

## AMPUTATION AT THE SHOULDER.

BY

F. R. PARAKH, M.D., M.R.C.S.,  
CONSULTING SURGEON TO THE SURAT GENERAL HOSPITAL, INDIA.

DURING the last eighteen months I have seen three cases of rapidly growing endosteal sarcomas of the upper end of the humerus, growing into the shoulder-joint, and with distinct enlargement of the axillary glands, which required immediate and complete amputation. In the first two cases I followed the old and recognized method of first dividing the clavicle for ligature of the main vessels and exposure of the cervical plexus, before proceeding with the interscapulo-thoracic amputation. In the first case, which was one of a very thin and emaciated male, I had some difficulty in getting at the main vessels, although I had taken good care to remove as much of the clavicle as circumstances demanded. It took me nearly thirty-five minutes to do this part of the operation, and I was disappointed at the time lost in this preliminary step. The second patient was a well developed young man weighing 155 lb. The operation was commenced in the usual way, and many difficulties were encountered in satisfactorily exposing the vessels and plexus. It took me nearly two and a half hours to complete the operation, and, possibly owing to the length of time and the shock of the operation itself, the patient died four hours after the operation.

In July, 1922, the third case was admitted to hospital, and, as previous experience of the two former operations was anything but happy, I made up my mind not to divide the clavicle, but to try to ligate the vessels as the first step of the operation. As the growth was much more marked in the front than the back and invading the joint, I made a large flap, commencing from the clavicle near the sterno-mastoid attachment, carried it along the axillary border of the scapula down to its angle, divided the muscular attachments of the scapula, and, as the whole extremity fell forwards of its own weight, there was very little difficulty in getting at the deep vessels, with which I immediately dealt. The whole operation did not last more than fifty minutes and was done with comparative ease.

I must confess that I had never heard nor read of the above method of doing the operation until, soon after my third operation, I received the BRITISH MEDICAL JOURNAL of March 11th, 1922, and I was gratified to find on page 381 an article describing more or less exactly the above procedure by no less an authority than the late Mr. H. Littlewood. With me it was only a case of necessity being the mother of invention, without any previous experience of such dissection either on the cadaver or the living subject.

## Memoranda:

### MEDICAL, SURGICAL, OBSTETRICAL.

## DERMATITIS FROM DYED FUR.

A CURRENT epidemic of "fur dermatitis" among out-patients is worthy of notice.

Except for degree of reaction, the type of dermatitis has not varied, and the patients mostly entered the department with its etiology on their shoulders. The eruption was limited to the lateral aspects of the neck and to the chin, but in one case the mucous membrane of the lips was dry and cracked, and in another, after three months of facial involvement, the reaction had spread to the forearms. A greater or less degree of oedema of the eyelids was, or had been, present in all the cases. This is a common and well recognized symptom of dermatitis artefacta from the use of hair dyes.

The eruption consisted of a blotchy erythema, limited in the early cases to the lateral aspects of the neck and face, but spreading thence, in cases of over a month's duration, to the whole of these areas, and resulting in considerable oedema and disfigurement. The later cases showed pronounced infiltration, with a tendency to vesiculation and "weeping." Itching and burning were complained of in a degree transcending the clinical manifestations, and in one case had prevented sleep for several nights.

The diagnosis from seborrhoeic dermatitis—the only dermatosis at all resembling it—rested on the localization, the absence of scalp involvement, and the history. In every case the direct association by contact of the fur collar with the neck and chin could be demonstrated, and none of the

patients had ever suffered from "eczema" antecedent to their purchase of the coat. Further support to the diagnosis was obtained in two cases by applying a scrap of the fur under strapping plaster (and against a control) to the anterior aspect of the thigh. Erythema occurred in both subjects of the experiment where the fur was applied within twenty-four hours of the application.

The coats responsible all had fur collars of a dark flat variety, of very poor quality, and known to the trade as "dyed coney." It is probably rabbit fur dyed by one of the paraphenylenediamine group of textile dyes. A sample has been submitted to expert investigation, and an attempt to trace the place of manufacture will be made.

