

(c) In ascertaining the position of the arms in the uterus as soon as the child is born as far as the umbilicus.

(d) In the delivery of the after-coming head, with special reference to the pushing up of the occiput and placing the fingers well inside the mouth of the child before delivery.

We wish to express our deep obligation to the Committee of Queen Charlotte's Hospital for the use of the above statistics, and our sincere thanks to Mr. Aleck Bourne for his generous help and advice in preparing this paper.

## LUMBAR RIB OF UNRECORDED TYPE.

BY

JOHN CUMMING, M.B., C.M.GLAS.,  
CHIEF POLICE SURGEON, HULL CITY POLICE.

On September 26th, 1925, a member of the city fire brigade attended sick parade and stated that on the day previous, whilst practising with a jumping sheet, he had injured his back. He also stated that on November 25th, 1922, he had fallen into one of the dry docks in the city and had injured the same place as well as his left upper arm.

He was seen at that time by my predecessor, Dr. J. Wright Mason, who ordered his left arm to be x-rayed, for

the reason that he complained more of the injury to this than to that of his back. The x-ray photograph showed nothing abnormal, and after a lapse of a few weeks he returned to full duty.

On examination I found that he had a very tender point corresponding to the transverse process of the fourth lumbar vertebra, but both Dr. David Hyslop, my assistant, and I were of the opinion that he had ruptured some of the muscular fibres of the erector spinae at that point. I

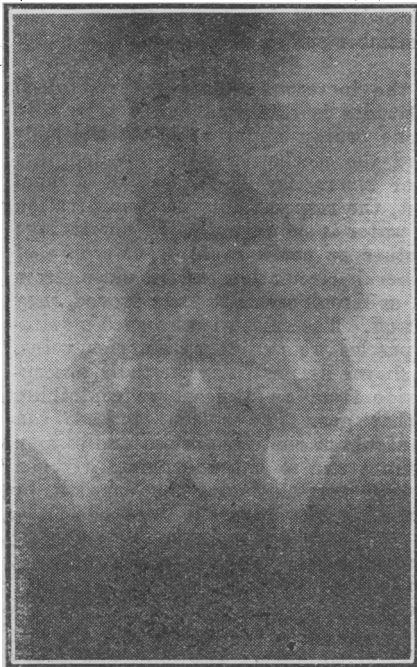
strapped him up and he got a certain amount of comfort, but the pain did not disappear so quickly as I had anticipated, and as he still complained of acute pain at the one particular point—namely, the fourth lumbar vertebra—I decided to have this x-rayed.

The condition displayed was a lumbar rib arising from the transverse process of the third lumbar vertebra; it curved down and fused with the transverse process of the fourth lumbar vertebra on the same side. It was also seen in the x-ray photograph that there was a fracture of this rib close to the transverse process of the fourth lumbar vertebra, but the fragments were in good position.

I wrote to Professor Robert Howden, Durham University, who for some time has been responsible for the editing of *Gray's Anatomy*, and he informed me that he had neither seen nor heard of a similar condition, although a rib arising from the first lumbar vertebra was not uncommon.

I may say that the patient is a very well developed man, and previous to this occurrence had no knowledge that such a condition existed.

I am indebted to Dr. W. H. Rowden, Leeds, for the skiagram.



## Memoranda:

### MEDICAL, SURGICAL, OBSTETRICAL.

#### TORSION OF FALLOPIAN TUBE.

Torsion of the normal Fallopian tube is an exceedingly rare event. Michael reports a case,<sup>1</sup> and states that only two others are known to have been reported previously. Since then another case has been recorded in the *JOURNAL* (April 4th, p. 657) by Davies. The following is an additional case.

A single woman, aged 32, was admitted to the Rochdale Infirmary on the afternoon of December 4th, 1924, as a case of acute appendicitis. She stated that severe abdominal pain had commenced in the early morning of the same day and she had vomited continuously since. Her periods had always been irregular, the last having occurred nine weeks previously. The pain was referred to the right iliac fossa and to the back of the right buttock in the area supplied by the first lumbar nerve. There was some rigidity over the right iliac fossa. Cutaneous hyperaesthesia was very definitely present just above the centre of Poupart's ligament and to a lesser degree over the area behind previously referred to. On rectal examination a tender swelling was felt to the right of the uterus. The temperature was subnormal and the pulse 100.

A tubal lesion was diagnosed, and on opening the abdomen the right Fallopian tube was found to be twisted, together with an abnormally long mesosalpinx, in a clockwise direction, and to be black, swollen, and intensely congested. The rest of the organs were normal. The tube was untwisted with the greatest readiness and there were no adhesions; it was removed, and the patient made a good recovery. She began to menstruate two days after the operation.

There were thus present in this case the requisite factors which appear necessary to precipitate this occurrence—namely, a long mesosalpinx and the circulatory disturbances caused by premenstrual hyperaemia.

