

overlying skin brawny-red and hot, and for the first time he felt ill and presented himself for treatment. When admitted the temperature was 103° and the right radial pulse was practically absent; from the clinical signs of the axillary swelling a diagnosis of diffuse aneurysm of the axillary artery was made. As it was obviously infected and seemed liable to rupture at any moment, surgical treatment was urgent.

Operation.

On January 18th I ligatured the third part of the right subclavian as a preliminary step, and then explored the axillary swelling. A longitudinal incision was made along the course of the artery, the pectoral tendons were incised, and a thick fibrous sac revealed, formed by the incorporated axillary fascia and costocoracoid membrane anteriorly. This was incised, and yellow purulent fibrinous clot turned out. Brisk haemorrhage occurred from a hole in the third part of the artery, on the inner and lower aspect, which appeared to be the result of the original injury. The axillary vein and nerves were matted together in the outer wall of the sac, but eventually I succeeded in ligaturing the vessel above and below the openings, and the haemorrhage ceased. The remaining purulent clot was turned out, the pectoral tendons sutured, and drainage tubes inserted. A culture of the pus showed a pure pneumococcal growth.

Two days later it became evident that infection had spread along the course of the brachial artery to the antecubital fossa and along the ulnar nerve to the olecranon process. The abscesses were incised at these points and drained; culture again yielded pneumococci. The patient made a slow but uneventful convalescence.

CASE II.—Pneumococcal Infection of Left Supraclavicular Region.

A Chinaman received a revolver bullet in the left supraclavicular region on February 21st and was admitted to hospital three days later. A small round wound through the clavicular head of the left sterno-mastoid, just above the clavicle, was discharging pus. A skiagram showed the bullet to be lodged in front of the neck of the first rib.

Operation.

On February 28th I turned back an angular supraclavicular flap and explored the left subclavian triangle. The bullet was found lying on the neck of the first rib, between the fibres of the scalenus medius and longus colli muscles, beneath the lower fibres of the brachial plexus. The pleural dome and lung apex were uninjured. The bullet was removed without difficulty and drainage established. Three days later the temperature rose to 103°, and a reddened fluctuating swelling was observed in the delto-pectoral region. On incision this was found to extend deeply to the axillary sheath, and a quantity of yellow fibrinous pus was evacuated, which on culture yielded pneumococci. The patient made an uneventful convalescence.

These cases are only of scientific interest from the infection standpoint, as pneumococcal infection of wounds is very rare; indeed, I can find no recorded cases in a fairly extensive perusal of current medical literature. Both lesions were in the vicinity of the thorax, but even in Case II there was no lesion of the lung or pleura. Possibly the infection was from the patient's clothing, which in each case had been traversed by the bullet and was filthy. Another interesting fact was that infection spread along the vascular sheath in each case, without any marked local reaction after operation. In each case drainage and eusol irrigation proved a satisfactory method of treatment for the secondary abscesses.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

PERFORATION OF THE JEJUNUM DURING AN ATTACK OF LOBAR PNEUMONIA: LAPAROTOMY: RECOVERY.

PERFORATION of the jejunum (apart from injury) is an exceedingly rare condition; I can find no record of a case similar to that about to be described.

Mr. B. B., aged 24, had a "chronic appendix" removed through a gridiron incision in April, 1923. He made a rapid convalescence, and remained in perfect health until November, 1924, when he was seized with acute pains in the chest. The condition was diagnosed and treated as lobar pneumonia. The right lung was consolidated, and his temperature, after remaining consistently high for six days, gradually crept down towards normal. On the seventh day after the onset of his illness he had severe abdominal pains, the abdomen became distended, and vomiting was a troublesome feature. He had intractable diarrhoea, although previously he was constipated. I examined the patient three days after the beginning of the abdominal symptoms. He was acutely ill, semi-delirious, and emaciated. The temperature was then 101° F., pulse 120, respirations 32. There were signs of consolidation of the right lower lobe of his lung. The abdomen was ballooned, immobile, rigid, tender, and tympanitic. The area of liver dullness

was not appreciably diminished, and shifting dullness could be detected in the flanks. As the abdominal muscles were on guard, no mass or viscus could be palpated. Apart from some tenderness of the pelvic peritoneum no other abnormality could be detected on rectal examination.

