

and right hand were blue, cold, and congested, but sensation in the limb was not affected. The ears were warm and of normal colour. The chest showed clinical signs of bilateral advanced active apical tuberculosis, which was confirmed by an x-ray examination; there was also evidence of myocardial degeneration. The Wassermann reaction was negative. The blood count was as follows: haemoglobin 58 per cent., red cells 3,500,000 per c.mm., white cells 15,000, colour index 0.8. No atypical cells were seen, and the urine was found to be normal.

Two days after the patient's admission the left foot became gangrenous, and a line of demarcation rapidly developed in the region of the mid-tarsal joint. Owing to the intense pain in the limb, operative measures were undertaken without delay. A periarterial femoral sympathectomy was performed in Hunter's canal,

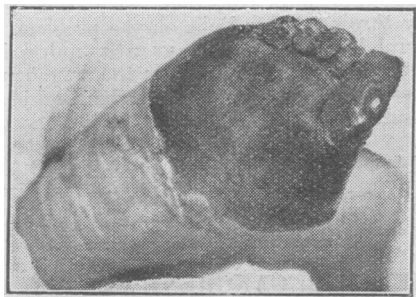


Fig. 2.

and the femoral vein was also ligatured. At the operation the diameter of the femoral artery was found to be no larger than that of a slate pencil. Five days later the leg was amputated above the ankle-joint under local anaesthesia. Seven days later the right leg was amputated above the ankle, and the left hand at the wrist. The wounds healed rapidly, and the patient was discharged to her home two weeks later. So far there has been no recurrence of the gangrene.

Microscopical examination of the blood vessels in the amputated limbs showed the main artery with its lumen obliterated by an ante-mortem clot. There was also evidence of adhesions in the surrounding tissues, and of obliterating endarteritis in the small vessels.

The typical attacks of local syncope, pointing to Raynaud's disease as the cause of the gangrene, were absent in this particular instance. There is every reason to regard the cause as rather due to a toxic endarteritis, possibly rheumatic in origin or perhaps accentuated by the active tuberculosis, combined with thrombosis, the result of the sluggish circulation in a bed-ridden patient.

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Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

STATIC TREATMENT OF ENLARGED PROSTATE.

THE term "static electricity" applies to electricity at rest, as stored up and held in a Leyden jar, or in the fields of a Holtz machine. In 1750 Jallabert of Geneva published a report on the medical uses of static electricity. He discovered that static administrations increased the pulse rate as well as the temperature of the patient. He also claimed that the static bath was valuable in cases of amenorrhoea, and that an increased secretion of sweat and urine was induced. Jallabert also demonstrated that paralysed muscles treated by electrical sparks responded with a convulsive movement of individual muscles wherever the sparks were applied. This was the first demonstration that the static current induces "independent muscular contractions," independent of the neuro-muscular mechanism, a property which explains the peculiar efficiency of the static modalities in effecting tissue drainage with the removal of local stasis. Benjamin Franklin and John Wesley subsequently

became advocates of the therapeutic use of static sparks. The Holtz and Topler-Holtz machines were not invented until 1865. These, and later the Wimshurst machine, made possible the production of currents in greater quantity and voltage than was possible with the friction machines.

To Dr. Morton of New York is due the credit of having discovered what are now known as the static induced and static wave currents. In conjunction with Dr. W. B. Snow much useful therapeutic work was carried out, especially in rheumatoid arthritis and other inflammatory conditions, and it was observed that removal of induration and accompanying swelling (tissue drainage), with the relief of pain, tenderness, and muscular tension, was effected with the static modalities. How is it that static electricity fills this unique role? It is because no other form of electricity is generated under anything like the same conditions as the static current, and electricity from no other source possesses to the same extent its unique qualities or characteristics, which are (1) high voltage relative to an infinitely small amperage, (2) the property of diffusion derived from the preceding qualities, (3) ionization of the air to these currents. Furthermore, the current is a constant current and a directional current of high potential, and produces its effects upon the muscular cells beneath skin and fat, whereas the low galvanic current is only effective when applied directly to muscular tissue—that is to say, static current produces cell contractions of the muscular and elastic tissues of the body independent of the neuro-muscular mechanism. Here we have a powerful remedy, safe and painless, of almost universal application, yet neglected.

