

affairs in them also. The stability of the syphilitic case in which antisyphilitic treatment was given supports this view. The stability in the case in which no definite cardiac lesion could be found and in which the only known infection was malaria may well be due to the cessation of the causal factor, whatever it was, before the patient came under observation. The instability of the rheumatic case, even when quinidine treatment has been continued for nine months, is suggestive of a constantly or intermittently active factor tending to produce fibrillation. This idea is fully in keeping with the theory derived from the clinical study of such cases—that the rheumatic infection may continue for years, causing gradually increasing stenosis of the mitral valve, often without well defined attacks of acute rheumatic infection. In such a case it is of interest to note the additional factors present during the relapses into auricular fibrillation. Unfortunately there is no successful method of treating the rheumatic infection of the heart.

In addition to active agents it is probable that auricular fibrillation can result from permanent structural changes in the heart, in which case a stable normal rhythm after cessation of the quinidine administration would be unlikely.

CONCLUSIONS.

1. Quinidine treatment will result in a stable normal rhythm if the cause of the auricular fibrillation can be successfully treated or has ceased to be active.

2. Cases in which there are extensive structural changes in the heart are not suitable for quinidine treatment, especially if the response to digitalis is not good, as dangerous symptoms may result.

3. In some cases at least the comfort and efficiency of the patient is greater when a normal rhythm results from quinidine treatment than when digitalis treatment alone is used.

4. In the cases in which the results are satisfactory larger doses than 10 grains of quinidine sulphate at intervals of six hours were not necessary, nor smaller initial doses than 5 grains three times a day.

5. If necessary to maintain normal rhythm, quinidine may be continued to be administered indefinitely in doses of at least 5 grains three times a day, and it is probably advisable in all cases to continue it for some weeks after normal rhythm has resulted, though in gradually decreasing doses.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

FIXATION OF CAECUM IN CHRONIC INTUSSUSCEPTION.

The following case of chronic intussusception which took an acute form came under my care in November of last year, and seems of sufficient interest to warrant publication.

N. C., a boy aged 4 years, was admitted to hospital on November 16th, 1922. The mother gave the following history:

On November 4th the child complained of severe pain in the region of the stomach. The pain was attributed to worms, and no significance was attached to it. The pain, however, recurred at varying intervals for the next few days. On November 7th the child vomited. The bowels had been quite regular, though once the mother noticed some "slime" in the stools. On November 11th the child was given two "yellow worm powders" and a large dose of castor oil. Two days later two round worms were passed. He still complained of pains, and cried almost incessantly until November 16th, when he was brought to hospital.

On admission his general condition was good. An indefinite tumour could be felt below the right costal margin, and there was loss of resistance in the right iliac fossa. He did not complain of pain. On November 17th and 18th the child had normal motions, but slight abdominal pain. On the 19th his stools were blood-streaked, the pain was worse, and a good deal of mucus was present in the motion. A typical sausage-shaped tumour could be felt in the region of the descending colon.

Operation.

The apex of the intussusception was in the left iliac fossa, about the beginning of the sigmoid, and was reduced with some difficulty. There was some extravasation of blood in the mesenteries of the small intestine and ascending colon, and the vessels were very much engorged.

An area about the size of half a crown at the apex of the caecum was grey and sodden. The appendix was healthy. The caecum and ascending colon were very mobile and the mesentery of the small intestine long. Owing to the congested state of the mesentery and ascending mesocolon I did not like to put stitches

in them, for fixation purposes, so I decided to use the appendix—(1) for fixation of the caecum, (2) by traction on it to turn the doubtful apex of the caecum up against the anterior abdominal wall, in case it should prove non-viable. I ligatured and divided the meso-appendix, and brought the appendix out through a stab wound just below McBurney's point, fixed it with a couple of sutures, and put a gauze wick down to the apex of the caecum, which was directly under the stab wound.

In forty-eight hours I removed the appendix level with the skin and withdrew the gauze drain; I also destroyed the mucous membrane with a probe dipped in pure carbolic.

The boy made a good recovery. The appendix required a second application of carbolic, as the mucous membrane was rather redundant, and secreted a little moisture.

A seven-hour picture after an umbrose meal showed the caecum in the position in which it was placed just below McBurney's point. It would be interesting to know—

1. In what percentage of cases there is recurrence of intussusception after operation.

2. If the risk of recurrence is enough to make an attempt at fixation worth while.

3. If fixation of the caecum by the appendix is suitable for prolapsed or mobile caecum, etc.

Londonderry.

