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READERS in search of a particular subject will find it useful to bear in mind that the references are in several cases distributed under two or more separate but nearly synonymous headings—such, for instance, as Brain and Cerebral; Heart and Cardiac; Liver and Hepatic; Renal and Kidney; Cancer and Carcinoma, Epithelioma, Malignant Disease, New Growth, Sarcoma, etc.; Child and Infant; Bronchocele, Goitre, and Thyroid; Diabetes, Glycosuria, and Sugar; Light, Roentgen, Radium, X Rays; Status Lymphaticus and Thymus; Eye, Ophthalmia, and Vision; Bicycle and Cycle; Motor and Automobile; Association, Institution, and Society, etc. Subjects dealt with under various main headings in the JOURNAL have been set out in alphabetical order under their respective headings—for example, "Correspondence," "Leading Articles," "The Week," "Reviews," etc. Original Articles are indicated by the letter (O).

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# INDEX TO THE EPITOME FOR VOLUME I, 1924.

READERS in search of a particular subject will find it useful to bear in mind that the references are in several cases distributed under two or more separate but nearly synonymous headings—such, for instance, as Brain and Cerebral; Heart and Cardiac; Liver and Hepatic; Renal and Kidney; Cancer and Carcinoma; Epithelioma, Malignant Disease, New Growth, Sarcoma, etc.; Child and Infant; Bronchocele, Goitre, and Thyroid; Diabetes, Glycosuria, and Sugar; Eye, Ophthalmia, and Vision, etc.

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the anterior superior spine of the ilium, by means of an ordinary-sized serum needle, the needle being pushed in till the bone was felt, then slightly withdrawn and the contents of the syringe injected. On withdrawal of the needle the area was briskly massaged with a hard pad of cotton-wool to diffuse the fluid through the tissues.

A sharp reaction usually followed in about six to eight hours; there was some local redness and tenderness, and the temperature rose a degree or so. Further, there was a tendency to perspiration, but no other symptoms developed. The injections were given at night, and the patient was able to be up and about the next day without discomfort. No special diet or medicinal treatment was indicated. The results of the treatment of twenty-four cases by this method are given in the accompanying table (p. 13).

The following points were noted: Generally the results were quite good. In younger patients the signs of improvement were to be seen early; age seemed to count more than the duration of the condition—as age increased the condition was more stubborn to treatment; but in some cases, as will be seen, prolonged exhibition of the combination gave satisfactory results. One of the cases after prolonged administration developed nephritis, which cleared up after stoppage of treatment. All the cases gained in weight while under treatment and their general health was improved.

## OUTWARD DISLOCATION AT THE TARSO-METATARSAL JOINT.

BY

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REGISTRAR, ROYAL NATIONAL ORTHOPAEDIC HOSPITAL.

DISLOCATION at the tarso-metatarsal joint is usually caused by great violence—when the foot is run over by a heavy wagon, for instance. The following case, in which the trauma was comparatively slight, seems worth recording:

Mrs. N., a heavy woman of 65, "sprained" her left foot in September, 1922. While standing on a chair she overbalanced, and as she stepped down her full weight came on the inner side of the left forefoot. In her own words, her foot "stuck out sideways" until reduced by a helpful neighbour, and it was very painful. She says that she heard a distinct snap as her foot struck the ground. She remained on a couch for three weeks,

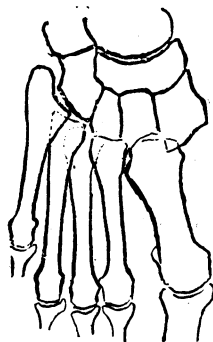


FIG. 1.—Diagrammatic drawing from a skiagram.



FIG. 2.—Drawing from a photograph.

applying to the foot a liniment of great promise but defective performance. When seen four months later, the left foot was valgoid, and the forefoot displaced outward; the internal cuneiform bone was very prominent; there was a general stiffness of the foot, and movements were painful. A skiagram showed dislocation at the tarso-metatarsal joint outward and slightly dorsal, with considerable bone atrophy. She was ordered a light outside steel to the knee, valgus T-strap, and a surgical boot wedged on the inner side. A month later function was good.

Of the fifty cases recorded by Lenormant in his authoritative article,<sup>1</sup> only four occurred in women, and in none of those was the dislocation dorsal and outward. All were caused by great violence, and upon consideration of the anatomy it is difficult to understand how stepping down from a chair could have such serious consequences. Desprès insists that a fracture of the second metatarsal is always present in these cases. Bayer and others deny this. Quénu suggests that a fracture of the distal end of the external cuneiform renders the interarticular line

straight, and permits luxation. In the case of Mrs. N., fracture of both the second metatarsal and external cuneiform appears to have occurred. Girsensohn<sup>2</sup> attributes a similar injury to the joint approximating to the ball-and-socket type, and to the absence of a dorsal inter-metatarsal ligament.