Operation.

Although the patient seemed moribund immediate coeliotomy was decided upon. He was anaesthetized with gas and ether, and 6 c.cm. of stovaine (light solution) was injected into the lumbar spinal theca. The abdomen was explored through a right paramedian incision which displaced the rectus muscle outwards. On opening the peritoneal cavity a large quantity of gas and dark-brown fluid escaped through the wound. As the abdominal contents were bathed in fluid, and the intestines grossly distended and glued together in places, the exploration was conducted under the greatest difficulties. The stomach, duodenum, and gall bladder were normal, but about 12 inches from the duodeno-jejunal flexure a circular perforation, a quarter of an inch in diameter and surrounded by a narrow strip of yellow necrotic tissue, was found on the ante-mesenteric border of the distended jejunum. There was no evidence of any induration or scarring around the perforated zone which would be suggestive of a previous chronic ulcerated condition of the gut. The breach in the jejunum was invaginated by two purse-string sutures of fine catgut and a protective omental pad applied to the site. About 6 inches further down the gut there was a circular gangrenous patch which was similarly invaginated and guarded with an omental pad. After this procedure no further examinations of the intestine were possible owing to the patient's critical condition; and, after providing for drainage of the pelvis and right iliac fossa, the abdominal wound was closed in three layers.

The patient rallied splendidly after the operation. He was able to return home and resume light work five weeks after the exploration. When seen some three months after the operation he reported himself as being quite fit and sound.

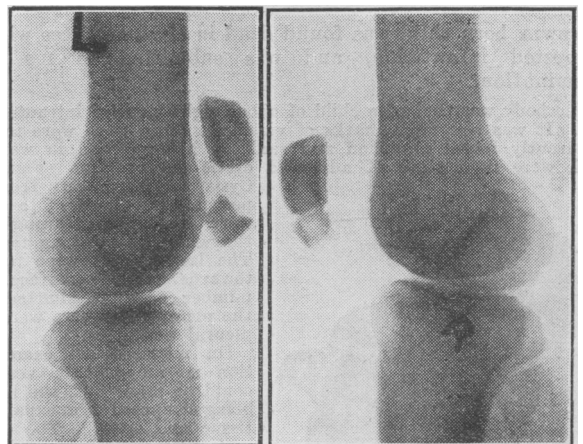
It is to be presumed that the gangrenous patch in the jejunum and the perforation were due to septic infarcts; yet it is interesting to note that there was no evidence of infarction elsewhere.

RODNEY MAINGOT, F.R.C.S.,
Surgeon, Royal Waterloo Hospital, London.

FRACTURE OF BOTH PATELLAE BY MUSCULAR ACTION.

THE following case is thought worthy of record. The patient was under the care of Dr. R. S. Dickson of Palmer's Green, at whose request I operated, and to whom I am indebted for the following notes.

R. C., male, aged 20, was admitted to the Passmore Edwards Hospital, Wood Green, on September 8th, 1923, with the history that while playing tennis on that date "he had jumped upwards suddenly between 2 and 3 feet to take a high ball at the net," when something snapped in both knees and he fell to the ground.



Skiagram, L. knee.

Skiagram, R. knee.

On examination he was found to have fractured both patellae transversely. On the left side there was considerable separation of the fragments. On the right side the lower fragment was small, and there was less separation. On September 18th both knees were subjected to operation and the fragments secured in apposition with silver wire.

Convalescence was uneventful, and he resumed business on November 15th, 1923.

That both patellae should give way, as in this case, must be unusual. We were unable to find any evidence of abnormality in the osseous system. The patient was an exceedingly athletic and well developed young man, with a sound family and medical history. Moreover, the bones at operation were quite normal in texture.

London, W.

T. TWISTINGTON HIGGINS, F.R.C.S.

enabled him to find the ulcer, and knowing that two other practitioners had diagnosed cancer, should not have attempted to consult the other men, or get some independent opinion, before accepting the final responsibility of finding a verdict against cancer. Time was of supreme importance in such a case as this. Every day that passed lessened the patient's chances of living. Unfortunately, in this instance (the judge continued) the Abrams machine in the hands of Dr. Mackenzie failed to detect a cancer which, in the opinion of other practitioners, was discoverable with ease.

