getting on sufficiently well to support her in anything like comfort? Mrs. Patrick Campbell says she had to begin work to get her husband away from city life, for which he was not strong enough. The world could ill afford to lose her in a household drudge. I admit many men would have thought it better that she stayed at home and went out charring! Anything to keep us in the home, gentlemen. But this inquisition about our affairs is intolerable. Next you will be asking us if we are in love, as if so we are ineligible, as love, it is well known, distracts one from work. I hope when the woman appointed to St. Pancras with a dependent husband has got her job he will enjoy his much advertised position. Ye gods! no wonder the independent girl of to-day is so chary of marriage.—I am, etc.,

Leeds, May 6th.

MARION E. MACKENZIE.

Universities and Colleges.

UNIVERSITY OF CAMBRIDGE.

At a congregation held on May 6th the following medical degrees were conferred:

M.B., B.Ch.—G. S. Trower, H. W. Leatham.

UNIVERSITY OF LONDON.

At the Royal Society of Medicine (1, Wimpole Street, W.) three advanced lectures in medicine, as already announced, will be given by professors in the Faculty of Medicine of the University of Paris. Monday, May 22nd, Professor F. Vidal: Subject, Antianaphylaxis, Chairman, Lord Dawson of Penn. Thursday, May 25th, Professor H. Vaquez: Subject, De l'Erythémie (Maladie de Vaquez-Osler), Chairman, Sir Wilmot Herringham. Wednesday, May 31st, Professor J. Babinski: Subject, Des

Reflexes de défense, Chairman, Sir James Purves Stewart. The lectures will be delivered in French, and have been arranged under a scheme for the exchange of lectures in medicine between France and England. Admission is free without ticket.

UNIVERSITY OF ST. ANDREWS.

The Senatus Academicus of the University of St. Andrews has resolved to confer the honorary degree of LL.D. upon Sir Harold J. Stiles, Regius Professor of Clinical Surgery in the University of Edinburgh, and Dr. C. R. Marshall, Professor of Materia Medica in the University of Aberdeen.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.

AN extraordinary Comitia of the Royal College of Physicians of London was held on May 11th at 5 p.m., the President, Sir Humphry Rolleston, occupying the chair.

The following fourteen members elected to the Fellowship at the previous Comitia were admitted and gave their faith to the College: Dr. Edwin Hyla Greves, Sir Sydney Russell-Wells, Dr. Ewen John Maclean, Dr. Arthur Herbert Hayes, Dr. Robert Alfred Bolam, Dr. William Henry Wynn, Dr. Charles Paget Lapage, Dr. Edward Fretson Skinner, Dr. Owen Lambert Vaughan Simpson, Dr. Wesselow, Dr. John George Porter Phillips, Dr. Harold Wordsworth Barber, Dr. Arthur Geoffrey Evans, Dr. Aldo Castellani, Dr. Henry Hallett Dale.

Dr. Raymond Crawford was elected Senior Censor.

A licence to practise physic was granted to Yassa Sudki Soliman, Cairo, and St. Thomas's Hospital. Diplomas in Public Health were granted jointly with the Royal College of Surgeons to the successful candidates.

Communications were received relating to the attendance of Fellows and Members of the College in connexion with the processions in the appeal for the hospitals on Empire Day, and permission was accorded.

The College seal was affixed to a Latin address to the University of Padua on the occasion of its seventh centenary.

A report was received from the Censors Board concerning the alterations of a resolution of the College and certain by-laws. After some discussion it was referred back for further consideration by the Censors Board.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

AN ordinary Council was held on May 11th, when Sir Anthony Bowlby, President, was in the chair.

Issue of Diplomas.—Diplomas of Membership were granted to 108 candidates found qualified at the recent examinations. (The names were printed in the report of the Comitia of the Royal College of Physicians published on May 6th, p. 742.) The Diploma of Public Health was granted, jointly with the Royal College of Physicians, to 20 candidates found qualified. The Diploma in Tropical Medicine was granted, jointly with the Royal College of Physicians, to 24 candidates found qualified. (The names were printed in the report of the Comitia of the Royal College of Physicians, published on May 6th, p. 742.)

International Congress of the History of Medicine.—The President reported that he had arranged to receive the members of the Third Congress on Wednesday, July 19th next, from 3 to 5.30 p.m.