The physical signs are quickly masked by the great swelling of the dorsum of the foot, accounting for the late diagnosis in 20 per cent. of cases (Lenormant). The history of the type of violence and of displacement of the forefoot is therefore of great importance. The cases soon become irreducible by manipulation (fifteen days, von Linhart), and fibrosis, exuberant callus, and retraction of soft structures occur. Lenormant describes an ossification of the plantar ligaments, forming a bony bridge under the site of injury, as the chief difficulty found in these late cases. But in those early cases submitted to open operation the obstacle to reduction has been that portion of the tibialis anticus tendon attached to the first metatarsal, which becomes lodged between the base of the metatarsal and the first cuneiform. When this is cut, reduction can be effected with ease,<sup>3</sup> and the result of operation has been excellent. The results of operation in late cases have been poor (Lenormant).

It would appear, then, that in early cases an open operation with tenotomy of the tibialis anticus is indicated. In late cases function is fairly good anyhow, and the results of operation have not been encouraging.

I have to thank Mr. J. Jackson Clarke for permission to publish this case.

### REFERENCES.

- <sup>1</sup> Arch. Gén. de Chir., 1908, 11. <sup>2</sup> Deut. Zeit. f. Chir., cxlix, 135.  
<sup>3</sup> J. J. Douglas, Trans. Clin. Soc. Lond., xxxix.

## Memoranda:

### MEDICAL, SURGICAL, OBSTETRICAL.

#### CARBON MONOXIDE POISONING DURING PREGNANCY.

ALTHOUGH cases of carbon monoxide poisoning are of common occurrence, I have been able to find few references to such a condition during pregnancy. The following case was of considerable interest, and in view of its unusual features seems worthy of record.

On February 15th, 1923, a man, his wife, and a male child aged 2 years, were all "gassed" whilst asleep, through leakage from a fractured road main filling their house with coal gas. They were taken to the Bristol General Hospital at once. Husband and wife were unconscious on admission; the child was dead. Both patients had stertorous breathing, pulses almost imperceptible, and the complexion a pinkish-grey colour.

The man, aged 26 years, recovered consciousness in four hours after treatment with camphor injections, stimulants, and oxygen. He made an uninterrupted recovery in about five days.

The woman, aged 23 years, regained consciousness in three hours under similar treatment. She vomited once during this time. When the accident occurred she was six months pregnant, and because there had been no foetal movements since the occurrence she was examined by the physician accoucheur (Mr. D. C. Rayner), who decided that in all probability the foetus was dead. Having considerably recovered she was discharged from hospital on February 22nd. Three weeks later she was admitted to Southmead Infirmary for observation. The fundus uteri only reached the umbilicus. The tumour was "doughy" rather than elastic; the patient had felt no foetal movements; she had had no pains or discomfort; milk could be expressed from both breasts. Since she had lost her first child, the patient naturally clung to the smallest hope of the foetus being still alive. Consequently it was decided not to induce labour, and the patient continued in apparently normal health.

On April 15th (exactly two months after the accident) definite labour pains commenced at 8.15 p.m. About two hours later the os was found fully dilated, with a large elongated bag of membranes almost reaching to the vulva. The presenting part felt "soft and flabby" and during the examination the membranes ruptured. The liquor amnii which escaped was dark brown in colour, but not offensive. It seemed certain now that the foetus was dead, and the patient was left an hour or so in the hope that the uterus would expel its contents. During this time she complained of severe pains about every five minutes though the uterus did not feel to be contracting well. A second vaginal examination showed that the os was somewhat smaller than before and the ribs of the foetus could be felt.

In view of some slight haemorrhage it was decided that the uterus must be emptied as soon as possible. The uterine contractions still continued poor and seemed totally unable to express

the foetus. Bimanual manipulations brought the head down and this was so softened that a good grip was eventually obtained with large volsellum forceps and the foetus extracted with some difficulty. Placenta and membranes were expressed intact almost immediately. There was some post-partum haemorrhage, and a hot intrauterine douche was given at once, followed by 1 c.cm. of pituitrin intramuscularly, and a drachm of extract. ergot. liq. by mouth. The patient appeared fairly well with a pulse of 95, and the uterus satisfactorily contracted. Two hours later there was sudden relaxation of the uterus and excessive haemorrhage. The pulse rate became rapid and the patient collapsed. An injection of ergotin was given—the uterus was compressed abdominally and shock treated in the usual way. There was no further haemorrhage and the uterus remained contracted. The patient made an uninterrupted recovery and was discharged on May 12th quite well.

An examination of the foetus showed that it was a female child, weighing 2 lb. It was about six months' development—not eight as the duration of the pregnancy might suggest. Although "soft and flabby" its skin was red and in good condition—not macerated. On opening the thorax about half an ounce of blood-stained fluid was found on each side of the chest. This was collected, care being taken to avoid contamination.

Next, an aqueous extract of the placenta was made, and finally a specimen of the mother's blood obtained fresh from the patient. Spectroscopic examination of these specimens showed:

*Fluid from chest of foetus:* Contained carboxyhaemoglobin. Various reducing agents were tried, but in no case could the characteristic absorption bands of carboxyhaemoglobin be removed.

*Extract of placenta:* Did not contain carboxyhaemoglobin.

*Mother's blood:* Did not contain carboxyhaemoglobin.

