

weights rest. (This is not uncommon after hard diving work.) There was puffiness over both temples and cheek bones, which quickly subsided. The heart sounds were normal, but the heart was slightly irregular. The following day, April 27th, he was quite well and was allowed up for three hours. On April 28th he was up all day, and he returned to duty on April 29th.

The recompression chamber was an upright steel cylinder, 7 ft. high and 5 ft. in diameter, the bottom being convex upwards. It had been constructed somewhat hastily in case of illness resulting from the very deep experimental dives carried out three years ago for the Admiralty Committee. Owing to its small diameter and the convexity of the floor, it was extremely uncomfortable and exhausting to the patient, besides being very cold.

The case presents several features of special interest. The probable cause of its occurrence has already been referred to, and it is evident that in very rough weather great care is necessary to prevent the diver from being prematurely brought up in consequence of the movements of the vessel. A comparatively slight recompression was successful, although one and three-quarter hours had elapsed since the diver came to the surface. In case of illness caused by rapid decompression from great pressures, recompression is often unsuccessful. This is evidently due to the fact that the volume of the air bubbles liberated in the blood and tissues is too great to be successfully dealt with. There seems every reason to believe that the more dissolved air has been got rid of in consequence of precautions taken in decompression, the greater will be the probability of recompression promptly relieving any symptoms, even after a considerable time from their first occurrence. Another point well shown is the extreme caution and deliberation required in decompression after recompression, and the consequent desirability of being able to keep the patient comfortable during this tedious process. The roomy "medical air locks," designed and first used by Mr. E. W. Moir in connexion with tunnelling work in compressed air, are in this respect far superior to the chamber which we employed. As a result of the above experience the Admiralty have initiated the construction of an improved chamber of the same dimensions, but designed to lie on its side, and to be fitted with a bunk, thus making recompression a far less exhausting and anxious experience for all concerned.

Our best thanks are due to Dr. J. S. Haldane, who has very kindly read through our manuscript and added some notes.

## Memoranda:

### MEDICAL, SURGICAL, OBSTETRICAL.

#### CALOMEL IN ASTHMA.

LIVING in a small fishing town where asthma is rather prevalent, I have been much impressed by the beneficial effects of a dose of calomel as a curative for the attacks of this distressing malady. My patients have been mostly women, and of varying ages, and the attacks present the usual features in varying degrees of severity.

I prescribe a powder of calomel  $\frac{1}{2}$  to 2 grains according to the habit of the patient, accompanied, of course, by some of the usual antispasmodic remedies, and my experience is that relief is rapidly obtained, even before purgation takes place.

Other cathartic drugs do not seem to have the same effect or certainly not so rapidly, and the ease with which the powder or tablet is taken is an important factor.

One patient, a widow of about 35, is so pleased with herself after being a martyr to attacks of dyspnoea for years that she is habitually armed with a supply of  $\frac{1}{2}$  grain tablets, of which she takes one whenever she feels the slightest "tightness in her chest," and she was most anxious to treat her niece on the same lines for an attack of whooping-cough!

I am sure there is nothing very original in this line of treatment, but it may be interesting to other practitioners who, like myself, are brought into contact with cases of asthma more frequently than usual.

Brixham.

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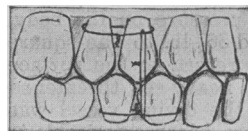
### A SIMPLE METHOD OF TREATING CERTAIN FRACTURES OF THE MANDIBLE.

THE method to be described is especially applicable to fractures at the angle of the mandible or in the region of the last molar tooth.

For various reasons it may be undesirable in such cases always to cut down from the outside and wire or screw the fragments in apposition; the only treatment then consists in fixing the mandible to the maxilla in its normal position and maintaining it so until union has occurred. This fixation may be attempted by means of a four-tailed bandage or some modification of the same, which usually fails to immobilize the jaw, and is, moreover, exceedingly uncomfortable for the patient. Interdental splints are practically of no use in such cases, as they fail to secure the smaller fragment and cause too much separation between the upper and lower jaws, which separation may possibly be permanent.

The following method has none of the above disadvantages and has the merit of being so extremely simple that no specialized skill is required in its application, and it can be carried out in a very short time and without any special appliances. It consists simply in fixing the lower to the upper jaw by means of horizontal ligatures passing round the crevices of two or more teeth in each jaw, the ligatures being securely connected by a third vertical ligature.

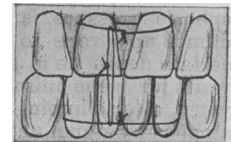
Reference to Fig. 1 shows the arrangement of these ligatures. They should be of silver gilt wire, but copper or German silver gilt or gold may be used. (Gauge 21 or 20, B.W.G.) The premolar teeth are the most suitable to which to affix the ligatures;



Lateral ligatures on the premolar teeth.

they are not so far back to be inaccessible, and the comparative narrowness of their necks make them suitable for holding the horizontal ligatures. All three ligatures are first applied loosely. The horizontal ligatures are next tightened by twisting the wire.