The Services.

SURGEON COMMANDER B. H. MORRIS, of the Royal Australian Naval Reserve, has been awarded the Volunteer Officers' Decoration.

CAMPAIGNS IN PERSIA.

THE following are among the awards announced in connexion with minor military operations in North and North-East Persia during the period 1917-21:

O.B.E. (Military): Major (acting Lieut.-Colonel) Michael Keane, R.A.M.C.

M.B.E. (Military): Captain Jelal Mochool Shah, I.M.S., 1st Class Senior Substant Surgeon Mirza Muhamed Beg, Khan Bahadur, I.M.D.

To be Brevet Major: Captain (temporary Major) C. H. H. Harold, R.A.M.C.

The names of the following officers have been brought to the notice of the Secretary of State for War for distinguished services rendered in connexion with the operations: Captain (temporary Major) C. H. H. Harold, R.A.M.C., Major (acting Lieut.-Colonel) M. Keane, R.A.M.C.

DEATHS IN THE SERVICES.

COLONEL MICHAEL JOHN SEXTON, C.B., LL.D., Army Medical Staff (retired), died at Herne Bay on April 29th, aged 61. He graduated as M.D. and M.Ch. in the Royal University of Ireland in 1883, and entered the army as surgeon in August, 1885. He became full colonel in 1915, and retired in December, 1917. He served in the Burmese war in 1886 (medal with clasp); in the Chin Lushai campaign on the North-East Frontier of India in 1889-90 (clasp); in the South African war in 1901-02, in operations in the Transvaal, the Orange River Colony, and Cape Colony (Queen's medal with three clasps); and in the war of 1914-18 as an A.D.M.S. of the Mediterranean Expeditionary Force, and afterwards as D.D.M.S. of the lines of communication of the Egyptian Expeditionary Force, when he was mentioned in dispatches in the *London Gazette* of January 23rd, 1916, and July 6th, 1917, and received the C.B. on January 1st, 1916.

his work at Whitehall. He complied, greatly to the public benefit, and only quite lately did it become practicable to relieve him. Also it happened that only a year or so ago the General Medical Council required as inspector of the D.P.H. examinations throughout the United Kingdom a public health expert whose authority and impartiality would be universally admitted. This man they found in Dr. Bruce Low. His courtesy and tact in reporting on the various examinations left the bodies with hardly a remark to make in reply, but when it came to the issue of his general report, and to his proposals for revision of the whole D.P.H. curriculum, it at once appeared that with all his suavity he had been wide awake throughout. The report will have a far-reaching influence on the future teaching of preventive medicine. It was his last bit of public work, and having completed it he departed, at a ripe old age, without any prolonged suffering or illness.

HENRY GEORGE FELKIN, M.D.LOND., D.P.H.

DR. H. G. FELKIN, so well known as one of the heads of Linford Sanatorium in the New Forest, died after a few days' illness on May 8th, just before reaching his 54th birthday.

Henry George Felkin was educated in Germany, where his father resided, and at the Wolverhampton Grammar School. After a year at St. Bartholomew's spent in the study of the preliminary scientific subjects he migrated to the London Hospital, where he completed his medical education and served as house-surgeon. At the M.B. (Lond. Univ.) of 1893 he gained honours in medicine; he took the M.D. in 1896 and the D.P.H. (R.C.P.S.) in 1899.

Dr. Felkin's long connexion with the treatment of tuberculosis began with his appointment as house-physician at the Brompton Hospital; afterwards he became resident medical officer, and it was in those years he laid the foundation of the profound clinical knowledge of pulmonary tuberculosis and its treatment which characterized his after-career. In 1901 he joined Dr. R. Mander Smyth in partnership at the Linford Sanatorium, and for the rest of his life his best was given to the welfare of the place and its patients. He was rewarded by the confidence, gratitude, and affection of generations of patients to a degree which few men have ever won. The secret of his success in the career he chose lay, in the opinion of the writer, who knew him well, partly in his great natural clinical ability, partly in a remarkable patience and persistence which never lost heart, and was slow to acknowledge defeat, even in unpromising cases, and largely in the fact that beneath a blunt exterior lay a most sympathetic nature which his patients all came to recognize. Dr. Felkin knew pulmonary tuberculosis "from A to Z," and his patience never wearied in studying the special symptoms of those under his care. A rare combination of qualities is needed for success in sanatorium treatment, where the physician lives in such close daily contact with his patients, and this Dr. Felkin possessed in full degree. He was able to treat, to inspire, to control, and so to cure.

