The tests were conducted in identical fashion each day. The *absolute* amount of oxygen absorbed from the potassium permanganate varied on different days, but as regards the *relative* amounts of organic matter contained by the air inside and that outside the net, all the figures agreed—agreed in showing throughout fifty analyses that the air within the net contained about twice as much organic matter as the air outside.

*In cold weather* the organic matter contained in the specimen obtained from the air inside the net only absorbed from 0 11 mg. to 0 23 mg. (average 0 16 mg.) of oxygen, but the specimen obtained from outside the net failed to absorb any oxygen at all. This average figure and each of the following averages is based on six double analyses, that is, twelve examinations.

*In warm weather*—35° to 37° C.—a certain amount of potassium permanganate was decomposed in each specimen, but that from inside the net always showed the presence of more oxidizable organic matter. More oxygen—from 0 2 to 0.7 mg. more—was always required to oxidize the organic matter contained in the specimen from within the net.

(*a*) When the bedroom was well ventilated the specimen from the air *outside* the net absorbed on the average 0.13 mg. of oxygen in six hours at a temperature of about 30° C., while the specimen corresponding to the *inside* of the net absorbed 0.59 mg. of oxygen when exposed to similar conditions.

(*b*) When, on the other hand, the room was ill-ventilated and the air of the room was very impure, 0.41 mg. of oxygen was required to completely oxidize the organic matter contained in the specimen derived from the air *outside* the net, but twice as much oxygen was required —0.80 mg.—for the oxidation of the specimen from the air *inside* the net.

(*c*) A similar difference—outside 0.39 mg , inside 0 65 mg. —between the amount of potassium decomposed is shown when, only the window being open, the room was only moderately ventilated.

If one assumes that *all* the organic matter contained in the air in the 5-litre jar is absorbed by the 100 c.cm. of water, one may state the above results in another way, and say that: When the room was ill-ventilated, organic matter was present in the air of the room to an extent that would have required 0.0075 part of oxygen for the complete oxidation of every 100,000 parts, but the air inside the net would have required 0 014 part—that is, about twice as much—for the complete oxidation of its organic matter.

It may seem to some that this effect of the net upon the air breathed is insignificant, but such an impression is due to the limited power of figures to express adequately the results of the investigation. One must not take this last figure (0.014 part of oxygen required for the complete oxidation of 100,000 parts of air) and say, "There were only 0.014 part of organic impurity in the air." Such a statement is quite unjustifiable. Of all the impurities in the air only a certain proportion were absorbed by the distilled water; only some of the impurities thus absorbed were incompletely oxidized, and these incompletely oxidized impurities are the only ones that possess the power to reduce potassium permanganate. Thus it is only of a fraction of a fraction of the impurity of the air that we have been able to make a rough estimate by this modification of Tidy's process.

In spite of this limitation, if water from a well were found to contain as much oxidizable organic matter as the specimens of distilled water that had been shaken up with the air inside the net, and if no further tests were possible, the well would assuredly be condemned as "unfit for drinking purposes"; but the individual sleeping within the mosquito net has been inspiring this impure air for the last few hours of his sleep!

One would not dream of questioning the value of a mosquito net for the freedom it gives both from the irritation of mosquito bites and from malaria, filariasis, and dengue, but I think our eyes should be open to the harm that is being wrought by the net simultaneously.

We have not done our best for a patient when we have obtained ample ventilation for the bedroom, unless we have also secured that he is no longer poisoning himself by inhaling the waste products that are accumulating within his mosquito net.

In some cases of tuberculosis it will be found best to dispense with the net and make use of preparations of oil of citronella, etc., to secure freedom from mosquitos.

# Memoranda:

## MEDICAL, SURGICAL, OBSTETRICAL.

### NEEDLE PENETRATING ABDOMINAL WALL AND ENTERING INTESTINE: EXTRACTION AND RECOVERY.

ON February 3rd, 1910, a Chinese man, aged 28, was needling himself in approved Chinese style for a pain in the abdomen, when the needle accidentally slipped beyond his reach and entered the abdominal cavity. An attempt was then made by his friends to extract the needle through a small incision made with a Chinese razor, in the anterior abdominal wall, going right down to peritoneum. Into this opening they thrust filthy fingers, probing for the needle, the patient's own unwashed hands assisting in the search in the depths of the wound. After the injury the man partook sparingly of food for fear of dislodging the needle, although is caused him no pain. Pressure over the spot was painful, and there was a similar pain on defaecation, probably due to contraction of the abdominal wall in straining and consequent pressure upon the needle.