The striking point about the symptoms, to my mind, was the very definite area of pain and cutaneous hyperaesthesia over the right buttock in the area supplied by the first lumbar nerve. The afferent fibres of the tube appear to belong to the eleventh and twelfth thoracic and the first lumbar nerves. In this case, at any rate, its innervation must have been definitely from the first lumbar segment, as the thoracic segments were not affected.

In twenty-seven cases of ectopic gestation leading to either rupture of the tube or tubal abortion, lesions somewhat comparable in severity, I have not observed this sign before.

JOHN C. JEFFERSON, F.R.C.S.,  
Honorary Surgeon, Rochdale Infirmary.

#### PULMONARY OEDEMA IN A CHILD.

A CHILD, aged 4½ years, had been confined to the house, but not to bed, for a few days with a cold, when, while playing on the hearth with other children, clear fluid was seen to gush from her mouth and nose. The mother formed the idea that the child was vomiting. I was sent for, and when I arrived I found frothy colourless fluid oozing steadily from mouth and nostrils. She was cyanosed and restless, and obviously in acute distress, the breathing was laboured and wheezy, the limbs rigid, and the hands clenched. Little air was entering the lungs, the breath sounds were obscured by coarse rhonchi, and the whole chest was dull on percussion. The diagnosis of pulmonary oedema was hazarded, and atropine gr. 1/200 was given hypodermically. In a quarter of an hour there was a decided improvement in her condition, and in half an hour the cyanosis and the flow of secretion had ceased. Before the expiration of an hour the chest was clear on auscultation and gave a resonant note on percussion. At this stage the child fell into a natural sleep which lasted unbroken for six hours.

Beyond a few fine rhonchi in the right chest for a day or two the patient appeared none the worse for the incident. The pupils responded to atropine in a puzzling manner. Both before and immediately after the injection they were widely dilated, but when improvement in the general condition was manifest they were contracted to little more than a pin-point.

Pontyclun, Glam.

RICHARD KENEFICK, M.B., B.Ch.

<sup>1</sup> BRITISH MEDICAL JOURNAL, March 14th, 1925, *Epitome*, para. 287.

### MITRAL STENOSIS AND PULMONARY HAEMORRHAGE: VENESECTION: RECOVERY.

THE following case seems of sufficient interest to be placed on record.

I was sent for at 3 a.m. to see a man, aged about 35, suffering from haemoptysis. I found him very cyanosed, gasping for breath, and bringing up small quantities of blood from the lungs. He had a loud mitral systolic murmur, and his blood pressure was very high. There were moist râles at the base of the left lung. I administered morphine gr. 1/3 and atropine gr. 1/100.

At 10.30 a.m. I was called to him as he was said to be dying. I found him almost black in colour, unconscious, and with gasping, shallow respirations; there was dullness on percussion over the whole lower half of the chest. The external jugulars were engorged and pulsating to a remarkable degree; he was obviously drowning. I explained to his relatives that he probably had only a few minutes to live, and that I proposed to bleed him. I opened his right median basilic vein, and removed 16 oz. of blood, which was thick and very dark, and under great pressure. It clotted almost as it flowed. The result was most dramatic. He was not sufficiently conscious to feel my incision, but after about 8 cz. had flowed he was watching the operation with interest and talking to me about it. Later he developed a cough, which brought up considerable quantities of blood from the lungs.

I have been led to publish this case through a curious coincidence. The next morning a patient who came to see me told me that her husband had died a week previously. He was at his work, and was taken ill in precisely the same manner as the patient mentioned above. The doctor who was summoned stated that the man had only ten minutes to live, and that his wife should be sent for. He was dead before she reached him. Death was certified as due to mitral stenosis and haemorrhage. I suggest that venesection might be more often considered in these very urgent cases.

London, N.W.

P. P. DALTON, M.R.C.S., L.R.C.P.

### AN UNUSUAL FRACTURE OF THE TIBIA.

THE following case seems worthy of record in view of the rarity of the condition and the success of the treatment adopted, despite the risk of post-operative sepsis during the hot season in Iraq.

In November, 1924, a man, aged 26, was brought to me complaining of a locked left knee-joint. While playing football the previous day he had attempted to turn suddenly on his left leg, but owing to mud his left foot remained fixed; he was unable to check his movement, felt a sharp pain in the left knee, and fell. When he tried to get up he found that his knee was locked.

On admission to hospital the joint was found to be fixed in a semi-flexed position, allowing neither flexion nor extension. As the immobility was purely mechanical and not caused by any pain, movements under an anaesthetic were not tried. An x-ray examination showed that the intracondylar eminence was broken off and was lying transversely across the joint, on the head of the tibia, and between the two condyles of the femur. No other damage had been done to the bone or cartilage.