The application of static wave current to diseased conditions is manifold, but I propose here to deal with the treatment of enlarged prostate, simple or post-gonorrhoeal. In treating an enlarged prostate the method employed is as follows: the patient is placed upon an insulated couch, lying upon his side; a suitable rectal electrode connected with the machine is introduced into the rectum, in the median line and in contact with the gland. The usual duration of treatment is thirty minutes, the length of the spark-gap being increased as relief of the condition permits—that is, as tolerance increases.

I have often found during a course of treatment that sexual power has been increased, and in many cases restored. In orchitis and epididymitis the relief is prompt. To explain these good results one may recall the action of the static wave current on the tissues: (1) increase in circulation; (2) contractile effect on the swollen infiltrated tissues, and on all muscular and elastic tissue in and around the gland. Briefly, massage with drainage and direct stimulation is obtained. Bearing in mind these properties, it will be seen how readily the swollen and enlarged prostate can be reduced, the symptoms relieved, and the patient restored to comfortable existence.

London, W.

ROLF CREASY.

MULTIPLE ANEURYSMS.

THE following case of multiple aneurysms may be of interest.

On September 3rd, 1929, a man, aged about 60, with one leg, arrived at a boarding-house in this town. He complained of not feeling well, and retired early to bed, where he was found dead next morning.

I performed a post-mortem examination on September 5th. He was a well-built, muscular man. The left leg had been amputated through the thigh. On the inner side of the right thigh, just above the knee, was a large, hard swelling. The peritoneal cavity was full of blood, and there was much recent blood clot in the retroperitoneal tissues. There was an aneurysm just above the bifurcation of the abdominal aorta, roughly spherical in shape, and about 2½ inches in diameter. This had ruptured through a slit 1 inch long in the anterior surface. The swelling on the right thigh proved to be an aneurysm of the femoral and popliteal arteries, and was about 6 inches long by 3 inches in diameter, and filled with laminated blood clot. No other aneurysms were found. The heart was enlarged (weight 14 oz.), and there were atheromatous patches on the aorta, but no valvular lesions.

Dr. Henderson of Bayswater, who had attended the man during life, tells me that the left leg was amputated some years ago for a femoral aneurysm which was causing gangrene of the foot. The aneurysm in the right thigh had recently consolidated and ceased to pulsate. The man denied having had syphilis.

Clacton-on-Sea.

S. ALEC GRANT, M.R.C.S., L.R.C.P.

H. STANSFIELD COLLIER, F.R.C.S.,

Formerly Surgeon to St. Mary's Hospital and the Hospital for Sick Children, Great Ormond Street.

HORACE STANSFIELD COLLIER, who died on February 26th, will be remembered with affection and gratitude by many of his contemporaries at St. Mary's Hospital and at the Hospital for Sick Children, Great Ormond Street. He was a student of St. Mary's Hospital, and before qualifying in 1888 decided upon surgery for his future career. The enthusiasm and energy displayed in his work were remarkable, and it is feared were the cause of his early breakdown in health at a time when he had risen to a high position in the surgical world of this country. He was demonstrator of anatomy at St. Mary's Hospital from 1894 to 1898, and surgical tutor from 1897 to 1902. In 1897 he was elected to the staff of St. Mary's Hospital as assistant surgeon, and shortly after this was appointed to the surgical staff of the Great Ormond Street Hospital. He did a colossal amount of surgery during the period 1897-1911, and completely overtaxed a constitution that was none too strong—his health giving way in 1911, which necessitated his retirement from hospital practice.