There seems no doubt that the foetus died at the time of the actual "gassing." A dose of carbon monoxide, which was insufficient to kill the mother, caused the death of a six months old foetus, and the presence of carbon monoxide appears to have modified the process of maceration. The normal contractile power of the uterus seems to have been diminished also. Possibly this accounts for the products of conception being retained for such a long time as two months after the death of the foetus.

I wish to thank Dr. Buckmaster, professor of physiology in the University of Bristol, for his help with the blood tests, and also Dr. Norgate, medical superintendent of Southmead Infirmary, for permission to publish this case.

PERCY PHILLIPS, M.Sc., M.B., Ch.B.,  
Assistant Medical Officer, Southmead  
Infirmary, Bristol.

## Reports of Societies.

### THE COMPLEMENT FIXATION TEST IN TUBERCULOSIS.

At a meeting of the Medico-Chirurgical Society of Edinburgh on December 5th, 1923, with the President, Sir DAVID WALLACE, in the chair, a joint communication on the complement fixation test in the diagnosis of tuberculosis, with special reference to pulmonary tuberculosis, was presented by Dr. A. NIMMO SMITH and Dr. FERGUS HEWAT. The work had been carried out at the Ministry of Pensions Hospital, Craigleith, where 400 serums had been examined.

Besredka's antigen had been used throughout, the preliminary titration of complement was always performed (a) alone and (b) in the presence of antigen, and the reading of the results in relation to the minimal haemolytic dose of complement used was defined in terms of a "strong," "moderate," or "weakly positive" result. The patients examined had been placed in five groups:

*Group I.*—Cases with tubercle bacilli in the sputum, and one case with them in the urine = 59 cases. In 51 (86.4 per cent.) the reaction was positive. Of the 8 negatives, 2 gave a positive on re-examination, one gave 4 negatives, the other 5 could not be re-examined. Reference was made to the fact that advanced cases may be expected to give a negative reaction, and some cases showing no systemic disturbance may likewise do so.

*Group II.*—Clinically active tuberculosis without tubercle bacilli in sputum on repeated examination (32 pulmonary cases, one adenitis, and one epididymitis case); 19 (55.8 per cent.) gave a positive reaction. It was admitted that there was always some clinical doubt in such cases, since there might be a healed tuberculous lesion coexistent with acute non-tuberculous bronchial disturbance.

*Group III.*—Clinically inactive tuberculosis = 42 cases; 36 gave a negative reaction and 6 gave a positive reaction, two of them giving a positive Wassermann reaction as well—that is, 90 per cent. negative, excluding the positive Wassermann reaction cases.

*Group IV.*—Cases in which the Wassermann test was positive and there was no reason to suspect tuberculosis. There were 68

cases in this group. In 18 (26.4 per cent.) the complement fixation test was positive and 50 (75.5 per cent.) negative. In a series of 75 congenital syphilitics Cooke found a positive Wassermann and complement fixation test occurring in each case.

*Group V.*—Cases of other diseases showing no evidence of tuberculosis and in which the Wassermann test was negative. In 185 (93.4 per cent.) a negative reaction resulted, and in 13 (6.5 per cent.) a positive reaction; one of the latter was negative on the second test, and in another, a case of malignant endocarditis, there was an old-standing lupus. It was difficult to explain some of the false positive results, but such cases ought to be closely followed up as other proofs of tuberculosis might develop later.

The following conclusions were drawn from this section of the paper: (1) A positive test occurred in the great majority of cases when tubercle bacilli were present in the sputum. (2) A large number of patients with clinically active tuberculosis gave positive results. (3) A high percentage of clinically inactive cases gave a negative result. (4) When a positive Wassermann reaction was present a positive tuberculosis test might also be present without there being any clinical evidence of tuberculosis. (5) The test might be of real value in differentiating between an active and inactive lesion.

Dr. FERGUS HEWAT dealt with the clinical aspects of the test in a group of 160 pensioners in whom the diagnosis of pulmonary tuberculosis was in doubt. The question at issue was not the old one of early diagnosis, but rather the differential diagnosis in the case of patients who had had chronic lung symptoms for three or four years. They were kept under observation for a period of twenty-eight days if necessary. Dr. Nimmo Smith had known absolutely nothing about their clinical state until weeks after his report had been made. An attempt was made to group them into clinically active and chronic, the basis of classification being that suggested by Sir Robert Philip more than twenty years before, in which the importance of the local and systemic phenomena was recognized. In this group of 160 patients he had felt justified in classing 75 as tuberculous. Twenty-six cases gave a positive complement fixation test; of these twenty were regarded as active and six as chronic: two of these cases would probably have been missed had it not been for the test. Ten cases were regarded as active clinically, but gave a negative fixation test. Two cases which were not in this group, but were under Dr. Hewat's care, gave a negative fixation test, although tubercle bacilli were present in the sputum. One was a case classed as bronchitis before being sent to the sanatorium, and showed poor general resistance, the other was a "cavity" case in a hospital for advanced cases, but the patient, having good powers of resistance, recovered sufficiently to be able to return home. The conclusions drawn from this clinical section of the paper were in much the same terms as those already stated. An appeal was made for further investigation of the positive cases who could not be classed as cases of tuberculosis on clinical grounds.

