

## Memoranda:

### MEDICAL, SURGICAL, OBSTETRICAL.

#### TWO CASES OF PERFORATED JEJUNAL ULCER.

THE following cases are of interest in that they emphasize the fact that gastro-enterostomy is not unattended by its dangers despite its present-day popularity. If there exists an "ulcer diathesis," it seems that this operation merely transfers the site of ulceration from one part of the alimentary tract to another.

##### CASE I.

A man, aged 38, was admitted to the Royal Infirmary, Liverpool, in March, 1924. The diagnosis of perforated duodenal ulcer was confirmed by operation; a posterior gastro-enterostomy was performed, and the man made an uninterrupted recovery.

In July, 1925, the patient was readmitted. He stated that there had been total absence of pain in the abdomen for seven months after the operation. At the end of this period he began to experience periodic attacks of generalized abdominal pain, occurring every three days and lasting for ten to fifteen minutes; the pain had no relation to food. Gradually the characteristics of the pain altered; it became localized to a point one inch below the umbilicus and began to show a definite relationship to food, coming on about four hours after a meal and lasting until another meal was taken. The pain was relieved by self-induced vomiting, and on several occasions it awakened him in the early hours of the morning. There was no history of melaena or spontaneous vomiting. A radiogram showed the gastro-enterostomy stoma to be acting normally, although a small residue was observed in the stomach six hours after the barium meal. The patient was discharged from hospital without operation.

On October 28th, 1925, the patient was again admitted with all the characteristic signs of an "acute abdomen." The only localizing signs were very marked superficial tenderness in the left hypochondrium and a dull ache between the shoulders. A provisional diagnosis of perforated duodenal ulcer was made.

At the operation a most interesting condition was revealed. A perforated jejunal ulcer, about the size of a sixpenny piece, was found on the posterior wall of the efferent loop of the gastro-enterostomy coil of jejunum about  $1\frac{1}{2}$  inches from the patent gastro-enterostomy stoma. The ulcer was enclosed by a purse-string suture. As the pylorus was found to be patent, admitting a thumb easily, an entero-enterostomy between the afferent and efferent loops of the gastro-enterostomy loop of jejunum was performed. The abdomen was closed with drainage, and the patient made an uninterrupted recovery.

In the latter half of January of this year he was again admitted with symptoms similar to those which succeeded his first operation. A laparotomy was performed and a second jejunal ulcer was discovered in close proximity to the gastro-enterostomy stoma. A partial gastrectomy, which involved three-quarters of the stomach and the whole of the loop of the jejunum taking part in the gastro-enterostomy, was performed; the man made an absolutely straightforward recovery.

##### CASE II.

A man, aged 37, was operated upon in the Royal Infirmary, Liverpool, for a juxtapiyloric ulcer in March, 1925. A posterior gastro-enterostomy was performed, and the patient made an uneventful recovery.

In January, 1926, he was again admitted to the hospital with signs suggestive of a perforated duodenal ulcer. The abdomen was opened, and a perforated jejunal ulcer was found on the efferent loop of the gastro-enterostomy coil of jejunum. The perforation was the size of an orange-pip. The edges of the ulcer were excised and the gap was sewn up in the transverse axis of the bowel. The gastro-enterostomy stoma was found to be quite patent. The abdomen was closed with drainage, and the patient made an uninterrupted recovery.

I am indebted to Professor R. E. Kelly, senior honorary surgeon to the Royal Infirmary, Liverpool, and to Mr. R. Kennon, senior assistant surgeon to the same hospital, for permission to report these cases.

ALFRED T. ASHCROFT, M.B., Ch.B.,  
House-Surgeon, Royal Infirmary, Liverpool.

#### ACUTE SUFFOCATIVE PULMONARY OEDEMA.

As I have observed a patient who typically illustrates this somewhat rare condition, I think it would be of interest to record his case.

The man is a printer and is 33 years of age. He has valvular disease of the heart, the aortic and mitral valves being incompetent. The heart is enlarged, and there is conspicuous pulsation of the carotid arteries. His countenance is strikingly pale, and the pulse is of the collapsing type. The lungs, however, are clear, and there is no oedema of the ankles; but the urine contains some albumin. The systolic blood pressure is 150, and the diastolic 80 mm. of mercury. The cardiac affection dates from an attack

of rheumatic fever at the age of 16, and does not interfere with his following his occupation, which does not involve much exertion.

During the past year and a half he has had four attacks of acute, or rather hyperacute, oedema of the lungs. They have all occurred in the middle of the night and presented the same features. On arrival I find him sitting propped up in bed, anxious-looking and cyanosed, and constantly expectorating a frothy serous fluid which comes up without any effort. Coarse moist râles are heard everywhere over the chest. The pulse is rapid and forcible. He is fully conscious and repeatedly asks for something to be done quickly to relieve him of his distress, which appears to be a feeling of impending suffocation, for he is literally drowning in his own secretion. His extremities are cold. The application of a hot-water bottle to his feet, a hypodermic injection of atropine gr.  $1/50$ , followed later by morphine gr.  $1/4$ , render him more comfortable. The following morning he feels quite well.

The attack comes on without any warning, waking him from his sleep, and usually lasts several hours, during which time he brings up a couple of pints of the watery, pinkish-tinged, frothy fluid, the coloration being most obvious in the froth. The condition is ascribed to a sudden transient relative failure on the part of the left ventricle.

London, E.

M. COHEN, M.B., Ch.B.Glas.

#### TREATMENT OF SEPTIC TUBERCULOUS ARTHRITIS.

I WISH to invite attention to a method of treatment which I have found efficacious for some septic tuberculous joints which at first appeared beyond hope of salvation. It is based on the assumption that the patient's power of repair is not absolutely bankrupt; in such a case there is only one living chance—amputation.

The method is as follows: Administer ether by the open method. Apply a tourniquet well proximal to the lesion. Lay open by free incisions all sinuses, and fully expose the interior (and recesses) of the joint. With strong scoops and scissors remove every visible particle of diseased bone and tissue. Establish, whenever possible, large gravity drainage tunnels. Irrigate copiously with warm hydrogen peroxide (1 in 17) carbolic (1 in 70) lotions. Introduce large wisps of silkworm gut through tunnels, and pack meticulously the rest of the cavity with rolls of gauze wrung out of freshly prepared iodoform emulsion. Secure the limb in absolute rest on a suitable splint in the position which ultimately will be most useful. After forty-eight hours flush out twice daily with "peroxide carbolic," reinsert wisps, and repack with iodoform gauze; it may be necessary to remove the splint for each irrigation during the first weeks. Place the patient in an outdoor balcony, and give plenty of nutritious food *plus* some alcoholic beverage with meals. The part is maintained in absolute rest, and the patient is continuously out of doors until the wounds have soundly healed and x rays demonstrate healthy ankylosis.

