OESOPHAGOSCOPY: A MEANS OF DETECTING FOREIGN BODIES NON-OPAQUE TO X RAYS.

BY

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THE fish bone, and often the dangerous sickle-shaped haddock bone, is one of the commonest of the various foreign bodies which become lodged or impacted in the human gullet. In such cases the information obtained from an *x*-ray screen examination or from a radiogram is generally unsatisfactory and may be misleading. The bismuth pastille and attempts to get some barium porridge to adhere to the foreign body have nearly always failed us.

In a certain number of cases we are convinced that a foreign body is present because of the symptoms and condition of the patient, but we are not sure where it is, though I admit that in this group the average patient locates the level fairly accurately. In another, perhaps more important, group of cases there exists a doubt, not only on the part of the surgeon but on that of the patient, as to whether a foreign body is present or not; an *x*-ray examination and radiogram turns out (in the case of a fish bone) to be negative, and the patient may be allowed to go without anything further being done. A certain proportion of these people actually have an impacted bone in the gullet, and one of three things may occur: (1) the bone may become loosened and pass into the stomach; (2) the patient may vomit the bone; (3) peri-oesophageal abscess, septic mediastinal infection, or haemorrhage from erosion of one of the large blood vessels, and death. Again, in the case of a "suspected" fish bone in the gullet, oesophagoscopy, without any definite information as to the level of the bone, may be negative, and the "intruder" may be vomited soon afterwards (if the patient is thus fortunate) owing to the manipulation of the tube causing disimpaction.

FIG. 1.—Radiogram showing shadow of bariumized wool mass enveloping fish bone in upper portion of gullet.

The above examples are a few of the snags which occur every now and then to the experienced oesophagoscopist; they will necessarily occur much more frequently in the hands of one who is not so experienced.

Any reliable information, therefore, obtainable before passing the tube, and, in addition, something which will arrest the eye at the level of the foreign body during the passing of the tube, will assuredly help to lessen the difficulties and dangers that sometimes crop up in such cases. Both of these desirable aims are attainable by the following simple method.

Small pieces of cotton-wool are lightly teased out to the size of a shilling or slightly larger and soaked in barium porridge, and are given to the patient to swallow one at a time to the number of six to eight pieces. A minute or so afterwards a teaspoonful or more of barium porridge is swallowed. Two or three minutes are then allowed to elapse to give any surplus barium time to leave the gullet. This, of course, should all be carried out in the *x*-ray room. The gullet is then radiographed. The radiogram (Fig. 1) needs no description except to note that the shadow of the wool mass held up round about the foreign body is invariably of inverted "cone" shape. On passing the oesophagoscope, the lustrous white reflex from the upper part of the bariumized wool immediately arrests the eye. In every one of the cases of large haddock bone the latter has been found closely invested by the wool, like a chrysalis in its cocoon. Figure 2 shows this quite clearly.

In some of the cases the bone was recovered together with the main mass of wool after several small pieces of wool had been removed from its upper end. In other instances, where the bone was firmly impacted in the gullet wall, the wool required removal piecemeal until the exact site of impaction was recognized and disimpaction carried out.

In all of the cases in which this method has been employed so far the site of impaction was the upper part of the gullet, as it usually is in this variety of foreign body. With the exception of one case, that of a stockily built man with a short "bull" neck, oesophagoscopy was performed under local anaesthesia in conjunction with a hypodermic injection of morphine and atropine given three-quarters of an hour or so before.

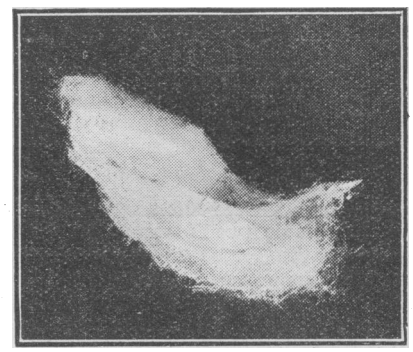

FIG. 2.—Photograph of a fish bone enmeshed in the bariumized wool after removal from gullet.

The last case of the series was that of a man who stated that he had swallowed a meat bone, which he thought had "stuck" in his throat. Radiography without the bariumized wool was negative on two occasions; on the third, with bariumized wool, it was positive. On recovering the meat bone the reason for the negative result was discovered, the bone being an extremely thin transparent disc about the size of a two-shilling piece.

In conclusion, it is perhaps as well to note that a contra-indication to the use of this method would be any degree of dyspnoea in association with a foreign body suggesting involvement of the larynx.

I have to thank Mr. J. F. Krige, house-surgeon to the throat and ear department, for the care he took in carrying out the details preliminary to *x*-ray examination; for the latter I have also to thank Dr. H. E. Gamlen, honorary assistant medical officer to the electrical department.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

THE SEPARATION OF THE PLACENTA.

FOR some time it has seemed to me that to ligature the maternal end of the umbilical cord after the birth of the child is a useless and in many cases a harmful procedure.

My attention was first called to this point when performing Caesarean section, when the object was (after the extraction of the child) to get the uterus as fully contracted as possible before introducing sutures. I noticed then that by leaving the maternal end of the cord untied, so that it could bleed freely, the placenta was more easily removed and the cut uterus contracted more rapidly and firmly and consequently needed fewer stitches.