Sir ROBERT PHILIP sent a statement of his views which the President read to the meeting. He considered the test of no essential value in so far as the initial diagnosis was concerned, for he had not yet seen a case with a certainly positive reaction where, in his opinion, there was serious diagnostic difficulty. In several cases a negative result had been obtained in which there could be no doubt as to the diagnosis being negative. There was another aspect, however—namely, the explanation of divergent results. Arrest of the disease might exclude a positive reaction, but physical examination might suggest arrest, and yet a positive reaction might give valuable warning that the process of arrest was not complete. Thus, the test might be of value in assessing the patient's condition from time to time during this protracted disease.

Dr. ANDREW RUTHERFORD had carried out about 600 tests at the Royal Victoria Dispensary. His technique was the same as Dr. Smith's, except that he had used the antigen of Dr. A. C. Inman of the Brompton Hospital. Broadly speaking, he considered his results showed 90 per cent. positive reactions in cases of active tuberculosis with tubercle bacilli in sputum, and he thought his results ran parallel with the amount of lung involvement and systemic disturbance. Cases with free haemoptysis gave a high percentage of positive results. Seventy tests in presumably healthy persons had been all negative. He considered the test of undoubted value in certain groups of cases, frequently yielding a

and the Conference loses one of its most attractive and valuable personalities. His loss produces a blank almost impossible to fill. Shaw and his work will be held in affectionate and grateful remembrance by his colleagues on the London Panel Committee and by all insurance practitioners.

Dr. H. H. MILLS (Kensington) writes:

Will you allow me space for a brief note about the late Dr. Lauriston Shaw, the treasurer of the London Panel Committee since its foundation. I was intimately associated with him during the difficult months immediately before and after the establishment of the National Insurance Act. During that stormy time Dr. Shaw remained calm and unperturbed. He was a man of vision and high ideals, which enabled him to take an optimistic view, with never a doubt as to the ultimate success of the great experiment. His calm counsel was invaluable, and his ability in seeing the question from all points of view was remarkable. This enabled him to adjust many difficulties and to make progress even when clashing interests threatened unavoidable rupture. His statesmanlike work was invaluable, and he lived to see the undoubted success of the scheme for which he sacrificed so much. A loyal friend, a great clinician, and a far-seeing prophet, he will be sorely missed in the ranks of medicine.

#### SIR NAPIER BURNETT, K.B.E., M.D.,

Chief Executive Officer, Joint Council of the Order of St. John and the British Red Cross Society.

THE premature death of Sir Napier Burnett after a short illness is a real loss to the medical profession. He was in the full vigour of middle life and had made himself an authority on the administration and finance of hospitals. During a visit to the Continent a few months ago he was taken ill, but returned to Edinburgh, where he underwent an operation. From this he never entirely recovered and his death occurred on the morning of Christmas Day at his home in Hampstead.

Edward Napier Burnett was born in July, 1872, the only son of the late Mr. James Burnett of Fraserburgh. He received his medical education at the University of Glasgow, where he graduated M.B., C.M. in 1894, and M.D. in 1908; he became F.R.C.S. Edin. in 1905, and F.R.C.P. Edin. in 1913. Some twenty years ago he established himself in Newcastle as a consulting obstetrician and gynaecologist, a department of practice in which he attained great success. He entered fully into the medical life of Newcastle and was president of the Newcastle Clinical Society for the usual period. During this part of his life he wrote several papers on clinical subjects, chiefly relating to the department of medicine he followed. He was also interested in the municipal work of the city and was justice of the peace and a member of the city council. When the great war broke out he was associated with Professor Rutherford Morison in the organization of the Northumberland War Hospital, and was a member of its surgical staff.

When the need for economy in every direction and particularly in the matter of food supplies became so essential, he was, on November 26th, 1916, appointed chairman of a Hospital Economy Committee which was instituted at the War Office to secure the co-operation of the staffs of military and auxiliary hospitals in curtailing expenditure in every possible direction. Of his work in this respect Sir William Leishman writes to us that it was "of almost incalculable value and resulted in an enormous saving to the country by eliminating waste without in any way interfering with the welfare of the patients. He was thanked by the Army Council for his valuable work and was awarded the K.B.E. in January, 1919, for his services."

Afterwards he returned to Newcastle, but the work he had done for the War Office had marked him out as an administrator of unusual ability, and in March, 1920, he was appointed director of hospital service to the Joint Council of the British Red Cross Society and the Order of St. John. In this capacity he visited probably most of the hospitals in Great Britain, and his reports, which were published from time to time in our columns, were well

documented and full of information not previously available. He held very strongly that the voluntary hospital system was best adapted to the needs of this country and that by judicious appeals to all sections of the public, and by co-operation and good management, it could be maintained. Towards the end of 1921 he was appointed chief executive officer of the Joint Council; in consequence his duties and responsibilities were greatly increased, but he rose to them all. They included advising as to the administration of the balance of the war funds held on behalf of ex-service men by the Joint War Committee of the British Red Cross and Order of St. John. He was a man of great energy and got through an enormous amount of work; his decisions were only reached after full inquiry and were all characterized by sound judgement and strong common sense.