Stansfield Collier was a man of most lovable disposition and attractive personality. He gathered round him a host of friends among his colleagues, students, and the practitioners with whom he became associated. His generous disposition always made him thoughtful of the future careers of those junior to him, whether in surgery, medicine, or any of their branches, and he spared no effort to help and encourage them in their early struggles. There are many occupying high positions in the medical profession today whose successful careers were largely due to the helping hand extended to them by Stansfield Collier. His career as a surgeon was meteoric. The brilliancy of his diagnosis and operative skill soon made him known far outside the confines of the hospitals with which he was associated. He speedily acquired a very large practice and was in great demand all over England. He was a man of great originality, both in operative technique and in the scientific after-treatment of his cases. He spared no effort, however desperate the situation might be, and he never gave up hope, so that on many occasions most remarkable recoveries resulted in apparently hopeless cases. One example may be mentioned. A gymnastic instructor in the army fell in the course of his exercises and fractured the sixth and seventh cervical vertebrae. He lay completely paralysed for some months. Collier performed the operation of laminectomy, removing the broken fragments of bone pressing on the cord. This patient made a complete recovery and afterwards became the faithful chauffeur to his surgeon until his retirement from practice.

Stansfield Collier was a brilliant and attractive teacher, and was held in the highest esteem by the large number of students who attended his lectures and tutorial classes in surgery. He wrote many original articles, which appeared in the medical journals.

W. H. WILLCOX.

Universities and Colleges.**UNIVERSITY OF CAMBRIDGE.**

At a congregation held on March 8th the following medical degrees were conferred:

M.B., B.CHIR.—C. J. Owen, J. R. S. Webb, C. G. Windsor.
M.B.—G. W. Pickering.
B.CHIR.—C. F. Brockington.

UNIVERSITY OF LONDON.

LONDON SCHOOL OF HYGIENE AND TROPICAL MEDICINE.

Division of Tropical Medicine and Hygiene.

THE following passed the examination at the termination of the eighty-seventh term (October, 1929-February, 1930):

*W. C. Davidson (Duncan medal), *C. J. Hackett, *N. M. MacLennan, *J. T. Forley, *J. H. Strahan, *W. K. Stratman-Thomas, F. Adam, C. R. Adgie, R. C. Affleck, J. J. Black, R. C. Burgess, A. D. Cust, J. Czarkowska, R. M. Dowdeswell, E. Egan, A. P. Farmer, A. M. Fratell, P. V. Gharpure, F. W. Gilbert, D. E. Gowenlock, A. B. Grey, D. B. L. Harris, C. C. Holm, W. J. Hutchinson, P. D. Johnson, G. Kinneard, W. H. Knedler, S. L. Kocher, B. Krishna, W. R. Little, N. N. Lowther, A. F. Mackay, E. K. Malone, W. A. Mirza, Z. Miterstein, G. M. C. Powell, W. Scott, S. H. Swift, W. H. Thyne, G. E. Tilsley, E. A. Trim, L. E. Vine, B. E. Washburn, K. L. Wig, C. T. Williams, F. Williams.

* With distinction.

Medical Notes in Parliament.

[FROM OUR PARLIAMENTARY CORRESPONDENT.]

THE House of Commons this week discussed unemployment, fiscal policy, and various Supplementary Estimates. On March 11th, in committee on the Coal Mines Bill, the Government was defeated by 274 votes to 282. Mr. MacDonald announced that consideration of the bill would continue. No dissolution of Parliament is contemplated.

The Parliamentary Medical Committee met on March 11th, Dr. Salter presiding. It accepted an invitation by the recently formed Scientific Section of Parliament, of which Lord Rayleigh is chairman and Major Church secretary, for a joint meeting to discuss the disposal of refuse and sewage. It also invited the Scientific Section to attend an address on medical science and industry, to be delivered by a spokesman from the London School of Hygiene and Tropical Medicine.