In case of scepticism as to the power of chemical disinfectants in these desperate cases I beg for a fair trial of the above-mentioned combination, which, in conjunction with free gravity drainage, will within one month yield a display of bright vermilion granulations which will worthily uphold the teaching of Lister.

Buenos Aires.

JOHN O'CONNOR.

#### APPENDIX IN LEFT INGUINAL HERNIA.

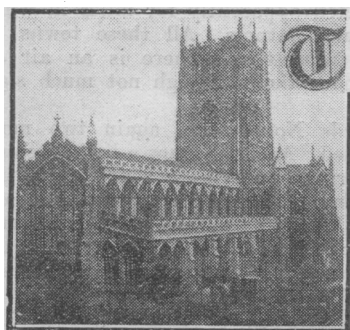
THE following clinical details seem to be of sufficient interest to merit publication because the appearance of the appendix in a left inguinal hernia must be very rare.

A man, aged 24, was admitted to the Dewsbury and District General Infirmary on February 20th, 1926, with strangulated left inguinal hernia. The history was that during the previous five years a lump had often appeared, which he had always reduced himself. He had not worried about it, nor obtained medical advice. On the date mentioned, however, he was unable to reduce it, so came into hospital. The hernia was found to be of a fairly large size, extending well into the scrotum. Manipulation was tried, but it was found impossible to reduce it; an operation was therefore performed at once, and a large thin-walled sac was found to contain the terminal portion of the ileum, the whole of the caecum, with the appendix, and the first inch of the ascending colon. Although this was found on the left side there was no other evidence of any transposition of the viscera. No adhesions were present, and the appendix was easily removed, a radical cure being performed.

Dewsbury.

G. FOSTER SMITH, L.M.S.S.A.Lond.

# NINETY-FOURTH ANNUAL MEETING of the British Medical Association, NOTTINGHAM, 1926.



ST. MARY'S CHURCH, NOTTINGHAM.

the neighbourhood. We publish below the third of a series of descriptive and historical notes on Nottingham and the neighbouring country; the first appeared in the JOURNAL of December 5th, 1925 (p. 1081), and the second on January 23rd, 1926 (p. 158).

## THE COUNTRY ROUND NOTTINGHAM.

BY

E. L. GUILFORD, M.A.

I SHOULD not like to say how often I have heard people say that there is no scenery worth looking at in the Midlands, and then the speaker has generally gone on to refer to some beauty spot which has taken his fancy. This is a very unjust judgement, and ought most assuredly to be refuted. Taking Nottingham as a centre, a traveller can find almost every type of scenery within a radius of forty miles. I said "almost" because the lofty mountain and the wide-stretched lake are absent.

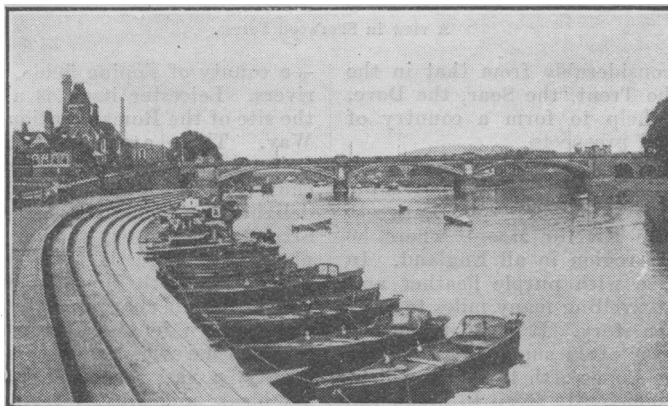
In the immediate neighbourhood of Nottingham the two types of scenery most in evidence are river and woodland.

The Trent is a majestic stream, flowing in a wide course from west to east until it reaches Newark, when it turns northwards to the Humber. The Trent has always been notoriously fickle, changing its course, flooding its banks, and subject to drought. Modern improvements have checked these vagaries somewhat, but they have left their mark on the lands on its banks. Here and there above Nottingham the Trent is difficult for small boats, because the stream flows rapidly through a narrow bed—as, for instance, between Wilford and the beautiful wooded slopes of Clifton Grove. From Beeston up to Trent Weir the river is excellent for boating, and is much frequented during the summer months by picnic parties.

Below Nottingham the Trent has been taken drastically in hand and made to behave itself so that it may be fitted to deal with the transport of merchandise. There are many very picturesque reaches of the river between Nottingham and Newark, and near these will be found inns which do a roaring trade during the summer months. Below Newark the river is less known, not so much because it is less beautiful, but rather because it is less accessible to the

general traveller. The villages by the side of these reaches of the Trent are very charming, and at Littleborough, where a Roman road used to cross the river on its way from Doncaster to Lincoln, may be seen the eagle, the tidal wave which sweeps up the river in a wall of water some five feet high. Its passage is so rapid that the unwary boatman is certain to be swamped.

Nottingham is singularly fortunate in having Sherwood Forest at its very doors. Years ago the Forest came right up to the walls of the town, but recent industrial developments have caused the woodland to retreat some miles.



Trent Bridge, Nottingham.

On the road from the county town to Mansfield or to Ollerton there is still ample evidence of this old forest. It must always be remembered that the mediaeval forest consisted primarily of open moorland covered with heather and gorse, and here and there a belt of woodland. It is between Ollerton, Mansfield, Worksop, and Retford that the real woods for which Sherwood Forest is so famous are to be found. In this area, too, are the great enclosures of Welbeck, Clumber, and Thoresby. Here is park land at its

best, and there are probably few districts in England where so many noblemen's houses are to be found within such a small area. But this is not the true Sherwood Forest. To find this it is necessary to get off the beaten track, away from the main roads, or even the side roads—for these are overrun by trippers nowadays—right into the silent forest, among the oak trees and the bracken. Then may be felt the spirit of the forest; and the imaginative may even see Robin Hood and his fellows, resting in some glade, while waiting for news of some rich quarry to reach them. Such spots are best in the late hours of a summer or autumn day, and those who are fortunate

enough to visit them then will surely agree that there are few, if any, more beautiful places than Sherwood Forest.