HENRY C. SEMON, M.D.

London, W.

## TRAUMA AND APPENDICITIS.

WHILST visiting a patient I was requested to examine a boy belonging to the same household. I was informed that three days previously he was struck in the abdomen by a perambulator, and that since then he had complained of violent pain. The high temperature, rapid pulse, tenderness over McBurney's point, and rigidity of the right rectus muscle gave me the impression that the boy was suffering from appendicitis. I visited him early the following morning and found that the temperature was still high and the pulse very rapid, and in addition he was doubled up with pain. I advised removal to hospital, where he was operated upon that afternoon. Laparotomy revealed a gangrenous condition of the appendix. Recovery was retarded by an attack of bronchopneumonia; but eventually the boy left hospital fit and well.

H. W. WILD, M.B.

Derby.

## Reports of Societies.

## THE VALUE OF LABORATORY INVESTIGATION IN DISEASES OF LIVER AND PANCREAS.

A DISCUSSION on the value of laboratory investigation in diseases of the liver (including the biliary system) and of the pancreas took place at the meeting of the Medical Society of London on March 12th. Lord DAWSON OF PENN presided, and the discussion was opened by Dr. W. LANGDON BROWN with a paper which is printed in full at page 461.

Dr. F. LANGMEAD, after a reference to Dr. Langdon Brown's excellent and exhaustive treatment of the subject, said that he himself had approached this matter in the endeavour to apply laboratory tests to the elucidation of the cases which came forward in ordinary hospital practice, and to gauge to what extent these tests might form part of the practitioner's armamentarium. At the outset the number of the tests was a disadvantage; in medicine numbers were a weakness, not a strength. If by the "value" of this investigation the immediate practical usefulness of the laboratory test was intended, it must be confessed that, excluding the blood-sugar estimation in suspected or true diabetes, the tests had at the moment little usefulness from the point of view of ordinary diagnosis. With the exception just mentioned, he could not recall any instances within his own experience in which a laboratory test for the efficiency of the liver or the pancreas had provided him with a correct diagnosis which otherwise would have been missed. He did not mean that the test usually failed to correspond with the clinical findings, only that one was never first put upon the right track by means of the test. Discussing the tests individually, he said that the diastase content of the urine was a test which was losing rather than gaining adherents. The fat content of the stools was more helpful, but it could not be relied upon to decide, save in a case of obstructive jaundice, in what organ lay the disease. The levulose test was applicable mainly to acute destruction of the liver cells, and could not be depended on for chronic cases. He would be sorry to appear to speak disparagingly of tests so scientifically worked out, but there was a danger of the efficiency test being accepted as a kind of "ready reckoner," and he held strongly that the investigation was not sufficiently matured to permit of this.

Dr. J. W. McNER was very much in agreement with Dr. Langmead. The subject was still only at its beginning, and the time was not ripe for a full-dress discussion. It was obvious that no one test could give information in more than one or two directions. The levulose test, for example, had

Professor Leduc's laboratory and described and illustrated in my book proves that a continuous current causes a transfer of water from the positive to the negative electrode. Increase of water means increased solution, and this is the explanation of "lytic action" under the negative electrode. To assess the value of this in treatment one would select cases in which lytic action would be beneficial and in which the result could be easily confirmed, and avoid choosing cases in which the pathological conditions were problematical, and in which physical conditions, such as depth, militated against ionic exchanges or hydration taking place at the spot desired. Under the former heading we can place the thickening which follows sprains or injury to a superficial joint, such as the ankle, knee, or wrist, as well as cicatrices causing limitation of movement. In these cases there is ample clinical evidence to confirm the benefit claimed for ionization treatment. Instead of selecting cases in which the nature of the lesion is evident and in which the result is decisive Dr. Campbell has elected to draw his conclusions from cases in which the premisses, so to speak, are not clear.