The operation did not take place until the third morning after the injury, chloroform being the anaesthetic given. It was hoped to avoid an extensive operation, so for fear of losing the needle the original wound, which was slightly to the right of the middle line just below the umbilicus, was enlarged sufficiently to admit two fingers into the abdominal cavity, and the needle was found lying transversely across the lumen of a loop of small intestine. This was brought up into the wound, and the needle extracted through the smallest of incisions. It proved to be an ordinary sewing needle, 1¾ in. in length. There was very little haemorrhage, and no ligatures were required. Drainage was provided, and the wound partly closed.

As was anticipated, an attack of acute general suppurative peritonitis supervened, with a temperature rising to 103°, quick small pulse, intense pain and tenderness, constipation, and distension of the abdomen, but there was very little vomiting. The patient looked extremely ill, and it was feared that he could not recover. Expectant treatment seemed the only resource, since the wound was draining freely, and the man had to be nursed by his own friends. Fomentations were tried, and small doses of calomel and salts, since there was little vomiting, and that soon ceased. Recovery eventually occurred, progress being gradual and imperceptible at first. On March 1st he was well enough to leave his bed, and went home seventeen days later. Four months after the injury he was in good health.

This case, besides showing the good resisting power of the Chinese constitution, illustrates also the dangers to which they subject themselves by their indiscriminate practice of acupuncture. It is a mode of treatment much in vogue here, practised by any man, woman, or child, at his or her own discretion, for any and every kind of ailment, joints receiving special attention, and even the eyeball being so treated in certain cases.

E. MARGARET PHILLIPS, B.Sc., M.B., Ch.B.Manch.

St. Agatha's Hospital, Ping Yin, Shantung, China.

### THE TREATMENT OF SLIGHT WOUNDS BY IODINE.

IODINE as an application to abrasions, cuts, deep scratches, and the like, has been, I think, but little exploited; I therefore venture to suggest the following method of using it in such cases—a method which I have used extensively in practice for over eighteen months, and which offers many advantages from its extreme simplicity and economy of time and material.

As soon as possible after the occurrence, the wound, without being in any way cleansed, is painted with the following solution:

| | | | |
|---|---|---|---|
| Tinct. iodi (*B.P.*) | ... | ... | 2 parts |
| Ether | ... | ... | 3 ,, |

A second coat is given after about a minute. An ordinary clean camel-hair brush is used, and the application made well around the wound. No further dressing is required in cases where the wound is not liable to be soiled or rubbed (for example, wounds about the face); in other cases a simple pad of sterile gauze is used. If uncovered (and this gives the best results, when feasible), a single fresh application of the iodine is made three times a day; if covered, only twice. This method also yields very good results in impetiginous eruptions and in the treatment of boils.

I have at present under my care over 400 imbecile patients, amongst whom casualties of widely varying degrees of severity and of sepsis are necessarily of frequent occurrence, and treatment as above described has given most excellent results, which have in many instances been checked by comparison with the behaviour of similar lesions (sometimes in the same patient) under treatment with (1) sterile dressings alone, (2) boracic, and (3) cyanide gauze and perchloride of mercury dressings.

G. K. Aubrey, L.R.C.P.Irel., L.M.S.S.A.Lond.,
Assistant Medical Officer, Darenth Asylum.

# Reports
ON
# MEDICAL AND SURGICAL PRACTICE IN THE HOSPITALS AND ASYLUMS OF THE BRITISH EMPIRE.

## WHITEHAVEN AND WEST CUMBERLAND INFIRMARY.

### A CASE OF PARTIAL GASTRECTOMY: RECOVERY.

(By G. Bertram Muriel, M.B., B.C.Cantab., M.R.C.S., L.R.C.P., Honorary Surgeon.)

The patient, a miner, married, aged 47, was admitted into the infirmary on May 29th, 1909, complaining of weakness and indigestion, which had been troubling him for eight months.

