

## Memoranda:

### MEDICAL, SURGICAL, OBSTETRICAL.

#### TRACHEOTOMY TUBE WORN FOR OVER SEVENTY YEARS.\*

So far as my reading and experience go, the case reported in the JOURNAL of April 18th by Sir Robert Woods is the "record." In the JOURNAL for 1912 (April 6th, p. 816) Mr. W. A. Berridge records the wearing of a tracheotomy tube for over fifty years by a patient who died of senile decay at the age of 81. But in the case of Sir Robert Woods a patient of 81 has worn a tube for seventy years, and it is noted that "she never had bronchitis." These and many similar cases show that a disposition to bronchitis and other respiratory troubles is not a necessary sequel of the permanent wearing of a tracheotomy tube. Many such patients ("cannulars," as they call them in France) enjoy excellent health, earn their living by manual or other labour, play games and dance, and the females bear children after normal accouchements. If stenosis of the larynx is not complete, and the vocal cords, or even one of them, still functions, speaking can be carried on without blocking the tube, if the latter is fitted with a hinged valve. Of course, the operation must have been well carried out and the tube should fit properly. If the opening is made as low as possible in the neck—both for the sake of appearance and for scientific reasons—the tube is easily concealed behind a collar or a veil, and there is no social disability connected with it.

Such satisfactory records should make us pause, in certain cases, before embarking on difficult, tedious, and often unsatisfactory measures for dilating a stenosed larynx.

London, W.1.

STCLAIR THOMSON.

#### ACUTE CHOLECYSTITIS AT THE AGE OF THREE.

THREE years must be a very early age for the occurrence of acute cholecystitis, and this case is therefore thought to be worthy of record.

The child, a girl, was admitted on January 25th, 1925, with acute abdominal pain and vomiting. There was a previous history of eighteen months of vague abdominal pains, but never severe. She had never been jaundiced. At 10.30 p.m. on January 22nd she was awakened by vomiting, and severe pain in the abdomen. On the following day she was much better, and the parents thought she had recovered. The bowels were opened twice, and the stools were of normal colour. On January 24th, at 8.30 p.m., vomiting and abdominal pain again occurred, and continued all night. The bowels did not act. On January 25th the child was said to have been exhausted and was brought to hospital at 7 p.m.

When admitted she looked ill; the face was flushed, the temperature was 100°, the pulse 128, and the respirations 36. She was not jaundiced. The abdomen was distended, moving poorly on respiration. The point of maximum pain was at a spot 1½ in. to the right of the umbilicus and on a level with it. The whole abdomen was rigid, but especially in the right upper quadrant. No tumour or enlargement of the liver could be detected. Rectal examination revealed nothing abnormal. No abnormal urinary constituents were found now or later.

*Operation.*—Mr. J. E. H. Roberts, on January 25th at 11 p.m., examined the abdomen under an anaesthetic and felt a rounded tumour the size of a golf ball under the right costal margin; it was tense and fairly freely mobile. A right paramedian incision was made at the level of the umbilicus. A little clear fluid was present in the peritoneal cavity. The gall bladder presented at the wound, and was greatly distended (5 in. by 1½ in.). The surface was smooth, shiny, and of a mottled purple colour. About 20 c.cm. of a transparent fluid, grass-green, and of the consistency of bile, was removed by a needle. Careful palpation failed to detect any calculus in any of the biliary passages. The gall bladder was then opened. The mucous membrane was very injected and bled freely. No stone was found with a spoon. A small rubber drainage tube

was sewn into the gall bladder, which was dropped back into the abdominal cavity. The remainder of the wound was then closed.

*Pathological Examination.*—The fluid from the peritoneal cavity on culture yielded *Staphylococcus aureus* and *albus* in the proportion of 1 to 10. The fluid from the gall bladder was acid and contained bile; it was sterile on culture, and no cells or organisms were present in it. Section of a portion of the gall-bladder wall showed it to be in a state of acute inflammation.

Except for some bronchitis and a little suppuration in the wound the child made an uninterrupted recovery, and was discharged quite well on March 3rd.

I am indebted to Mr. J. E. H. Roberts, who performed the operation, and to Mr. L. Bathe Rawling, who afterwards had charge of the case, for permission to publish these notes.