In another case Dr. Mackenzie had announced after a machine test that the patient had cancer, whereas upon the evidence it seemed plain that the lady had not, and never had, cancer, and that there was no shadow of justification for suddenly making the startling announcement that she was the victim of a deadly disease. There was no evidence of any kind that Dr. Mackenzie endeavoured to fortify the opinion that he had formed from the machine by any clinical examination or by suggesting that any other opinion should be obtained. If he (the judge) accepted the patient's statement, then Dr. Mackenzie deliberately terrified the woman and strove to keep her out of the hands of legitimate practitioners. In the judge's opinion the inference that Dr. Mackenzie's conduct throughout that case indicated that he had any honest belief in the merits of the Abrams machine could not reasonably be drawn. The bogey of cancer had been raised in so many of the cases investigated during the hearing of that motion, and raised without any justification, and the advantages of Dr. Mackenzie's special treatment were so consistently stated, that one was forced to conclude that it was all done deliberately, and with a purpose, the purpose being to keep patients away from the practitioner who practised the sciences of medicine and surgery in accordance with principles that were generally recognized as being sound, and to force them into accepting treatment which brought substantial remuneration to the practitioner who raised the cry "cancer." Dr. Mackenzie's definitions of the disease he described as "carcinosis" were a medley of contradictory and unsatisfactory statements, altered as the circumstances of the case changed, whilst his rough announcement to a woman who was afterwards successfully operated upon for fibroid tumour, that she had cancer, was conduct which could not be described in language of moderation. It was with regret that he found himself driven to infer from the facts proved that with Dr. Mackenzie the Abrams system was only a means to an end. It was a means used primarily, not for the purpose of discovering disease and treating disease, but it was a means by which credulous people were attracted to the surgery where false hopes were raised and money easily gained. The judge referred to the refusal of Dr. Mackenzie to allow an impartial test of the system of diagnosis from blood, or from handwriting. If Dr. Mackenzie wished the truth told, why did he burke an investigation? The personnel of the proposed committee could not be objected to. It was ridiculous to suggest that any one of the gentlemen proposed to make the test would be guilty of dishonesty and fraud. As to the witnesses produced by the defence, to his mind there was no conclusive and convincing proof that cure or improvement spoken to by them was traceable to the Abrams method. The trial of the system was refused, and he could only conclude that those who refused such trial had no confidence in it. If there existed this lack of confidence—and it did exist—then this fact went a long way to prove that Dr. Mackenzie in his own mind must have doubted the soundness of the system. It seemed to him that one inference only could possibly be drawn from the accumulation of fact and circumstance before him—that Dr. Mackenzie had no honest belief in the usefulness and reliability of the system that he practised.

If a practitioner, in the practice of his profession, adopted and used a system in which he had no belief, then he accepted reward for services rendered by him which he must believe to be of no value. If he led the public to believe that the system in which he had no faith could detect disease and could be used to check or cure disease, then he was not acting honestly and in good faith, and he brought himself within the words of the statute and was guilty of "infamous conduct in a professional respect." It was not enough for Dr. Mackenzie to say that he believed in the system. That bare statement standing alone would not justify him when the facts were against him, when those upon whom the onus rested had shown that his acts and conduct had set at defiance the principles of professional honour and credit. In these proceedings that onus had been discharged, and Mr. Justice Herdman found himself obliged to come to the conclusion that the charge against Dr. Mackenzie had been proved.

Notice of appeal has been lodged.

Universities and Colleges.

UNIVERSITY OF OXFORD.

At a congregation held on May 23rd the degree of doctor of medicine (D.M.) was conferred on H. E. A. Boldero.

UNIVERSITY OF LONDON.

Dr. E. C. DODDS has been appointed to the University Chair of Biochemistry tenable at Middlesex Hospital Medical School.

The title of Emeritus Professor of Bacteriology in the University has been conferred upon Professor R. T. Hewlett as from August 1st, 1925, on his retirement from the University Chair of Bacteriology, in consequence of the closing of the department of bacteriology and public health at King's College.

The degree of D.Sc. in Physiology has been conferred upon Mr. B. Babkin, an internal student of University College.