Dr. Felkin's interests in life were not bounded by his professional work. He was always a lover of literature, and after he settled in the New Forest he developed a love of nature and of sport which had previously been hidden even from his friends. He was cut off in the midst of the development of plans for the extension of the scientific side of his work, and leaves a gap which it will be very hard to fill. In 1905 he married Miss Elizabeth Ann Mahon, who survives him.

WE regret to record the death on May 1st, at the age of 64, after a long and painful illness, of Dr. GEORGE DUNN WILSON, of Clapham. Dr. Wilson was born in Cork and received his medical education at Queen's College, Cork, at Edinburgh, and at the London Hospital. He had been in practice in Clapham for upwards of thirty years, and was held in high esteem by his patients and his colleagues. He was surgeon to Clapham Benevolent Dispensary, and was a Justice of the Peace for the County of London. He was a former Chairman of the Wandsworth Division of the British Medical Association, and he was also a strong supporter of the National Medical Union, of which he was vice-president. Dr. Wilson was keenly interested in politics and was chairman of the Clapham Constitutional Club, a post which he filled for many years, and vice-chairman of the Clapham Conservative Association.

DR. JOHN HOWELL KNIGHT GRIFFITHS died on April 25th of pneumonia, at the age of 52, at his residence in Fulham Road, S.W. He was a native of Kidwelly, South Wales, and was educated at Carmarthen Grammar School and the University College of Wales, Aberystwith. He proceeded for his medical studies to the University of Edinburgh, where he graduated M.B., C.M. in 1895, taking the M.D. degree in 1897. He was appointed house-surgeon to the Carmarthenshire Infirmary in 1896, and in the following year he settled down in practice in Fulham. He built up a large and successful general practice in the neighbourhood, where he remained to the day of his death. During his twenty-five years in Fulham he was remarkable for his devotion to his patients, his very genial and sympathetic manner, and his optimistic view of life. He was popular not only among his patients but also with his fellow practitioners. He leaves a widow, two sons, and two daughters. He was an old member of the British Medical Association.

THE death took place at Culross, Fife, on May 11th, of Dr. ROBERT MACLAREN WISHART, of Edinburgh, in his 40th year. Dr. Wishart was educated at Edinburgh University and School of Medicine, and qualified in 1903 with the diplomas of L.R.C.P. and L.R.C.S. Edin.; subsequently he obtained the D.P.H. (Dubl.) in 1912, and graduated M.B., Ch.B. Edin. in 1916. In 1914-15 he served as a civil surgeon in the Edinburgh and Border Hospital at Dunkirk, and later he joined the R.A.M.C., holding the rank of temporary captain. He was a Fellow of the Edinburgh Obstetrical Society and of the Zoological Society of Scotland, and he was physician to the Boys' Industrial Brigade Home.

Medical News.

SIR RICHARD GREGORY, F.R.A.S., the editor of *Nature*, has been elected President of the Decimal Association in succession to the late Lord Belhaven and Stenton.

A CHADWICK public lecture will be given in the Chelsea Physic Garden on Thursday, May 25th, at 5 p.m., on "Superstitions of early herbalists," by Mr. Augustus Bowles, M.A., F.L.S. The chairman will be Sir William Collins, K.C.V.O., M.D. Admission is free.

DR. DAVID J. SCOTT, O.B.E., M.C., of Gray's Inn, has been called to the Bar.

THE annual dinner of the West London Medico-Chirurgical Society will be held at Princes' Restaurant, Piccadilly, on Wednesday, June 7th, at 7 for 7.30 p.m.

THE War Office announces that the War Office Committee of Inquiry into Shell Shock held its fortieth meeting on May 10th, Lord Southborough presiding. The Committee has finished taking evidence and has had the benefit of the experience of a large number of experts, both military and medical. It is now considering its report. The report will deal in detail with the origin and nature of shell shock, and will suggest measures which may be expected to mitigate the incidence of this group of nervous and mental disorders in future wars, and also measures for the treatment of patients suffering from such disabilities.