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#### TORSION OF FALLOPIAN TUBES.

IN recent numbers of the BRITISH MEDICAL JOURNAL there have been several references to this condition, which is apparently a definite clinical entity simulating acute appendicitis and affecting normal tubes. The cases recorded occurred during or within a few days of menstruation, and were characterized by abdominal pain and tenderness, rigidity of the lower fibres of the recti, and vomiting.

Reference to some recent textbooks of gynaecology has failed to reveal any mention of the condition, which, however, giving rise as it does to signs of an acute intra-abdominal catastrophe, might well be included in the differential diagnosis of such conditions as appendicitis, salpingitis, or ruptured ectopic gestation.

The following case, for permission to record which I am indebted to Dr. J. T. Bailey, exemplifies the condition.

A girl of 16 was admitted to hospital on August 1st, 1924, suffering from acute pain in the lower abdomen and vomiting. The attack had commenced the day before. She had not been constipated previously and was menstruating at the time. The lower fibres of both recti were rigid, particularly those of the muscle of the right side. There was tenderness in the right iliac fossa.

Laparotomy was performed, splitting the lower fibres of the right rectus. The ampullary part of the right Fallopian tube was black, swollen, and twisted on its mesosalpinx. The left tube, which had also undergone torsion but to a less extent, was congested, but not black, and on this side the twist was undone and the tube left *in situ*. The right tube was amputated and appendicectomy performed. Convalescence was uneventful.

A section of the right tube showed "a dense haemorrhage in which the remains of the wall of the tube could be seen." Dr. E. W. Bowell, assistant director of the Clinical Research Association, to whom I am indebted for the pathological report, commenting on this specimen, stated that several specimens very like it had been sent to him for examination. The specimens were mostly from young girls who had recently begun to menstruate. One was from a girl of 14, who was athletic, and it was suggested that exercise was a factor in her case.

In reviewing the records of cases of torsion of Fallopian tubes the outstanding feature is the absence of any external cause of torsion, such as adhesions, herniae, or the presence of tumours. Factors in the etiology would appear to be:

1. *Menstruation.*—The cases recorded have occurred during or in relation to menstruation. Several have occurred in association with the onset of menstruation at puberty, but P. R. Michaël has reported a case in a woman of 47 in whom, however, a normal menstrual period commenced three days after operation (*Epitome*, March 14th, 1925, para. 287).

2. *An abnormally long and free mesosalpinx.*

3. *Some muscular effort.*—In one or two instances attacks appear to have been precipitated by some strenuous exertion.

Torsion of otherwise normal Fallopian tubes is rare, but sufficiently common to merit attention and to be borne in mind when considering the differential diagnosis of acute intra-abdominal conditions. It most closely resembles appendicitis.

The Infirmary, Stockport.

LAMBERT ROGERS, F.R.C.S.Ed.

\* As Sir StClair Thomson notes, and another correspondent has written to a similar effect on this point, "over sixty years" in the title of Sir Robert Woods's memorandum was an understatement. The lady seems in fact to have worn the tube for seventy years.

A number of medical superintendents then addressed the conference on various aspects of the nursing question. Dr. H. D. MacPhail (Newcastle-on-Tyne Mental Hospital) spoke on grading and nomenclature; Dr. W. F. Menzies (Cheddleton) on training; Dr. M. A. Collins (Chartham) on remuneration; and Dr. G. Clarke (Bexley) and Dr. R. Eager (Exminster) on hours of duty. Dr. Clarke favoured a 48-hour week, or, more conveniently, a 96-hour fortnight, while Dr. Eager favoured a 56-hour week, but so arranged that each nurse had two consecutive whole days each week off duty.