He married in 1903 the daughter of Mr. George McCoull of Ovington, Northumberland. Great sympathy will be felt with Lady Burnett and her four daughters in their great loss.

## The Services.

### NEW YEAR PROMOTIONS.

THE following Surgeon Commanders, R.N., have been promoted to the rank of Surgeon Captain: Arthur R. H. Skey, Robert H. Mornement, O.B.E., James H. Fergusson, Henry C. Whiteside, John R. Muir.

### ALEXANDER MEMORIAL PRIZE.

THE prize of £50 and the gold medal of the Alexander Memorial Fund for 1923 has been awarded to Captain D. McKelvey, M.C., R.A.M.C.

The subject for the next competition is "The Influence of Service in a Tropical Climate on the Physical Efficiency of European Troops." Essays should be submitted to the Secretary, Prize Committee (Alexander Memorial Prize), R.A.M. College, Grosvenor Road, S.W., not later than December 31st, 1925. Each essay must have a motto and be accompanied by a sealed envelope bearing the same motto and containing the name of the candidate.

### PARKES MEMORIAL PRIZE.

THE prize of 75 guineas in money and a gold medal of the Parkes Memorial Prize for 1923 has been awarded to Captain J. S. K. Boyd, R.A.M.C. The essays submitted by Captain H. A. Sandiford, R.A.M.C., and Lieut.-Colonel C. A. Gill, I.M.S., were noted for special commendation.

The subject for the next competition, which is open to officers of the Royal Navy, Army, and Indian Army of executive rank on full pay, other than professors and assistant professors of the Royal Naval Medical School and of the Royal Army Medical College, is "Food Deficiency Diseases on Active Service—the Causation, Prevalence, and Control." Essays should be submitted to the Secretary, Prize Committee (Parkes Memorial Prize), R.A.M. College, Grosvenor Road, S.W., not later than December 31st, 1925. Each essay must have a motto and be accompanied by a sealed envelope bearing the same motto and containing the name of the candidate.

## Universities and Colleges.

### UNIVERSITY OF ST. ANDREWS.

THE following candidates have complied with all the requirements for the degrees indicated:

M.B., CH.B.—D. S. Anderson, T. Christie, S. K. Cohen, T. A. Doran, L. Farrell, A. Henderson, L. R. Khan, Ena M. Liddell, R. S. Melville, J. R. Miller, Hermina M. Morrison, J. Petrie, Isabella Sim.

M.D.—W. L. Kinnear.

D.P.H. (SECOND EXAMINATION).—*Sanitation and Epidemiology*: J. Lamberton, W. L. Tullis, Frances H. Watson. *Sanitary Law and Vital Statistics*: J. Lamberton, Isobel M. Mansie, W. L. Tullis, Frances H. Watson.

### UNIVERSITY OF DUBLIN.

At the Winter Commencement, Michaelmas term, held in the theatre of Trinity College on December 20th, 1923, the following degrees were conferred:

M.B., B.Ch., B.A.O.—A. J. Beckett, Eileen A. Boyd, \*R. R. J. Brandt, F. G. Brown, M. Cohen, H. W. L. Dale, W. L. Duncan, J. E. Dale, P. C. du Plessis, \*J. A. du Toit, J. E. Eliason, R. L. C. Fisher, J. S. Glasgow, J. M. Gordon, \*E. R. Hafner, L. Harris, Kathleen E. Hill, H. Isaacson, J. A. Levitt, J. M'lelland, J. A. MacDonald, I. Marin, D. H. F. Milmo, J. M. Mounsey, R. W. Nesbitt, J. J. O'Grady, Martha Reid, G. F. T. Saunders, W. L. W. Smith, Isabella H. Speedy, J. H. Stals, J. D. Watson, Gladys Weatherill, W. F. Whaley, J. V. Williams, N. E. H. P. Williams, A. V. Wood. M.D.—H. C. C. Deane, S. W. Fisher, E. S. Horgan, C. J. U. Murphy, \*C. T. de M. Villet.

\*In absentia.

## ROYAL COLLEGE OF SURGEONS IN IRELAND.

The following candidates have been approved at the examination indicated:

PRIMARY FELLOWSHIP.—Eileen Kiernan, W. G. Lyons, H. Tranter.

FINAL FELLOWSHIP.—C. Cooper, J. C. Gillespie, Margaret Holliday, N. P. Jewell, R. J. May, R. W. Power, F. H. Whyte.

## CONJOINT BOARD IN IRELAND.

The following candidates have been approved at the examinations indicated:

FINAL PROFESSIONAL.—F. J. N. Carney, A. E. Clements, M. H. Dobbins, F. D. Fitzpatrick, W. G. C. Fitzpatrick, H. I. Hawkes, Rosaleen H. Hoskin, Kathleen O. M. Kennedy, Catherine M. Kieg, G. A. Little, J. J. Marlborough, Sarah Matson, F. McConnell, E. A. McManus, J. J. O'Donnell, J. O'Donnell, W. O'Neill, V. J. O'Toole, H. C. Patterson, G. F. Plant, P. B. Ryan, J. Unsworth, S. P. Wallace, D.P.H.—T. K. Reddin, J. J. Ryan.