Owing to the position of the fragment it was thought that the best approach would be obtained by exposing the joint by a horseshoe incision with its convexity upwards, and reflecting the complete flap downwards. The incision began at the lateral epicondyle, and was carried upwards between the patella and down to the medial epicondyle. Before dividing the rectus femoris two tension stitches were inserted one inch above and below the proposed line of division of the tendon. After the division the joint was laid open, and the fragment of bone was found to be attached to some fibres of the crucial ligament. These were severed and the fragment removed; the knee was now found to be freely movable. The joint was closed in the usual manner, except that when joining the rectus femoris the tension stitches were tied first, thus approximating the cut ends and allowing good apposition with a fine suture, the tension-stitches taking all the strain. The superficial fascia and skin were then stitched, and the wound healed by first intention.

On the fourth day after operation passive movements were started under gas anaesthesia, and repeated on alternate days. On the tenth day the stitches were removed, and the scar showed no signs of breaking down. The passive movements were then increased without an anaesthetic, and eighteen days after the operation the patient was able to walk about twenty yards without pain. Unfortunately, at this stage he developed acute appendicitis, and so fourteen valuable days were lost before he could use the limb again, during which time there was considerable wasting of the thigh muscles (3½ in.). Massage and treatment by the galvanic current were then commenced and continued so successfully that six months after the original operation the loss of muscle had been reduced to a quarter of an inch, and the patient was able to walk three miles a day without discomfort, and take part in cricket.

S. G. GILMORE,  
Flying Officer, R.A.F.M.S.

Basra.

## Reviews.

### THE RESPIRATORY FUNCTION OF THE BLOOD AT HIGH ALTITUDES.

IN 1914 Professor JOSEPH BARCROFT published his monograph on *The Respiratory Function of the Blood*, a record of personal research. During the intervening years, largely owing to his exertions, for which one of the Royal medals of the Royal Society was awarded in 1922, the advance of knowledge has been so great that in revising the work he has found it more convenient to divide it into a series of separate units intended to correspond with the three parts of the original monograph; how many volumes we may look forward to is not revealed, but one of "The theory of respiration" is definitely promised. The first to appear, *The Respiratory Function of the Blood: Lessons from High Altitudes*,<sup>1</sup> is now before us, and is dedicated to his seven team-workers in South America. It differs from most scientific books in its wealth of personal experience, with human and humorous touches which fascinate the reader, and indeed sometimes make him continue in their pursuit when otherwise the strain of the closely reasoned argument would justify a rest for thoughtful revision. That a simple answer, desirable as it may be, can always be given is an attitude alien to his philosophic mind; for when a complex alters, every constituent in it changes, or, in the words that have come through the ages, "Whether one member suffer, all the members suffer with it."

The mechanism of the increased number of red blood corpuscles at high altitudes is discussed in an attractive manner; there is no one process apparently, but the body works as a whole, and the mechanisms are divided into those designated as of emergency and those of a final character. Of the first, the responsibility of concentration of the blood by loss of water is shown not to be convincing; the next point is whether or not a rapid transference of corpuscles to the general circulation takes place from capillary areas, which, as Krogh seems to have proved, may remain for a time shut off. The spleen is also such a storehouse in which the corpuscles are outside the arteries, veins, and capillaries, as is shown by the delay in their absorption of carbon monoxide from an atmosphere containing small quantities of that gas. The spleen, indeed, can contribute its blood contents to the circulation, and oxygen want causes it to contract and so extrude them. Oxygen want, though not the only possible factor (for emotion, by leading to adrenal secretion, may have the same effect), is the most important; and carbon monoxide, by reducing the available oxyhaemoglobin in the blood, may produce a 50 per cent. reduction in the size of the spleen. It would be interesting to know if natives resident at high altitudes have, apart from disease, splenic enlargement as the subjects of erythraemia often have. The final and great means of raising the haemoglobin value of the blood is increased formation in the bone marrow; there is evidence in favour of this in the increase of reticulated or young red cells, which corresponds in degree with the altitude. Kestner's suggestion, that polycythaemia of high altitudes is not a result of the low barometric pressure and the diminished oxygen content, but of more intense irradiation by the sun, is treated with the respect due to so distinguished a physiologist; but Professor Barcroft quietly points out that the polycythaemia can be produced by a low oxygen pressure in a glass case experimentally. The comparison of the mental manifestations of acute oxygen want with those of drunkenness is emphasized by graphic illustrations of the behaviour of eminent scientists, submitted to oxygen want; Professor Barcroft has seen most of the symptoms of drunkenness thus induced in high altitudes. The relation of chronic oxygen want to fatigue is considered in a very open-minded manner, and interesting personal experiences are described showing that they occur together, but it is definitely stated that there is not any real evidence that mental fatigue is due to oxygen

<sup>1</sup> *The Respiratory Function of the Blood. Part I: Lessons from High Altitudes.* By Joseph Barcroft, Fellow of King's College, Cambridge. Cambridge: The University Press. 1925. (Roy. 8vo, pp. x + 207; 53 figures. 12s. 6d. net.)

