

Memoranda :

MEDICAL, SURGICAL, OBSTETRICAL.

TRACHEAL INSUFFLATION IN NEW-BORN INFANTS.

THE following case appears of interest, partly on account of its rarity, and partly because, in this country, at any rate, it is regarded as unusual for tracheal insufflation to answer where Sylvester's method of artificial respiration has been found to fail. On September 28th I delivered Mrs. C., aged 28, a primipara, of a male child. There was considerable difficulty in the birth. I found it necessary to administer chloroform and to use instruments. For some hours previous to delivery there had been a succession of fainting attacks, and for half an hour preceding the application of forceps a cessation of fetal movements, as ascertained from abdominal examination. The mother was a short, rather ill-developed woman, with somewhat contracted pelvis. The infant at birth was apparently quite lifeless; there was no sign of any respiratory movement, no gasp or cry. The muscles of the limbs seemed to have entirely lost their tonicity. The face was very pale, the body somewhat livid; only the very slightest pulsation was perceptible in the cord, at long intervals. The mother was much collapsed, so the child was separated at once, and Sylvester's and Marshall Hall's methods of artificial respiration immediately started in the interests of the infant. It was alternately plunged into cold and hot water, was inverted, its body flicked with a wet towel, its cardiac region stimulated. The throat was mopped out repeatedly without avail. When nearly three-quarters of an hour had elapsed, and the slightest flickering pulsation over the heart urged one to go on, I decided to try tracheal insufflation before abandoning attempts to resuscitate. Having passed a soft rubber catheter into the infant's larynx, and extracted by suction a considerable quantity of blood-stained mucus and discharges, I gently inspired several lots of clean air into the child's lungs, expelling some of it by pressure over the chest after each inspiration; this encouraged the diaphragm to act, and, after much time and patience, respiration went on regularly. I was summoned hurriedly at 8 p.m. (about nine hours since birth), as the infant appeared to be dying. Some more induced respiratory movements and a hypodermic injection of brandy brought him round, and he passed a pretty good night, breathing well and regularly, and crying lustily at intervals. He now takes the breast well, and is all right. I shall try this method again should occasion arise; I believe, too, it might with advantage be adopted in suspended animation after drowning.

Whitechurch, Hants.

JOHN ASTON SWINDALE, M.D.

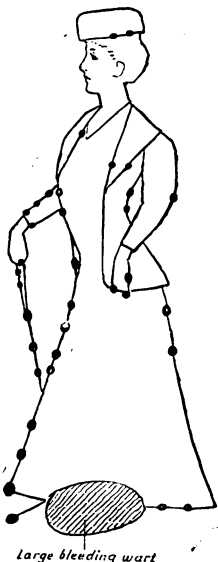
INFECTIVE WARTS.

THE following case may be interesting; at any rate it seems to me worth reporting as it appears to lend support to the theory of the infective nature of warts.

Six months ago a young Englishman was tattooed in Port Elizabeth by an Italian with Indian ink. A month later warts began to appear along the lines of the tattooing. The warts are absolutely confined to the tattoo marks. He has no other warts on any part of his body and never has had. The accompanying rough sketch of the tattooed picture shows the position of the warts. The total number of warts is thirty-eight.

The dots represent the position and relative size of the warts and the lines represent the tattoo marks.

H. F. B. WALKER, M.D. Lond.,
Bedford, Cape Colony.



Large bleeding wart

Reviews.

ORTHOPAEDIC SURGERY.