With a good deal of what he says about the penetration of ions I agree, but I do not think he is justified in saying that ions introduced electrically present no differences in effect from a solution of a salt given by hypodermic injection. He describes the physiological effect on distant organs, such as the brain, as following both methods, but it must be remembered that ionization is usually practised for its local effect. When a hypodermic injection is given there is no reason to believe that in all cases the local cells of the tissues, as distinct from the lymph around them, are penetrated by the salt, whereas when ions are introduced electrically it is believed that both cells and intercellular fluid are penetrated. There is also an exchange of ions between the cells and the fluids of the tissues at a greater depth than that to which the great majority of introduced ions have penetrated. This exchange of normal ions between cells and fluids in apposition is a paraphrase for the word "nutrition." The skin is the great sense organ, abundantly supplied with nerves. Even without penetrating beneath the skin there is a wide field for the introduction of soothling ions, such as the salicyl ion, into the terminations of the nerves in neuralgias, and also in those superficial pains in which the seat of the disease can only be acted upon reflexly.

Dr. Campbell says he has no practical experience of ionization for surgical cases, but he makes some theoretical statements about the mode of action of zinc ionization with which I cannot agree. One striking result of zinc ionization for sepsis is the rapid subsidence of inflammation.—I am, etc.,

London, W.1, March 13th.

A. R. FRIEL.

#### BLIND MASSEURS.

SIR.—I am very interested in the work of the Association of Certificated Blind Masseurs, of which I have the pleasure to be President. It has recently published leaflets giving the addresses of its members in London and all parts of the British Isles. May I venture to suggest that all registered medical practitioners should obtain copies from the secretary of the Association, 224 6-8, Great Portland Street, London, W.1?

These leaflets show that members of the Association, both masseurs and masseuses, are established in practically all the large towns, as well as in all parts of London and the suburbs. As massage is work which, it is generally recognized, can be most efficiently carried out by blind people properly trained, those doctors who can see their way to the employment of the members of the Association of Certificated Blind Masseurs will be aiding in a work of national importance.—I am, etc.,

Liverpool, March 8th.

ROBERT JONES.

#### MEDICAL AXIOMS AND APHORISMS.

SIR.—Permit me an observation on your friendly review of my *Medical Axioms, Aphorisms, and Clinical Memoranda*.

It did not occur to me that uns gned axioms and aphorisms would necessarily be regarded as my own composition. Some of them are part of the common heritage and tradition of medicine. Their authorship would be difficult, or perhaps impossible, to determine.

In every case where the author is known to me his name was appended.—I am, etc.,

Belfast, March 12th.

J. A. LINDSAY.

#### Universities and Colleges.

UNIVERSITY OF CAMBRIDGE.  
MR. M. B. R. SWANN, M.A., M.B., who since 1920 has been University Demonstrator in Pathology, has been elected to a corporate Fellowship at Gonville and Caius College, and appointed a lecturer.

#### UNIVERSITY OF LONDON.

THE regulations in the Faculty of Medicine for internal students have been amended by the addition of the following after the word "physiology" in line 2, paragraph 4, section IV, on page 240 of the Red Book, 1922-23: "or the B.Sc. Honours Examination in Physiology."

Sir William Collins has been reappointed the representative of the London County Council on the Senate for the period 1923-27.

The ceremony of Presentation Day will take place in the Albert Hall on Thursday, May 3rd, and not Wednesday, May 2nd, as stated in the University Calendar (White Book).

Applications for grants from the Dixon Fund for assisting scientific investigations must be sent in between April 1st and May 15th, and for the Thomas Smythe Hughes Medical Research Fund for assisting original medical research between May 1st and June 15th. Further particulars may be obtained from the Academic Registrar.

#### UNIVERSITY OF SHEFFIELD.

THE Council at its meeting on March 9th made the following appointments: Mr. G. Grant Allan, M.B., Ch.B., D.P.H. Edin., to the post of Assistant Bacteriologist; Miss Clara D. Tingle, M.B., Ch.B. Shef., to a Demonstratorship in Pathology.