## FOOD CONTROL IN THE UNITED STATES.

It is generally admitted that the arrangements for cold storage in this country to-day fall far short of those in America and other countries, and in discussing on August 22nd, 1925 (p. 349), the new Regulations for preservatives in food issued by the Ministry of Health which are to come into force at the beginning of 1927, we expressed the hope that special efforts would be made to remedy this deficiency. It must not be forgotten, however, that so far back as 1889 such questions received careful attention in England, though ten years elapsed before any active measures were taken. Even so, it may fairly be claimed that this country initiated rather than followed the modern campaign for clean food. The present position in the United States is one of considerable general interest, and therefore a recent report<sup>1</sup> on the supervision of uncooked foods by Dr. H. N. Bundesen, commissioner of health for Chicago, deserves notice. Dr. Bundesen traces the commencement of active measures to 1907, when Rosenau made a list of 317 outbreaks of typhoid fever, 51 of diphtheria, and 125 of scarlet fever, all transmitted by infected raw milk. Since then much attention has been paid to safeguarding the milk supply, and as a result milk-borne epidemics have been considerably reduced both in incidence and intensity. In Chicago no case of typhoid fever, diphtheria, scarlet fever, or other infectious disease has been traced to milk since 1916, when universal pasteurization was put into practice. The efficacy of this precaution was increased by bacterial examination before and after pasteurization, by a strict limitation of the temperature of this process, and by the prevention of contamination of the milk supply subsequently. It was found that the principal sources of such contamination were the imperfect sterilization of the containing vessels, and infection occurring in small establishments where hand bottling and capping were practised. Clean milk was often contaminated by the receptacles in which it was received by the consumer from shops and in restaurants. In Chicago before the end of 1923 one-third of the samples of milk and cream taken from restaurants were found to be deficient in butter-fat, and the bacterial content of the milk was considerably higher than that of bottled milk delivered at private houses. To remedy this an order was made in March, 1924, requiring all milk in restaurants to be served from approved urns, which ensured the proper refrigeration, protection, and mixing of the milk dispensed; as a result the number of "undergrade" milks fell to about 3 per cent. In large cities control of the pasteurization of cream was found much more difficult. A serious factor was the fluctuating demand, the sales of cream being higher at the week-end and falling off during the week, with the result that the cream was often kept long before it was sold. It then had a much higher bacterial content than milk. The danger of such cream, especially if infected with typhoid bacilli, was recognized to be grave, and the Chicago authorities ordered that all cream should be properly pasteurized and labelled with the date of this procedure. The popularity of ice cream in America is very great, and its possible danger as a cause of disease has received more attention there than in England, where the consumption is less. Dr. Bundesen mentions also recent typhoid epidemics in New York, Chicago, and Washington traceable to uncooked oysters. In this connexion it is interesting to recall that at the Cambridge Annual Meeting of the British Medical Association in 1880 Sir Charles Cameron reported cases of serious intestinal disease following the consumption of oysters. The late Sir William Broadbent (JOURNAL, 1895, vol. i, p. 61) reported several cases of the transmission of typhoid fever by them. While most of the principal British oyster layings are now care-

fully protected, the situation in this country is still not wholly satisfactory. There is, however, reason to believe that an oyster kept in clean water for a sufficient length of time will free itself from contamination. In America it was decided that to prevent these outbreaks no one should be allowed to sell oysters without a permit from the local authorities at the place where the oysters were grown or prepared. This corresponds to a proposal under consideration in England at the present time. Dr. Bundesen urges the importance of considering watercress as a possible source of typhoid infection, especially where the danger of contamination by sewage cannot be excluded. Thorough washing of fruit and vegetables with warm water has been found effective in removing soil or other matter containing *B. coli*, but it is not known yet whether this organism found on vegetables is human in origin, and its pathogenicity has not been established. In some lettuces contaminated with *B. coli* the cause was found to be infected ice used in packing. Dr. Bundesen recommends that all vegetables whose freedom from infection cannot be guaranteed should be cooked before they are eaten. The trouble about such advice is that people—at any rate English people—who like lettuce and watercress and cucumber are provoking enough to think that a salad boiled is a salad spoiled, and until we have a Soviet Government they will only eat these things raw.

## NEW YEAR HONOURS.

THE New Year honours list contained the following names of members of the medical profession.

*Baronetcy.*

Sir ROBERT JONES, K.B.E., C.B., F.R.C.S., President of the Association of Surgeons of Great Britain.

*K.C.B. (Military).*

Surgeon Vice-Admiral JOSEPH CHAMBERS, C.B., C.M.G., M.D., Director-General, Medical Department, R.N.

*Knighthood.*

ROBERT ALFRED BOLAM, O.B.E., M.D., F.R.C.P., LL.D., Chairman of the Council, British Medical Association.

Lieut.-Colonel FRANK POWELL CONNOR, D.S.O., F.R.C.S., I.M.S.