Dr. R. A. Young has been appointed to represent the University at the annual conference of the National Association for the Prevention of Tuberculosis to be held in London in July next.

Sir Holburt Waring will represent the University at the Imperial Social Hygiene Congress to be held at the British Empire Exhibition at Wembley in October next.

The semi-general election of members of the Senate for 1925-29 has resulted in the appointment of the following medical representatives by the bodies indicated: Convocation—Medicine, Dr. E. Graham Little, M.P.; Royal College of Physicians of London, Sir Wilmot Herringham, K.C.M.G., C.B.; Royal College of Surgeons of England, Mr. James Sherren, C.B.E.; City and Guilds of London Institute, Dr. G. Newton Pitt; Faculty of Medicine, Sir Holburt Waring.

LONDON HOSPITAL MEDICAL COLLEGE.

The prize distribution at the London Hospital Medical College will take place on Tuesday next, June 2nd, at 3 p.m., when Dr. Charles H. Mayo of Rochester, U.S.A., will present the certificates.

ROYAL COLLEGE OF SURGEONS OF EDINBURGH.

At a meeting of the College held on May 20th, Sir Harold J. Stiles (President) in the chair, the following twenty-four successful candidates, out of fifty-five entered, who had passed the requisite examinations, were admitted Fellows:

Robert Findlay Allan, Captain Bijitendra Basu, I.M.S., Edward Jocelyn Bilcliffe, Innes Wares Brebner, Russell Exon Butchart, Edwin Clark, Harold Keith Corkill, Daniel de Bruyn, John Alexander Doctor, Francis Henry Edwards, Frank Llewellyn Gill, Alan Britten Jones, Gilbert Edgar José, Roshan Lal Khara, Richard McAllister, Joseph Arthur MacFarlane, Colin Campbell MacLaurin, William John Payne, Clive Justin Hicks Sharp, Sydney Scott Sumner, Cecil Henry Terry, Geoffrey William Theobald, John Maurice Watters, John Edward Wright.

The Bathgate Memorial Prize, consisting of bronze medal, set of books, and instruments, was, after a competitive examination in materia medica, awarded to Sydney Whyte Cruickshank, and the Ivson Macadam Memorial Prize in chemistry, consisting of bronze medal and set of books, was awarded, after competitive examination, to Frank Kerr Fenton.

SOCIETY OF APOTHECARIES OF LONDON.

The following candidates have passed in the subjects indicated:

SURGERY.—F. T. Birkinshaw, M. R. Burke, T. G. L. Davies, N. H. Ibrahim, C. S. Netscher, R. J. Rutherford.

MEDICINE.—S. J. Alexander, M. R. Burke, J. H. Clapp, J. Herbert, P. H. Knowles, O. W. Percival, W. I. Pierce, J. Maingard, R. J. Rutherford, B. Temple-Raston, I. Waynik, M. E. G. Wilkinson.

FORENSIC MEDICINE.—S. J. Alexander, F. T. Birkinshaw, J. H. Clapp, D. T. Jenkins, I. H. Mackay, J. Maingard, C. J. Rozario, J. Shutt, R. Temple-Raston.

MIDWIFERY.—S. J. Alexander, F. T. Birkinshaw, A. F. Briglmen, D. T. Jenkins, E. W. D. Long, M. E. G. Wilkinson.

The diploma of the Society has been granted to Messrs. M. R. Burke, T. G. L. Davies, D. T. Jenkins, J. Maingard, O. W. Percival, R. J. Rutherford, and B. Temple-Raston.

Obituary.

THE MALARIA COMMISSION IN PALESTINE.

A TERRIBLE accident befell the members of the League of Nations Malaria Commission in Palestine. A party of five were returning from Beit Meri, a summer resort ten miles from Beyrout, when their car overturned and three members were killed—Major N. V. C. Lothian, R.A.M.C.(ret.), Dr. Samuel Darling, a representative of the Pan-American Health Committee of Washington, and Mlle Besson. Mme Delmas, wife of the chief medical officer of the French Army of the Levant, was seriously injured. Dr. Schwellengrebel, a Dutch representative, and the driver, a Frenchman, were slightly injured.

