

omentum almost invariably applies itself to the deep surface of the wound, and thereby exerts two beneficial influences. In the first place it prevents the infection spreading to the general peritoneal cavity, and in the second place it tends to hold the wound margins together and so to decrease considerably the tendency to a rupture with prolapse of the intestines.

In my earlier experiments on cats, I lost many animals from sepsis of the abdominal wound, followed by rupture and visceral prolapse. Of the animals in which the omentum was not removed, but which developed septic abdominal wounds, only 5 per cent. died from prolapse of the viscera, whereas, of the animals in which the omentum had been excised, and in which the wounds became septic, 85 per cent. died from rupture with prolapse of the intestines.

When, therefore, there is any reason to suspect that an abdominal wound has been exposed to infection, it is advisable to see that the omentum is spread out behind it, before suturing up.

Of the other surgical uses of the omentum, such as omentopexy in cases of hepatic cirrhosis with ascitis; the plugging of wounds of the liver which cannot be brought together by suture, or the use of excised portions of it to fill cavities and dead spaces in other regions of the body, as practised by Tuffier, considerations of time forbid more than mere mention.

## REFERENCES.

- <sup>1</sup> Heusner, *Munch. med. Woch.*, lii, 24, p. 1130. <sup>2</sup> Schieffendecker, *Deut. med. Woch.*, No. xxv, 1906. <sup>3</sup> Eccles, *St. Bartholomew's Hosp. Rep.*, vol. xxx, 1891. <sup>4</sup> Rubin, *Surg., Gyn. and Obstet.*, February, 1911. <sup>5</sup> De Renzi and Boeri, *Berl. klin. Woch.*, 1903, No. 34, p. 773. <sup>6</sup> Beattie, *Journ. of Path. and Bact.*, June, 1902. <sup>7</sup> Rutherford Morison, *BRITISH MEDICAL JOURNAL*. <sup>8</sup> De Renzi and Boeri, loc. cit. <sup>9</sup> Pirone, *Arch. Ital. de Biol.*, xi. <sup>10</sup> Lanz, *Centralbl. f. Chir.*, 1907. <sup>11</sup> Scudder, *Boston Med. and Surg. Journ.*, 1903, Bd. 2, No. 11. <sup>12</sup> Rydygier, *Berl. klin. Woch.*, 1881. <sup>13</sup> Tonsini, *Arch. f. klin. Chir.*, 1886, Bd. 33. <sup>14</sup> Schlosser, *Mitt. aus d. Grenz. der Med. u. Chir.*, 1905, Bd. 14. <sup>15</sup> Von Haberer, *Arch. f. klin. Chir.*, Bd. 92, H. 2. <sup>16</sup> Senn, *Annals of Surg.*, Bd. vii, 1831. <sup>17</sup> Springer, *Beiträge z. klin. Chir.*, Bd. 60. <sup>18</sup> Bennet, *Lancet*, 1835. <sup>19</sup> Enderlen, *Deut. Zeitschr. f. Chir.*, 1900, p. 55. <sup>20</sup> Enderlen and Justi, *ibid.*, Bd. 61, p. 258.

## Memoranda :

## MEDICAL, SURGICAL, OBSTETRICAL.

## HERPES ZOSTER IN THE LEGS.

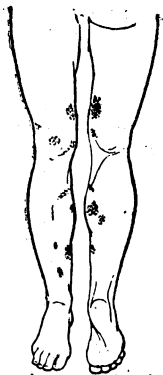
The hepetic eruption here described was seen recently in a boy aged 12 years. The areas involved correspond very well with those assigned by Head and Campbell (*Brain*, 1900) to the nerve supply of the fourth and part of the third lumbar nerves. Herpes affecting the skin below the knee appears to be very rare. Out of 294 cases in which a single root area was believed to be affected, these authors found only 4 affecting the last two lumbar and first two sacral nerve areas, of which only 1 concerned the fourth lumbar. In none of these cases could the spinal ganglion be

microscopically examined, and although the same must be said of the present case it seemed advisable to publish an illustration of the eruption.

Although the total amount of eruption was not unusually large, the whole area affected was considerable. It therefore affords confirmatory evidence of the correctness of Head and Campbell's view, more particularly in the case of the fourth lumbar root-zone. None of the cases examined microscopically by these authors showed two ganglia affected, but it is probable that this may occasionally happen.

The diagram shows the anterior and posterior aspects of the right lower limb, and little description is needed. One or two special features may be mentioned.

Only a portion of the area assigned to the third lumbar was involved. There was no eruption along the inner side of the thigh at its upper half. Further, there was a very definite gap between the lower end of the third lumbar area and the beginning of the fourth, a tongue of skin which the above authors consider is supplied by the third lumbar. The area of the third lumbar extended across



the knee in front, but behind it was confined to the inner border of the popliteal space. The area of the fourth lumbar followed pretty closely the line of the skin in front, while posteriorly it reached practically to the middle line at a point half-way up the calf of the leg. There was no eruption at and below the inner malleolus.