HENRY ALFRED A. NICHOLLS, C.M.G., M.D., lately Principal Medical Officer, Dominica, Leeward Islands.

*C.I.E.*

Major ROBERT HENRY BOTT, M.B., F.R.C.S., I.M.S.

Lieut.-Colonel JOHN WALLACE D. MEGAW, M.B., I.M.S., Director of School of Tropical Medicine and Hygiene, Calcutta.

*Kaisar-i-Hind Medal of the First Class for Public Services in India.*

Miss JESSIE MATILDA ALLYN, M.D., Canadian Baptist Telugu Mission, Pithapuram, Madras.

Miss JENNIE CARLETON, M.D., American Presbyterian Mission, Ambala.

Miss CHARLOTTE LEIGHTON HOULTON, M.D.

Miss SHERIN HORMUZSHAW COMMISSARIAT, Superintendent, Medical Aid to Women, United Provinces.

*PROMOTIONS.**Royal Navy.*

Surgeon Commander ROBERT W. B. HALL, O.B.E., to be Surgeon Captain.

*Royal Naval Volunteer Reserve.*

Surgeon Lieutenant Commander ALFRED E. W. HIRD to be Surgeon Commander.

*Royal Air Force Medical Service.*

Squadron Leader FRANK C. COWTAN to be Wing Commander.

The following Flight Lieutenants to be honorary Squadron Leaders: GEORGE S. WARE, EDMOND F. N. CURREY, CHARLES A. MEADEN, FREDERICK E. WILSON.

Sir HENRY CRAIK, K.C.B., M.P. for the Scottish Universities since 1918, and previously for Glasgow and Aberdeen Universities, upon whom a baronetcy is conferred, is an honorary member of the British Medical Association.

<sup>1</sup> Journ. Amer. Med. Assoc., October 24th, 1925, p. 1285.

materia medica, medical jurisprudence, and practical chemistry in 1864. He took the diplomas of L.R.C.S.I. in 1869 and L.R.C.P. Edin. and L.M. in 1873, and subsequently the degree of M.D. (*honoris causa*) was conferred upon him by the National University of Ireland. He had practised in Cork, Burnley, Southport, and London. Dr. O'Sullivan took great interest in the work of the British Medical Association, was a member of the council of the Lancashire and Cheshire Branch for 1897 and 1898, became vice-president of the Branch in 1899 and one of its representatives on the Central Council of the Association in 1900-1, was a co-opted member of the Council for the period 1903-5, and was a member of the Parliamentary Bills Committee in 1901.

Dr. JOHN GOUGH NOLAN of Wigan died suddenly on December 15th, 1925, at the early age of 31. He was a native of Southport, and after receiving his early education at St. Edward's College, Liverpool, proceeded to the University of Manchester, where he graduated M.B., Ch.B., with distinction in surgery, in 1919. In the same year he took the diplomas of the English Conjoint Board. He served as resident medical officer at the Northern Hospital for Women and Children, Manchester, senior house-surgeon and house-physician at the Manchester Royal Infirmary, and assistant medical officer at the Barnes Convalescent Hospital at Cheadle. He subsequently removed to Wigan, and became assistant surgeon to the Wigan police. Dr. Nolan was assistant honorary secretary to the Wigan Division of the British Medical Association.

Dr. AGNES ELIZABETH HENDERSON, who died on December 29th, 1925, was the daughter of the late Sir William Henderson, LL.D., Lord Provost of Aberdeen from 1886 to 1889. She received her medical education at the London School of Medicine for Women, and in Vienna and Brussels, obtaining the diplomas L.R.C.P., L.R.C.S. Edin., and L.F.P.S. Glas. in 1889, and the M.D. Brux. degree in 1890. She was one of the senior medical missionaries of the United Free Church of Scotland, and went out to India in 1890 to work among the women in the Central Provinces, where she was in charge of the hospital at Nagpur. During the war she held an appointment for some time in England as a medical officer to the women and girls in munition factories. She retired from active work in 1922, but continued to live in Nagpur, and devoted her energies to raising funds for the new hospital. She received the M.B.E. in 1923 in recognition of her services to India. She returned to England in the early summer of last year.

Dr. DESNOS, founder of the Société Internationale d'Urologie and member of the Académie de Médecine, has recently died at Pondicherry while in charge of a medical mission to India.

## The Services.

### DEATHS IN THE SERVICES.

Lieut.-Colonel James Sullivan Green, R.A.M.C. (ret.), died at Glanworth, co. Cork, on December 1st, 1925, aged 64. He was educated at Trinity College, Dublin, where he graduated B.A., M.B., and Ch.B. in 1883. He entered the army as surgeon in August, 1885, became lieutenant-colonel after twenty years' service, and retired, on account of ill health, in September, 1916. He served on the north-east frontier of India in the Manipur campaign of 1891, receiving the frontier medal with a clasp; in Burma in 1891-92, with the Irrawaddy column (clasp); and in the South African war from 1899 to 1902, when he took part in the operations in Natal, including the actions at Elandslaagte, Reitfontein, and Lombard's Kop, and the defence of Ladysmith; and later in operations in the Transvaal, Orange River Colony, and Cape Colony, receiving the Queen's medal with five clasps, and the King's medal with two clasps.