Major Lothian was nearly 38 years of age, having been born on July 31st, 1887. He was educated at Glasgow University, where he graduated M.A. and B.Sc. in 1909 and M.B. and Ch.B. in 1912. He took the D.P.H. and D.T.M. at Cambridge in 1919, and also held the certificate of the Medico-Psychological Association. After graduation he filled the posts of house-physician of the Glasgow Western Infirmary, house-surgeon of the Glasgow Royal Infirmary, and medical officer of the Stirling District Asylum at Larbert. He took a commission as lieutenant in the Special Reserve of the R.A.M.C. on May 8th, 1913, and transferred to the regular army in the same rank in January, 1914. He became captain in the great war promotion list of March 30th, 1915, and was given a brevet majority in June, 1919; he retired in April, 1923. He served during the war in charge of a divisional sanitary section, and for three years as a D.A.D.M.S. in the Near East, mainly on epidemiological work. He was mentioned in dispatches in the *London Gazette* of January 1st, 1916, December 6th, 1916, and November 28th, 1917, received the Military Cross on January 1st, 1918, and was also awarded the French Croix de Guerre.

Medical News.

ON May 25th, at the Royal Society of Medicine, Sir William Collins presented the Chadwick gold medal and prize to Wing-Commander Whittingham, R.A.F. Professor Emile Brumpt, of the Paris Faculty of Medicine, delivered a Chadwick public lecture on the conduct of an antimalarial campaign, illustrating his remarks with more than a hundred epidiascope illustrations to demonstrate the breeding places of mosquitoes in all parts of the world, and various researches into the life-history of the parasite and preventive measures. Professor Brumpt's next lecture will be on May 23th, at 5.15 p.m., in the lecture hall of the Royal Society of Arts, on the prophylaxis of sleeping sickness. Further particulars of the Chadwick lectures may be obtained from the secretary at the offices of the Chadwick Trust, 13, Great George Street, Westminster.

THE next meeting of the Section for the Study of Disease in Children of the Royal Society of Medicine will be held at Cambridge on June 20th in the biochemical laboratory. At 2.30 p.m. a paper will be read by Dr. Kay and Dr. Vines on bone formation and experimental rickets. After tea Dr. J. F. Gaskell will contribute a paper on the relation of experimental pneumonia in rabbits to the pneumonias of childhood. The members will dine together at 7 p.m.

THE annual prize-giving at St. Thomas's Hospital Medical School will take place on Tuesday, June 23rd, at 3 p.m., in the Governors' Hall. The prizes will be distributed by H.R.H. the Duke of Connaught, and tea and music will be provided on the terrace.

THE Fellowship of Medicine announces that the first of the new series of lectures will be given on June 9th, when Sir Thomas Horder will speak on "Some cases of fever without physical signs." The lectures are to be delivered at No. 1, Wimpole Street, at 5.30 p.m. A four weeks' course (from June 2nd to 27th) in venereal diseases will be given at the London Lock Hospital (Dean Street), and a course in dermatology at St. John's Hospital for Diseases of the Skin. From June 3rd to 25th, eight clinical demonstrations on the more important diseases of tropical countries will be given at the London School of Hygiene and Tropical Medicine, by Dr. Low and Dr. Manson-Bahr. The Chelsea Hospital for Women will hold a course from June 8th to 27th; the Victoria Park Hospital a two weeks' course in diseases of the heart and lungs, from June 8th to 20th; and St. Peter's Hospital a course in urology from June 15th to July 11th. An intensive course in medicine, surgery, and the special departments has been arranged by the London Temperance Hospital from June 22nd to July 4th. Copies of the syllabus for the above courses may be obtained from the Secretary to the Fellowship of Medicine, No. 1, Wimpole Street, W.1.

THE Council of Epsom College is about to select candidates for a Gerald Stanley Medical Scholarship, which is open to the necessitous son of a medical man. Candidates must be fully 12 years of age, and be intended for the medical profession. The scholarship is of the value of about £130 a year, and is payable in advance to the Bursar of Epsom College. It will not be continued beyond the scholar's 17th birthday, by which time he should have passed the matriculation examination of the University of London, or its equivalent. On joining a medical school the holder of the scholarship will be required to attach himself to that of St. Bartholomew's Hospital, where, under certain conditions, a further scholarship will await him. Full particulars and forms of application can be obtained from the secretary at the office of Epsom College, 49, Bedford Square, W.C.1.