West of Nottinghamshire lies Derbyshire, a county of singular beauty. Again the coming of the modern tripper has done much to spoil the handiwork of Nature. Matlock would be beautiful if it were not for man and his works, which, in this case, have spoiled it in catering for the populace. The lover of beauty only uses Matlock and other well known resorts as a base of operations. He gets off the beaten track into the secluded valleys where he can still enjoy himself. Of late years the road between Rowsley and Bakewell has been made hideous by the horns of motor charabancs and the raucous voices of trippers bound for Haddon Hall. Luckily, such folk have no desire to visit the many beautiful spots lying just off the beaten track. The lover of Nature must turn off the main road to Youlgreave and explore some of the valleys near by, and he will be amply rewarded for his trouble. Dovedale at its southern end has been vulgarized, but nothing could really spoil its natural beauty, and if it can be visited when there are few people about it will be acknowledged, even by those accustomed to beautiful scenery, to be one of the most delightful valleys in these islands. It is usually approached by way of Ashbourne, a very charming old market town well worth a closer study than it usually gets. The road from Ashbourne to Buxton is much used by motorists, and advisedly, for it is better than, though not so picturesque as, the more easterly route by Bakewell. In fact, the Ashbourne route is exceptionally bleak, as anyone will agree who has had to travel on it in a snowstorm.

Derbyshire is an exceptionally beautiful county. Collieries have spoiled its eastern side, but except for this it is well worth exploring. The

scenery in the south varies considerably from that in the north. Here the valleys of the Trent, the Soar, the Dove, and the Derwent meet, and help to form a country of pleasant meadowland and broad prospects.

Tastes in scenery differ, as in everything else, and Derbyshire provides something for everybody. Should the visitor desire moors, he must go north to Kinderscout, Langsett Moors, Stanage Edge, and the Rivelin Moors, where he will find, perhaps, the bleakest region in all England. In autumn these moors are ablaze with purple heather and russet bracken, a sight worth travelling many miles to see.

Lincolnshire is quite another story. It is by no means the unbroken flat land that it is often supposed to be, for there are the wolds, stretching from north to south, which, though never very lofty, are sufficiently steep to break the landscape up very pleasantly. Lincoln itself stands on a hill. It is a charming town, the magnificent cathedral standing up as a landmark for miles around. The east coast of Lincolnshire is a favourite holiday resort for visitors from the industrial centres of the Midlands. The popular towns are few. In the north there is Cleethorpes adjoining Grimsby, and then follows a stretch of desolate coast until Mablethorpe is reached. A few miles further south comes Sutton-on-Sea—quite small, but provided with magnificent stretches of sands, an ideal playground for children. Were it not for the sands this coast would have little attraction, for the country just inland is singularly devoid of charm. It is pure marsh, intersected by a network of dykes. Twenty miles south of Sutton-on-Sea

comes Skegness, which has grown rapidly during the last few years, and shows signs of becoming the most progressive seaside resort on this part of the coast. South of Skegness there is no place of any size on the shores of the Wash. Here the traveller is approaching the Fen Country, the land of beautiful churches, vast potato fields, and far-stretching orchards. Here is some of the richest soil in England. The potato, bulb, and fruit industries have grown rapidly during recent years, and much capital is now invested in this part of the country. A visit to Spalding when the daffodils are in bloom is a thing never to be forgotten. Vast fields of yellow stretch apparently for miles in what would otherwise be dreary flatness. All these towns in South Lincolnshire are interesting. There is an air of extreme respectability about them, though not much sign of commercial energy.

Going westward towards Nottingham again two most interesting towns are passed. Ancaster, now a little dreamy place, is famous still for its quarries, whence came the stone from which so many of the Midland churches are built. Grantham is well known as a railway junction and an engineering centre. It has other claims to attention, for

the church possesses a spire which rivals in beauty that of its neighbour at Newark, and in the town is the Angel Hotel, one of the best survivals of a mediaeval hostelry in this country. Turning Londonwards, down the Great North Road, Stamford is soon reached; it is the most southerly town in Lincolnshire; in fact, part of it lies outside that county. It is a town of architectural interest, with its magnificent churches, its mediaeval hospital, and, on the outskirts, Burghley House. No one should miss Stamford if he can help it.

South of Nottinghamshire lies Leicestershire—the hunting county *par excellence*

—a county of sloping fields, pleasant woods, and jolly little rivers. Leicester itself is a very prosperous town. It was the site of the Roman station of Ratas situated on the Fosse Way. There are some traces of its Roman origin, but Leicester's appeal to the antiquary lies rather in its old churches, which are full of problems and puzzles, which delight the true archaeologist. Loughborough has little to attract the visitor, though it is a very prosperous little place. Lutterworth, to the south of Leicester, has its close association with Wycliffe, who spent the evening of his varied life in charge of the church here, and whose ashes were strewn in the river which flows sleepily through the town. Charnwood Forest is quite the beauty spot of the county, a vast moorland tract of hilly country, beautiful yet bleak, and bravely trying to beat back the encroaching hands of industrialism.

The chief impression a visitor to Leicestershire gets is that of a county of large country houses and parks, pleasing to the eye. Some of the old houses are charming, and a stroll through such a valley as that of the Wreke is restful and typical of agricultural England. On the Nottinghamshire borders is Belvoir Castle, the seat of the Duke of Rutland. This modern building on the site of a mediaeval priory stands on the top of a richly wooded hill, and is a landmark for miles around. It gives its name to the Vale which is famous for its barley and its hunting. It is full of beauty spots which delight the eye of the artist.

This completes the survey of the district round Nottingham. Whosoever does not find something in it to satisfy his



A view in Sherwood Forest.

most fastidious tastes must indeed be exacting. It does not compare with the Lake district; it has none of the beauties of the sea coast of Devon and Cornwall; but apart from this there are spots which can compare with any others which England can show. Lincoln and Southwell Minsters have architecture which will outrival any in this country—or in any other. Southwell is a little retired town well off the beaten track, but it is well worth the trouble of getting there to visit the magnificent Chapter House, which is decorated with sculpture such as no other

building in these islands can show. Southwell, too, has interesting associations with King Charles I, as was pointed out in the last article.