THE *Handbuch der orthopädischen Technik*, by Dr. A. SCHANZ,¹ is a praiseworthy attempt to deal with a difficult subject. In the curriculum of the ordinary student no attempt is made to make him acquainted with the mechanical means of treating deformities, nor is he instructed in the principles upon which they are constructed. How few there are who realize that before an apparatus can be efficient it must have a good base of support! We have even known a surgeon begin his description of an arrangement for round shoulders with the remark, "Taking its support from the abdomen, etc." Poor support and poor abdomen! The construction of some apparatus designed to act upon a joint violates the first principle, namely, that the direction of the force must act immediately opposite the centre line of action of the joint. Dr. Schanz is at pains to indicate by means of figures the exact centre of action of each joint and the axis lines of each movement. Thus we find that the axis line of the knee-joint is not absolutely in the line of the joint, but is above this spot at a line joining the most prominent part of the cutaneous aspects of the internal and external condyles. Another consideration presents itself—the main function of the joint. Is it support or is it movement? Or is it these combined? In the lower extremity support is more important than movement of individual joints; in the upper extremity movements are to be aimed at and rigidity avoided. All these points are emphasized in this work. It is quite certain that when a surgeon orders an apparatus he should know the principles upon which it is constructed, and be able to direct the instrument maker and correct his errors when necessary. But there are very few surgeons capable of doing so, although in America the practice has arisen of attaching workshops to orthopaedic clinics. To the directors of workshops of this kind this volume will prove invaluable. Its comprehensiveness can be gathered from its length and the wealth of illustrations. In fact it is a veritable catalogue, and comprises nearly every known apparatus in use. We are told how to fit spinal supports, to make plaster-of-Paris, poroplastic, and other models. We are inducted into the mysteries of lay-on joints, male and female parts of joints, rack and pinion apparatus, toe-uplifting and toe-depressing springs, and the numerous details of the surgical instrument maker's art. It would be helpful if the particular gauge and quality of the steel to be used in each case had been indicated, as a common source of error in making the Thomas's hip splint is to have the metal of too small a gauge and of the wrong temper. We have said sufficient to indicate the scope and value of the work, and we cordially wish the author success in his endeavours to interest practitioners and mechanicians in a most difficult branch of work.

In *A Manual of Orthopaedic Surgery*,² by Dr. AUGUSTUS THORNDIKE, the subject is presented in a simple way to the student and practitioner by grouping the deformities both etiologically and chronologically. In pursuance of this plan Part I deals with ante-natal deformities, errors in the development of the skeleton and nervous system, fetal bone disease, and accidents at birth. In Part II the deformities due to the action of external forces on growth, or the effects of asymmetrical muscular development, are considered. Parts III and IV deal with diseases of and injuries to the bones and joints and acquired diseases of the nervous and muscular system. A feature of this volume, as of other American treatises on this subject, is Part V, which gives a technical description of the use of plaster-of-Paris, and the way to make, fit, and use orthopaedic appliances. The characteristics of the work are the clear and concise way in which it is written, the careful arrangement of material, the avoidance of unnecessary detail, and the credit which is given to original workers on

¹ *Handbuch der orthopädischen Technik* (A Handbook of Orthopaedic Technique for Practitioners and Mechanicians). By Sanitäts Rath Dr. A. Schanz. Jena: Gustav Fischer. 1908. (Sup. roy. 8vo pp. 648; figs. 1,398; Mk. 18.)

² *A Manual of Orthopaedic Surgery*. By Augustus Thorndike, Assistant in Orthopaedics at the Harvard Medical School, etc. London: Rebman, Limited. 1907. (Post 8vo, pp. 414; illustrations 191. 10s. 6d.)

THE PLAGUE.

PREVALENCE OF THE DISEASE.

INDIA.

DURING the weeks ended July 18th, 25th, August 1st, 8th, 15th, 22nd, and 29th, the deaths from plague in India numbered 381, 461, 553, 636, 825, 1,015, and 1,239. The chief centres in which plague prevailed were: Bombay Presidency, where during the seven weeks in question the deaths from plague amounted to 78, 119, 248, 329, 376, 446, and 617; Bengal, 23, 25, 22, 13, 14, 8, and 17; Madras Presidency, 48, 53, 46, 50, 104, 76, and 150; Burmah, 153, 147, 105, 98, 81, 56, and 44; Mysore State, 72, 102, 102, 94, 162, 228, and 230; Punjab, 7, 8, 0, 0, 0, 3, and 6; Hyderabad State, 0, 0, 0, 48, 70, 93, and 94; United Provinces, 0, 3, 1, 0, 0, 3, and 9; Central Provinces, 0, 0, 0, 0, 33, 83, and 60; Central India, 0, 0, 0, 0, 0, 0, and 12. The figures serve to show the advent of plague in several districts after a period of immunity from the disease. The annual recurrence of plague invariably shows first in southern provinces, advances north, and in turn declines in the south, whilst the disease lingers in the north.

GOLD COAST.

During the weeks ended August 15th, 22nd, and 29th the deaths from plague numbered 0, 1, and 0. On August 29th all ports of the Gold Coast Colony were declared free from plague.

HONG KONG.

During the weeks ended July 18th and 25th, August 1st, 8th, 15th, 22nd, 29th, and September 5th, the fresh cases of plague numbered 20, 17, 6, 11, 3, 3, 3, and 2, and the deaths amounted to 20, 14, 5, 9, 1, 3, 4, and 2 respectively.