At the same meeting the Parliamentary Medical Committee was addressed by Sir Malcolm Delevingne on control of the narcotic drug traffic by the League of Nations. He reviewed the opium traffic in China, which, with the breakdown of the Government, had much increased, and was encouraged by the military commanders. He also surveyed the traffic in refined derivatives in Europe and America, commenting on the low proportion of addicts in the United Kingdom. He said this country was interpreting the law in its spirit, whereas certain Continental countries followed the letter. The League of Nations was recommending a model administrative code to signatories of the Opium Convention.

Mental Treatment Bill.

COMMITTEE STAGE CONTINUED.

The Mental Treatment Bill was further considered by a Standing Committee of the House of Commons on March 6th. The committee resumed discussion of Clause 2, which provides for the notice of the reception, death, or departure of voluntary boarders, and makes provisions as to boarders who become incapable of volition. On the motion of Mr. ARTHUR GREENWOOD Subsection 3 was amended so as to substitute another form of words for "incapable of volition." The Minister said that when his amendment was made the subsection would read:

"If any person received as aforesaid becomes at any time incapable of expressing himself as willing or unwilling to continue to receive treatment, he shall not thereafter be retained as a voluntary patient for a longer period than one month, and shall, if he has not been previously discharged, be discharged on the expiration of twenty-eight days from the date on which he became incapable of so expressing himself, unless in the meantime he has again become capable of so expressing himself or steps have been taken to deal with him either under the principal Act as a person of unsound mind or under Section 5 of this Act as a person who is likely to benefit by temporary treatment."

The Minister said the new words "expressing himself as willing or unwilling to continue to receive treatment" had been carefully considered in the light both of the medical and of the legal issues involved, and the term "incapable of volition" would disappear from the bill entirely. Certain other amendments would have to be made in later clauses of the bill.

Sir BOYD MERRIMAN withdrew the amendment he had moved at the previous sitting to cover the same point, and the committee agreed to Mr. Greenwood's amendment, although Mr. Charles Williams added a warning that it might have to be reconsidered on report.

Dr. FREMANTLE moved to amend Subsection 3 further by substituting "six months" for "one month" as the period during which a voluntary patient might be retained after becoming incapable of expressing willingness to continue treatment. He said medical experience did not hesitate to say that one month was not long enough to give the patient in which to change his condition without having to be certified or discharged. This was the definite experience of the medical superintendents and of the London County Council. In its Maudsley Hospital that Council had unique experience in treating cases which were medically described as "ins and outs." These cases were very common, and under suitable conditions, such as those at Maudsley Hospital, they recovered, but very seldom did so within a month. When a patient was very melancholic and submitted to voluntary treatment, but after a short time lost volition, such a patient required three months or more to recover, and the general experience of Maudsley Hospital was that six months was required. Parliament wished to prevent the certifying as a lunatic of a woman who had an attack of mental disorder during confinement or afterwards, and who, coming in as a voluntary boarder, lost volition but recovered it after three months. Under the bill as it stood she would be treated under the Lunacy Act.

Mr. GREENWOOD said the committee must remember that it was dealing with people who of their own free will went into an institution as voluntary patients. It would be very serious to

Medical News.

At a meeting on February 7th of prominent citizens of Winnipeg, including medical practitioners and their wives, a congratulatory address was presented to Dr. W. Harvey Smith, president-elect of the British Medical Association and of the Canadian Medical Association. The address, which was tendered on behalf of the Winnipeg Medical Society, referred in laudatory terms to the services rendered in the past by the president-elect, and gratitude was expressed for the assistance and the sympathy given by Mrs. Harvey Smith.

THE William Mackenzie medal for 1929 for original contributions to ophthalmology of outstanding merit has been awarded by the custodians, the Glasgow Eye Infirmary, on the advice of a committee representative of the University of Glasgow, the surgeons of the Glasgow Eye Infirmary, the surgeons of the Glasgow Ophthalmic Institution, and the Fellows of the Royal Faculty of Physicians and Surgeons of Glasgow, to Professor Dr. van der Hoeve of Leyden, Holland.