What, then, are the general impressions to be got from a visit to the Midlands? A country reminiscent of all parts of England; it borders the extreme types to be found in the north, south, east, and west, and it is no exaggeration to say, that within this area, of which Nottingham is the centre, a more varied selection of scenery can be found than anywhere else in these islands.

## THE LISTER WARD AT GLASGOW.

WE publish a reproduction of a recent etching by Mr. Wilfred Applebey, showing the process of demolition of the Lister Ward in Glasgow Royal Infirmary. The etching has been purchased by the Glasgow Corporation for the Art Gallery collection; it shows the block of the Royal Infirmary

which used to stand on the left of the entrance gate. The ward on the lower story is that which is specially associated with the name of Lister, and of which he was in charge during his Glasgow period from 1862 to 1869. Behind the partially demolished building appears the cupola of one of the new blocks of the infirmary. The buildings have been in process of reconstruction since some years before the war, and it had been planned to utilize the place occupied by the Lister block for a new out-patient department. No great interest had for some years been taken in this block, which was one of the newer portions of the old infirmary, until the proposal for its demolition was made public some two years ago. In the half-century which had elapsed since Lister left it, many internal changes had naturally taken place and very few of the furnishings and fittings, indeed little but the walls, dated back to 1869. The managers of the Royal Infirmary were confronted by the problem that the block stood on the site which had been allotted for the new out-patient department, that it formed a

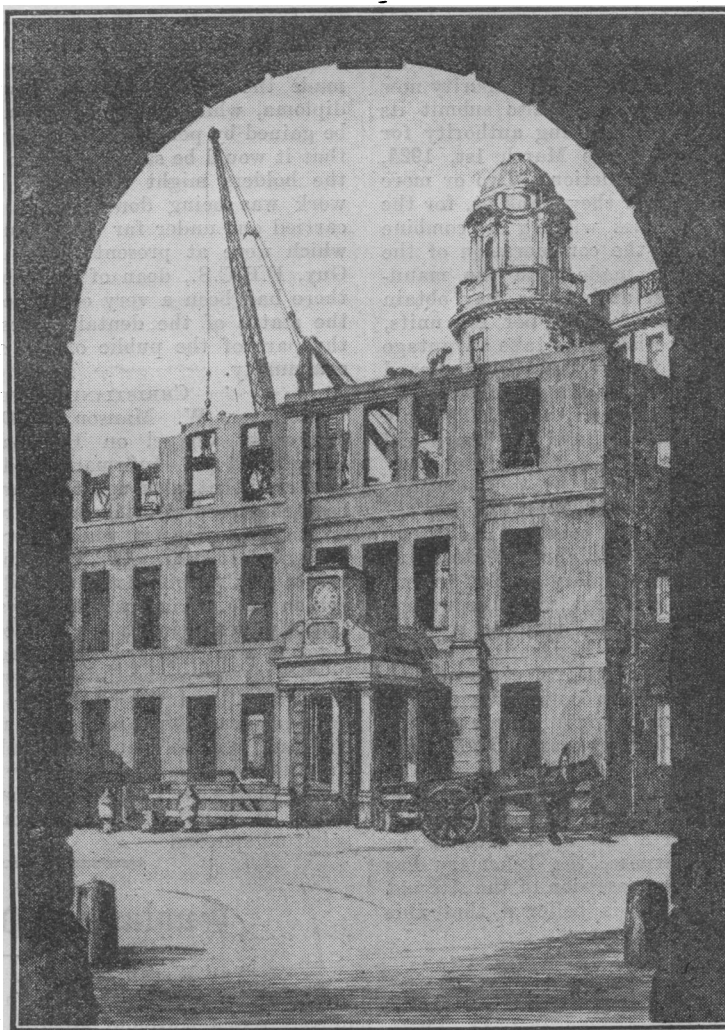
considerable obstruction to the light and air in the quadrangle of the institution, and that it was difficult to plan a scheme by which the ground flat of the building could be preserved while the two upper stories were removed. On the other hand, a considerable section of the public, and of the medical profession of Glasgow, were very desirous of preserving the ward, if possible, in order to form a memento of what had been one of the principal surgical achievements of the city of Glasgow. It was in this ward that Lister originated the antiseptic treatment of compound fracture in March, 1865,

by the application of pure carbolic acid, a method he published in 1867. Here also he had tried various other substances such as zinc chloride and more dilute carbolic acid, as recorded in the *BRITISH MEDICAL JOURNAL* in 1868. The ward was justly, therefore, looked upon as the birth-

place of antiseptic surgery, although more important work in this line was done by Lister during his Edinburgh period (1869-77), when he was using more dilute applications of carbolic acid and perfecting his method. Still more important work belonged to his subsequent London period, when he saw the necessity for purifying the sponges, dirty instruments, and "unclean material upon our hands or on the skin of the patient," as we find recorded in the *BRITISH MEDICAL JOURNAL* of 1893.

The ward, therefore, although it saw the birth of antiseptic surgery, was not connected with the development of its more important phases. Those who attended the meeting of the British Medical Association in Glasgow during July, 1922, will remember that a reception was held in this ward, and that considerable disappointment was experienced because so little could be shown of the actual surroundings in which Lister had conducted his experiments and researches. When the proposal to demolish the ward was made public a considerable amount of controversy arose in the press as to whether the ward should be preserved or

not. It was understood that the managers of the infirmary were willing that it should be allowed to stand if any person or body of persons would provide the funds necessary for the purchase of an equally suitable site for the out-patient department, of the Royal Infirmary in the immediate neighbourhood. Pleas for the preservation of the ward came from the French Academy of Medicine and from various scientific and medical bodies throughout Europe and America. Sufficient success, however, did not attend the effort to raise the subscription necessary to provide an alternative site. When the demolition was in



DEMOLITION OF THE LISTER WARD.

(This illustration is reproduced by permission of the etcher, Mr. Wilfred C. Applebey, "Carlotta," Jordanhill, Glasgow.)



## Obituary.

W. PERMEWAN, M.D.LOND., F.R.C.S.ENG.,

Consulting Laryngologist to the Liverpool Royal Southern Hospital; Late Lecturer in Laryngology, University of Liverpool.