## SOCIETY OF APOTHECARIES OF LONDON.

The following candidates have passed in the subjects indicated:

SURGERY.—D. Dimitrijevitich, H. S. Edwards, S. Snelson.  
MEDICINE.—H. J. Powell, D. C. Robinson.  
FORENSIC MEDICINE.—P. V. Casling, H. T. Chiswell, H. J. Powell, R. Schofield, J. B. Sweet.  
MIDWIFERY.—F. H. Armanious, C. J. Fox, R. Norrie.

The Diploma of the Society has been granted to Messrs. D. Dimitrijevitich and C. J. Fox.

## Medical News.

His colleagues of Middlesex Hospital and other friends have arranged to give a dinner to Sir John Bland-Sutton to congratulate him on his election to be president of the Royal College of Surgeons of England. The dinner will be held at the Hotel Victoria, Northumberland Avenue, on Thursday, January 24th, at 7.30 for 8 p.m., when Dr. W. Essex Wynter will be in the chair. Further particulars can be obtained on application to Dr. R. E. Apperly, 3, St. Andrew's Place, Regent's Park, N.W.1.

A COMMITTEE has been formed to organize a public testimonial to Dr. A. M. Stalker, who recently retired from the professorship of medicine at St. Andrews University and from the position of visiting physician to the Dundee Royal Infirmary, in recognition of his ungrudging services to the community. The chairman of the committee is Lord Provost High and the secretary is Mr. W. H. Blyth Martin, town clerk.

THE *Medical Journal of South Africa* reports that the next South African Medical Congress will be held in Grahamstown, from April 21st to 26th. There are to be three sections: (1) medicine and gynaecology, (2) surgery and special subjects, and (3) public health. The official opening of the congress will be performed by Professor Sir George Cory. It is hoped to conclude the business by Friday, April 25th, and to take members of the congress to Port Alfred on that day. The honorary secretary is Dr. Ella Britten, Grahamstown.

THERE will be an intensive course in cardiology, including lectures and demonstrations, from January 14th to 25th, at the National Hospital for Diseases of the Heart, Westminster Street, W.1. The course will be limited to sixteen, and admission thereto will be by special ticket only; early application to the dean is therefore advisable. The fee for the course is £7 7s., payable to the secretary at the hospital. There will be lectures each morning from 10 to 12.30, and clinical and pathological demonstrations in the afternoon from 2 to 4, on all the days except Saturday. Besides the consideration of normal and abnormal conditions of the heart, there will be demonstrations of the various instruments used in connexion with the diagnosis and recording of diseases of the circulatory system generally.

THE series of post-graduate lectures arranged by the Clinical School of the University of Liverpool will recommence on Monday, January 7th, at 3.30 p.m., and continue each day, except Saturday, at the same hour.

At the meeting of the Röntgen Society to be held in the British Institute of Radiology, 32, Welbeck Street, W.1, on Tuesday next, January 8th, at 8.15 p.m., papers will be read by Dr. J. A. Crowther, University Lecturer in Radiology, Cambridge, on x-ray production, and by Mr. H. Moore, Assistant Director British Scientific Instrument Research Association, on the quality of the x rays excited in hot cathode and in gas tubes by various types of generators of high-tension current.

THE Right Hon. Sir Auckland Geddes, G.C.M.G., K.C.B., M.D., has resigned, on grounds of health, the post of British Ambassador to the United States of America, to which he was appointed in March, 1920.

THE Lambeth Conference requested the Archbishop of Canterbury to appoint a committee to consider and report upon the use, with prayer, of the laying on of hands, of the unction of the sick, and other spiritual means of healing. The committee consisted of the Bishop of Oxford (chairman), the Bishops of Southwark, St. Albans, St. Edmundsbury and Ipswich, Goulburn, and in Assam, Bishop Chandler, Professor Sir Clifford Allbutt, Sir Robert Armstrong-Jones, Dr. William Brown, Dr. Hadfield, Dr. W. H. Rivers, Dr. Jane Walker, Rev. Canon A. J. Mason, D.D., Rev. the Master of Selwyn College, Cambridge, Prebendary E. J. Bicknell, Rev. W. B. Trevelyan, Rev. Canon Streeter, Rev. Harold Anson, Rev. Canon Roseveare, and Rev. J. R. Pridie. The committee approached its task under three main heads: (a) the evidence for the ministry of healing; (b) a comparison between the different methods of healing and their relation to Christian thought; (c) whether a ministry of healing should now be recognized and sanctioned. We are informed that the report of the committee will be issued early this month by the Society for Promoting Christian Knowledge (Northumberland Avenue, London, W.C.2).

THE Senate of Leyden University has decided to confer the honorary degree of doctor of medicine on Dr. Felix Herbert d'Herelle, of the Pasteur Institute of Paris, whose work in connexion with bacteriolytic agencies, termed by him "bacteriophages," has been on various occasions reported in this JOURNAL. His contribution to the discussion on the subject at the Annual Meeting of the British Medical Association at Glasgow will be remembered; it was published in our issue of August 19th, 1922 (p. 289).