THE Section of Anaesthetics of the Royal Society of Medicine will hold a reception at the Wellcome Historical Medical Museum, Welbeck Street, W.1, on Wednesday, April 2nd, at 8.30 p.m. During the evening Lord Dawson of Penn, president of the society, will give an address on Henry Hill Hickman. As announced in the letter from Dr. Cecil Hughes, honorary secretary of the Hickman Memorial Fund, published in our issue of February 22nd, the memorabilia connected with Hickman which have been collected by Mr. Henry Wellcome will be on view.

THE Minister of Health will open the department for treatment of cancer by radium at the North Middlesex Hospital, Edmonton, on the afternoon of Tuesday, March 18th. Mr. Greenwood will also lay the foundation stone of the extension to the nurses' home which has been provided by the Edmonton Board of Guardians.

At the meeting of the Medico-Legal Society, at 11, Chandos Street, W.1, on Thursday, March 27th, at 8.30 p.m., Professor J. S. Haldane will read a paper on carbon monoxide poisoning and its medico-legal aspects; a discussion will follow.

AN extraordinary general meeting of the Cremation Society of England will be held at 23, Nottingham Place, W.1, on Wednesday, April 2nd, at 3 p.m., to consider and if approved pass a special resolution changing the name of the company to "The Cremation Society." The annual meeting of subscribers will be held immediately after the extraordinary general meeting, when the report and financial statement for 1929 will be submitted.

THE next meeting of the London Clinical Society will be held at the London Temperance Hospital on Tuesday, March 18th. It will be a clinical evening. Cases will be on view from 8.30 p.m.

THE Irish Medical Schools' and Graduates' Association will hold a dinner on St. Patrick's Day, March 17th, at 7.45 p.m., at the Savoy Hotel, London (Abraham Lincoln Room). The guest of honour will be Mr. Cecil B. Harmsworth.

At the meeting of the Royal Microscopical Society to be held at 20, Hanover Square, W.1, on Wednesday, March 19th, at 7.30 for 8 p.m., Mr. Joseph E. Barnard, F.R.S., will deliver his postponed presidential address on resolution and visibility in medical microscopy.

A MEETING of the West Kent Medico-Chirurgical Society will be held at the Miller General Hospital, Greenwich, S.E.10, to-day (Friday, March 14th), at 8.45 p.m. Dr. H. V. Morlock will read a paper on the treatment of heart failure.

THE Fellowship of Medicine announces that Dr. John Parkinson will lecture on x-ray examination of the heart on Tuesday, March 18th, at 4 p.m., at the Medical Society, 11, Chandos Street, Cavendish Square. There will be two clinical demonstrations on Thursday, March 20th: one at 2.30 p.m., at the Royal Westminster Ophthalmic Hospital, Broad Street, W.C., by Mr. M. L. Hine, and the other at 3 p.m., at the National Hospital for Diseases of the Heart, by Dr. F. W. Price. The lecture and demonstrations are free to medical practitioners. Two special courses begin on March 17th: one in neurology at the West End Hospital for Nervous Diseases, Welbeck Street, will take place daily at 5 p.m. for a month, and the other on venereal disease at the London Lock Hospital, occupying every afternoon and evening for four weeks. From March 24th to April 12th there will be an all-day course in medicine, surgery, and gynaecology at the Royal Waterloo Hospital; and from March 31st to April 5th an all-day course in gastro-enterology at the Prince of Wales's Hospital, Tottenham. Copies of all syllabuses and information in regard to post-graduate work in London, including details of the general course, consisting of attendance at the clinical practice of more than forty London hospitals, may be obtained from the Secretary of the Fellowship, 1, Wimpole Street, W.1.

At a reception held at the Egyptian Legation in London on March 12th the Chargé d'Affaires, Dr. Hamed Mahmud, presented to Lord Moyulhan of Leeds, President of the Royal College of Surgeons, the Grand Cordon of the Order of the Nile, bestowed on him by His Majesty King Fuad.