#### UNIVERSITY OF DUBLIN.

##### TRINITY COLLEGE.

THE University of Dublin, on March 12th, conferred the honorary degree of M.D. upon Dr. William James Mayo, the well known surgeon of Rochester, U.S.A., and Professor E. H. Tweedy, gynaecologist to the Royal City of Dublin Hospital.

#### ROYAL COLLEGE OF SURGEONS OF ENGLAND.

##### Council Election.

THE Secretary of the College of Surgeons has sent out the usual announcement, which on this occasion informs the Fellows of the College that a meeting will be held at the College on Thursday, July 5th, at 2 p.m., for the election of four Fellows into the Council in the vacancies occasioned by the death of Sir Charles Ryall, by the retirement in rotation of Sir Charters J. Symonds, K.B.E., C.B., and Sir Herbert F. Waterhouse, and by the resignation of Mr. F. F. Burghard, C.B. Blank forms of the requisite notice from a candidate and of his nomination may be obtained on application to the Secretary, and the same must be received by him, duly filled up, not later than on Monday, March 19th. A voting paper will be sent by post to each Fellow whose address is registered at the College, on Tuesday, April 3rd. Had Sir Charles Ryall lived he would have had to retire in rotation, having been elected on the Council, like Sir Charters J. Symonds and Sir Herbert Waterhouse, in 1915. Mr. Burghard having been elected in 1921, the candidate who comes out fourth on the poll will be substitute member until 1929.

#### The Services.

##### DEATHS IN THE SERVICES.

Deputy Inspector-General Alfred Gideon Delmege, M.V.O., K.H.S., R.N. (retired), died at Blackheath on February 2nd, aged 76. He was the son of the late Julius Delmege of Rathkeale, co. Limerick. He graduated M.D. in the Queen's University, Ireland, in 1868, and took the L.R.C.S.I. in the same year. He entered the navy as assistant surgeon in 1859, became fleet surgeon in 1889, and retired ten years later, with an honorary step of rank, as D.I.G. He served in the Ashanti war of 1873-74, going out with the first detachment of Royal Marines sent to Cape Coast Castle, and received the medal, also the thanks of the Admiralty for his services. In 1879-82 he served on H.M.S. *Bacchante* during the voyage round the world made by Priuces Albert Victor and George during these years. From 1887 to 1899 he served on the Royal yacht *Osborne*. He was awarded the M.V.O. for his services as medical attendant to the Prince of Wales, the present King, during his illness in 1898, and was appointed Honorary Physician to the Prince of Wales in 1899, and subsequently Honorary Surgeon to King Edward VII. In 1884 he married Mary Elizabeth, daughter of the late Right Hon. James Anthony Lawson, by whom he had two sons.

Lieutenant-Colonel Herbert Stockley Taylor, R.A.M.C., died at Kampti, in the Central Provinces of India, on November 17th, 1922, aged 53. He was born on July 21st, 1869, and educated at University College, London, taking the M.R.C.S. and L.R.C.P. Lond. in 1895. After filling the post of senior house-surgeon of the Clayton Hospital, Wakefield, he entered the R.A.M.C. as lieutenant on January 29th, 1899, becoming major after twelve years' service, and became lieutenant-colonel in 1915. He served in West Africa in 1901, in the expedition up the Gambia river, receiving the African general service medal with a clasp, and also in the recent great war.

Dr. HUGH KNIVETT, who died at Sidmouth on January 27th, in his 79th year, was the son of a Yorkshire vicar, and early in life emigrated to New Zealand. He remained there for twenty-four years, rising from a shepherd to manager of a sheep station. At the age of 40 he returned to England and entered Guy's Hospital medical school as a student; he took the Scottish triple qualification in 1889. Subsequently he practised at Butleigh for many years, and was well known also in Taunton, where he served on the National Service Medical Board. Five years ago he went to live at Sidmouth, last spring taking a trip to New Zealand and back as a ship surgeon. Dr. Knivett had a charming personality and was an excellent all-round sportsman.