A MEETING of the Tuberculosis Society will be held at the Margaret Street Hospital, W.I., on Monday, May 22nd, at 7.30 p.m., to discuss the therapeutics of tuberculosis as carried out in a tuberculosis dispensary.

MR. J. S. MCARDLE, F.R.C.S.I., of Dublin, was recently entertained to dinner by his professional colleagues and others, who presented to him a number of valuable gifts. Dr. M. F. Cox, who presided, in proposing the toast of the guest of the evening, said that Mr. McArdle had by his genius and his capacity for work made for himself a position unparalleled in surgery in Ireland. He had given loyal service to St. Vincent's Hospital, to his country, to his patients, and to the National University. The presentations included a portrait of Mr. McArdle by Dr. Boyd Barrett, himself a former student of St. Vincent's Hospital; a motor car to Mrs. McArdle; a surgical prize in perpetuity of £20 to the best surgical student of each year in St. Vincent's Hospital, to be known as the "Surgeon McArdle Prize"; and a gold medal in surgery, to be known as the "Surgeon McArdle Gold Medal" in University College, Dublin.

PLAGUE appears to be prevalent in Java to a serious extent. We have seen no record of the number of cases, but there were 1,595 deaths from the disease in February, and 1,546 in March.

THE Lord Mayor of London will preside at the Annual Meeting of the People's League of Health at the Mansion House on Thursday, May 25th, at 3.30 p.m. The speakers will include Sir Bruce Bruce-Porter, Dr. Farquhar Buzzard, Miss Olga Nethersole, and Dr. Saleeby.

THE summer meeting of the Medical Golf Society will be held on Thursday, June 8th, at Stoke Poges Golf Club. Any gentleman on the *Medical Register* wishing to play can become a member of the society, without election, by forwarding the annual subscription of 10s. to the honorary secretary; there will be no further entrance fee for the meeting. The *Lancet* Challenge Cup will be presented for the best scratch return *v.* Bogey; and the "Henry Morris" Challenge Cup and the Society's gold medal will be presented for the best return under handicap; in either class. Class I includes members with handicaps of nine and under, and Class II those with over nine, the handicap being eighteen. Intending competitors may obtain particulars from Dr. Rolf Creasy, junr., 36, Weymouth Street, W.1.

THE Chelsea Hospital for Women has received from its chairman, Sir Frederick Eley, Bt., a donation of £1,000.

A COMPLIMENTARY dinner was given and valuable presentations made on May 1st to Dr. J. A. Ward on his retirement and departure from Grays, Essex. Dr. Ward had been in practice at Grays for twenty-seven years, and was medical officer of health for over twenty-two years. Reference was made by several speakers to his high reputation in the district and to his popularity among his medical colleagues and patients.

THE annual meeting of the Canadian Medical Association will be held at Winnipeg from June 20th to 23rd inclusive. Dr. L. F. Barker of Baltimore is to give the address in medicine, and Dr. J. M. T. Finney, also of Baltimore, has been asked to give the address in surgery. The scientific work of the meeting will be carried on in a surgical section, a medical section, an eye, ear, nose, and throat section, and a general section; and, instead of a formal pathological section, a series of pathological demonstrations will be given. The Canadian Society of Anaesthetists and the Canadian Radiological Society will also hold their annual meetings in Winnipeg at the same time.

IN Berlin there were, in 1920, 164 antivenereal disease dispensaries; 86,456 persons applied for treatment and 184,511 consultations were given, an increase of 80 per cent. on the previous year.

PROFESSOR MAYER, who has recently held the chair of physiology in the Strasbourg Faculty of Medicine, has been appointed successor to the late François Franck at the Collège de France.