THE KING has appointed Dr. Norman Scott Carmichael to be Surgeon-Apothecary to His Majesty's Household at the Palace of Holyroodhouse, in succession to Dr. William Macrae Taylor, deceased.

DR. J. MURDOCH, chief medical officer of the department of radiology and radium therapy at the Burgmann Hospital, Brussels, will give an address at the University of Sheffield on Tuesday, May 6th. This will be the third of a series arranged by the University in co-operation with the Yorkshire Branch of the British Empire Cancer Campaign. Dr. Murdoch has charge of the Service des Tumeurs at the Burgmann Hospital, and his address will be devoted to the subject of radium therapy in cancer. The address will be open to all medical practitioners. Details as to time and place will be announced later. In order to facilitate arrangements practitioners from outside areas wishing to attend are asked to send their names to the secretary, Clinical Studies Committee, The University, Sheffield.

WE have received from Dr. Kinnud Sankar Ray, joint honorary secretary of the Indian Medical Association (formerly the All-India Medical Association), 6A, Corporation Street, Calcutta, four printed documents relating to medical questions now under consideration by the Government of India, with special reference to the future of the independent medical profession in that country: (1) Resolutions passed at the sixth session of the All-India Medical Conference, held at Lahore on December 27th and 28th, 1929; (2) Dr. B. C. Roy's presidential address to the conference; (3) an address by Colonel B. Nauth, I.M.S. (ret.), chairman of the reception committee; and (4) "Some problems of the medical profession in India," compiled for the Association by Dr. K. S. Ray. These publications may be consulted in the library of the British Medical Association, Tavistock Square, London.

WE are asked to state that hospitals situated within eleven miles of St. Paul's desiring to participate in the grants made by King Edward's Hospital Fund for London for the year 1930 must make application before March 31st to the honorary secretaries of the Fund at 7, Walbrook, E.C.4 (G.P.O., Box 465A). Applications will also be considered from convalescent homes which are situated within the above area, or which, being situated outside, take a large proportion of patients from London.

AN article by Sir Thomas Oliver on pulmonary asbestosis appeared in the *Archiv für Gewerbepathologie und Gewerbehygiene*, 1930, Band I, Heft 1 and 2. Reference is made to the publication in the *Journal* of December 3rd, 1927, of the papers by Sir Thomas Oliver, Dr. W. E. Cooke, and Professor Stuart Macdonald, which were read at the Annual Meeting in Edinburgh that year, and certain new cases are now described.

IN a circular letter addressed to local authorities the Minister of Health states that as the rate of Civil Service bonus now payable on the basis of an average cost of living figure of 70 will remain in operation for six months commencing March 1st, there will be no alteration during that period in the range within which bonus may be paid by local authorities to those of their officers whose remuneration is subject to the Minister's sanction.

WE are informed by the Ministry of Health that the Pan-Hellenic Health Exhibition, announced in our issue of February 15th, p. 319, has had to be postponed indefinitely owing to the impossibility of finding suitable premises.

A SCHEME has been issued by the Ministry of Health under section 101 (6) of the Local Government Act, 1929, setting forth the annual contributions to be paid from April 1st, 1930, to March 31st, 1933, by the London County Council and by the councils of the metropolitan boroughs to voluntary associations providing maternity and child welfare services in the County of London. Councils are authorized to require the observance of conditions relating to the efficiency, alteration, inspection, and financial supervision of the service provided, but the consent of the Minister of Health must be obtained before any contribution may be reduced or terminated. Disputes and differences arising between councils and voluntary associations are required to be referred to the Minister, whose decision is final and binding.

THE March issue of *The Prescriber* is largely devoted to spa treatment, emphasis being laid on the merits of British spas and mineral waters. Articles are contributed by Drs. Fortescue Fox, H. E. Rhodes, J. R. Collins, G. V. Worthington, and F. A. Mearns.

THE Paul Ehrlich gold medal for 1930 has been awarded to Professor Karl Landsteiner of Vienna by the Rockefeller Institute of New York for his discovery of human blood groups.