*History.*—He had noticed that during that time he had been getting thinner and weaker, and a feeling of weight after eating food had gradually come on. For a few months before he was admitted he had been vomiting, at first a few hours after food, and then immediately after it. Vomiting relieved his pain, but taking food never did. He had never vomited blood, nor was there any history of melaena. The ordinary treatments for indigestion did him no good.

*On admission* he was emaciated and sallow in appearance; temperature 98°, pulse 68, respirations 18. Abdomen not distended, but stomach was dilated a little upwards. No succussion splash. He had some arterio-sclerosis, otherwise circulatory and other systems were apparently quite healthy.

*Treatment.*—With rest in bed and stomachic treatment he at first improved slightly, but then signs of dilatation increased, he having visible peristalsis. Also a test breakfast revealed the absence of free hydrochloric acid and the presence of lactic acid. In addition, a light supper, in which thirty currants was given one evening, on being siphoned off next morning was little changed. A doubtful lump was then felt over the region of the pylorus, he was also having more pain and losing weight. The condition was considered to be one of pyloric obstruction, probably malignant in nature.

*Preparation for Operation.*—For five days prior to the operation the patient was dieted on peptonized milk and Benger's food, these being sterilized. He was also given an antiseptic mouth wash. Liquor strychninae ♏ v. was given four times a day. The stomach was repeatedly washed out, the last time being one hour before the operation. At this latter time an enema of 10 oz. of normal saline solution with 1 oz. of brandy and liquor strychninae ♏ x also being given.

*Operation.*—June 16th, 1909. A small mesial incision was made above the umbilicus and a preliminary examination made. The pylorus was found to be very hard and thickened, and apparently carcinomatous. It was wonderfully freely movable, however, and it was considered to be the right thing to do to remove the growth, with about two-thirds of the stomach. There were glands, but none were very large, and they also were not fixed. The incision was enlarged up to the ensiform cartilage above, and down to below the umbilicus. The rest of the abdominal cavity was carefully shut off by flat sponges, the stomach and growth being drawn out as much as possible. The gastro-hepatic omentum, together with the coronary artery, was tied, and the lesser curvature of the stomach freed to the duodenum well beyond the growth. The duodenum was then clamped by two clamps and divided between the clamps, the superior pyloric and gastro-duodenal arteries being also tied. The distal end of the duodenum was then closed by a double suture—first a continuous one through all its coats, and then a sero-muscular suture outside that, as recommended by Mr. Moynihan. The great omentum was next tied off well away from the stomach, and so as to remove quite two-thirds of this organ. The stomach was now clamped at this point with two clamps, divided and sutured, as the duodenum had been, by double sutures, two Halsted stitches being also put in at each end of the division. A posterior gastro-enterostomy was then performed and the wound closed up.

*After-Treatment.*

The patient was returned to bed and his head slightly raised. Pulse 108, respirations 26, temperature 98°. Every three hours he had an enema of normal saline solution half a pint, brandy 6 drachms, and adrenalin half a drachm. These were continued for three days, and then given for two days longer every five hours. He was gradually propped up more in bed, and next morning, as there was no sickness, he was given by the mouth ʒss. albumen water every half-hour. During the day and next evening he brought up, without retching, on several occasions mouthfuls of blood-stained fluid. For this he was given adrenalin ♏ xv, aqua ad ʒj, every half-hour for three hours. The fluid by the mouth was gradually increased, so that by the fourth day he was taking ʒiv of peptonized milk, whey, albumen water, meat extract, cream, or Allenbury's No. 3 food every hour. On the fifth day he had some milk pudding, and after the first fortnight a little minced meat. On the second day after the operation he strained violently with retching, and the abdominal suture gave way, completely re-exposing the stomach. He was given ether, and the wound stitched up again, and it healed by primary union without further trouble. For the first two days there was considerable shock. Pulse 120 to 132, respiration 30, temperature 102° to 99°. The temperature remained from 99° to 100° for a week longer, then became normal, and the pulse fell to 95, at which rate it remained until he was discharged.