J. B. ALEXANDER, M.B., B.Ch.

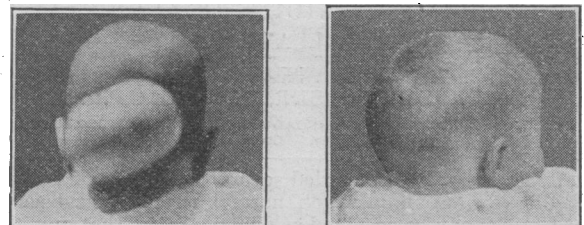
SUBOCCIPITAL MENINGOCELE SUCCESSFULLY REMOVED.

The following case, in which a large meningocele which was present at birth was successfully removed by operation, is, we think, of sufficient interest to warrant publication.

Marie P. was born on May 19th, 1921, with a large meningocele, the birth being uneventful and taking place before the arrival of a doctor. The baby was otherwise healthy. It was found that the growth steadily increased after birth, and, the covering becoming thinner, it was obvious that rupture was imminent. It was decided to operate, and the baby was removed to North Lonsdale Hospital. Before operation the dimensions were: horizontal 6½ in., vertical 5 in., circumference at junction with skull 7 in.

Operation.

On August 1st, 1921, assisted by Dr. T. E. Roberts, I dissected back the skin and exposed the underlying membrane. This was very difficult near the neck of the sac, as there was practically nothing between skin and membrane. With a large opening



Photographs showing the child before and after removal of the meningocele.

between sac and the skull there was danger of collapse from sudden loss of cerebro-spinal fluid; to obviate this an intestinal clamp was loosely applied to the neck of the sac. The sac was then opened at a distance to verify the absence of nerve tissue. The clamp was quickly closed, thus preventing leakage of fluid. The sac was cut away and a continuous suture applied round stump and clamp, as in Barling's operation for piles. The clamp was withdrawn and suture quickly tightened. A few interrupted sutures were applied where fluid was oozing. The deeper structures were drawn over the stump and the wound closed. An anchor dressing was applied.

For a few days the temperature oscillated between normal and 102°, with muscular twitchings suggestive of impending convulsions. Bromides were given, and the temperature came down to normal and all twitchings ceased. Owing to fear of yielding of scar the anchor dressing was kept on for two weeks and cut its way out, leaving a granulating surface which did not involve deeper structures. Secondary suturing closed this, and complete healing quickly followed. The baby was sent home well five weeks later, and has remained well and normal since. She has just recovered from whooping-cough and is beginning to walk.

I am indebted to Dr. Kathleen Rutherford for the photographs, which show the baby before and after operation, also for her very helpful interest in the case. The ultimate recovery of the baby was largely due to the skilful nursing of Sister Levison.

JOHN LIVINGSTON, M.D. Durh.,
F.R.C.S. Edin.,
Honorary Surgeon, North Lonsdale
Hospital.

Barrow.

Board send ambulances to bring both the mother and baby to the hospital.

It is of the utmost importance for the sake of the children's health and also for the successful treatment of the disease in infants who are not accompanied by the mothers that they should be placed in open-air wards specially built for the purpose, which could not well be provided at any general hospital without building; also isolation wards have to be provided, both for the sake of the child and the mother.

With regard to the teaching of students, it seems to me that there ought to be no more difficulty in their attending St. Margaret's Hospital, which they do not do at present, than any of the fever hospitals as they do during the course of their training.—I am, etc.,

London, W., March 7th.

M. S. MAYOU.

GENERAL OEDEMA OF THE FOETUS.

SIR,—May I be permitted to call attention to the report (BRITISH MEDICAL JOURNAL, March 17th, p. 470) of some remarks made by me at a meeting of the North of England Obstetrical and Gynaecological Society, and to point out that they give expression to an opinion with which I do not agree? The histological appearance of the liver in general oedema of the foetus is certainly suggestive of leukaemia, and some of the earlier writers believed the condition to be of this nature. More recent observers, however, have shown that the small round cells seen in great numbers in the liver and elsewhere are not white blood cells, but are nucleated erythrocytes. The condition is not, therefore, a leukaemia, though at first glance this mistake might easily be made.—I am, etc.,

Liverpool, March 18th.

NORMAN B. CAPON.

THE RIGHTS OF A REGISTERED MEDICAL PRACTITIONER.

SIR,—The retired practitioner has been discriminated against before. In a lunacy certificate there is this clause: "I am a person registered under the Medical Act, 1858, and I am in the actual practice of the medical profession." I have always regarded this as an infringement of the privileges of the profession.—I am, etc.,

Rotherham, March 18th.

GILBERT E. MOULD.