THE Royal Society gave the first of its two annual conversazioni on the evening of May 17th at Burlington House. The President, Sir Charles Sherrington, G.B.E., M.D., received the guests, who were then free to study the exhibits displayed in the library and other rooms of the society. On the physical side these included models of crystal structure as determined by α -ray analysis, shown by Sir William Bragg and Professor W. L. Bragg; an instrument for measuring the percentage of carbon dioxide in alveolar air, made by the Cambridge and Paul Instrument Company, Ltd., at the suggestion of Professor A. V. Hill; and specimens of smoke, fog, and volcanic dust particles from the air, together with the instrument for making the records, shown by the Advisory Committee on Atmospheric Pollution. Among the biological exhibits was a collection of models and drawings to demonstrate the brain and brain-case and the poise of the head in primitive members of the human family; shown by Professors Elliot Smith and John I. Hunter. One series of these models showed the occipital regions of eight endocranial casts (from that of a gorilla to that of Dean Swift), illustrating the progressive expansion of the brain; another series showed the straightening of the axis of the brain in the course of evolution; a reconstruction of the Piltdown skull indicated its original owner as a very lowly member of the human family. Dr. L. Hogben and Mr. F. R. Winton showed slides illustrating the specific effect of injecting pituitary extract (posterior lobe) upon frog melanophores; under its action the pigment cells expand; the method should be of value in the standardization of pituitary extract. Interesting and suggestive methods of measuring the bactericidal potency of the blood fluids and leucocytes were exhibited by Sir Almroth Wright; and Dr. Alexander Fleming demonstrated the lysozymic action of tissues and secretions, perhaps the most remarkable being that of tears in large dilution. Major F. W. Cragg, I.M.S., showed preparations illustrating the course of the spermatozoon in the female bed-bug. An unusual exhibit was the original portrait of Galileo by Justus Sustermans, which has special interest in this the 700th anniversary year of the University of Padua, at which Galileo was Professor of Mathematics for sixteen years.

A GENERAL meeting of the National Health Society, which is now in its fiftieth year, was held at the house of the Royal Society of Medicine on May 10th, when H.R.H. Princess Christian, the President, presented certificates to successful candidates in the examination for health workers which the society has instituted. The Duke of Devonshire, President of the society's council, took the chair, and in the absence of Sir James Crichton-Browne an address was delivered to the candidates and students by Professor H. R. Kenwood, who explained the value of the health visitor and the character of her work in this country and abroad. Dr. Shadick Higgins, M.O.H. St. Pancras, emphasized the importance of women's work in public health, and attributed the great reduction in infant mortality observed in recent years largely to the activities of the health visitor. Sir Adrian Pollock, Chamberlain of the City of London, spoke of the Nurses' Loan Fund organized by the society, and expressed the society's thanks for grants made from the Central Committee on Women's Training and Employment and from the Red Cross and the Royal Medical Benevolent Fund in some special cases; also for the assistance given by various benevolent institutions to educated women anxious to qualify as health visitors under the Board of Education and the Ministry of Health. He mentioned the hostels organized and started by Her Royal Highness for the benefit of working women in London, which had been very helpful to the lady students whilst training. Votes of thanks to the Princess, the Duke of Devonshire, and the Royal Society of Medicine were passed at the instance of Dr. Charles Porter, M.O.H. Marylebone, Bishop Ridgeway, and Sir E. Ray Lankester respectively.

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, *Atiology*, 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.

TREATMENT OF CRAMP.

DR. E. HUGHES (Liverpool) writes: In reply to "M.D.Edin.," very small doses of sulphate or acetate of copper will probably be efficacious, gr. 1/50 to 1/25 *ter die*.

DR. DOUGLAS L. THOMSON (Newbury) writes: If "M.D.Edin." will try 10 grains antipyrin at night I think he will find that it will cure the cramp in the legs. I had a patient who suffered similarly, but after the first dose of antipyrin there was no recurrence of cramp.

"A RETIRED M.D.CANTAB." writes: I have been for many years a sufferer from cramp, chiefly in the night, and sometimes so intense as to cause syncope. It is associated with a tendency to mild arthritic and neuritic troubles, and with intestinal sepsis; yet in spite of these I retain the sense of health of body and mind. The cause of the cramp seems to be a toxin generated in the intestine—possibly lactic acid, for the cramp is enormously intensified by the ingestion of cheese made with the lactic acid bacillus; it is also intensified to a less degree by milk and by excess of starch or an insufficient ratio of protein to starch. Phenacetin acts as a prophylactic, and sodium carbonate in large doses (3j or 3ij) gives temporary relief. But these drugs cannot be taken regularly without injury to health; so the best treatment is to restrict the amount of starch and of milk as far as possible, to take plenty of animal food, and of uncooked fruit and green food for the sake of salts and accessory foodstuffs. Sugar in moderation seemed less injurious than starch, probably because it is more quickly absorbed, and therefore not so liable