As a further complication it should be mentioned that four days after the operation he had a general convulsion, which lasted about a minute, and subsequently he had two to three a day for five days. It was considered that this was due to arterial spasm, he having a high blood pressure and his brachial arteries being decidedly atheromatous. Potassium iodide and bromide relieved the condition.

The patient got up five weeks after the operation, wearing temporarily an abdominal belt, and he was discharged from hospital on August 5th, having an exceedingly good appetite, and expressing himself as feeling better than he had done for years.

*After-History.*

He remained well for several months, despite the fact that on one or two occasions he gave way to some excess of drinking. In January, 1910, however, he showed signs of recurrence apparently in the wound, which became very indurated, a hard mass being felt in the whole of the scar extending deep down in the wound to the stomach. He also had persistent vomiting. He gradually got worse, and died on March 13th of this year—nine months after the operation.

*Further Notes on the Case.*

At the operation a diagnosis of carcinoma seemed absolutely certain, and the previous and after-history of the case apparently confirmed this. However, microscopical examination of the growth was not so certain. A piece was sent away for investigation, and the report thereof stated that "it showed the mucous membrane and muscle to be infiltrated by small round cells, like lymphocytes, without any evidence of destruction of tissue."

I think, however, the subsequent history leaves no doubt as to the nature of the disease. I regret that a *post-mortem* examination was not obtainable. The general interest of the case has tempted me to report it.

stantial testimonial was being widely supported, and was to have been presented to him at an early date.

He was a widower, and leaves two sons and two brothers, with all of whom much sympathy is felt. One of the brothers is Dr. W. G. Mackenzie, of Belfast.

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## THE LATE DR. LOMBE ATTHILL.

The following particulars of the ancestry of Dr. Lombe Atthill, kindly supplied by his son, the Rev. William Atthill, form an interesting supplement to the obituary of the distinguished obstetrician which was published in the Journal of September 24th.

Dr. Lombe Atthill's father, the Rev. William Atthill, was an only son and orphan, and was possessed of the estate and residence of Brandiston Hall, Norfolk, held by his ancestors for centuries. He went to Ireland, after his ordination by the Bishop of Lincoln of the day, as Chaplain to his relative, Dr. Porter, who had been appointed Bishop of Clogher. Dr. Lombe Atthill's mother was Henrietta Eyre, daughter of Dr. Maunsell, Dean of Leighlin, whose wife was sister to the first Countess of Bantry. Dr. Lombe Atthill's grandfather, the Rev. William Atthill, is buried at Brandiston, where also lies his wife. Dr. Lombe Atthill's eldest brother, the Rev. W. Atthill, who succeeded to the estate, are also buried at Brandiston, and several other members of the family. Dr. Atthill's Christian name, Lombe, is really a surname. He was called after the Lombes of Bylangh Park, Norfolk. An ancestor, Sir Anthony Lombe, married an Atthill. Anthony is a common name in the family. The Lombes still own Bylangh Park, a large landed estate in Norfolk. It is a fine mansion, let, we believe, to an American millionaire named D'Arcy.

The following appreciations, which by the courtesy of the Rev. William Atthill we are allowed to publish, will help to show something of the regard in which Dr. Lombe Atthill was held by those who had the best opportunities of knowing him:

Dr. Walter C. Swayne (Clifton), after expressing the grief with which he had heard the news of Dr. Lombe Atthill's sudden death, writes to the Rev. William Atthill: "Your father's wide experience and freshness of mind will be much missed by the profession. He always struck me as one of the most valuable types of medical man one can meet with, namely, one of age and enormous experience who was at the same time quite without that conservatism which looks askance at all advances as new-fangled notions, and often refuses to examine modern methods by the light of past experience. I have never met a man of his age and experience who was better able to give reasoned attention to new methods or more willing to examine them. That, however, is the necessary mental qualification of the pioneer, but he, unlike many of that class, did not lose his adaptability of mind with advancing age. I think I may say that I personally received more encouragement and support from talking to him and hearing his views than from any one I know, quite apart from his charming personality and broadminded views on medical matters and life generally. I hope you will allow me to say that I feel I have sustained a personal loss, and that every member of the profession with whom he came in contact will feel the same."