Lieut.-Colonel Bernard Langley Mills, R.A.M.C. (ret.), died at Sheffield on December 28th, 1925, aged 64. He was born at Bishop's Lydeard, Somerset, on June 6th, 1861, and was educated at Edinburgh, where he graduated as M.B. and Ch.B. in 1882, and as M.D. with commendation in 1885. He also studied in Paris, and took the M.R.C.S. in 1882, the F.R.C.S. Ed. in 1886, and the D.P.H. of the Edinburgh Colleges in 1908. Entering the army as surgeon on January 30th, 1886, he became lieutenant-colonel after twenty years' service, and retired on June 17th, 1908. After his retirement from the army he got the appointment of medical officer to the education committee, Sheffield. He served

on the north-west frontier of India, in the campaign of 1897-98, on the Malakand, in the operations in Buner, Bajaur, and the Mamund country, and in the attack and capture of the Tanga Pass, receiving the medal with a clasp; and in South Africa in 1900-01, receiving the Queen's medal with five clasps. He also rejoined for service on the outbreak of the recent great war in 1914.

Lieut.-Colonel Maurice Forbes White, Indian Medical Service, died at Bombay on December 4th, 1925, after an operation. He was the youngest son of the late John Forbes White, LL.D., of Aberdeen, and was born on July 9th, 1877. He was educated at the university of that city, where he graduated M.B. and Ch.B. in 1901. He took the D.T.M. at Liverpool in 1910. After filling the posts of assistant house-surgeon of Leicester Infirmary and resident surgeon of the General Dispensary at Birmingham, he entered the I.M.S. in January, 1904, and attained the rank of lieutenant-colonel in July, 1923. He served throughout the recent great war—in Egypt in 1914-15, in France and Belgium in 1915, and with the Egyptian Expeditionary Force in 1916-18; he was twice mentioned in dispatches (June, 1918, and June, 1919), and received the French Croix de Guerre (May 15th, 1917) and the O.B.E. (June 3rd, 1919).

Lieut.-Colonel Arthur William Tremineheer Buist, Bengal Medical Service (ret.), died at New Milton, Hants, on December 17th, 1925, aged 59. He was born on August 7th, 1866, the son of Frederick Henry Buist of Scone, Perthshire, and was educated at Edinburgh, where he graduated as M.B. and Ch.B. in 1888, and as M.D. thirty years later, in 1919. While a student he assumed the name of Sparks in addition to his own, and entered the service as Buist-Sparks, but dropped the name again in 1898. After filling the post of house-surgeon in the Edinburgh Royal Infirmary he entered the Indian Medical Service on January 31st, 1891, became lieutenant-colonel after twenty years' service, and retired on July 5th, 1921. He went into civil employ in the Punjab in 1898, and remained in that province for the rest of his service, except when delegated to military duty. He served in the Tochi campaign on the north-west frontier of India in 1898, gaining the frontier medal with a clasp, and in the recent great war from September, 1915, to January, 1919, when he was mentioned in dispatches in the *London Gazette* of July 4th, 1916.

## Universities and Colleges.

### UNIVERSITY OF OXFORD.

An examination for the Christopher Welch Scholarship in Biology, 1926, will be held at the University Museum in March next. The scholarship is of the annual value of £100 and will be tenable for four years from the beginning of Michaelmas term, 1926. Candidates must be male undergraduate members of the University who have not exceeded the twelfth term from their matriculation. They may offer any one of the subjects botany, animal physiology, and zoology.

### UNIVERSITY OF LONDON.

A MEETING of the Senate was held on December 16th.

The following were recognized as teachers of the University in the subjects indicated:

*St. Bartholomew's Hospital Medical School.*—Dr. A. E. Gow (medicine), Mr. Theodore H. Just (oto-rhino-laryngology).

*St. George's Hospital Medical School.*—Dr. Anthony Feiling and Dr. Eric Bellingham Smith (medicine).

*Maudsley Hospital.*—Dr. William S. Dawson and Dr. Alfred A. W. Petrie (mental diseases).

*Bethlem Royal Hospital.*—Dr. Thomas Beaton (mental diseases).

The regulations for the second examination for medical degrees for internal and external students were amended by the substitution for lines 26-28 (Red Book, 1925-26, p. 238) and for lines 16-18 (Blue Book, September, 1925, p. 224) of the following words: "A practical examination, not exceeding six hours in length, including:—"

It was decided to instruct the examiners in physiology at the second examination for medical degrees that one optional question in physical chemistry, as applied to physiology, be included in each of the written papers in physiology at this examination.