MAURITIUS.

During the weeks ended August 20th, 27th, September 3rd, 10th, 17th, and 24th, the fresh cases of plague numbered 2, 1, 2, 2, 7, and 3; the deaths respectively amounted to 1, 1, 1, 2, 5, and 3.

TURKEY.

Plague is reported from Yambo, Jeddah, and Bagdad; up to June 27th, 276 cases and 250 deaths from these localities.

EGYPT.

Between June 6th and 27th 136 fresh cases of plague reported and 65 deaths from the disease.

CHINA AND JAPAN.

In Amoy and Canton plague occurred during the summer, and a few cases at the Japanese ports of Osaka, Kobe, and Nagasaki.

SOUTH AMERICA.

In Colombia, Ecuador, Peru, Chile, Brazil, and Venezuela plague has occurred for the most part in sporadic form during the summer.

Medical News.

At the first meeting of University College Hospital Medical Society, to be held on Wednesday next at 8.30 p.m., Sir Patrick Manson will give an address on the significance of fever in patients from the tropics.

THE opening meeting of the Chelsea Clinical Society for the session 1908-09 will be held at the Chelsea Dispensary on Wednesday next, when the President, Dr. A. F. Penny, will give an address at 8.30 p.m. on the rise of the general practitioner.

THE Birmingham and District Edinburgh Graduates' Club will hold its annual dinner on Thursday, October 15th, at 7.30 p.m., at the Grand Hotel. Dr. Douglas Stanley will be in the chair, and Emeritus Professor Crum Brown will be the guest of the evening.

THE Gresham Professor of Physic, Dr. F. M. Sandwith, will give four lectures—on Tuesday, Wednesday, Thursday, and Friday next week, at the Gresham College, Basinghall Street—on diseases caused by some well known industries. The lectures are given each day at 6 p.m.

A MEETING of the Society for the Study of Inebriety will be held at the rooms of the Medical Society of London, Chandos Street, W., on Tuesday next, at 4 p.m., when Dr. W. A. Potts, Lecturer on Pharmacology in the University of Birmingham, will open a discussion on The Relation of Alcohol to Feeble-mindedness.

DR. JOHN MACINTYRE of Glasgow will open the winter course of lectures at the Central London Throat and Ear Hospital on October 16th, when he will deliver at 3 p.m. an address, illustrated by lantern slides and instruments, on recent methods of examination of the nose and throat.

THE ceremonies formally inaugurating the winter session at the London School of Tropical Medicine are to take place at 20, Hanover Square, at 3 p.m. next Wednesday. Lord Crewe will preside and Sir T. Clifford Allbutt and Sir Patrick Manson will address the meeting. A dinner at the Savoy Hotel will follow in the evening.

THE winter session of lectures at the Hospital for Sick Children, Great Ormond Street, will begin on October 22nd, when Mr. Kellock will give a demonstration of surgical cases in the wards at 4 p.m. On October 29th Dr. Batten will give a demonstration of medical cases. The lectures will be continued every Thursday afternoon until Christmas.

THE Hunterian Society will hold its first meeting for the new session at the London Institution, Finsbury Square, at 8.30 p.m., next Wednesday, when Dr. James Mackenzie will read a paper entitled "The Bearing of Hunter's Work on Recent Advances in the Study of Heart Affections." The society will be glad to see any members of the medical profession who may wish to attend.

THE Child Study Society, London, has arranged a course of lectures and discussions, to be held at the Parkes Museum during October, November, and December. The introductory address will be given on Thursday next, at 8 p.m., by Mr. C. W. Kimmins, D.Sc., Chief Inspector of Education to the London County Council, on the relation of the curriculum to the development of the child.

THE winter session of the post-graduate course of instruction in ophthalmology at the Royal Eye Hospital, Southwark, will commence on Wednesday, October 14th, at 8 p.m., when Mr. L. Vernon Cargill, F.R.C.S., surgeon to the hospital, will deliver the opening lecture on the importance to a general practitioner of some practical knowledge of ophthalmology. All those medical men interested in ophthalmology are invited to attend the lecture. Full details of the course of instruction may be had by applying to Dr. H. Willoughby Lyle, Honorary Secretary, at the hospital.

THE first annual meeting of the special school for feeble-minded blind children in Kenilworth Road, St. Leonards-on-Sea will be held on October 26th, at 3 p.m. The school is recognized by the Education Department and is, we understand, the first registered school for feeble-minded blind girls, and, with the exception of the L.C.C. centre, the only school of the kind for boys. Members of the medical profession are invited to attend the meeting.