Dr. DAVID CARNEGIE ALEXANDER, M.C., late Captain R.A.M.C. (T.C.), died in Florida on February 17th. He was the eldest son of the late Charles Alexander, of Upland, Selkirk, and was educated at Edinburgh, where he graduated M.B. and Ch.B. in 1905. He took a temporary commission as lieutenant in the R.A.M.C. on February 15th, and was promoted to captain after a year's service. He was gazetted to the Military Cross on November 4th, 1915, being one of the earliest to gain that distinction.

## Medical News.

DR. LEONARD HILL, F.R.S., director of the department of applied physiology and hygiene at the Medical Research Institute, Hampstead, has been presented by the Council of the Royal Institution of Mining and Metallurgy with the "Consolidated Gold Fields of South Africa, Ltd." Gold Medal in recognition of his valuable researches on ventilation and his paper on ventilation and human efficiency, contributed to the *Transactions*.

SIR HUMPHRY ROLLESTON, K.C.B., M.D., has been appointed chairman of the Central Joint Voluntary Aid Detachment Council, which is composed of representatives of the War Office, the Territorial Army Associations, the Order of St. John of Jerusalem, and the British Red Cross Society.

MR. H. W. CARSON, F.R.C.S., will give the Hunterian Oration to the society of that name on Monday next at 8.30 p.m., at the Mansion House, London. The subject is the evolution of the modern view on septic peritonitis and its applications.

DR. A. A. MATHESON of Edinburgh was recently presented with a silver tea service at a reception given in his honour by a section of the Jewish community in Edinburgh. Rabbi Dr. Salis Daiches, who made the presentation, thanked Dr. Matheson for the services he had rendered to his Jewish patients, and at the same time presented Mrs. Matheson with a fitted dressing case.

THE forty-fifth festival banquet of the Irish Medical Schools' and Graduates' Association will take place this day (Saturday, March 17th—St. Patrick's Day) at Pagani's Restaurant, after the annual meeting, when Dr. J. A. Macdonald will resign the presidential chair to Sir William Taylor, K.B.E., C.B. Tickets for the dinner, 9s. each, may be obtained by any Irish graduate from the honorary secretary, Dr. Meyrick, 48, Ennismore Gardens, S.W.7.

A MEETING of the Fellows of the Royal Society of Medicine was held on Tuesday evening, when a paper was read by Mr. J. E. Adams on the urgent need for education in the control of cancer. Mr. C. P. Childe, Lord Dawson of Penn, Mr. W. G. Spencer, the Hon. Sir Arthur Stanley, Sir Napier Burnett, and others, addressed the meeting, and resolutions were unanimously carried urging that the public should be given more information as to the early signs of cancer, and requesting the British Red Cross Society to conduct a publicity campaign by means of lectures and pamphlets, and the Council of the Royal Society of Medicine to nominate a standing committee to supply information to the Red Cross Society suitable for public dissemination. A report of the proceedings will appear in our next issue.

MR. T. H. KELLOCK, surgeon to the Middlesex Hospital and consulting surgeon to the Children's Hospital, Great Ormond Street, who died last December, disposed in his will of net personality amounting to £52,760. He bequeathed £500 to the Hospital for Sick Children, to be expended on some specific object which shall not increase the annual expenditure of the hospital; £100 as a permanent endowment of the medal for the nurses' prize instituted by him; and £100 each to the Santa Claus Convalescent Home for Children at Highgate, the Invalid Children's Aid Association, and the

National Society for the Prevention of Cruelty to Children. He bequeathed also personal legacies to certain nurses and others who had worked at the two hospitals with which he was connected.