The following have been constituted Boards of Examiners for the first and second examinations for medical degrees in 1926; the chairman of the respective boards is indicated by an asterisk:

*Inorganic Chemistry.*—H. J. Evans and \*C. S. Gibson, together with the external examiners.

*General Biology.*—G. P. Mudge (or, failing him, W. Rushton) and \*E. J. Salisbury, together with the external examiners.

*Organic Chemistry.*—J. C. Drummond, J. A. Hewitt, W. W. Hurstley, R. H. A. Phinmer, J. A. Gardner, H. C. H. Candy, W. B. Tuck, G. W. Ellis, together with the external examiner (\*Professor C. S. Gibson).

*Anatomy.*—G. E. Smith, \*E. Barclay-Smith, W. E. Le Gros Clark, F. G. Parsons, T. B. Johnston, W. Wright, Mrs. Lucas Keene, J. E. S. Frazer, together with the external examiners.

*Physiology.*—J. P. Hill, R. J. S. McDowall, C. A. L. Evans, J. Mellanby, G. W. de P. Nicholson, \*M. S. Pembrey, H. E. Roaf, Swale Vincent, J. H. Woodger, B. J. Collingwood, together with the external examiners.

*Pharmacology.*—A. J. Clark, O. Inchley, P. Hamill, \*V. J. Woolley, N. Mutch, O. F. F. Levton, Swale Vincent, Miss E. M. Scarborough, B. J. Collingwood, together with the external examiners.

Sir Holburt J. Waring has been elected chairman of the Athletic Appeal Committee.

Essays or dissertations on "The value of the various methods of investigating diseases of the pancreas" intended for the Rogers prize of the value of £100 must be received by the Vice-Chancellor at the University by April 30th. It is open to all persons whose names appear on the *Medical Register*. Further information can be obtained on application to the Academic Registrar.

## Medical News.

THE first social evening of the Royal Society of Medicine for 1926 will be held on February 1st, when Dr. F. J. Poynton will give an address on aerostation and doctors, a subject in which he has taken special interest for the last twenty years. For the social evening on March 1st Dr. Gustave Monod will come over from Paris to give an address entitled "From Cagliostro to Coué, or Imagination as a Method of Treatment." At the social evening in May Sir Humphry Rolleston, Bt., will mark his translation to the Regius professorship by giving an address on "Some Worthies of the Cambridge Medical School."

A NEW series of post-graduate lectures at the Hospital for Sick Children, Great Ormond Street, W.C.1, will begin on Thursday, January 14th, at 4 p.m. They will be continued on succeeding Thursdays, at the same hour, till April 8th. A series of demonstrations is being given at the hospital on Wednesdays until March 10th.

THE Fellowship of Medicine announces that the Prince of Wales's General Hospital is holding an intensive course from January 11th to 23rd, which will include morning demonstrations of clinical methods, lecture demonstrations of selected cases in the afternoons, and work in the general and special departments of the hospital; lectures at 4.30 p.m. will be given free to members of the North-East London Post-Graduate College and of the Fellowship. The opening lecture will be given by Dr. Eric Pritchard on the principles of nutrition. A series of demonstrations of acute infectious diseases will be given by Dr. Frederic Thomson at the North-Eastern Fever Hospital on Wednesdays at 2.30 p.m. and Saturdays at 11 a.m. from January 13th to 30th. From January 18th to 30th the Queen's Hospital has arranged a special course in diseases of children; morning and afternoon sessions will be held. Also from January 18th to 29th there will be an all-day course in cardiology at the National Hospital for Diseases of the Heart. The opening lecture of the Fellowship's new series will be delivered by Dr. Herbert Spencer on January 21st at 5 p.m. at 11, Chandos Street, W., on abdominal palpation in pregnancy (with lantern demonstration). These lectures are free to medical practitioners. A copy of each syllabus and of the programme of the general course arranged by the Fellowship may be had from the Secretary, 1, Wimpole Street, W.1.

THE annual meeting of the Society of Superintendents of Tuberculosis Institutions will be held at 122, Harley Street, on Monday, January 18th, at 3 p.m. There will be a discussion on occupational therapy, and papers will be read by Dr. J. E. Chapman, Dr. J. R. Lord, Mrs. Kiumins, Dr. Jane Walker, and Dr. Esther Carling. Dr. A. Lucas Hammond will read a paper on phthisical psychology.

AT the meeting of the Medico-Legal Society, at 11, Chandos Street, W., on Tuesday, January 19th, at 8.30 p.m., Drs. Godfrey Carter and Herbert Southgate will open a discussion on the excretion of alcohol in urine as a guide to alcoholic intoxication.

COLONEL R. J. BLACKHAM, C.B., C.M.G., C.I.E., D.S.O., M.D., has been elected a member of the Court of Common Council of the City of London.