A refreshingly original contribution was made to the debate by Dr. Henry Devine (Portsmouth), who spoke on the supply of suitable candidates. He said that in getting nurses asylum authorities were hypnotized by what he called the hospital fetish. Mental institutions were not meant to be established finally and entirely on the lines of hospitals, but on the lines of garden cities. A large proportion of cases in asylums were not sick at all, and a number of nurses in these institutions hardly saw a sick case. What was very desirable was that members of the staff should contribute any aptitude or skill, not necessarily belonging to nursing proper, which would help to create inside the asylum a world very similar to the world outside. An attendant who could organize cricket matches or a female nurse able to teach the two-step might often be of more use than one who regarded the duties of her or his vocation as being entirely along the lines of looking at the tongue and feeling the pulse. Apart from this, however, Dr. Devine pointed out that the care of the great number of patients who did require active nursing was a serious problem. It did not seem possible to get a sufficient number of nurses to take up their careers seriously to meet the needs of the acute mental case. Nurses drifted in for no particular reason, fetched and carried a little, and drifted out again also for no particular reason. The fundamental difficulty was that there was no career for the asylum nurse. For the hospital nurse a choice of careers presented itself in connexion with many public and other services. His own view was, paradoxically stated, that if the asylum nurse was to be helped she must be abolished altogether. Just as there was one portal for the medical profession, so there should be only one portal for the profession of nursing, whatever branch was ultimately chosen, and that portal should be the general hospital. All nurses should first obtain their basic training in hospitals or infirmaries, and then those who chose mental nursing could go on to complete their training at the asylum. This was done in other countries, notably in Denmark, where it was a great success. The divorce between general and mental nursing was absurd, and helped to perpetuate the regrettable division between psychiatry and general medicine. This reform of nursing would be easier to bring about when, as might happen before long, the infirmaries were taken over by the public authorities; in that case the infirmaries, the fever hospitals, the tuberculosis hospitals, and the mental hospitals would all be under one authority, and the separateness of mental nursing, which was looked upon in some quarters as scarcely nursing at all, would no longer obtain. Moreover, a time would come when mental nursing would not be confined to the mental hospital. With various mental clinics starting, wards for mental cases in general hospitals, and so forth, it was evident that the mental health of the community was going to be regarded as a far more important affair than it had been in the past.

A good deal of the discussion centred around the question of the nursing of male patients by women nurses. Miss Perry, matron of the Cardiff City Mental Hospital, said that this system, which was introduced during the war, had proved very successful at Cardiff. Of the nine male wards, six were in charge of female nurses; in four of these six wards one male nurse was also employed, the other two were wholly nursed by women. The three wards still in charge of male nurses were the ward of the chronic unruly, the epileptic ward, and the male reception ward. The presence of the female nursing staff promoted the hospital ideal, lessened the feeling of a place of detention, and brightened and refined the surroundings. The innate chivalry of men towards women could generally be trusted, even in a ward of male patients suffering from mental disorder. Colonel E. W. Goodall, the medical superintendent at Cardiff, said, in reply to a question, that it was somewhat more economical to work with women than with men, but this question did not really enter into consideration. Professor G. M. Robertson of Edinburgh warmly supported the proposal to have women nurses for male wards; he said that this obtained in every asylum in Scotland.

Speaking on a recommendation of the departmental committee, that the cost of maintenance of mental cases, at present defrayed by Poor Law authorities, should be a charge upon the county or county borough rate, and that a proportion of the cost should be borne by a Government grant distributed by the

Board of Control, with power for the Board to withhold it in cases of inefficiency, Sir William Hodgson strongly protested against such a course. He said that the Board of Control at present had no executive power over their mental hospitals, and he thought some of them would never consent to such control being handed over. With regard to nurses, he was of opinion that the asylum nursing service compared very favourably with that of hospitals of all kinds in this country.

The second day's proceedings of the conference will be reported in the next issue.

## Universities and Colleges.

### UNIVERSITY OF CAMBRIDGE.

PART I (surgery, midwifery, and gynaecology) of the third examination for medical and surgical degrees (M.B., B.Chir.) will begin on Tuesday, June 16th, and Part II (principles and practice of physics, pathology, and pharmacology) on June 17th. Part I will end on June 20th and Part II on June 25th. The examination for the degree of M.Chir. will be held from June 16th to 20th. Names of candidates for these examinations should be sent to the Registry by April 28th.

The following candidates have been approved at the examination indicated:

DIPLOMAS IN PUBLIC HEALTH, HYGIENE, AND TROPICAL MEDICINE AND HYGIENE (*New Regulations*).—Part I: M. Abd El M. El Diwany, A. N. Feigus, A. R. Hassan, May K. Henegan, C. F. Pedley, C. H. H. Robertson, L. Shehata, C. J. Stocker, W. J. Vickers, A. D. White-law, M. K. Yue.