SIR,—Is the distinction between a practitioner in actual practice and one not in actual practice quite an innovation? It is found in the "Certificate of Medical Practitioner," Lunacy Act, 1890, Second Schedule, Form 8. I am not sure that anyone knows what it really means. It should certainly not be put into any more Acts or Regulations.—I am, etc.,

Birmingham, March 20th.

WALTER R. JORDAN.

Universities and Colleges.

UNIVERSITY OF LONDON.

NOTICE is given that among members of the Senate vacating office next May is Dr. T. D. Lister, elected by the graduates of medicine. Nominations should be sent to the Clerk of Convocation, at the University, not later than April 4th. Dr. Lister is eligible for re-election.

NATIONAL UNIVERSITY OF IRELAND.

OWING to the death of the Registrar, Sir Joseph McGrath, LL.D., the meeting of the Senate on March 16th was adjourned to March 27th, and a resolution of regret and sympathy was passed unanimously and ordered to be transmitted to the family.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

Council Election.

THE following Fellows are candidates for election to the Council: Sir Herbert Farnivall Waterhouse (F. 1890); James Berry (F. 1885); John Herbert Fisher (F. 1893); Herbert John Paterson, C.B.E. (F. 1897); William Sampson Handley (F. 1897); Thomas Percy Legg, C.M.G. (F. 1897); Victor Bonney (F. 1899); Donald Armour, C.M.G. (F. 1900); Percy Sargent, C.M.G., D.S.O. (F. 1900); George Ernest Gask, C.M.G., D.S.O. (F. 1901); George Grey Turner (F. 1903).

The death of Sir William Thorburn increases the vacancies from four to five.

Voting papers will be issued on April 3rd.

ROYAL COLLEGE OF SURGEONS IN IRELAND.

THE following have been appointed to professorships in the schools of surgery: Medicine, F. C. Purser, M.D., F.R.C.P.I.; Midwifery, E. Hastings Tweedy, F.R.C.P.I.; Preventive Medicine and Medical Jurisprudence, V. M. Synge, M.D., F.R.C.P.I.

Obituary.

SIR WILLIAM THORBURN, K.B.E., F.R.C.S.,

Consulting Surgeon, Manchester Royal Infirmary.

THE announcement of the death of Sir William Thorburn on Sunday last, March 18th, will cause great regret among a wide circle of friends and old pupils. He had removed from Manchester to London only a few months ago, shortly after the death of his wife, and then appeared to be in his usual health. Although he felt severely the loss of his two sons in the war, he returned from his service with the British Mediterranean Force in apparently good health and with renewed energy. He had been ill for about two months, and his death was not unexpected by those who were closely associated with him.

William Thorburn, who was born on April 7th, 1861, was the son of Dr. John Thorburn, professor of obstetric medicine at Owens College, where William Thorburn received his medical education. He was a brilliant student. He graduated in the University of London B.Sc. in 1880, M.B., B.S. in 1884, with gold medals in medicine and obstetrical medicine and surgery, and M.D. in 1885 and the F.R.C.S. in 1886. He became house-surgeon at the Manchester Royal Infirmary in 1883, and after filling other offices was elected honorary assistant surgeon in 1889, and succeeded the late Walter Whitehead as honorary surgeon in 1900. He retired in 1921, becoming honorary consulting surgeon before his full period of service had expired, so as to be free to attend to his other duties and to allow promotion of his junior colleagues. At an early stage of his career in Manchester he came under the influence of James Ross, then working out his neurological researches at the Manchester Royal Infirmary. Thorburn directed his mind to nerve surgery and was awarded in 1890 the Jacksonian prize of the Royal College of Surgeons for his essay on the Nature and Treatment of Injuries to the Spinal Column and the consequences arising therefrom. As Hunterian professor at the College he delivered a course of lectures on the surgery of the spinal cord, which was expanded into a book published in 1889. He wrote many other papers on spinal cord and brain surgery, and he also contributed to the knowledge of the pathological results cervical rib may produce.

In the Bradshaw lecture delivered last December on the surgery of the nervous system he reviewed his experience of many years. His tone of disappointment on his results was not surprising to those who heard his conclusions on the subject of the operative treatment of traumatic epilepsy delirated at the Manchester Medical Society several years ago. Nerve and brain surgery was by no means his only interest, and he had a large practice in general operative work in Manchester. His great knowledge, fine memory, wide experience, and his powers of lucid, concise expression and ordered arrangement of material made him a great teacher; and his ward classes and clinical lectures were eagerly attended by students. His lectures and addresses were all very carefully prepared beforehand and more or less memorized.