Then again, after delivery in septic cases, such as often occur in Kashmir, where hollyhock root, cow dung, fowl intestine, and quince seeds are found in the vaginae of women treated by the native midwife, and where the cord when cut sometimes exudes a yellowish juice suggestive of faecal matter, it seemed a distinct advantage to

get rid of as much of this as possible, and I considered that the placenta came away more quickly when the maternal end of the cord was not tied but left to drain.

While the child is living and attached to the mother the blood pressure in the cord is positive. When the cord is cut and the maternal end is allowed to bleed the pressure in the cord is negative, the blood is drained out of the placental vessels, and the villi shrink in the maternal sinuses and collapse, thus favouring their detachment from the uterine wall.

Each contraction of the uterus causes blood to exude from the cut end of the cord and the placenta diminishes in volume, and each relaxation of the uterus will only loosen the villi dipping into the sinuses. Each pain causes contraction of the uterus and placental site.

On the contrary, the usual procedure of ligating the maternal end of the cord causes the pressure in the cord to remain positive, and when the uterus contracts the villi are full and the uterus cannot contract fully. When the uterus relaxes there must be a suction action exerted on the placenta, and its expulsion is delayed. I am inclined to think that tying the maternal end of the cord is inadvisable because—

(1) It delays delivery of the placenta.
(2) It prevents full contraction of the uterus, thus leading to increased haemorrhage.
(3) It increases liability to retention of placenta or portions of it.
(4) It involves a risk of septic infection through maternal sinuses which are still kept open by the engorged villi.

Perhaps one of the chief factors in the normal separation of the placenta from the uterine wall is the tendency of the empty villi to detach themselves; this may explain why the common and reprehensible custom of the native midwives of pulling on the cord to remove the after-birth is not so deadly as it sounds. They do not, as a rule, tie the upper end of the cord; if they did it would be easy to understand that pulling on it with the villi full of blood and intimately connected with the maternal sinuses might invert the uterus.

London, N.W. KATHLEEN VAUGHAN, M.B.Lond.

TORSION OF FALLOPIAN TUBE.

IN the *Epitome* (BRITISH MEDICAL JOURNAL, March 14th, para. 287) there is a note of a case of torsion of a normal Fallopian tube recorded by P. R. Michaël. The following case presents a close parallel.

A single woman, aged 19, was admitted to the Royal Infirmary, Preston, at 6.30 p.m. on March 12th, with acute pain in the right iliac fossa which had come on suddenly at 3 p.m. She had been vomiting continuously since, and was obviously suffering very acute pain, sitting up in bed to obtain relief. The abdomen moved well with respiration, and tenderness was marked in the right iliac fossa, which was rigid. The temperature was subnormal, but the pulse was 112; the urine was normal.

The abdomen was opened by a right rectus incision. The appendix was slightly congested and was removed. The pelvic organs were then explored. The right Fallopian tube was easily brought up to the wound, and was found to be black and swollen to the size of a small Victoria plum. The tube with its mesosalpinx was found to be twisted in a clockwise direction about 1 inch from the uterine end of the tube. The part of the tube proximal to the twist was quite normal, but distal to the twist the tube was deeply congested and swollen. The mesosalpinx was abnormally long as compared with that of the left side. Both ovaries were normal. There was no sign of tumour formation and no adhesions. The twist was undone by turning in anticlockwise direction and the tube removed. The abdomen was closed without drainage.

On cutting open the tube, no blood clot was found in the lumen of the tube and no diverticula noted. The wall was very congested and thicker than normal, and haemorrhages had occurred into the wall, but no evidence of inflammation was present. The menstrual history elicited was to the effect that the patient was menstruating the day of the incident and had been for two days previously. Her periods had commenced when 14 years of age, and came on every six weeks.

In this case, as in Michaël's, there were no adhesions, tumour formation, hernia, or any external cause for torsion. Also, in this case, there was a definite relation to menstruation.

I am indebted to Mr. W. McKerrow, F.R.C.S., honorary surgeon, for permission to publish this case.

DAVID J. DAVIES, M.R.C.S., L.R.C.P.,
House-Surgeon, Preston Royal Infirmary.

Reports of Societies.

THE TREATMENT OF SEPTICAEMIA.

A MEETING of the Sections of Medicine, Surgery, and Pathology of the Royal Society of Medicine was held on March 24th to discuss the treatment of septicaemia; Dr. ROBERT HUTCHISON presided.

MEDICAL TREATMENT.

BY

SIR THOMAS HORDER, BT., M.D., F.R.C.P.

Sir Thomas Horder, in opening, said that his own practice in the treatment of septicaemia differed very little from what it was ten years ago, and he believed this was the case with practitioners in general. He proceeded to define septicaemia as a condition which, although often associated with a primary source of infection, was largely independent of such an association; in some of the most characteristic cases of septicaemia the primary focus might be so inconspicuous as to remain undetected throughout the course of the disease. Septicaemia, therefore, was a condition in which micro-organisms existed and multiplied in the blood independently of the primary focus of infection or of the state known as "focal sepsis." Apart from certain much less common organisms, the two chiefly to be considered were *Streptococcus pyogenes* and *Staphylococcus aureus*. The main principles of treatment fell into three groups: general measures, bacteriotherapy, and chemotherapy. He put general measures first because they had chronological precedence; certain general measures were naturally taken even before the exact bacteriological diagnosis was established, and promptness in respect of these measures was the essential point in the treatment. According to some practitioners, bacteriotherapy would come next in order, and according to others chemotherapy. In the treatment of no disease did the personal equation of the doctor enter so largely as it did in acute septicaemia, not merely because the practitioner was apt to become enamoured of a particular line of treatment, but because there were so many possible things to do. The choice was so large that it was necessary to form a plan of campaign in every case, and not introduce, with an air of panic, new remedies at any particular juncture.