THE death of Dr. Permewan on March 9th came as a shock to many of his professional colleagues, and Liverpool has lost one of its foremost public men. He had been in precarious health for the past six months.

William Permewan was born at Redruth in Cornwall in 1865. After a sound general education he became a student of University College, London, took his M.B. degree with honours in materia medica in 1886, became M.D. in 1888, and F.R.C.S. in 1889. After qualification he held the post of resident at the Miners' Hospital in his native town. In 1887 Dr. Permewan went to Liverpool to fill the post of house-surgeon to the Northern Hospital, and later on he became head surgeon of the Northern Dispensary. It was during the tenure of this post, in set discussions on various subjects, that he developed and cultivated his ability to express himself cogently and forcibly, an ability which later on enabled him to enter into public affairs and win the esteem of his fellow citizens. Attracted early to specialism, he devoted himself to diseases of the throat and ear, and published several articles in the *Liverpool Medico-Chirurgical Journal* (The relation of the nose to chronic respiratory disease, Submucous resection of the nasal septum) and in the *Journal of Laryngology* (Laryngeal paralysis in chronic nervous disease). As a member of the Liverpool Medical Institution his communications were much appreciated for their lucidity, gracefulness of expression, and charm of voice. A good debater, he never lost the thread of his argument, and was quick to seize the weaknesses of his opponent. He was a vice-president of the Institution in 1902.

Dr. Permewan took a keen interest in municipal politics and was a member of the city council for six years. There he proved himself to be a valuable colleague, and his judgement, based on sound knowledge, coupled with his remarkable ability to seize essentials, paved the way to his being made a justice of the peace in 1906. Referring to the loss that the city had sustained in the death of Dr. Permewan, the stipendiary magistrate, Mr. Stuart Deacon, stated that Dr. Permewan was one of the most brilliant men on the bench of magistrates. In 1910 he contested in the Liberal interest Bootle, having as his successful opponent Mr. F. E. Smith, now Lord Birkenhead. It was on this occasion that Dr. Permewan revealed himself to be a politician of the first rank and a master in confronting successfully political audiences with his ready repartee. He made another attempt to enter Parliament later on in the same year, but in spite of his indomitable energy failed. Although greatly interested in public affairs, his reputation in his specialty increased so that in 1914 he was appointed lecturer in laryngology in the university, and he expounded with his native grace and literary gifts his subject to the delight of the students. He was president of the Philomathic Society and an active member in its debates. Dr. Permewan contributed thoughtful articles to the monthly reviews, in which he dealt with the prospects of the Liberal party, of which he was until within the last year a prominent stalwart. His speeches were always vigorous, convincing, and carefully delivered.

In private life Dr. Permewan was a genial man, and quite alive to the foibles of his many friends, at whom he would occasionally poke fun in his humorous way. He will be missed medically as well as politically, and at the funeral service held on March 13th a large number of his friends, professional and political, were present to show their respect for one held in high esteem by all classes. Dr. Permewan married a daughter of the late Dr. E. K. Muspratt. He had two children—a daughter who predeceased her father some six weeks before, and a son. Deep sympathy is felt with Mrs. Permewan and her son in this second bereavement that has befallen them.

Dr. G. E. GABITES of Timaru, New Zealand, who died on January 15th, was born at Christchurch in 1867. He was educated at Edinburgh University, where he graduated B.Sc. in 1891, and M.B., C.M. in 1894, and in 1898 he became F.R.C.S.Ed. He was resident physician at the Royal Infirmary, Edinburgh, in 1894, and a year later was appointed resident surgeon at the Royal Maternity and Simpson Memorial Hospital, Edinburgh. In 1899 he became surgeon superintendent of the Timaru Hospital. A matter in which he took particular interest was ambulance work, and when South Canterbury had progressed sufficiently to claim a corps he was appointed the first corps superintendent surgeon, and continued to hold that office up to the time of his death. He was an honorary Associate of the Order of St. John of Jerusalem. During the South African war he served with the New Zealand contingent, and was awarded the Queen's medal with four clasps. During 1917-19 he was camp commandant of the New Zealand training camp at Arapuni, and served as A.D.M.S. of the Otago military district from 1919 to 1920. For his services he was awarded the O.B.E. Dr. Gabites, who was lieutenant-colonel of the New Zealand Medical Corps Reserve of Officers, was a member of the South Canterbury Division of the British Medical Association. He is survived by his widow, two sons, and two daughters.

Dr. LOUIS BRIGHTWELL HAYNE of Harrogate died on February 14th, at the age of 56. He was the second son of Mr. Henry Hayne of Tunbridge Wells, and received his medical education at the University of Cambridge and St. George's Hospital. He graduated M.B., B.Ch.Cantab. in 1894, and M.A. and M.D. in 1897. After serving as house-physician and house-surgeon at St. George's Hospital, and house-physician to the Victoria Hospital for Children, Chelsea, he joined the late Dr. Ozanne of Harrogate in 1901, and continued to practise there up till his death. He was honorary physician to the Harrogate Infirmary, and during the war served as medical officer at Grove House Hospital, for which he was awarded the M.B.E. Dr. Hayne, who was a member of the Harrogate Division of the British Medical Association, is survived by his widow.

## Universities and Colleges.

### UNIVERSITY OF OXFORD.

#### Radcliffe Prize, 1927.

THE next award for the Radcliffe Prize will be in the year 1927. The prize, which is of the value of £50, is awarded by the Master and Fellows of University College every second year for research in any branch of medical science, comprised under the following heads: human anatomy, physiology, pharmacology, pathology, medicine, surgery, obstetrics, gynaecology, forensic medicine, hygiene. The prize is open to all graduates of the University who have proceeded, or are proceeding, to a medical degree in the University. Candidates must not have exceeded twelve years from the date of passing the last examination for the degree of Bachelor of Arts, and must not, at the date of application, be Fellows on the Foundation of Dr. John Radcliffe. Candidates must send in their memoirs to the Secretary of Faculties at the University Registry on or before December 1st, 1926. The award will be made in March, 1927. No memoir for which any University prize has already been awarded is admitted to competition for the Radcliffe Prize, and the prize will not be awarded more than once to the same candidate.

### UNIVERSITY OF CAMBRIDGE.

At a congregation held on March 12th the following medical degrees were conferred:

M.B., B.CHIR.—W. A. Barnes, G. A. Metcalfe.