\* Distinguished.

### UNIVERSITY OF BIRMINGHAM.

#### Lectures.

THE Ingleby Lectures will be delivered in the Medical Lecture Theatre by Dr. J. G. Emanuel on May 6th and 13th at 4 p.m., the subject being auricular fibrillation.

A course of ten lectures on the biological aspects of normal and morbid psychology will be delivered by Sir Frederick Mott, M.D., F.R.S., in the medical school buildings of the University on Thursdays at 4 p.m., commencing on April 30th. Cards of admission can be obtained on application to the Dean of the Faculty of Medicine.

### UNIVERSITY OF GLASGOW.

At a graduation ceremony held in the Bute Hall on April 21st medals and prizes were presented and degrees conferred as follows:

The Captain H. S. Ranken, V.C., memorial prize of £5, awarded to the student who obtained the highest marks in the subject of pathology in the professional examinations held in 1924: Janet S. F. Niven, Herbert W. Pinkerton, and James Wemyss, equal.

Bellahouston gold medal for eminent merit in theses for M.D.: George A. Allan, David Campbell, Robert D. Gillespie.

Asher Asher gold medal for laryngology and rhinology: Alexander B. Smith.

B.Sc. (in Public Health): William Fraser, John Walker.

### CONJOINT BOARD IN SCOTLAND.

THE following candidates have been approved at the examination indicated:

FINAL EXAMINATION.—*Medicine*: Constance C. Reid, Ella D. Messenger, J. J. McKenna, Constance P. H. Hunter, B. C. F. Leembruggen, P. R. S. Rao, E. K. Lee, P. C. Sen, T. W. Chapman, J. R. Hetherington, B. A. Meyer. *Surgery*: Irma E. L. Mackenzie, Constance C. Reid, F. Blacklee, Ella D. Messenger, B. E. Khoo, W. A. F. Hurst, M. R. Soni, A. S. Ballantine, W. T. Baker. *Midwifery*: B. G. V. Dias, L. H. Wilson, F. Blacklee, Ella D. Messenger, G. R. Mitchell, J. J. McKenna, Constance P. H. Hunter, W. A. N. Channugan, B. C. F. Leembruggen, A. W. Rosiah, U. van Rooyen, P. R. S. Rao, J. C. Stenhouse, Mary A. McGill, E. K. Lee, P. C. Sen, T. W. Chapman, J. T. Fernandez, B. A. Meyer, M. Camrass, A. Franklin, A. S. Hunt. *Medical Jurisprudence*: J. Sharpe, R. W. Schuch, J. Cook, L. H. Wilson, C. A. Munro, S. C. Chee, E. H. Eastcott, J. L. I. D'Silveira, M. Youakim, E. Fischbacher, C. E. Toh, J. D. Cooper, D. D. Radford, T. Lipschitz, Mary D. Clark, J. B. Pantou, N. J. Knoesen, G. R. Mitchell.

Of 125 candidates entered the following 39 passed the final examination and have been admitted L.R.C.P.Ed., L.R.C.S.Ed. L.R.F.P. and S.Glasg.:

H. Goldsmith, J. A. Hyde, L. K. Hioe, J. Kirkness, S. W. Tay, J. Harkness, F. D. Muller, H. B. Wainer, E. T. Johnson, Winifred G. Price, M. M. El-Makkawi, A. B. Jayasuriya, A. H. T. de Silva, J. L. Malone, A. Wilson, M. E. T. Burke, H. A. Dirckze, S. Ghaleb, A. Chellappa, W. A. Kemp, S. Ramakrishnan, M. Kopelowitz, A. F. Senewirane, J. F. Hedley, W. J. Ledgerwood, R. H. Mackintosh, J. Houston, D. B. Craig, S. K. Sie, M. L. Hendrie, J. M. Coutts, I. Joels, H. D. J. Lazarus, M. Gordon, O. L. F. Senaratne, P. King, W. M. F. Ker, M. J. Quraishi, A. A. F. Shepherd.