Thorburn had, indeed, a clear thinking type of brain. At one time he took a great interest in the war game, or Kriegspiel, which was played in Volunteer circles, and he became skilful at it. He also had a good whist and bridge mind. His knowledge was pigeon-holed and card-indexed. As a speaker he was precise and had his argument arranged in logical and connected order and with no padding. In this way he conveyed the impression that he was a thorough master of the subject he was speaking on, and suggested to some the thought that he would have risen to as high an eminence at the Bar as he did in surgery had he chosen the former profession, and that his judgements would have been models of lucidity and commendable brevity. He possessed a great faculty of summing up the points of a difficult subject, and could crystallize the ideas expressed in a debate in a few well chosen and clear words. He was one of the Pelhams of life, preferring to stop before his audience had had enough of his discourse rather than to outstay his welcome. He would have made an ideal representative of the medical profession in Parliament. He was eminently fitted to command the applause of listening senates.

For many years before the war Thorburn was a much trusted adviser in the Council, the Senate, and the Faculty of Medicine of the University of Manchester, and his opinion on educational matters was highly appreciated by

experience as time rolled on, but in wisdom he had very little to learn, as even when a student he was looked upon as a man of mature judgement who did not indulge in any of the frivolities of youth. Soon after graduation he gravitated to England as house-surgeon to the Huddersfield Infirmary, and from that town he rarely strayed except to indulge in his favourite pastime of curling. For many years there have been no opportunities for this game in England, hence he had to take those holidays in Edinburgh and Switzerland.

Dr. Irving became honorary surgeon to the Huddersfield Infirmary, where he rendered faithful and valuable services for many years, eventually becoming consulting surgeon. He was an enthusiastic admirer of the Leeds school of surgery, and had always unstinted praise for the brilliant achievements of Sir Berkeley Moynihan. He kept well abreast of modern developments in that ever-advancing branch of medicine. Although he laid no claims to brilliancy as an operator, and knew his own limitations better than anyone else, he was always considered a safe surgeon in whose hands a patient could repose with confidence; I know that his opinion was readily sought by his colleagues, and consultants were always ready to accept and act on his judgement. He did excellent work during the war, both to soldiers and civilians. His brethren who were at the front well knew that so far as Irving was concerned their interests were not neglected. He wisely eschewed medical politics as not suited to his placid temperament, but he took a warm interest in the work of the British Medical Association, and at one time was Vice-President of the Yorkshire Branch.

He was of the Puritan type, a man of great fervour and strong religious feelings, but he never tried to thrust his views down the throats of others. He was ever ready to try to raise the fallen and succour those in distress, a good Samaritan rather than a Pharisee: a Nathanael indeed in whom there was no guile. Although a strict teetotaler, no one could complain of his hospitality. I have sat by his side at a St. Andrew's dinner from 6.30 till nearly 2 o'clock the next morning, when John Barleycorn was, perhaps, more plentiful than the water, but he enjoyed the fun as well as the most hilarious of us. He always enjoyed a good Scottish joke, although he rarely perpetrated one.

For some years he had been liable to attacks of bronchitis in the winter, but with the last attack he was, I understand, only ailing ten days, and the end came rather suddenly and unexpectedly. He passed away peacefully in his sleep, dying as he lived, at peace with God and man. He has left a son and two daughters to mourn their loss. At the funeral there were a great number of his professional brethren, and it seemed as if the town of Huddersfield had turned out to do honour and reverence to the memory of a worthy citizen.

Dr. HERBERT NISBET ECCLES died on March 11th, aged 39. He was the son of Dr. G. H. Eccles of Plymouth, and received his medical education at Guy's Hospital. After taking the diploma of L.M.S.S.A. in 1916 he joined the R.A.M.C. on August 3rd of the same year as temporary lieutenant, and was promoted to captain after a year's service. He went to India, where he became x-ray specialist to the Bombay Brigade. He was invalided out of the service after three years, when he started practice at Plymouth, following his father and grandfather. His health, however, could not stand the strain, and he passed away at the house of his brother, Dr. G. T. Eccles of Hove. He was a member of the Plymouth Division of the British Medical Association.

Dr. ROBERT YOUNGER of Willington Quay, Newcastle-upon-Tyne, died after a short illness on March 11th. He was the youngest son of the late Mr. James Younger of Alloa and took the degrees of M.B., B.S.Durh. in 1902, and served as senior anaesthetist to the Royal Victoria Infirmary, Newcastle-upon-Tyne. He succeeded to the practice of his brother-in-law, the late Dr. Woodhouse, thirteen years ago. He was medical officer to the Post Office and surgeon to the Wallsend Slipway and Engineering Company. During the war Dr. Younger served with the R.A.M.C. and was wounded. He was a member of the Tyneside Division of the British Medical Association.