He took as an example a case of *Streptococcus pyogenes* infection of an acute kind, such as one in which the primary focus was a *post-mortem* wound of the finger, followed rapidly by cellulitis, lymphangitis, and general infection. The first general measures were rest (including rest for, in this example, the infected limb), fresh air, and sunlight. Fresh air was important in the treatment of pyogenic infections, and if the alarm which some patients felt at this procedure could be overcome they should certainly be treated on a balcony, or, if the season permitted, in the open air altogether. He could testify to the good effects of a full diet, which need not be entirely fluid unless it be during the height of the acute process. In some cases septicaemic patients required a good many calories of food, and very frequent feeds. Another important item in treatment was reassurance, by which he meant the general conduct of the patient's mind and his attitude towards his condition. This was the more important in a disease in which the treatment was hardly less irksome than the disease itself. A great deal of tact and coaxing was often required to get the various measures carried out without upsetting the patient's equanimity. In America hydrotherapeutic measures were favoured a good deal, and perhaps more might be done in the way of hydrotherapy here, since it was not absolutely necessary to take the patients out of bed for the purpose. Attention to elimination—bowels, skin, and kidneys—was important, as also was sleep. As to anodynes, Sir James Paget, after convalescence from his own acute septicaemia, paid a high tribute to the value of opium. There was no contraindication to the use of opium in a good many septicaemic cases; in these days, Sir Thomas Horder thought, there was an unjustifiable tendency to be afraid of opium in acute febrile conditions which were prolonged and which led to physical and

attendance, and six days later she was operated on in a nursing home by Dr. F. J. McCann and Dr. Burnet. Counsel argued that the defendant's negligence had cost the plaintiffs £220 in fees for the nursing home, nurses, and holidays. The defendant, he said, had not brought to his task that competence and care which the law required of everyone engaged in a skilled profession.

Both the plaintiffs gave evidence in support of counsel's opening speech, and were cross-examined by Mr. Dickens.

Dr. Edward Burnet said that he had had a large obstetrical experience, and expressed the opinion that it would be wrong to use forceps in the first stage of labour. The placenta should never be left unremoved for more than an hour. With a perineum torn as in this case a thorough reparative operation ought to be performed at once after the third stage of labour was concluded. When he first examined Mrs. Gray forty-six days after the birth her condition seemed to him such that she should be attended to without further delay, and he advised her to see a gynaecologist. He came to the conclusion that there was no justification for the damage that had been done or for the delay in repairing it. In cross-examination he said it was about ten years since he last attended a confinement. He did not agree with the school of thought which held that if a first suture failed an interval of three months should pass before resuturing.

Dr. F. J. McCann, who performed the operation on May 17th, 1923, said that in his view the sooner ruptures of the perineum, such as Mrs. Gray had sustained, were repaired the better. He inclined to the opinion that the operation could properly have been performed before May 11th, when he first examined the patient. It was right to postpone an operation in cases of infection, but when he operated in this case there was no trace of infection. The condition of this patient might, however, quite possibly have been such that it would not have been prudent to perform the operation earlier than it was performed. Assuming that the labour pains began at 8 a.m., and became severe at 8 p.m., it seemed to him extraordinary that forceps should be applied at 9 p.m.; they ought never to be used in the first stage of labour. In reply to the Lord Chief Justice, Dr. McCann expressed the view that the patient's condition was undoubtedly produced by the forceps, but he would not be prepared to say that because forceps had been used such use was improper. Dr. W. E. Falconar also gave evidence for the plaintiffs.

Mr. Dickens, addressing the jury, described it as a monstrous thing to blame Dr. Peacock, who was on the spot and was the best person to judge what should be done. The only charge of negligence against him was that he brought about delivery with undue speed; but that was merely a matter of conjecture, which the medical witnesses for the defence would dispel. The child was born alive and healthy, and who was to say that the defendant was wrong in what he did?

Mr. Aleck W. Bourne, F.R.C.S., said that the injury in this case was one of the commonest happenings in confinements, especially a first confinement. In his view Dr. Peacock acted with fine judgement and skill, and was in no respect negligent. If the mother showed signs of exhaustion or the child showed that it was feeling the stress of labour unduly, it would be quite proper to apply forceps whatever the time.

Mr. Leonard Phillips, F.R.C.S., entirely agreed with what Mr. Bourne had said as to the use of forceps and with his evidence generally. He thought Dr. McCann had been lucky in obtaining a cure after operating so early as May 17th.