The lower teeth are then made to articulate absolutely accurately with the upper teeth, and whilst in this position the vertical ligature is tightened. Ligatures should be placed on both sides of the jaws, as otherwise a small lateral movement may be possible. The method may be used as a temporary measure in all kinds of fracture of the mandible, in which case ligatures of silk or silkworm gut may be placed round the anterior teeth, as shown in Fig. 2. This affords the patient much relief, and is much more reliable than a four-tailed bandage. The method may also be used as an adjunct to the open surgical methods of wiring the fragments, when fixation of the temporo-maxillary joint may be desirable for a time at least. Even if all teeth are present, the patient does not suffer from inability to take sufficient nourishment.



Anterior or temporary ligatures.

There is always sufficient space between the teeth and behind the last molars for liquid food to pass. Patients do not suffer very much from a diet of milk, porridge, arrow-root, soups, etc., for five or six weeks. In a similar way a patient can use an antiseptic mouth-wash, and use the tongue as a toothbrush on the lingual surfaces of the teeth.

The vertical wire ligature may be left on for a month, after which it may be removed and passive movements allowed; it may be replaced by silk ligatures, as being easier to apply. A vertical ligature should be continued until the sixth week, especially during the time or times the patient sleeps in order to prevent yawning, as the latter does far more harm than even a slight amount of mastication.

The method is, of course, only applicable to those cases in which there is a sufficient number of sound teeth present, but such fractures usually seem to occur in strong vigorous patients with a good set of teeth.

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The greater number were admitted because of ordinary epileptic attacks, but 51 on account of epileptic excitement, 10 after having made attempts at suicide, and 60 because of intoxication. The importance of alcohol was well shown by the fact that 199 of the male epileptics, or 75 per cent., were, according to their own accounts, given to drink; whilst inquiry into the family history showed that 25.2 per cent. of the male and 28.8 per cent. of the female epileptics had drunken parents. Touching this question of alcohol, the ages at which the first symptoms of epilepsy appeared is instructive, for whereas in none of the women did the illness begin after the thirty-fifth year, it began after this age in 11.2 per cent. of the men. Of 59 men in whom the epilepsy appeared after the thirtieth year of life, 81.3 per cent. indulged to excess in alcohol, mostly in the form of schnaps.

At the end of the report Dr. Rohde gives a summary of work done by him in the chemical laboratory with regard to some cases of epilepsy. The excreta were carefully analysed over lengthy periods, in particular the output of nitrogen, uric acid, ammonia, and chlorium being estimated. In the first three cases investigated no specific anomaly was found, but only a retarded and insufficient conversion of nuclein bodies into uric acid. In a fourth case, and two others of status epilepticus, fully reported in the *Deutsch. Archiv. f. klin. Med.*, Bd. 95, the uric acid and albumen metabolism was normal during the intervals between the attacks. The nitrogen of the food, however, was not later fully excreted, but was retained in great mass and excreted in large quantity at the time of the attacks. During the days of the attack the increase in the pulse and blood pressure was accompanied by an increased acid excretion, pointing to a disordered metabolism with the formation of an abnormal organic acid (? lactic acid). Immediately after the onset of the attacks the acid excretion reached its maximum, as much as 2.5 grams of dextro-lactic acid being found in the urine. Parallel with this went a rapid hyperleucocytosis, the number of leucocytes rising in a few minutes from 7,500 to about 19,000, and falling again in half an hour. The attacks closed with an increased excretion of uric acid and phosphoric acid, beginning some hours after the first attacks. As attack succeeded attack, however, the evidences of disordered metabolism given above grew less and less, so that towards the end, notwithstanding the attacks were as frequent as ever, the urine differed only slightly from the normal.

Other papers will be found in the report on manic-depressive insanity (Dr. Zahn); on hysteria and psychopathic personality (Dr. Wettermann); and detailed accounts of different smaller groups of mental disease by Dr. Weber; and cases of doubtful diagnosis by Dr. W. Specht.

Finally, Dr. Alzheimer furnishes the usual information as to the *post-mortem* results in those who died during the two years, and describes the microscopical findings in a number of selected cases.

## Medical News.

THE authorities of the Metropolitan Hospital Saturday Fund have fixed Saturday, October 16th, as the date for the special appeal this year.

THE annual dinner of the Association of Public Vaccinators of England and Wales will be held at the Adelphi Hotel, Liverpool, on Friday, October 29th, at 6.30 p.m.

THE House of Representatives of the State of Georgia has passed a bill giving legal recognition to osteopathy as a system of medical practice in that State. The medical profession is urging the Governor not to give his assent to the bill.