The death occurred on February 26th of Lieutenant E. W. MCQUAID, surgeon probationer in the Irish National Army, who was mortally wounded four days previously by Republican Irregulars at Newport, co. Mayo. He was shot while attending a wounded National soldier, and, although seriously

wounded, gallantly carried his patient to a place of safety. Lieutenant McQuaid, who was 22 years of age, was the son of Dr. E. W. McQuaid, of Cootehill, co. Cavan. He was a medical student of the Royal College of Surgeons in Ireland, and had recently been appointed demonstrator of anatomy and pathology.

Medical News.

At a final meeting of the Oxford Osler Memorial Fund last week the honorary secretary, Professor J. A. Gunn, reported that the amount so far received was nearly £2,000. It was decided to place a bronze plaque in the University Museum; to found a memorial medal, to be awarded every five years to a graduate of the University of Oxford who has made some distinguished contribution to medical science; and to form an Osler travelling fund to assist teachers of the medical faculty to travel in the interests of medical knowledge and research. For this purpose alone a capital sum of £1,700 is required, and further subscriptions, which should be sent to Mr. A. P. Dodds-Parker, 2, Holywell, Oxford, are invited.

PROFESSOR A. V. HILL, Sc.D., F.R.S., of Manchester, has been appointed Jodrell Professor of Physiology at University College, London, in succession to Dr. E. H. Starling, F.R.S., who has become Foulerton Professor of the Royal Society foundation.

THE house and library of the Royal Society of Medicine will be closed from Thursday, March 29th, to Tuesday, April 3rd, both days inclusive. The Wellcome Historical Medical Museum will be closed for cleaning and decoration from April 1st to 30th, inclusive.

A NEUROLOGICAL section is being established in the out-patient department of the Royal Northern Hospital, Holloway. It will be open every Friday at 1 p.m., on and after April 20th.

THE newly formed section of the Royal Microscopical Society which deals with industrial applications of the microscope will hold a meeting on Wednesday next, March 28th, at 7 p.m., when a number of instruments will be demonstrated and papers read.

THE annual meeting of the Society for the Study of Inebriety will be held in the rooms of the Medical Society of London, 11, Chandos Street, Cavendish Square, W., on Tuesday, April 10th, at 4 p.m. Dr. W. M. Feldman will open a discussion on racial aspects of alcoholism.

IN memory of the late Dr. W. H. Hender Bennett, for many years a member of the honorary medical staff of the Batley and District Hospital, it is proposed to endow a cot in the hospital and to erect a memorial stone over his grave.

M. SOVREL, senior surgeon of the Berck Maritime Hospital, will give a series of six lectures on the treatment of osteo-articular and glandular tuberculosis from March 26th to 31st. Each lecture will be followed by operations, fitting of plaster apparatus, etc. Further information can be obtained from M. Parin, Hôpital Maritime de Berck-Plage, Pas-de-Calais.

IN the Fifth International Congress of Historical Studies to be held at Brussels from April 8th to 13th, the history of medicine will be represented in the ninth section, which is devoted to the history of civilization. The subscription of 50 Belgian francs is payable to the treasurer, Professor C. Terlinder, 61, Avenue Legrand, Brussels. Further information can be obtained from the General Secretary, V^e Congrès des Sciences Historiques, Palais des Académies, Rue Ducale 1, Brussels.

THE Confédération des Travailleurs Intellectuels Français, which is merciful enough to use the contraction C.T.I., is summoning an international congress of Cs.T.I. to meet in Paris on April 5th. It will assemble under the presidency of M. Léon Bourgeois, senior French delegate to the Society of Nations. Other representatives of that Society, of the International Labour Office, and of several nations, will be present. It is hoped at this congress to form a Confédération Internationale des Travailleurs Intellectuels (C.I.T.I.). Further information may be obtained from the Secretary-General of the French C.T.I., 12, Rue Henner, Paris.

AN International Tuberculosis Congress will be held in Madrid next month under the patronage of King Alphonso.

DR. GIUSEPPE CARONIA has been nominated professor of clinical pediatrics in the University of Rome in succession to the late Professor Luigi Concetti.

AN appeal has been entered by the plaintiff against the judgement given against her by the Lord Chief Justice, on the findings of a special jury, in the libel action *Stipes v. Sutherland* and another, reported in the BRITISH MEDICAL JOURNAL of March 10th (pp. 445-448).