NEW rules, framed in accordance with the recommendations of the Committee of Inquiry on Artificial Limbs, have been issued with the approval of the Minister of Health, for the guidance of medical superintendents of limb-fitting centres responsible for the ordering of artificial limbs for pensioners. The artificial limb ordinarily supplied will be one of the Ministry's standard pattern legs of wood and leather, but where it is considered that a peg leg will be more suitable for the avocation of a pensioner such a leg may be ordered as one of his two artificial legs. Metal limbs may be supplied for cases of amputation above the knee at the discretion of the surgeon. Metal limbs for amputations below the knee will be supplied only when in the surgeon's opinion special surgical or medical conditions render a wooden limb unsuitable.

THE annual debate of the Chelsea Clinical Society will be held in the Club Room of St. George's Hospital Medical School, S.W., on Tuesday, March 20th, at 8.15 p.m. The subject selected for the debate is *Viscerotropis*; it will be opened by Sir Charlton Briscoe, followed by Dr. Robert Hutchison, Mr. Ivor Back, and Mr. Mortimer Woolf.

A PETITION for the granting of a charter of incorporation has been presented to His Majesty in Council on behalf of the Wolverhampton and Staffordshire General Hospital.

WE are asked to state that hospitals in the County of London or within nine miles of Charing Cross desiring to participate in the grants made by King Edward's Hospital Fund for London for the year 1923 must make application before March 31st to the Honorary Secretaries of the Fund, 7, Walbrook, E.C.4. Applications will also be considered from convalescent homes which are situated within the above boundaries, or which, being situated outside, take a large proportion of patients from London.

AT a social meeting of the Royal Society of Medicine on the evening of March 21st Dr. H. C. Cameron will deliver a short address at 9 p.m. on the mystery of Lord Byron's lameness.

MESSRS. JOHN BARTHOLOMEW and SON of Edinburgh have issued a railway map of the British Isles, showing the new groups by means of different colours. The L.M.S. (London, Midland and Scottish) seems to be nearly ubiquitous, extending from London to Thurso and from Yarmouth to Swansea. The colours chosen are distinctive and the map, it is hardly necessary to say, is very well produced.

THE thirty-fifth German medical congress will be held next month in Vienna under the presidency of Professor K. F. Wenckebach. On the first day (April 9th) a discussion on encephalitis lethargica will be opened by von Economo of Vienna and Nonne of Hamburg. In the afternoon of the following day there will be a demonstration of patients suffering from disorders of internal secretions. On April 11th a discussion on arterial high pressure will be opened by Durig of Vienna and Volhard. Papers will be read on each of these days, and also on April 12th. On Saturday, April 14th, there will be demonstrations in the morning and excursions in the afternoon.

THE National Association for the Prevention of Tuberculosis will hold its ninth annual conference in Birmingham on the invitation of the Lord Mayor of that city. The conference will open on Thursday, July 12th, and close on the afternoon of the following day. The chief subjects for discussion are: The care of advanced cases of tuberculosis, especially as regards prevention of infection; the extent and nature of damage done by tuberculosis derived from infected milk; the relative prevalence of tuberculosis among workers in different trades; and the amendments which should be made in the procedure for the notification of tuberculosis. Opportunities will be afforded for persons attending the conference to visit various institutions concerned with the prevention and treatment of tuberculosis.

A MEETING of the Association of Economic Biologists will be held at the Imperial College of Science on Friday next, March 23rd, at 2.30 p.m., when Professor J. H. Priestley of Leeds will read a paper on the causal anatomy of potato tuber, and Mr. E. R. Richards will discuss the control of cellulose decomposition and its applications.

MESSRS. A. E. DEAN AND CO. (Leigh Place, Brooke Street, Holborn, London, E.C.1) have issued a list of their diathermic apparatus, with explanatory notes.

PERU is free from yellow fever for the first time in its history. According to Dr. Hanson, Director of Public Health of the Republic, this is a result of the yellow fever campaign carried out by the Rockefeller Foundation and the Peru Government; no cases have been reported since August, 1921.