Mr. Victor Bonney, F.R.C.S., said he had known defendant for twenty years, and from what he had heard of this case considered Dr. Peacock was justified in the judgement he came to regarding the conduct of Mrs. Gray's confinement. Forceps delivery one hour after the beginning of the second stage of labour was not improper. Rupture of the perineum was not evidence of precipitancy on the part of the attendant; forceps properly applied might minimize the tear. In general, if the first sutures broke down his own practice was to wait six months before attempting operative repair; the reason for this was the risk of septic infection.

Dr. Peacock, giving evidence on his own behalf, said he had been in general practice for thirty years; he had a large midwifery practice, and had never lost a child nor had a case of sepsis. He still considered that he was right in what he did in connexion with Mrs. Gray's confinement. Her exhausted condition, through inability to take food, necessitated the use of forceps. The patient's exhaustion and the risk of sepsis led him to leave the placenta unremoved until the next morning. The first sutures, as often happened, broke down, and he postponed resuturing until such time as he should consider the patient's condition justified it.

Eleanor Ferry, the nurse in attendance at the confinement, described the birth as difficult, and said that before forceps were applied the patient appeared to be suffering from uterine inertia. She heard no complaint about the defendant's treatment of Mrs. Gray while she was attending the case.

Mr. R. M. Rowe, F.R.C.S., who accompanied the defendant to the case on the day after the confinement, said that in his view events justified Dr. Peacock's treatment.

In the course of his summing up, the Lord Chief Justice said that a doctor did not guarantee results; but in holding himself out to practise medicine and surgery he undertook to have a reasonable and competent measure of skill, and to use reasonable care. The jury had to decide whether they were satisfied that defendant used forceps in circumstances in which he should not have done so, and if the injury Mrs. Gray afterwards showed was due to the use of forceps.

The jury returned a verdict for the defendant, and judgement was entered accordingly for Dr. Peacock on the claim and on the counterclaim for £42 16s., with costs.

Universities and Colleges.

UNIVERSITY OF OXFORD.

Radcliffe Prize and Travelling Fellowship.

ON the report of the examiners the Radcliffe Prize has been awarded by the Master and Fellows of University College to John M. H. Campbell, D.M. (Magdalen and New College). The work of Kenneth J. Franklin, M.A., B.M., Fellow of Oriel College, was highly commended. The prize is of the value of £90, and is awarded every two years for research work in medicine by a medical graduate of the University.

The Radcliffe Travelling Fellowship, 1925, has been awarded to Kenneth J. Franklin. The Fellowship is of the annual value of £300, and is tenable for two years, subject to certain conditions of travel and study abroad.

UNIVERSITY OF DURHAM.

AT the convocation held on March 28th the following degrees were conferred:

M.B., B.S.—J. F. Hedley, Gwendolen Jones, M. H. Jones, W. F. Lascelles, H. Levy, F. Lishman, Charlotte B. Schofield, A. B. W. Smart.

VICTORIA UNIVERSITY OF MANCHESTER.

DR. FREDERICK CRAVEN MOORE, at present lecturer in systematic medicine, has been appointed to the chair of systematic medicine.

UNIVERSITY OF EDINBURGH.

THE Senatus Academicus of the University of Edinburgh proposes to confer at the graduation ceremonial in July the honorary degree of Doctor of Laws upon Dr. A. H. Freeland Barbour, formerly Lecturer in Gynaecology, University of Edinburgh, Mr. Alexander Miles, M.D., F.R.C.S.E., formerly Lecturer in Clinical Surgery, University of Edinburgh, Dr. Robert Muir, F.R.S., Professor of Pathology, University of Glasgow, and Sir Harold J. Stiles, K.B.E., Regius Professor-Emeritus of Clinical Surgery, University of Edinburgh. On the occasion of the meeting in June of the Interstate Post-Graduate Assembly the honorary degree of LL.D. will be conferred upon Dr. Charles H. Mayo, of Rochester, Minnesota.

At a graduation ceremony, held on March 26th, the following degree and diploma were conferred:

D.Sc. (*Department of Pure Science*).—Eric Ponder, M.B., Ch.B.
D.P.H.—W. N. J. Chapman.

UNIVERSITY OF ABERDEEN.

THE following candidates have been approved at the examinations indicated:

M.D.—M. M. Cruickshank, A. Mitchell, R. R. Traill, J. Maclennan.

FINAL M.B., CH.B.—*P. Bayer, H. C. Bonney, W. Booth, L. Chanock, *A. Cruickshank, R. A. Cumming, J. M. Davidson, G. M. Davis, C. A. Dean, Jessie R. G. Dingwall, *C. S. D. Don, A. T. Duncan, G. N. Duthie, Margaret M. Gair, A. Galloway, J. A. Gordon, J. D. Gordon, T. R. Gordon, Janet Johnston, W. Kelly, D. B. Laing, J. Macarthur, *P. D. A. Macdonald, K. C. Mackenzie, D. N. Mackinnon, F. S. M'Lean, Anne G. I. Maclennan, *W. A. Marr, G. W. Mearns, L. Morgan, J. A. Mulligan, N. M. Munro, *J. A. R. Paterson, O. G. Prosser, W. J. Raitt, W. P. E. Richards, J. Robertson, *M. C. G. Robertson, A. A. Simpson, *J. T. Sorley, W. R. Soutter, Barbara W. Spark, D. S. Stewart, J. I. Taylor, H. M. Walker, J. D. Walker, *R. W. H. Welsh, A. D. F. White, A. H. Wilson, Charlotte M. Wilson, D. E. Wilson.