## The Services.

### THE NAVAL MEDICAL COMPASSIONATE FUND.

At the quarterly meeting of the directors of the Naval Medical Compassionate Fund, held on April 17th, when Surgeon Vice-Admiral Joseph Chambers, C.B., C.M.G., Medical Director-General of the Navy, was in the chair, the sum of £125 was distributed among the several applicants.

### INDIAN MEDICAL SERVICE.

THE annual dinner of the Indian Medical Service in London will be held at the Trocadero Restaurant on Wednesday, June 17th, at 7.15 p.m.

## Medical News.

THE Malaria Commission of the League of Nations Health Organization, which consists of representatives of Great Britain (Colonel S. P. James, of the Ministry of Health), France, Germany, Italy, Poland, Rumania, and Holland, has arranged a scheme of inquiry into the malarial conditions, first in Egypt, Palestine, and Syria, and then in Turkey, Asia Minor, Sicily, Corsica, and Spain. It is to begin in May and to be continued until the end of September. The Commission has in hand a report on malaria in Albania, and is considering the appointment of additional corresponding members from British India, the United States, and France. It is also considering from the economic point of view the use of cinchona alkaloids as well as of quinine.

DURING the annual meeting of the Canadian Medical Association at Regina, from June 22nd to 26th, an address will be given by Mr. H. W. Carson, F.R.C.S., president of the Hunterian Society of London. Mr. Carson has been specially invited, through the British Medical Association, as the guest of the Canadian Medical Association.

DR. DOUGLAS E. FINLAY, the Representative of the Gloucestershire Branch in the Representative Body of the British Medical Association, has been elected a member of the Gloucester City Council without a contest.

DR. E. F. BINDLOSS of Farnborough secured first place on the poll in the recent election of district councillors, and his wife headed the poll in the election to the local board of guardians.

THE next social evening at the Royal Society of Medicine will be held on Monday, May 4th, at 8.30, when Fellows and guests will be received by the President, Sir St. Clair Thomson. At 9.30 Dr. Robert Hutchison will give a short address on "Dr. Samuel Johnson and Medicine" (illustrated with eighteenth century portraits).

DR. ANDREW BALFOUR, director of the London School of Hygiene and Tropical Medicine, will read a paper on the trend of modern hygiene before the Royal Society of Arts (John Street, Adelphi, W.C.2) on Wednesday, April 29th, at 8 p.m. The chair will be taken by Sir George Newman, Chief Medical Officer, Ministry of Health.

THE annual meeting of the Ontario Health Officers' Association will be held on May 4th, 5th, and 6th in the Mining Building of the University of Toronto, under the presidency of Dr. C. N. Laurie of Port Arthur. The proceedings will open with an address by Dr. J. W. S. McCullough, chief medical officer of health for the province.

THE Fellowship of Medicine announces that on May 11th a three weeks' course in diseases of the nose, throat, and ear, including an operative surgery class, commences at the Central London Throat, Nose, and Ear Hospital. At the Maudsley Hospital a month's course in psychological medicine will be held from May 4th to 28th. A two weeks' course in diseases of infants at the Infants Hospital from May 18th to 30th includes clinical demonstrations, "round table" consultations, lectures, and four visits to centres away from the hospital. An afternoon course in dermatology will take place at the Hospital for Diseases of the Skin (Blackfriars) from May 18th to 30th. For those in general practice it is proposed to hold a two weeks' course at the London Temperance Hospital from May 18th to 29th, Saturday excepted. At 4.30 p.m. each day a clinical demonstration (with cases) will be given, followed by a short lecture at 5.30. Further details of these courses may be obtained from the secretary of the Fellowship, No. 1, Wimpole Street, W.1.

A COURSE of lectures on pathological research in its relation to medicine will be given in the lecture room of the bacteriological department of the Institute of Pathology and Research, St. Mary's Hospital, Paddington, W.2, on Thursdays at 5 p.m., commencing on April 30th, when Sir Almroth E. Wright, M.D., F.R.S., Principal of the Institute, will speak on chemotherapeutic agents. On May 7th Professor W. E. Dixon,

M.D., F.R.S. (Cambridge), will discuss the cerebro-spinal fluid, with special reference to pituitary secretion. The last lecture, on June 18th, will be given by Mr. R. Robison, D.Sc., on the chemistry of the calcification of bone. The lectures are open free to members of the profession and to students in medical schools.