THE next series of lectures to students and medical practitioners given by the medical staff of Queen Charlotte's Lying-in Hospital, Marylebone Road, N.W., will commence on Thursday next, January 10th, at 5 p.m., when Dr. Stevens will speak on the treatment of labour complicated by generally contracted pelvis. The lectures will be continued on the following Thursdays at 5 p.m. up to and including March 6th.

A COURSE of three lectures on the influence of improved town planning and housing in public health will be given on Fridays, January 18th, February 1st, and February 15th, at University College, London, by Dr. John Robertson, C.M.G., professor of hygiene and public health in the University of Birmingham, and medical officer of health for that city. The lectures will be given at 5 p.m. on each day, and will deal respectively with existing conditions, standards of accommodation and environment necessary for good health, and with the results to be achieved.

THE annual dinner of the Blackburn and District Medical Society was held on December 13th, 1923. The Chairman, Dr. J. Foley, expressed the opinion that septic teeth and unsuitable food were the chief causes of the more common diseases, even more so than housing defects. The standard of medical efficiency in the district had been definitely raised by the valuable lectures and clinical demonstrations given at the Blackburn Royal Infirmary in the course of the year. The Mayor, Dr. J. T. T. Ramsay, J.P., said that the press ought to be more fully informed with regard to the medical side in such disputes as that with respect to the working of the Insurance Act. He believed, however, that within a year this particular difficulty would have been happily surmounted.

THE Central Midwives Board for England and Wales met on December 19th, 1923, for a special penal meeting, and the ordinary monthly meeting was held on the following day. The chair was taken by Professor Briggs, in the absence of Sir Francis Champneys through illness. An application was received from the governing body of the State Medical Faculty of Bengal asking the Board to admit to the roll—under Section 10 of the Midwives Act, 1918—midwives holding the senior midwife certificate of the Faculty who are enrolled on the Register of Senior Midwives maintained by the Faculty. Consideration of this application was adjourned pending approval of the new rules as to training. The following dates were fixed for the ordinary meetings in 1924: January 24th, February 21st, March 20th, April 24th, May 22nd, June 26th, July 31st, October 9th, November 13th, and December 18th.

PROFESSOR EMILE SERGENT of Paris has been invested with the Order of the Star of Rumania.

DR. W. H. PARK, professor of bacteriology and hygiene at the Bellevue Hospital Medical College, New York, and a leading authority on the bacteriology and serology of diphtheria, has been elected president of the American Public Health Association.

ON the occasion of his retirement from practice Dr. B. G. Sumpter of Hunstanton has been presented by his friends and patients with a Jacobean desk, a gun cabinet, and a 16-ft. sailing dinghy; Mrs. Sumpter was at the same time given an antique grandfather clock.



THE first number of a new medical journal, the *Rinascenza Medica*, is to appear with the new year. It is to be issued once a fortnight, is under the directorship of Professor Carlo Martelli of the University of Naples, and will possess the general features of our weekly medical periodicals. In the prospectus reference is made to the seriousness and depth of thought that animates the Italian school of medicine, and the hope is expressed that the new journal will render the outside world, as well as Italy itself, more conscious of this fact. It is said that there exist in Italy innumerable periodicals whose pages are disfigured by the interminable contributions of hysterical pseudo-scientists. The pages of the *Rinascenza Medica* will be open only to genuine workers in medical science, and the director hopes that so praiseworthy an object will receive the support that it deserves.

THE Danish Medical Association has recently been conducting negotiations with the Director of Telegraphs and the Danish Radio-Aktieselskab about wireless consultations between ships at sea and medical officers on duty at certain hospitals. It has been proposed that these medical officers should give wireless medical advice free of charge. The Danish Medical Association has expressed sympathy with the scheme, but has left arrangements of details to those hospitals willing to undertake such work. Norway and Sweden have already adopted a system of this kind.

THE twenty-fifth anniversary of the discovery of radium was celebrated at the Sorbonne on December 26th in a special meeting opened by the President of the French Republic.

A FRENCH National League against Venereal Disease has been founded in Paris with Professor Jeanselme as president and Dr. Hudelo as general secretary. The offices are at 7, rue Mignon, Paris VI.

## 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.

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.

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.

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, *Aitology Westrand, London*; telephone, 2630, Gerrard.

2. FINANCIAL SECRETARY AND BUSINESS MANAGER (Advertisements, etc.), *Articulate Westrand, London*; telephone, 2630, Gerrard.

3. MEDICAL SECRETARY, *Mediscera 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.

### BUNGALOW HOSPITAL.

MR. FRANCIS H. P. WILLS (honorary surgeon, Marlow Cottage Hospital) writes: In answer to "H. R. G.'s" query (BRITISH MEDICAL JOURNAL of December 22nd, 1923) I may say that we have a Cottage Hospital here on the bungalow system, all wards and operating theatre being on the ground floor, and two or three bedrooms upstairs for staff. In plan the hospital is T-shaped, the stalk of the T containing kitchen, scullery, etc. If "H. R. G." would write to me I shall be glad to tell him further particulars, or show him over our hospital, or put him in connexion with the secretary or architect.