AN International Industrial Welfare Congress will be held in Flushing from June 20th to 26th. By this means it is hoped that a permanent link will be established between the countries through the formation of an international association for the study and promotion of satisfactory human relations in industry. An interim committee has drawn up a draft constitution for presentation at the Congress. Those wishing to attend are requested to send their names to the Secretariat, c/o Miss M. L. Fledderus, Glassworks, Leerdam, Holland.

DURING the recent German elections six medical practitioners, including one woman, Dr. Moses of Berlin, were elected to the Reichstag.

A CHAIR of epidemiology is to be established at the Collège de France, with Professor H. Vincent as its first occupant.

INVITATIONS have been issued to visit the National Physical Laboratory at Teddington on the afternoon of Tuesday, June 23rd.

THE annual meeting of the French Association for the Advancement of Science will be held at Grenoble from July 17th to August 9th.

THE sixteenth Italian Congress of Hydrology, Climatology, and Physical Therapy will be held at Montecatini, under the presidency of Professor G. D. Queirolo, from July 11th to 14th. The principal subject for discussion will be the hydrological treatment of cholelithiasis. Further information can be obtained from the general secretary, Professor Carreras, Clinica Medica, Pisa.

IT is proposed to erect a monument to the late Professor Guido Banti in the University of Florence. Subscriptions should be sent to the rector of the University, Professor G. Chiarugi.

THERE are 57 lepers in Finland, mostly suffering from the maculo-anaesthetic form of the disease. They are all natives of the south-western part of the country, and the majority are being treated in the State sanatorium for lepers at Orivesi. In Sweden there were 37 lepers in 1923.

THE Institute for the Study of Tuberculosis and the Effects of High Altitudes at Davos has arranged to hold a climatological congress there next August (17th to 22nd). Particulars can be obtained from the secretary, Dr. Vogel-Eysern, Davos-Dorf, Switzerland.

ACCORDING to the *Journal of the American Medical Association*, only five of the sixty-nine cities in the United States with a population of more than 100,000 had a diphtheria mortality rate greater than 20 in 1924, as contrasted with 17 in the preceding four years' average, and thirty-seven had rates less than 10, as contrasted with 16 in 1920-23. Fourteen cities had rates under 5, while none averaged so low in 1920-23.

Letters, Notes, and Answers.

All communications in regard to editorial business should be addressed to **THE EDITOR, British Medical Journal, British Medical Association House, Tavistock Square, W.C.1.**

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The **TELEPHONE NUMBER** of the **BRITISH MEDICAL JOURNAL** is **MUSEUM 9861**. The telephone number of the British Medical Association remains, until further notice, *Gerrard 2630* (internal exchange).

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

MEDICAL SECRETARY, *Medisecra 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, Drumsheugh Gardens, Edinburgh (telegrams: *Associate, Edinburgh*; telephone: 4361 Central).

QUERIES AND ANSWERS.

DR. R. M. RUSSELL (Forest Gate) writes in reply to "X" (May 9th, p. 908): With reference to the patient whose nerves are upset by thunderstorms, it would be well if he could live where thunderstorms are rare. I lived in the North of Ireland for four years and during that time there were no thunderstorms. Donaghadee is the place most free from rain there. I have read that St. Leonards-on-Sea is fairly free from thunderstorms.

RELIEF OF PAIN IN BURNS AND SCALDS.

DR. E. E. LLEWELLYN (Ramsey, Hunts) writes to express a doubt whether a remedy for burns and scalds which must be a hundred years or more old has been superseded for common use. Some ordinary whitening is mixed with fresh milk and spread on lint. It gives immediate relief in superficial lesions, and children stop crying soon after its application.

SLOW HEART.

DR. D. A. DIAS (Preston) writes: Dr. Rickard W. Lloyd may like to hear of another case of slow heart. The pulse rate of a woman aged 75, at present under my care with uraemia, was for two days 24; on one occasion the pulse and apex beat were 24 and the respirations 26 a minute. The blood pressure was (systolic) 210 mm. She improved and was removed to more comfortable quarters; her pulse is now 38 a minute, counted at different intervals of the day.