A SERIES of six clinical demonstrations on types of mental disease will be given at the Maudsley Hospital, Denmark Hill, S.E.5, by the medical superintendent, Dr. E. Mapother, on Wednesdays at 2.30 p.m., commencing on May 6th, when he will deal with congenital and early types. On May 13th psychoses associated with epilepsy and with syphilis will be discussed. The last demonstration is fixed for June 10th, when states of exaltation and depression will be dealt with. The fee for the six demonstrations, which will be illustrated by numerous cases, will be one guinea.

AT the annual medical mission meeting of the Society for the Propagation of the Gospel in Foreign Parts, on April 22nd, under the chairmanship of the Bishop of Singapore, the Rev. F. S. Drewe, M.R.C.S., L.R.C.P., of Holy Cross Hospital, Pondoland, Cape Province, gave an address illustrated by lantern slides, and Dr. H. H. Weir, secretary of the medical missions department, also spoke. The report of the medical missions department shows that the general medical fund for 1924 amounted to £14,538, an increase over any previous year. Very few male practitioners, it is said, are volunteering for service as medical missionaries.

DR. J. WRIGHT MASON, who, as recorded in our issue of April 18th (p. 763), was recently presented with a silver salver by the head officials of the Corporation of Hull, has been entertained to a complimentary dinner by members of the medical profession in Hull. Dr. Mason has lately retired from the post of medical officer of health for Hull after forty-four years' service.

THE conference held at Hoddesdon in September, 1924, on special libraries and information bureaux has resulted in financial support being obtained from the Carnegie United Kingdom Trustees for a period of two years in order to give the new movement an opportunity of becoming self-supporting. Mr. G. W. Keeling has been appointed organizing secretary to the committee. A second week-end conference will be held at the end of September and a directory of special libraries and information bureaux for the United Kingdom is in contemplation.

THE thirty-eighth congress of the French Society of Ophthalmology will be held at Brussels on May 11th, when the following papers will be read: "Belgium, the classical land of ophthalmology," by Professor De Lapersonne; "The etiology of trachoma," by Dr. Morax; and "Was the artificial eye known to the ancients?" by Professor M. van Duyse of Ghent. An exhibition of optical instruments and pharmaceutical products will be held at the same time as the congress.

THE well known Belgian surgeon, Professor A. Depage, has been nominated Grand Officer of the Legion of Honour.

MESSRS. CONSTABLE AND CO., LTD., have published the agreement, protocol, and final act of the first opium conference (9d. net) and the convention, protocol, and final act of the second opium conference (2s. 6d. net). The first document was signed at Geneva on February 11th and the second on February 19th. The effect of the decisions of the conferences was discussed in a leading article on the international control of drugs of addiction published in the BRITISH MEDICAL JOURNAL of March 28th (p. 618).

THE nineteenth Voyage d'études médicales to the health resorts of France (organized solely for the medical profession) will take place during the first part of September under the scientific direction of Professors Carnot and Rathéry, and will be devoted to the resorts of the North and East. The party will assemble at Berck-sur-Mer and will first visit Paris-Plage, Lille, and Saint-Amand, and will then go to Belgium to visit Brussels, Spa, Luxembourg, and Mondorf. Returning to France via Niederbronn and Morsbronn, the party will visit Strasbourg, Schirmeck, le Hohwald, Sainte-Odile, Chateaufort, and Ribeauvillé, Colmar, Soultz, Soultz, Munster, les Trois Épis, le Linge, le Col de la Schlucht, and Gérardmer. Crossing the Vosges again it will then follow the road of the Cretes and visit Bussang, Luxeuil, Plombières, Bains-les-Bains, Bourbonne, Martigny, Contrexéville, and Vittel. First-class accommodation is arranged throughout the journey and at the hotels. For further particulars apply to Madame Juppé-Blaise, delegate of the French Spas, Office Français du Tourisme, 56, Haymarket, S.W.1.

THE Société française d'orthopédie dento-faciale will hold a congress at Brussels from May 21st to 23rd, when the following papers, among others, will be read: "Historical review of the different methods of transverse maxillary expansion," by M. Izard; "Physiotherapy of maxillo-dental malformations," by M. Watry; and "Terminology of orthodontia," by M. Izard.