* Passed with distinction.

UNIVERSITY OF DUBLIN.

SCHOOL OF PHYSIC, TRINITY COLLEGE.

THE following candidates have been approved at the examinations indicated:

FINAL M.B., PART I.—*Materia Medica and Therapeutics, Medical Jurisprudence and Hygiene, Pathology and Bacteriology:* *R. A. Q. O'Meara, *J. W. Bowden, *J. M. Selkon, *R. E. Hadden, *T. J. W. Keown, *J. H. M'Lean, J. J. O'Dwyer, G. W. H. Townsend, A. B. Brooks, J. N. S. Gouws, M. Hoffman, C. G. Nel, Kathleen I. Purdy, D. St.C. Mackenzie, G. O. Taylor, E. A. Ellis, Gladys L. Craig, D. J. Roux, J. Johnston, Christina M'Donald, Rachael E. Porter, J. Quigley.

PART II.—*Medicine:* *T. W. MacDowell, C. F. D. M'Caldin, W. C. Somerville-Large, Kathleen D. Murison, G. F. Gillespie, E. M'Alpine, W. H. Anderson, O'D. T. D. Browne, J. R. Gregory, R. T. Cronin, J. Dick, T. C. Foster, P. N. H. Labuschagne, W. B. Roantree, F. M. Purcell, N. M. Greeves, F. J. Marais, Annie T. Deane, F. H. M'Kenna, J. V. Morris, R. W. Harte, J. Cussen, G. P. Bamford, O. Chance, W. P. E. M'Intyre, Augusta M. Young, W. Gallaugher, J. L. Levingston, J. L. Marshall, Mary Galvin, F. V. Duke, C. Lord-Flood, J. A. MacDonnell, R. A. Heatley, J. Horwich, H. Nelson, A. A. Shafik. *Surgery:* *E. M'Alpine, R. K. Carson, W. A. Redmond, R. T. Cronin, J. A. MacDonnell, L. C. Brough, E. T. S. Rudd, E. S. A. Crawford, T. G. B. Crawford, F. M. Purcell, H. W. Strong, J. M. Johnston, C. J. du Plessis, E. J. Walsh, J. E. Beatty, J. Crawford, F. J. Marais, L. M. Whitsitt, E. A. Bennet, R. J. G. Hyde, J. G. Maguire, G. W. Garde, W. C. G. Potts, C. R. Moore, H. Birney, R. V. Franklin, R. A. Heatley, I. Strasburg. *Midwifery:* *C. R. Boland, *J. F. Wilde, *R. L. Forsyth, *E. Rakoff, Elspeth V. D. Hewat, F. H. M'Kenna, J. E. Stokes, G. D. Edwards, A. A. Shafik, M. Sherowitz, P. B. Robinson, B. P. Pienaar, Margaret W. Pike, L. W. R. Haskins, C. E. M'Causland, W. Sinclair, Mary Galvin, Henrietta Armstrong, J. E. Beatty, W. C. Sloan.

M.CH.—D. de Bruijn.

M.A.O.—D. J. Malan.

DIPLOMA IN GYNAECOLOGY AND OBSTETRICS.—Elizabeth N. Thompson.

* Passed on high marks.

LONDON SCHOOL OF HYGIENE AND TROPICAL MEDICINE.

DIVISION OF TROPICAL MEDICINE AND HYGIENE.

THE following medical officers passed the school examination at the termination of the seventy-seventh session (January–March, 1925):

*A. C. Craighead (Duncan medal), *A. N. Haworth, *R. Klaber, *N. E. Goldsworthy, *A. S. Mohamed, K. Lumsden, W. J. Vickers, P. C. C. Garnham, A. H. Campbell, E. N. Cook, J. N. Banks, J. W. Graham, A. B. Monks, E. M. Fraser, E. B. Struthers, P. F. A. Grant, H. H. Brown, J. H. Bowyer, M. Ali, J. Gordon, J. Manley, R. C. Spiers, T. S. Goodwin, F. C. Read, M. Lal, H. J. More, J. Enzer, O. G. Wilde, R. W. C. Thambiah, A. N. Coomarasamy, G. M. Moffatt, A. H. Maclean, J. L. Stuart, R. H. Mumford, T. C. Pan, V. F. T. Chan.

* With distinction.

The Services.

FOREIGN DECORATIONS.

THE following are among the decorations and medals awarded by the Allied Powers to British forces for distinguished service rendered during the war 1914–19.

BY THE PRESIDENT OF THE FRENCH REPUBLIC.

Médaille de la Reconnaissance Française.—En Argent: Captain W. K. Campbell, D.S.O., M.B.E., M.C., R.A.M.C.; En Bronze, Major Wilfred Vickers, D.S.O., Army Medical Corps, Australian Imperial Force.

BY THE KING OF THE SERBS, CROATS, AND SLOVENES.

Gold Medal for Distinguished Service.—Captain W. L. Murphy, R.A.M.C.(T.F.).

Silver Medal for Distinguished Service.—Captains G. S. Davidson and E. D. D. Dickson, R.A.M.C. (S.R.).