M.B.—A. W. Ewing.

B.CHIR.—I. C. P. Beauchamp, \*F. R. Sandford, J. W. W. Jepps.

\* Admitted by proxy.

### UNIVERSITY OF LONDON.

MR. R. C. ELSLIE has been recognized as a teacher of orthopaedic surgery at St. Bartholomew's Hospital.

Dr. G. V. Anrep has been admitted to the Faculty of Medicine as from March 1st.

The Vice-Chancellor, the Chairman of Convocation, the Chairman of the Academic Council, and the Chairman of the Council for External Students have been appointed delegates of the University to attend the third Congress of Universities of the Empire in July next.

Professor E. C. Dodds (Middlesex Hospital Medical School) and Professor J. C. Drummond and Mr. D. T. Harris (University

College) have been added to the Board of Examiners in Physiology for the second examination for medical degrees.

It has been decided that internal students in the Faculty of Medicine be not permitted to enter for the B.Sc. (general) examination unless they have passed the intermediate examination in science or have been exempted therefrom in accordance with the terms of Statute 113A, and that human anatomy and physiology be included among the subjects for the B.Sc. (general) examination for internal students, subject to the approval of the Senate of a syllabus on the lines of the syllabus in that subject for the B.Sc. (special) examination.

Dr. D. F. Harris has been added to the panel of university extension lecturers.

#### A New Professor of Physiology.

The title of Professor of Physiology in the University has been conferred, as from March 1st, 1926, on Dr. J. S. Edkins, M.A., M.B., Sc.D. Camb., in respect of the post held by him at Bedford College. The title of Reader in Physiology was conferred on him by the Senate in January, 1915. During the war he was a member of the Physiology Committee of the Royal Society and of the Grain Pest Committee, and he also acted as secretary of the Chemical Warfare Medical Committee (a joint committee of the War Office and Medical Research Council).

#### UNIVERSITY OF LIVERPOOL.

At a meeting of the Council on March 2nd Emeritus Professor W. Thelwall Thomas, M.B.E., Ch.M., F.R.C.S., was nominated representative of the University on the General Medical Council, in succession to the late Dr. Richard Caton.

#### UNIVERSITY OF SHEFFIELD.

The following appointments are announced: D. C. Harrison, B.Sc., Ph.D., to a lectureship in pharmacology; H. Blacow Yates, M.A., M.B., Ch.B., F.R.C.S., to a part-time demonstratorship in anatomy.

#### NATIONAL UNIVERSITY OF IRELAND.

At the meeting of the Senate on March 12th the following resolution of condolence was passed unanimously:

That the Senate of the National University of Ireland desires to place on record its deep sense of the loss it has sustained by the death of Dr. Michael F. Cox, who, as a member of the Senate, rendered invaluable and unfailing service to the advancement of the University since its inception. His great literary gifts and professional attainments have obtained wide recognition. The Senate desires to offer to Mrs. Cox and the other members of his family its most sincere sympathy in their bereavement.

Professor John S. McArdle, M.Ch., F.R.C.S.I., was appointed to act as representative of the University at the meeting of the American Association of Surgeons to be held in Cleveland, Ohio, in summer, 1926.

The following was awarded the degree of M.D. on published work:

A. J. W. Compton, M.B., D.Sc.

#### UNIVERSITY OF DUBLIN.

The Senate of the University of Dublin has decided to confer the degree of Master in Surgery (M.Ch.) upon Sir Berkeley G. A. Moynihan, Bt., K.C.M.G., F.R.C.S.

#### ROYAL COLLEGE OF SURGEONS OF ENGLAND.

An ordinary Council was held on March 11th, when the President, Sir John Bland-Sutton, Bt., was in the chair.

#### Appointments.

Sir Cuthbert Wallace was elected Vice-President in the vacancy occasioned by the resignation of Mr. James Sherren. Sir Cuthbert Wallace was also appointed a representative of the College on the Senate of the University of London. Sir John Bland-Sutton was appointed to represent the College at a meeting of the Royal Society on April 30th in connexion with the celebration of the Lister centenary. Mr. Steward was elected a member of the Committee of Management in the vacancy occasioned by the resignation of Mr. Sherren. Dr. W. S. A. Griffith was re-elected to represent the College on the Central Midwives Board for the period of one year from March 31st, 1926. Mr. Gwynne Williams was elected a member of the Court of Examiners in the vacancy occasioned by the resignation of Mr. Raymond Johnson.

#### Diplomas and Licences.

Licences in dental surgery were granted to 50 candidates. Diplomas in tropical medicine and hygiene were granted jointly with the Royal College of Physicians to the following 27 candidates:

A. K. Abdel-Khalik, M. A. H. Atiya, B. N. V. Bailey, H. I. Batra, H. B. Boucher, Gwendolen S. M. Chataway, E. E. Claxton, A. K. H. El Shurbagi, S. C. Gomes, G. D. Gordon, F. G. Greenwood, J. R. Hayman, Margaret Holliday, Laura M. Jacobs, J. J. Keevil, H. D. B. Miller, R. M. Morris, E. A. Penny, J. G. Pyper, R. D. Reid, E. A. Struthers, A. G. Taylor, L. G. W. Ulrich, W. J. Webster, Isabel J. Woodhouse, L. T. Yiu, and W. A. Young.

The diploma of Fellowship was granted to Mr. David Levi, who has now complied with the regulations.

#### COUNCIL ELECTION.

Monday, March 15th, was the last day on which the names of candidates for the election for Members of Council on July 1st next at 2.30 p.m. were to be received. As many as twelve nominations have been forwarded to the Secretary by candidates seeking to fill the four vacancies made through the resignation of Mr. Sherren and Sir Charles Ballance, and the retirement in

rotation of Mr. Spencer and Mr. Hey Groves. The candidates are Mr. Ernest W. Hey Groves (Bristol), Fellow 1905, Member 1895; Sir Herbert F. Waterhouse (Charing Cross Hospital), Fellow 1890, Member 1887; Mr. V. Warren Low (St. Mary's Hospital), Fellow 1893, Member 1891; Mr. W. Ernest Miles (Cancer Hospital), Fellow 1894, Member 1891; Mr. Herbert J. Paterson (London Temperance Hospital), Fellow 1897, Member 1892; Mr. Victor Bouney (Middlesex Hospital), Fellow 1899, Member 1896; Mr. J. P. Lockhart-Mummery (St. Mark's Hospital), Fellow 1900, Member 1899; Mr. Philip Turner (Guy's Hospital), Fellow 1901, Member 1897; Mr. C. A. R. Nitch (St. Thomas's Hospital), Fellow 1902, Member 1901; Mr. Hugh Lett (London Hospital), Fellow 1902, Member 1901; Mr. G. Grey Turner (Newcastle-on-Tyne), Fellow 1903, Member 1899; Mr. C. C. Choyce (University College Hospital), Fellow 1905, Member 1905.