THE fourth annual public meeting of the Association of Women Pharmacists was held on October 1st at the School of Pharmacy, Bloomsbury Square. Miss Buchanan, the president, who was in the chair, gave an account of the aims of the association, and described its work during the year, mentioning that a pension scheme had been arranged, giving special terms to members of the Association. Subsequently Mr. James Cantlie gave an address on some tropical diseases with lantern demonstrations.

At a meeting of the Eugenics Education Society, to be held at the Grafton Galleries at 5.15 p.m. on Wednesday next, the honorary president, Mr. Francis Galton, will give an address on local associations for promoting eugenics. On November 11th Mr. A. D. Darbishire will speak on the inheritance of sex, and on December 9th Miss Ethel Elderton will read a paper on marriage of first cousins. Evening meetings will also be held at Denison House on October 28th, November 25th, and December 16th. Further particulars can be obtained from the Honorary Secretary, Mrs. Gotto, 6, York Buildings, Adelphi, W.C.

DURING the meeting of the International Congress on Tuberculosis at Washington, Dr. Newsholme, Principal Medical Officer of the Local Government Board in England, stated that it was the intention of the board shortly to issue an Order requiring the notification of phthisis by Poor-law medical officers in the case of all patients seen by them in that capacity. This announcement has been confirmed, but the Order has not yet been issued; it is understood, however, that it will apply to all medical officers under the Poor Law whether the patients are in workhouses or infirmaries, or reside in their own homes.

JOURNAL of September 19th, to support him in that contention that certifying medical officers are not required as recommended by the Royal Commission on the Feeble-minded. It occurred to me that we had a most interesting object lesson on the subject in the appointment of a certifying physician in lunacy by the Parish Council of Glasgow, which, I understand, is perfectly unique and with the particulars of which I am familiar. I therefore contributed to the JOURNAL a short note of the history, terms and duties of that somewhat misunderstood office. Seeing that we have in the service of the Council a large and specially capable outdoor and indoor medical staff, I formed the opinion that a certifying physician is not required and expressed that opinion quite openly and publicly. Recently, when the continual friction between the medical staff and the certifying physician became unusually acute, I frankly suggested the drastic remedy of abolishing the appointment.

It is not above criticism, and I am not the only critic, although I am afraid that any adverse criticism is always put down to me. I am not aware of any newspaper campaign on the subject, and I deny the part imputed to me regarding a pamphlet. The Barony Board, the Parish Council, and the Local Government Board are responsible for the appointment, and any blame for its creation and continuance should be attributed to them. I do not think Dr. Carswell need always be standing *ad misericordiam*, and seeking protection. It is a public appointment, and is therefore subject to review by any one interested. What has concerned me most has been the fact that the outdoor medical staff have been superseded almost completely by the present procedure followed in dealing with lunacy applications in Glasgow Parish. The district medical officers are only now called to see cases occurring in their districts when the certifying physician is satisfied that patients require to be sent to the asylum but that there is no special urgency. He fills up the first certificate, and the district medical officer, if he agrees, fills up the second. If the latter does not agree, the patient may be removed to the asylum by the certifying physician filling up the emergency certificate. During the three months ending August 15th last, 296 lunacy applications were recorded in the parish of Glasgow. Out of that number, 176 cases were removed to the observation wards, 31 did not require to be dealt with, and 89 were certified for the asylums. In only 10 of the 89 certified cases were the district doctors called in to certify. That is, in only about 3 per cent. of lunacy cases were second certificates granted by the district medical officers. It is to be noted that such procedure was recommended by the Local Government Board and adopted by the Parish Council, and is a quite legitimate subject for open discussion apart from personal feeling.—I am, etc.,

Glasgow, Oct. 5th.

JAMES ERSKINE.

ESPERANTO FOR MEDICAL STUDENTS.

SIR,—With reference to the letter which appears in the BRITISH MEDICAL JOURNAL of October 3rd under this heading, will you permit me to say that, in my humble opinion, the general cultivation and encouragement of this "marvellous intellectual instrument" by a learned profession, or the aspirants to it, would be a deplorably retrograde movement, as to any one who has even a smattering of classics and the more generally used modern languages Esperanto must appear to be nothing more or less than a barbarous hotch-potch.—I am, etc.,

Duncannon, October 5th.

W. J. SHEE.

Universities and Colleges.