DEATHS IN THE SERVICES.

Lieutenant-Colonel David Wilson Scotland, Bengal Medical Service (ret.), died at Colinton, Midlothian, on February 19th. He was born at Saharanpur on November 16th, 1861, and was educated at Edinburgh, where he graduated M.B. and C.M. in 1886, and M.D. in 1899. He entered the I.M.S. as surgeon in 1886, became lieutenant-colonel after twenty years' service, and retired in 1907. Most of his service was spent in civil employ in the North-West Provinces, now the United Provinces of Agra and Oudh. He received the order of the Kaisar-i-Hind, second class, 1900.

Lieut.-Colonel John Gover Williamson, R.A.M.C.(ret.), died at Hastings on January 18th, aged 76. He was educated at St. Bartholomew's Hospital, and took the diplomas of M.R.C.S. and L.S.A. in 1869, and of L.R.C.P.Lond. in 1870. He entered the R.A.M.C. as assistant surgeon in 1871, and during his early years he served in the 65th Foot, now the 1st battalion of the York and Lancaster regiment. He attained the rank of brigade surgeon lieutenant-colonel in 1895, and retired in 1896. After retirement he was employed at Bull Point from 1896 to 1905, and at Leicester from 1905 to 1913. He served in the Afghan war of 1878-80, receiving the medal.

Lieut.-Colonel John Robert Stuart, R.A.M.C.(ret.), who died at Alassio, Italy, on February 27th, was born at Inverness on March 18th, 1855, the son of the late Colonel J. R. Stuart, Royal Scots Fusiliers. He entered the army as surgeon on February 3rd, 1883, became lieutenant-colonel after twenty years' service, and retired in 1910. He served in the Nile campaign of 1898, when he was present at the battle of Omdurman, and received the medal with a clasp and the Egyptian medal.

Obituary.

DR. JAMES TAYLOR of Clifton, Bristol, who died on March 22nd, aged 71 years, was the elder of two sons of the late Dr. James Taylor, who practised at Bristol. He was educated at Bristol and Edinburgh, and took the diplomas of L.S.A. in 1875 and M.R.C.S.Eng. in 1876. He was one of the early workers in radiology, being the first skiagraphist appointed to the Bristol Royal Infirmary; on his retirement from that post he was appointed consulting radiologist to the infirmary. He held a commission as captain R.A.M.C.(T.), and was attached to the 2nd Southern General Hospital. Dr. Taylor was an enthusiastic musician, and often assisted the Medical Dramatic Club and the old Clifton Amateur Operatic Society in their performances. He was a member of the Bristol Division of the British Medical Association and of the Bristol Medico-Chirurgical Society.

Dr. NOGUERUS, professor of children's diseases in the University of Valladolid, has recently died of leukaemia, at the age of 40.

Professor F. VILLAR, a well known surgeon of Bordeaux, has recently died.

Medical News.

OWING to the Easter holidays it will be necessary for the next issue of the BRITISH MEDICAL JOURNAL to go to press a day earlier than usual. All communications and advertisements intended for insertion in the issue dated April 11th must therefore be received not later than Monday, April 6th. The offices of the British Medical Association and JOURNAL will be closed from Thursday evening, April 9th, till Tuesday morning, April 14th. We regret that, owing to a dispute between the Federation of Master Printers and the National Union of Printing, Bookbinding, Machine Ruling, and Paper Workers, there was some delay in issuing and dispatching the JOURNAL for last week, but no time was lost so soon as the dispute was settled.

THE Fellowship of Medicine announces that Sir Arbuthnot Lane will preside at the resumed discussion on post-graduate study in London at the house of the Royal Society of Medicine on April 8th, at 6 p.m. It is hoped that many members of the medical profession will attend and express their views. During the fortnight commencing April 20th there will be an intensive course in medicine, surgery, and the specialties at the Hampstead General Hospital, a course in diseases of children at the Queen's Hospital, Hackney Road, E.2, and a course in proctology at St. Mark's Hospital. Copies of the syllabus of these courses may be obtained from the Secretary to the Fellowship of Medicine, No. 1, Wimpole Street, W.1.

UNDER the auspices of the Strasbourg Faculty of Medicine an intensive post-graduate course in tuberculosis has been organized by Dr. Vaucher, general secretary of the Anti-tuberculosis Association of Alsace-Lorraine. It will be held in Strasbourg from October 9th to 24th, and will include lectures by a number of teachers in the faculty on various aspects of medical and surgical tuberculosis; instruction will be given also in bacteriology, radiology, and the operation of artificial pneumothorax. The fee for the course is 200 francs; further information may be obtained from Dr. Vaucher, 22, rue de l'Université, Strasbourg.

THE Physiological Society is meeting this week-end in Holland. The main business will be conducted in the Pharmaco-therapeutical Institute and physiological laboratory at Leyden. A visit will also be paid to the physiological laboratories at Utrecht.

THE course in parasitology to be held in the Tropical Division of the London School of Hygiene and Tropical Medicine from April to June will commence on April 27th, and not as previously printed. Inquiries should be addressed to the Director of the School, c/o Institute of Historical Research, Malet Street, W.C.1.