The constitution of the Council since July, 1925, has been as follows:

**President.**—Sir John Bland-Sutton, Bt., Council (1) 1910, (2) 1918, Pres. 1925.  
**Vice-Presidents.**—Mr. Walter G. Spencer, C. (1) 1915 (substitute), (2) 1918; Mr. James Sharren, C.B.E., C. (1) 1917, (2) 1925 (retired February, 1926); Sir Cuthbert S. Wallace, K.C.M.G., C.B., C. 1919 (elected Vice-Pres. March, 1926).  
**Other Members of Council.**—Sir Anthony A. Bowly, Bt., K.C.B., K.C.M.G., K.C.V.O., C. (1) 1904, (2) 1912, (3) 1920, Pres. 1920; Sir Charles A. Ballance, K.C.M.G., C.B., M.V.O., C. (1) 1910 (substitute), (2) 1914, (3) 1922; Sir D'Arcy Power, K.B.E., C. (1) 1912, (2) 1920; Sir Berkeley Moynihan, Bt., K.C.M.G., C.B., C. (1) 1912 (substitute), (2) 1919; Sir Holburt J. Waring, C. (1) 1913, (2) 1921; Sir John Lynn-Thomas, K.B.E., C.B., C.M.G., C. (1) 1918, (substitute), (2) 1925; Mr. Ernest W. Hey Groves, C. 1918; Mr. F. J. Steward, C. 1920; Mr. W. Thelwall Thomas, M.B.E., C. 1921; Mr. C. H. Fagge, C. 1921; Mr. R. P. Rowlands, O.B.E., C. 1922; Sir James Berry, C. 1923; Mr. J. Herbert Fisher, C. 1923; Mr. W. Sampson Handley, C. 1923; Mr. Percy Sargent, C.M.G., D.S.O., C. 1923; Mr. G. E. Gask, C.M.G., D.S.O., C. 1923; Mr. W. McAdam Eccles, C. (1) 1914, (2) 1924; Mr. Wilfred Trotter, C. 1924; Sir Charles G. Gordon-Watson, K.B.E., C.M.G., C. 1924; Mr. A. H. Burgess, C. 1925.

The medical schools are represented as follows:

<b>London:</b>	
St. Bartholomew's ... ..	6
Guy's ... ..	3
*London ... ..	1
Middlesex ... ..	2
*St. Thomas's ... ..	4
University College ... ..	1
*Westminster ... ..	1
Royal Free ... ..	1
<b>Total London</b> ... ..	<b>19</b>
<b>Provincial:</b>	
Bristol ... ..	1
Cardiff ... ..	1
Leeds ... ..	1
Liverpool ... ..	1
Manchester ... ..	1
<b>Total Provinces</b> ... ..	<b>5</b>
<b>Total Council</b> ... ..	<b>24</b>

\* One member retires and does not seek re-election.

## Medical News.

THE Royal Commission on Local Government, of which Lord Onslow is chairman, has decided not to begin before Whitsuntide the hearing of evidence in regard to the second part of its terms of reference, under which it will deal generally with the relations between local authorities and their constitution, areas, and functions. This postponement will give time for the further elucidation of the Government's provisional proposals for Poor Law reform, which are under discussion between the Minister of Health and the local authorities concerned, and to avoid the duplication of inquiries into questions arising both under the Commission's terms of reference and under the Government's proposals which will be settled as a result of that discussion.

THE ninth Silvanus Thompson memorial lecture before the Röntgen Society will be delivered by Sir John Thomson-Walker, F.R.C.S., at the house of the Royal Society of Medicine (1, Wimpole Street, W.), on Tuesday, March 30th, at 8.15 p.m. The subject of the lecture is radiology in urinary surgery. The seventh Mackenzie Davidson memorial lecture will be delivered by Dr. A. Dauvillier of Paris; the date and subject will be announced later.

A MEMORIAL tablet erected in the Maesteg Cottage Hospital in memory of the late Dr. Harris Jones was unveiled on March 6th. The tablet, which consists of a life-like bronze figure in relief of Dr. Harris Jones, bears the following inscription: "In memory of John Harris Jones, M.B., C.M.Glasg., honorary surgeon at this hospital since its opening in 1916, who, with consummate skill, unabated zeal, and marked success, honoured by all, devoted himself for over thirty years to the sacred task of healing. This tablet was erected by the Hospital Committee." On the same occasion a new operating theatre at the hospital was formally opened.

A POST-GRADUATE course will be conducted by the staff of the James Mackenzie Institute for Clinical Research, St. Andrews, from June 14th to 30th. The subjects include

clinical lecture demonstrations by the clinical staff, lantern lectures by the honorary director, anatomical lectures and demonstrations by Professor Waterston, physiological lectures and demonstrations by Professor Herring, clinical pathology by Dr. Matthew Fyfe, chemistry by Dr. Hynd, radiology, and clinical lectures at the Royal Infirmary, Dundee, by Professors Price and Patrick. The fee for the course is £5 5s., payable in advance. Members of the class who wish to carry out practical work may do so in the laboratories under supervision at hours to be arranged.

THE Fellowship of Medicine announces that Mr. A. Tudor Edwards will give a clinical surgery demonstration at the Westminster Hospital on March 31st at 2 p.m., free to members and ticket holders of the Fellowship general course. Beginning on April 12th, St. Peter's Hospital will hold a two weeks' course in genito-urinary diseases, including daily clinical sessions and a lecture each afternoon. The National Orthopaedic Hospital has also arranged a special comprehensive course from April 12th to 24th. From April 14th to May 5th there will be lecture demonstrations in electrotherapy at the Royal Free Hospital at 5.15 p.m., and an intensive course in proctology is to be held at St. Mark's Hospital from April 19th to 24th, with daily sessions, including lectures, demonstrations, and operations. This course will only be held if ten entries are received by April 12th. Copies of all syllabuses and of the general course programme may be had from the Secretary of the Fellowship of Medicine, 1, Wimpole Street, W.1.