Miss S. E. Hampson, sister of Sir Robert Hampson, Mayor of Liverpool from 1903 to 1904, for many years matron of the Rotunda Hospital, writes: "I am more sorry than I can say at the loss of one who was such a kind friend to me when I first came to the Rotunda Hospital, and ever since. I am sure you know, without me saying, how keenly I appreciated the honour of his friendship, of his help, and his advice; and that I always realized how great a measure of my success was owing to the deep interest he took in my work of reorganizing the nursing and housekeeping departments. My sorrow for the passing of your distinguished and eminent father is very deep and sincere."

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Deaths in the Profession Abroad.—Among the members of the medical profession in foreign countries who have recently died are Dr. Farabeuf, formerly Professor of Anatomy in the Paris Medical Faculty and Member of the Académie de Médecine; Dr. Leopold Oser, Extraordinary Professor of Clinical Medicine in the University of Vienna, Physician in Chief to the Rothschild Hospital, in his 71st year; Dr. Sigmund Mayer, Professor of Physiology in the German University of Prague, aged 67; Professor Hermann Schwartze of Halle, one of the pioneers of scientific otology, aged 73; Dr. S. Nagayo of Tokio, President of the Japanese Society for the Study of Gastro-enteric Diseases, and director of an institution for the treatment of diseases of the stomach; Dr. James Nevins Hyde of Chicago, one of the leading dermatologists of America, aged 70; and Dr. Emily Blackwell, a sister of the late Dr. Elizabeth Blackwell, in conjunction with whom she founded the New York Infirmary for Women and Children, aged 84.

# Medical News.

The formal opening of the winter session at the West London Post-Graduate College, on October 10th, will be marked by the delivery, by Dr. Basil Hood, of an address on specialism in medicine.

The Child Study Society (London) announces a series of lectures and discussions on the Recreational Activities of Children, from October to December, 1910, at the Royal Sanitary Institute, 90, Buckingham Palace Road, S.W. The honorary secretary is Mr. W. J. Durrie Mulford.

On the occasion of the first winter meeting of the North-East London Clinical Society an address is to be delivered by Dr. Frederick Taylor on the diagnosis of prolonged pyrexia. The meeting takes place at 4.15 p.m. on October 13th at the Prince of Wales's Hospital, Tottenham.

The autumn meeting of the South-Eastern Division of the Medico-Psychological Association will be held by the courtesy of Dr. T. E. K. Stansfield at the London County Asylum, Bexley, on Wednesday, October 5th, 1910. A communication on heredity and insanity will be presented by Dr. T. E. K. Stansfield, and one on sterililization of the insane by Dr. E. Faulks.

The *London Gazette* of September 23rd announces the following further appointments in Queen Alexandra's household: Sir Francis Henry Laking, Bart., G.C.V.O., K.C.B., to be Physician in Ordinary and Surgeon Apothecary to the Household; Sir Frederick Treves, Bart., G.C.V.O., C.B., to be Surgeon in Ordinary; Sir Alan Reeve Manby, to be Physician Extraordinary and Surgeon Apothecary at Sandringham; Milsom Rees, Esq., F.R.C.S.Edin., to be Laryngologist.

The usual Monthly Meeting of the Executive Committee of the Medical Sickness, Annuity, and Life Assurance Society was held at 429, Strand, London, W.C., on September 16th, at 4.45, Dr. de Havilland Hall in the chair. The accounts presented showed that the sickness experience of the society during the summer months had been as usual well under the expectation, and this, combined with the moderate claim list of the early months of this year, has produced a good margin in favour of the society. In the later months of the year a larger number of sick claims must be expected. A large number of the members have reached the age when the effects of exposure to hard weather are apt to compel a cessation from work; but it is a very satisfactory feature of the experience of the society that the number of sickness claims of the kind has been less than was anticipated. The claims in winter are always more numerous than those in summer, but the difference is not as great as the large proportion of the members who have passed mid age might lead us to expect. The financial condition of the business is most satisfactory. Although the amount paid away in sickness claims necessarily increases with the number and average age of the members, and in addition a substantial cash bonus is paid to all members reaching age 65, yet the funds are steadily growing, and now amount to over £240,000. Prospectuses and all information on application to Mr. F. Addiscott, Secretary, Medical Sickness and Accident Society, 33, Chancery Lane, London, W.C.