THE Royal Microscopical Society will hold a conference in the University of Sheffield on April 20th, 21st, and 22nd. The first paper will be read by Mr. J. E. Barnard, F.R.S., of the National Institute of Medical Research, who will deal with modern microscopical methods. Papers having a pathological bearing will be read by Dr. W. E. Cooke on pernicious anaemia, by Sir Kenneth Goadby on lung fibrosis in iron mining, and demonstrations of the Golgi apparatus will be given by Dr. C. Da Fano, Mr. A. Subba Rau, and Dr. F. W. R. Brambell. A paper on the cytology of cancer will be read by Dr. R. J. Ludford. There will be a trade exhibition of scientific instruments and apparatus, and visits will be paid to several of the chief steel works in Sheffield.

THE Dutch Congress of Natural Science and Medicine will be held at Gröningen from April 14th to 16th, when the following papers, among others, will be read in the Medical Section: psychical manifestations and x-ray diagnosis in cerebral tumour, by Professor C. Winkler of Utrecht; surgical treatment of cerebral tumour, by Professor H. J. Lameris of Utrecht; the study of intestinal motility, by Dr. E. Lauwers of Courtrai; aneurysm of the aorta, by Dr. A. de Groodt of Antwerp; operative treatment of the small prostate, by Dr. G. van Houtum of the Hague; gastric syphilis, by Dr. J. Koopman of the Hague; the question of diabetes, by Professor Hijmans van den Bergh of Utrecht; active immunization against diphtheria, by Professor H. Alderhoff of Utrecht; and the question of constitution in gynaecology and obstetrics, by Dr. R. Remmelts of Amsterdam.

THE next election to the Grocers' Company's research scholarships, founded to encourage original research in sanitary science, will take place in May next. They are each of the value of £300 a year, with an allowance to meet the cost of apparatus and other expenses, and are renewable for a second or third year. Forms of application and further particulars can be obtained from the Clerk of the Grocers' Company, Grocers' Hall, London, E.C.2.

THE house and library of the Royal Society of Medicine will be closed for the Easter holidays from Thursday, April 9th, to Tuesday, April 14th, both days inclusive.

THE Home Secretary has appointed a committee on mule-spinner's cancer, consisting of Sir Gerald Bellhouse (chairman), Professor A. H. Gibson, D.Sc., Mr. F. Holroyd, Mr. E. Judson, Sir Thomas Legge, M.D., Dr. Archibald Leitch, and Colonel A. B. Smallman, M.D. The committee's terms of reference are to consider the evidence at present available as to the occurrence of epitheliomatous ulceration among mule-spinners, and to report what measures are practicable for the protection of the workers and what regulations (if any) are required. The secretary of the committee is Dr. S. A. Henry, Home Office, Whitehall, S.W.1.

SIR THOMAS SHIPSTONE has intimated to the house committee of the Nottingham General Hospital his intention to subscribe £6,000 to the building fund, while the company of Messrs. T. Shipstone and Sons will contribute £3,000.

MESSRS. CASSELL AND CO., LTD., announce for early publication the eighth edition of *Manson's Tropical Diseases*, edited by Dr. Manson-Bahr.

THE Amsterdam Academy of Sciences has awarded the Leeuwenhoek medal to Dr. F. d'Herelle for his discovery of the bacteriophage. The previous recipients of this medal, which is awarded every ten years to those who have made the most valuable contribution to microbiology, have been Ehrenberg (1875), Cohn (1885), Pasteur (1895), Behring (1905), and David Bruce (1915).

Letters, Notes, and Answers.

ORIGINAL ARTICLES and LETTERS *forwarded for publication are understood to be offered to the* BRITISH MEDICAL JOURNAL *alone unless the contrary be stated.* Authors desiring reprints of their articles published in the BRITISH MEDICAL JOURNAL are requested to communicate with the Financial Secretary and Business Manager, 429, Strand, W.C.2, on receipt of proof.

ALL communications with reference to advertisements as well as orders for copies of the JOURNAL should be addressed to the Financial Secretary and Business Manager, 429, Strand, London, W.C.2. Attention to this request will avoid delay. Communications with reference to editorial business should be addressed to the Editor, BRITISH MEDICAL JOURNAL, 429, Strand, W.C.2.

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

Communications intended for the current issue should be posted so as to arrive by the first post on Monday or at latest be received not later than Tuesday morning.

THE telephone number of the BRITISH MEDICAL ASSOCIATION and BRITISH MEDICAL JOURNAL is Gerrard 2630 (Internal Exchange). The telegraphic addresses are:

EDITOR of the BRITISH MEDICAL JOURNAL, *Aitiology Westrand, London.*

FINANCIAL SECRETARY AND BUSINESS MANAGER (Advertisements, etc.), *Articulate Westrand, London.*

MEDICAL SECRETARY, *Mediocre Westrand, London.*

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.

"WEMIC."

DR. F. G. GARDNER (Oxford) writes as follows in reply to the correspondent whose question was published on March 21st (p. 579): Being much interested in words, I tried to find the above, but my search has been unavailing. I referred it to a high authority. He likewise was unable to trace it, but thought it might be a misspelling of "demic," a term much in use still in the North, and meaning an inflammatory swelling, an abscess, or whitlow. Evidently it is from epidemic.

DAZZLING HEADLIGHTS.