UNIVERSITY OF LONDON. KING'S COLLEGE.

THE subjects to be treated in the course of eight lectures on the biochemistry of the brain, which, as already announced, will be delivered at King's College, London, by Professor Halliburton and Dr. Rosenheim, will include the proteins, phosphorized constituents, cholesterol, etc., in nervous tissues, and the part played by each in health and disease. The lectures, which will be given on Mondays, at 4.30 p.m., commencing on October 19th, have been recognized by the university as a course of advanced lectures for the B.Sc. degree, and will be free to all members of King's College, to all students in any of the London medical schools, and to medical practitioners on presentation of their cards.

UNIVERSITY OF BIRMINGHAM.

A SUPERANNUATION scheme for members of the professorial staff is to be put into operation this session. The scheme is to be established on a contributory basis, whereby a professor who reaches the age of 65 years will retire with a pension which will bear a definite relation both to his salary and to the number of years during which he has served the university.

THE ROYAL UNIVERSITY OF IRELAND.

THE THIRD EXAMINATION IN MEDICINE, AUTUMN, 1908.
THE following candidates have been approved at the examination indicated:

Third M.B. Ch.B., B.A.O.—*H. Flack, *R. A. Kerr, *H. P. Malcolm, *D. Murphy, *T. Reynolds, *J. Stewart, *F. J. Wisely, F. Carson, J. Cullen, H. Emerson, F. P. Ferran, B.A., T. Fitzgerald, M. J. Fogarty, P. J. Gaffikis, Blanche G. C. Griffin, J. H. Harbison, B.A., C. A. P. Harrison, W. S. Haydock, D. Higgins, J. F. Hill, J. Horan, M. J. Horgan, B.A., T. H. Houston, T. J. Kilbride, P. D. McCullen, P. Mockler, A. F. M. Mullane, P. F. Murphy, J. O'Flynn, W. F. O'Ragan, W. Paul, W. Speedy, J. Stephenson, W. Stevenson, W. Tyrrell, J. A. L. Wilson, W. O. Wilson, B.A.

* Qualified to sit for honours.

Medico-Ethical.

The advice given in this column for the assistance of members is based on medico-ethical principles generally recognized by the profession, but must not be taken as representing direct findings of the Central Ethical Committee.

PAYMENT OF A SUBSTITUTE.

IGNORAMUS asks if A. attends a case for B. at his request, what share of the fee should A. hand over to B.?

* * The handing over of half the fee is the usual practice; but amongst neighbours and friends where the services may be expected to be reciprocated, it is not uncommon to make no charge and to hand over the whole fee.

CIRCULARS TO PATIENTS.

J. T. C.—It is recognized that on the change or transfer of a practice, or the admission of a new partner, there is good reason for sending out a circular to patients, and one would not be too critical of the wording of such a circular so long as there is nothing in it to disparage rival practitioners. We cannot say that there is any serious objection to the circular a copy of which has been submitted to us, provided it has been sent only to the bona fide patients of the practice. We have repeatedly pointed out the need there is for care in sending out such circulars, which are too often left to be addressed by some person who has no better guide than the books of the practice for the last year, or perhaps two years; where this plan is followed it may frequently happen that patients whose names are found in the books have since that time transferred themselves to another practitioner, hence complaints of this kind arise. If in our correspondent's opinion there has been more on this occasion than could be explained in this way, he had better refer the matter to the Ethical Committee of his Branch, who could then call upon the sender of the circular for an explanation.

Medico-Legal.

LIABILITY FOR ATTENDANCE.

LEX writes that while in attendance on a confinement further assistance was required to administer an anaesthetic, and the husband agreed to procure it. He did so, but has since declined to pay the anaesthetist, on the ground that our correspondent had contracted for a certain fee to attend to the case, and was, therefore, liable to find any extra assistance that was necessary. "Lex" also inquires as to the liability of the county council to pay his fees for attending to the broken arm of a child who met with an accident in the playground of the district school. Seven shillings and sixpence was offered him by the council for his first attendance on the child, but no further liability is admitted.

* * (1) A doctor engaged for a confinement does not contract to find an anaesthetist. If one is required, the patient is liable to pay. In the case given the anaesthetist called in might recover his fee from the patient in the county court. (2) If the child were brought to the doctor by an official of the county council, the latter might be liable to pay for the first assistance rendered, but would not be responsible for the further treatment. Our correspondent would be wise to accept the 7s. 6d. and endeavour to get his other fees from the parents of the child.