### TREATMENT OF ACTINOMYCOSIS.

DR. DONALD I. CURRIE, F.R.C.S. (Colwyn Bay), writes in reply to Dr. W. S. Soden (December 29th, 1923, p. 1282) that he had two similar cases two years ago which responded well to the following additional treatment: Copper sulphate gr. 1/4 three times a day in pill, irrigation of any sinuses with copper sulphate, 1 per cent. solution, and the addition of a few minims of liquor arsenicalis to each dose of potassium iodide.

### ENDOCRINOLOGY AND GROWTH.

"E. H. W." asks to be recommended a book on endocrinology in relation to growth and development in children.

\*\* We are unable to recommend any book devoted solely to endocrinology in relation to growth and development in children. There is a good article by Sir Archibald Garrod in *Diseases of Children*, edited by Garrod, Batten, and Thursfield (pp. 570-584; 1913, Edward Arnold, London), but this is eleven years old; perhaps the best course would be to supplement this article by a recent work, such as the American translation (third edition, 1923) of W. Falta's work, *Endocrine Diseases*, translated and edited by Milton K. Meyers, or L. F. Barker's *Endocrinology and Metabolism* (1922); the first two volumes deal with the endocrinology.

## LETTERS, NOTES, ETC.

DR. H. A. DES VOEUX (Battramsley Close, near Lymington, Hants) is willing to present to any library the following volumes: Medical Society of London *Transactions*, 1897-1921 (bound). Royal Society of Medicine *Proceedings* (many unbound volumes from 1912). West London Medico-Chirurgical Society *Transactions*, vols. 2 to 7 (bound). Obstetrical Society *Transactions*, 1890 to last volume. Sydenham Society volumes from 1888 to last volume.

### RAYNAUD'S PHENOMENA WITH CEREBRAL SYMPTOMS TERMINATING FATALY.

DR. K. E. CROMPTON (Appleby Magna) writes: A road-mender, aged 67, consulted me in January, 1922, on account of deadness of his fingers and attacks of giddiness; the fingers were white and cold with shrunken skin and diminished tactile sensation. The attacks of giddiness were sudden and soon over. Usually they came on in the daytime, and he fell. His general condition was otherwise good. He remained at work for eighteen months, sometimes better, sometimes worse. Treatment such as massage, a course of potassium iodide, and a long course of strychnine had no effect. About the middle of 1923 the condition became worse; the fingers and toes were affected and the attacks of giddiness were more frequent and lasted longer. He had to be carried home several times. I then for the first time saw him in one of the attacks. The condition was that of hemiplegia. I saw him in several such attacks and they were all similar—complete hemiplegia—the paralysis being absolute while it lasted, which was usually about half to one hour. In the end, on November 1st, he had several attacks in twenty-four hours. The last did not pass away as usual, but lasted for four or five days. After this he became delusional and excited, with dry glazed tongue. He gradually passed into a state of coma, in which he lay a week before he died. At the time of death his hands were deep purple to the root of the thumb and the legs to above the ankle. I certified the death as due to Raynaud's disease.

\*\* The attacks of local pallor and of local cyanosis appear to be those of local syncope and asphyxia of Raynaud's disease, but the further stage of Raynaud's syndrome—namely, symmetrical gangrene—did not occur. The association at first with attacks of giddiness and falling might be referred to epilepsy, which has been reported in association with Raynaud's syndrome, or with perhaps greater probability to spasm of the cerebral arteries similar to that of the limb arteries. The later attacks of hemiplegia of a transient character have often been ascribed to spasm of the cerebral arteries, and might be regarded as comparable to the phenomenon of hemianopsia in migraine. It is not improbable from the fatal termination that there was grave arterial disease both in the limbs and brain, and that from some toxic (? uraemic) factor arterial spasm supervened and thus caused two out of the three phases of Raynaud's syndrome.

### TREATMENT OF FOOTBALL ABRASIONS.

DR. W. SCOVIL SODEN (Winchcombe, Glos.) sends the following note of his experience in the prevention of septic infection from slight scratches received when playing football on contaminated ground: At Suez in 1919 we played football on a hard gravel surface contaminated in the same way as the one mentioned (December 15th, p. 1191). I always washed my abrasions with a plentiful supply of soap and water, then dried them carefully, then applied a solution of 1 per cent. picric acid: this I also allowed to dry, and as a rule I put on no dressing. A firm crust formed which came off in course of time, leaving a clean scar. The men usually swabbed their abrasions with iodine and then put on a dressing. The usual result was a painful septic ulcer. I think the most important part of the treatment is the thorough cleansing with soap and water.

### VACANCIES.

NOTIFICATIONS of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found at pages 33, 36, 37, and 38 of our advertisement columns, and advertisements as to partnerships, assistantships, and locumtenencies at pages 34 and 35.

A short summary of vacant posts notified in the advertisement columns appears in the *Supplement* at page 27.