DR. JOSHUA KEYMS, D.O.M.S. (Southampton), writes in reply to Dr. R. M. Courtauld (March 21st, p. 586): The dazzle of motor car headlights is due to the physiological irregular astigmatism present in all lenses. It is this which causes a bright point of light to appear star-shaped, and the unpleasant effects of dazzle are the result when a brilliant light is encountered. As no one looks directly at the lights, there can be very little, if any, exhaustion of the macular region, and personally I have never been able to demonstrate a scotoma, unless the light be looked at directly. All glasses increase the dazzle by adding their own imperfections to the human lenticular astigmatism; and as the pupil is contracted I scarcely think that a myotic would have much extra effect. Two years ago I cut out dazzle by the use of a tiny shield close up to the pupil and projecting forwards. This offers no obstruction to the vision, and is so arranged that everything is seen, except the lights. The number of the approaching car can be read when near enough. I may say that this is a patent.

LETTERS, NOTES, ETC.

FIBROSITIS.

DR. T. GERALD GARRY (Cairo) writes to call in question the accuracy of statements made at a recent meeting of the combined Sections of Balneology and Climatology, Epidemiology and State Medicine, Medicine, and Therapeutics and Pharmacology, of the Royal Society of Medicine, to the effect that because of the "overcast skies on some days in winter and the great humidity of the Nile valley, the people complained of such pains [fibrositis] very much more than during the winter in England."

MATERNAL MORTALITY.

"A TOWN PRACTITIONER" writes: I am glad "A Country Practitioner," in your issue of March 21st (p. 586), has set the ball rolling as to maternal mortality in general practice. After all, it is the general practitioner who can supply us best with statistics. I remember well, some thirty years ago, I was present at a medico-legal case when a well known professor of forensic medicine was asked by the defending counsel, "How many confinements have you attended?" The answer was, "I have not attended one for over twenty years." The general practitioner was next called and he was asked about his last attendance at a confinement, and he said, "I attended two cases last night." This evidence weighed heavily with the judge. Since my own experience coincides with "Country Practitioner," why all this fuss about maternal mortality and puerperalism? These, in my own thirty years' experience, are on the decline. I have attended about 3,000 cases and the mortality is 3—namely, 2 cases of puerperal infection (this twenty-five years ago), owing to the old-fashioned midwife having previously nursed a case, and 1 case in which the patient was suffering from advanced endocarditis. What was the condition of midwifery thirty years ago? (1) A dirty woman met you on the stairs with a filthy apron, filthy nails, and a still filthier plate with a "chunk" of lard to examine the patient with. (2) The bedding was dirty, and soiled sheets were kept on until the event was over. (3) The patient generally lay in bed wearing all her dirty clothes and, at times, clogs. (4) Also, a custom here was not to disturb the patient for five days; the result, a horrible smell on entering the room and septic trouble. Thanks to the Central Midwives Board and better sanitation, "nous avons changé tout cela."

"R. B. G." writes: I agree with "A Country Practitioner" (March 21st, p. 586) suggesting that the maternal mortality is "grossly exaggerated"—like the report of Mark Twain's death. I have attended well over 1,000 midwifery cases and never had a death from "puerperal fever," and in my experience as medical officer of health during twenty years of a burgh of now 7,000 inhabitants have had only one notification of such death. Perhaps the Ministry of Health and the Scottish Board of Health might devote their attention to matters of a more pressing nature.

GALL STONES IN A BOY.

DR. R. F. JOWERS (Hove) writes with regard to the age of the patient (18 years) in the case of gall stones reported by Dr. Salisbury Woods (March 21st, p. 552): I may say that in April, 1921, I removed gall stones from a schoolboy, aged 16 years, suffering from acute cholecystitis. Curiously enough, he too had acute appendicitis, but a year later.

BRITISH DERMATOLOGICAL LITERATURE.

MR. C. J. CELLAN-JONES, M.B., F.R.C.S.Ed., who is at present assisting Professor Richard Volk in the Lupus Hospital, Vienna, writes as follows: Professor Volk has been asked to write the section on skin tuberculosis, light therapy and biology, in an authoritative work on skin and venereal diseases, edited by R. Jadassohn, and published in twenty-two volumes by Julius Springer of Berlin. Since the outbreak of war in 1914 Professor Volk has had no access to the work of British investigators, and naturally feels that, if he is unable to acknowledge their contributions to this section of dermatological research, his work will be quite incomplete. I feel certain that dermatologists who, between 1914 and the present date, have published original work in the section concerned will gladly lend copies, excerpts, or summaries of their papers to Professor Volk. His address is Wien viii Bez., Langegasse 63, 1 Stk., T. 13.

MEDICAL GOLFING SOCIETY.

THE honorary secretary of the Medical Golfing Society writes to inform our readers that in the knock-out tournament now proceeding the semi-finalists are T. P. Kolesar, L. W. Bathurst, A. W. Soper, M. S. Mayou.

VACANCIES.

NOTIFICATIONS of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found at pages 36, 38, 39, 42, and 43 of our advertisement columns, and advertisements as to partnerships, assistantships, and locumtenencies at pages 40 and 41.

A short summary of vacant posts notified in the advertisement columns appears in the *Supplement* at page *140*.