DR. C. LEVADITI of the Pasteur Institute, Paris, will give an address on "Recent Advances in the Chemotherapy of Syphilis" at the Dermatological Section of the Royal Society of Medicine on Thursday, January 21st, at 5.30 p.m.

THE sixty-third annual issue of the *City Diary* has a full introductory section, giving particulars of the Corporation of the City of London and a complete record of the Masters, Wardens, and Courts of the Guilds, together with details of every other municipal organization of the City. The diary is published at 2s. by the *City Press*, 148-9, Aldersgate Street.

*Revue d'Actinologie* is a new French quarterly edited by Drs. E. and H. Biancani, and devoted, as its subtitle indicates, to the study of ultra-violet and infra-red light. The October-December issue contains original articles by Dr. C. Benoit on the physical and physiological properties of infra-red rays, new investigations on rickets by the editors, heliotherapy and the quartz lamp in local tuberculosis by Dr. Armand-Deville, the actinotherapy of endocrine glands by Dr. J. Saidman, and the treatment of generalized acne by ultra-violet rays by Drs. A. Fraikin and A. Burill, as well as reviews and abstracts from current literature.

THE following nominations have recently been made in the Swiss faculties of medicine:—Geneva: Dr. Charles Julliard, extraordinary professor of industrial accidents; Dr. François Naville, lecturer in medical jurisprudence; and Dr. Bujard, extraordinary professor of normal histology and embryology. Lausanne: Dr. Preissig, professor of psychiatry, and Dr. Ramel, professor of dermatology.

DRS. DE LAPERSONNE, Hutinel, Pierre Marie, Chauffard, and Weiss, formerly professors of the Paris Faculty of Medicine, have been nominated honorary professors.

M. MARCHOUX, professor at the Institut Pasteur, has been elected a member of the Académie de Médecine of Paris, in place of the late M. Mesureur of the Assistance Publique.

ON his retirement from the post of medical officer of health for the burgh of Peterhead and also from general practice in the town Dr. Norman Davidson was entertained at dinner by members of the town council and others on December 23rd, 1925, and received a presentation.

A STREET in Brussels near the university has been named after the late Professor A. Depage, and one of the principal streets in Valencia has been renamed after the celebrated histologist, S. Ramón y Cajal.

AN international post-graduate course will be held in Vienna from February 8th to 20th, with special reference to diseases of the digestive organs and disturbances of metabolism, together with their treatment. The course will be followed by practical work in small classes. Applications should be addressed to the Dean, Professor Richard Wasicky, Schlösselgasse, 22, Vienna VIII, from whom further information may be obtained.

MESSRS. W. HEFFER AND SONS, LTD., Cambridge, hope to publish in February a new (seventh) edition of S. W. Cole's *Practical Physiological Chemistry*. It has been revised and two new chapters on biological oxidations and reductions and on the analysis of blood have been added.

## 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.**

ORIGINAL ARTICLES and LETTERS forwarded for publication are understood to be offered to the **BRITISH MEDICAL JOURNAL** alone unless the contrary be stated. Correspondents who wish notice to be taken of their communications should authenticate them with their names, not necessarily for publication.

Authors desiring REPRINTS of their articles published in the **BRITISH MEDICAL JOURNAL** must communicate with the Financial Secretary and Business Manager, British Medical Association House, Tavistock Square, W.C.1, on receipt of proofs.

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.

The TELEPHONE NUMBERS of the British Medical Association and the **BRITISH MEDICAL JOURNAL** are *MUSEUM 9861, 9862, 9863, and 9864* (internal exchange, four lines).

The TELEGRAPHIC ADDRESSES are:

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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.

### ORAL STENOSIS.

DR. J. HOYTE (Katanga) asks for advice in the following case: Two years ago (he says) a middle-aged native man came for treatment in the camp hospital here. He was suffering from severe tertiary yaws, with extensive ulceration affecting the lips and nose; in fact, these parts were almost completely destroyed and replaced by a dirty sloughing ulcer. Treatment by potassium iodide stopped further spread of the ulceration, and within four or five weeks the healing was complete. Unfortunately the accompanying cicatrization was intense, and resulted in reducing the "mouth" to a small circular orifice, not half an inch in diameter, in the centre of a tough scar. It is difficult to conceive how he talks, eats, and breathes through a hole which will only admit the tip of the little finger! However, he has subsisted for two years now, but is begging me to give him a more sizable sort of mouth. I would be most grateful if some surgeon would tell me of an operation (if any) which could be performed by a non-expert with reasonable hope of success.

\* \* We have referred this question to Mr. H. D. Gillies, F.R.C.S., who has been good enough to send us the following reply:

It is difficult to advise in a case such as this without examination or photographic record of the patient. The safest procedure in the circumstances would seem to be as follows:

*First Stage.*—Starting in the submaxillary triangle of the neck, two parallel incisions are carried down for eight inches over the