A JOINT meeting of the Tuberculosis Society and the Society of Superintendents of Tuberculosis Institutions will be held in the Pathological Lecture Theatre, Cambridge, on March 25th, 26th, and 27th. Communications will be made by Sir Humphry Rolleston, Bt. (Regius Professor of Physic in the University), Sir StClair Thomson, Professors Collis and Lyle Cummins, and Drs. J. Crockett and G. Marshall. Dr. H. de C. Woodcock will demonstrate apparatus for artificial pneumothorax, and this subject will be discussed by Drs. Clive Riviere, Vere Pearson, and Parry Morgan, and Mr. Morrison Davies. Particulars may be obtained from Dr. F. J. C. Blackmore, Tuberculosis Dispensary, Maxey Road, Plumstead, S.E.18.

THE British Council of the International Congress for Life Saving and First Aid to the Injured, which held a meeting on March 17th, co-operates with similar societies in other countries in furthering interest in life saving and first aid. The third International Congress is being arranged in Holland in September of this year, and the fourth International Congress will be held in London in 1928. The British Council includes Sir William Collins, Sir Thomas Oliver, Professor E. L. Collis, Dr. Theodore Thompson, and Dr. D. A. Coles, who is chairman. Dr. H. N. S. Menko, 2, Grosvenor Gardens, Cricklewood, N.W.2, is the honorary secretary.

THE Section of Laryngology is arranging a complimentary dinner to Sir StClair Thomson, President of the Royal Society of Medicine, on the evening of Friday, June 4th. The dinner will be followed by a dance, and Fellows and Members may obtain tickets for themselves and their guests from Mr. Norman Patterson, 82, Portland Place, W.1.

A DRAWING-ROOM meeting was held at Grosvenor House on March 18th, when Viscountess Astor, the Bishop of London, and others spoke in support of the scheme of the Save the Children Fund to establish an open-air residential school for delicate London children.

A PARTY of two hundred and fifty American and Canadian members of the Inter-State Post-Graduate Medical Association of North America will this spring make a post-graduate tour to Italy, Switzerland, Czecho-Slovakia, Austria, Germany, Holland, and Belgium. The party will arrive in Paris on May 7th and the tour will terminate at Brussels on June 26th. The Foreign Relations Committee, of which Lord Dawson of Penn is chairman, and Mr. Philip Franklin, F.R.C.S., honorary secretary, asks us to state that twenty-five British medical men are invited to join the party in Paris and accompany it on the entire tour or any part of it. Further particulars can be obtained on application to Mr. Franklin, 27, Wimpole Street, London, W.1.

THE first Dutch Pedagogic Congress, which will be held at Amsterdam from April 8th to 10th, will consist of the following sections among others: Social pedagogy, psychology of the child, principles of pedagogy, abnormal children, delinquent and irresponsible children, school and home, and the history of education. Further information can be obtained from the secretary, C. van Veen, 1st Helmerstraat 36, Amsterdam. The thirty-first Dutch Congress of Public Health will be held on June 25th and 26th at Utrecht.

THE annual meeting of the International Society of Medical Hydrology is being held this year in Czecho-Slovakia from April 16th to 21st. The places to be visited include Karlsbad, Marienbad, Franzensbad, Prague, Pilsen, and Tatras Spas. A limited number of medical practitioners who are

not members of the society may join the party, but early application is essential. It is estimated that the railway fares to the frontier will cost about £11, and the cost of the seven days spent in Czecho-Slovakia, including subsistence and local travelling, is not expected to exceed £6. The honorary secretary is Dr. E. P. Poulton, 36, Devonshire Place, W.1.

MESSRS. CONSTABLE AND Co. (10, Orange Street, London, W.C.2), the English publishing agents of the League of Nations, have issued a list for the Information Section of pamphlets on various aspects of the League's work. The prices are 3d. for single copies of a pamphlet or £1 for one hundred copies.

THE Home Secretary gives notice that it is proposed to apply for an Order in Council, in pursuance of Section 8 (2) of the Dangerous Drugs Act, 1920, declaring that Part III of that Act shall apply to veronal and the other drugs of the barbitone group in the same manner as it applies to the drugs mentioned in Subsection (1) of Section 8 (morphine, cocaine, etc.), and to make regulations limiting the supply of the drugs to authorized persons or institutions or to persons for whom the drugs have been prescribed by a medical practitioner.

THE house and library of the Royal Society of Medicine will be closed from Thursday, April 1st, to Tuesday, April 6th, both days inclusive.

ADMINISTRATION of vaccines by mouth in the prophylaxis of dysentery, cholera, and typhoid fever has recently been organized on a large scale in the Union of Soviet Republics with encouraging results.

## 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 9361, 9362, 9363, and 9364** (internal exchange, four lines).

The **TELEGRAPHIC ADDRESSES** are:

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

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

**MEDICAL SECRETARY**, *Mediscera Westcent, 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.

### THE ADMINISTRATION OF OXYGEN.

"OXYGEN" asks for advice as to the best way of administering oxygen in lung affections, and, in particular, for practical clinical experience of Professor Haldane's apparatus described and illustrated by him in the **BRITISH MEDICAL JOURNAL** in 1917 (vol. i, p. 181).

### PAIN IN PARALYSIS AGITANS.

"BIDDULPH" asks for suggestions towards the relief of pain in a case of paralysis agitans. The patient is a retired schoolmaster, 66 years of age, a bachelor, a lifelong abstainer; during middle life a heavy smoker, but not so now; always subject to insomnia. The trouble is of three years' duration. Parathyroid had no effect, but massage has greatly diminished the muscular rigidity, so that he can rise from a chair and walk with comparative freedom. The pain is chiefly in the upper arms and shoulders, and makes sleep almost impossible. After reading in this column about the successful use of hyoscine, this was tried. Beginning with 1/200 grain hyoscine hydrobromide by the mouth every fourth night, the dose was increased up to 1/75 grain, and even to 1/50 grain. These latter quantities upset him, so for some time he had 1/100 grain every fourth evening, and lately every third evening. The result is that he gets no sleep at all the first night; then follows a good day and a good night, followed by a fair day and a fair night; the third day he is as before.