THE next meeting of the Society for the Study of Inebriety will be held in the rooms of the Medical Society of London, 11, Chandos Street, Cavendish Square, W., on Tuesday, October 12th, 1909, at 4 p.m. Dr. J. Milne Bramwell will open a discussion on suggestion and its rôle in the treatment of inebriety.

AT the Middlesex Sessions last Wednesday a nurse on the staff of the North-Western Fever Hospital—Miss Stebbington—was highly commended by the Bench for her courage in bringing about the capture of a street thief.

She saw him snatch a gold watch and chain, and pursued him through sundry courts and alleys until he was caught. The man was sentenced to three years' penal servitude.

THE Lord Mayor of London, Sir George Wyatt Truscott, will lay the foundation stone of the new building of St. Mary's Hospital for Women and Children at Plaistow, E., at 3 p.m., on the afternoon of Saturday, September 25th. The cost of the work and furnishing will amount to £17,000, and with a sum of £3,000 promised by King Edward's Hospital Fund, the committee of the hospital has available for the purpose £14,100. There is, therefore, a deficiency of £2,900 to be made up, and any donations for the purpose will be gladly received by the committee.

THE Caledonian Medical Society held its annual meeting this year at Lancaster. The meeting was held under the presidency of Dr. Blair, who explained that devotion to Gaelic medical literature was a special feature of the society. It had received a translation of a valuable manuscript. Most of the Gaelic manuscripts he had read had been translated by the agency of the society, and the scholar engaged in the work was endowed by the society. During the year its members had made several contributions to general medical literature.

CHOLERA is said to be again increasing at an alarming rate in St. Petersburg and other ports of Russia. A suspicious case of death which occurred at Amsterdam on September 13th is officially declared to be due to Asiatic cholera. Rotterdam is free from the disease. Owing to the presence of cholera in Holland, however, the Belgian Government has instructed the burgomasters to warn people against the eating of oysters and mussels. The reports that cholera has appeared in Belgium are stated to be false.

A RECEPTION of the members of the Child Study Society, London, will be held by the President, the Earl of Stamford, at 8 p.m., on Thursday, October 7th, at 90, Buckingham Palace Road. Short addresses on child study will be given by Miss Alice Ravenhill, F.R.S.L., C. W. Kimmins, D.Sc., M.A., and G. E. Shuttleworth, B.A., M.D. Among the lectures to be given at later dates are the following: The care of children under the Poor Law, by the Right Hon. Sir John Gorst, M.P. (October 28th); the child criminal, by W. C. Sullivan, M.D., Medical Officer of Holloway Prison (November 18th); and on mental fatigue, by A. R. Abelson, D. ès L. (December 9th).

QUESTIONS as to Chinese pigs have recently somewhat relieved the weariness of the debates on the Budget. A very bad character, in a sanitary sense, was given to these animals. A report by Dr. Herbert Williams (Medical Officer of the Port of London) on a consignment of pigs received on July 24th has just been issued. He says that the pig carcasses on arrival were found to be very large and fat, and each one had a label attached to it stating that it had been subjected to a medical examination at the port of shipment. Dr. Williams selected 100 pigs at random, and after examination found nothing indicative or suspicious of trichinosis.

THE fifty-fourth annual exhibition of the Royal Photographic Society of Great Britain commenced at the New Gallery, Regent Street, on Thursday. It will be open from 10 a.m. to 6 p.m. until the end of October, and from 7 p.m. to 10 p.m. in the evening on Mondays, Thursdays, and Saturdays, on which days lantern lectures will be given in one of the rooms. By the courtesy of the committee we had an opportunity of examining the accepted pictures before the opening, and found the exhibition thoroughly worth a visit, even by those who do not take any special interest in photography. An exceedingly high standard of work would appear to have been imposed on would-be exhibitors. In any case the proportion of really artistic work among the pictures shown is very high. In some of the sections we recognized the names of a good many medical men. In the scientific and technical photography section Dr. J. Gray Duncanson of Shooter's Hill (metamorphosis of the dragon fly); Dr. G. H. Rodman, of Mortlake (magnified photomicrographs of the diatom *Heliopelta metii*, and radiographs of shells); Dr. C. L. Leonard (pictures illustrating the actual movements of the heart and stomach); Dr. G. Fedor Haenisch (the normal kidney); Dr. Francis Ward, of Ipswich (the life-history of plaice); Mr. Francis Heatherley, of Birkenhead (a hooded crow feeding its young). In the Autochrome Section: Dr. A. Goodman Levy, of Manchester Square (watercress beds); Dr. H. G. Drake-Brockman, of Cleveland Asylum (still life and the casting of pig-iron); Dr. G. Lindsay Johnson (a stained glass window). Among those who are to deliver lantern lectures are Dr. Francis Ward (September 27th, a visit to a marine biological station), and Mr. Adolphe Abrahams (October 9th, the photography of sport).