Hull.

E. E. LASLETT, M.D.

## DIPHTHERIA ANTITOXIN BY THE MOUTH.

In the *JOURNAL* of June 17th, p. 1456, there is some reference to the oral administration of antidiphtherial serum. My own plan is to give at once 2,000 units hypodermically and 1 drachm of a 200 units per cubic centimetre serum by the mouth every four hours. The theory behind this practice is that there are two lines of defence—the lymphatic and the systemic. The first is antitoxic and the second is for increased cell resistance. Both are in the serum. The lymphatic resistance cannot be transferred to the patient by the oral use of the serum and the systemic cannot be transferred to the patient by the hypodermic. Together they form the whole resistance of the animal. Hence my method of use.

Last case seen on Wednesday at 5 p.m. Antidiphtheric serum given orally at once and at every four hours, and at 11 p.m. 2,000 units hypodermically. The throat and glands were very swollen, tonsils almost inciting; the patient could scarcely swallow water. On Friday the patient was eating toast freely. On Saturday all membrane was gone, and the child was sitting up playing with toys. The patient was quite well on Monday and dismissed. Total amount of serum used: 2,000 units hypodermically and 3 oz. orally.

This is a usual result. The therapeutic value of any serum hypodermically exhibited is absolutely regulated by the efficiency, or want of efficiency, of the lymphatic resistance to the organism used in its production. Tell me what the lymphatic resistance is to any organism, and I will have no difficulty in accurately forecasting the therapeutic value of the hypodermic use of its antiserum. The failure to recognize this dual resistance and the necessity for the dual administration of the serum is the cause of the failure of serum-therapy. (See *Australasian Medical Gazette*, November, 1910.)

Melbourne, Victoria.

D. MONTGOMERIE PATON.

## CHEIRO-POMPHOLYX.

As I am given to understand that cases of cheiro-pompholyx are somewhat rare in private practice, I considered that the following report of a case would be of some interest to your readers:

H. R., aged 35, consulted me for a vesicular rash situated on both hands and legs, which was of a most irritating nature. He had just returned to work after a holiday, and stated he felt quite well in himself; he had no temperature. One great peculiarity of the disease is the symmetry it possesses on both upper and lower limbs. The history of this case was as follows:

August 23rd. Slight irritation in both upper and lower limbs; towards evening had a shivering fit.

August 24th. Spots first noticed on hands and legs; went to a chemist to obtain something to stop the irritation.

August 25th. On this day I first saw the patient. The dorsum of both hands was covered with a herpetiform eruption, also between fingers; palms of hands free, also front of wrists; isolated patches on backs of both wrists. On the legs the eruption was situated on the front part of the limbs from the knees downwards, also instep of feet. The vesicles were very numerous over the front of feet and back of both Achilles tendons. Soles of feet free, also between the toes.

August 27th. Large bullae on both insteps and round region of internal malleoli. These caused great pain; relief was given by letting out the serum, which was of a light yellow colour.

August 29th. Considerable swelling of left ankle; bullae drying up. Higher up the limbs, where small vesicles had dried up, patches of discoloured skin remained *in situ*.

August 31st. Right ankle slightly swollen; left ankle still very much swollen.

September 2nd. Swelling of both limbs subsided; small nodules on hands, the remains of the dried up vesicles. On the legs there remained small hard nodules, brownish in colour, also over feet. Upper portion of limbs: isolated islands of brown pigmentation, scaly, appearance not nodular.

September 5th. Brown patches, more or less indistinct, covered with fine scales.

Treatment consisted of quinine internally and local application of carbolic lotion 1 in 60.

W. ROUS KEMP, B.A.Camb., L.M.S.S.A.Lond.

Sunderland.

## The Services.

### INDIAN MEDICAL SERVICE.

#### ACCELERATED PROMOTION.

It is notified that the rules for accelerated promotion be given retrospective effect to and made applicable to: (1) Existing majors of the Indian Medical Service who have not completed sixteen years' service and have not been able to get study leave to qualify for accelerated promotion; and (2) Majors of the Indian Medical Service who entered the service after January 30th, 1893, and had already taken study leave and qualified for accelerated promotion while in the rank of Major before completing sixteen years' service.

#### STUDY LEAVE.

The Secretary of State for India recently decided that, if an Indian Medical Service officer was unable to obtain study leave, and was thereby prevented from qualifying for accelerated promotion to the rank of Major, he might qualify at any time up to the end of his sixteenth year of service. In that case his promotion would be antedated. This concession is now extended with retrospective effect to all Majors whose commissions are dated July 29th, 1893, or later, and who have undergone qualifying courses before the end of their sixteenth year.

### ARE THE RULES AND REGULATIONS OF THE R.A.M.C. (TERRITORIAL) COMPATIBLE WITH THE BEST INTERESTS OF THE MEDICAL PROFESSION?

DR. G. ARBOUR STEPHENS (Swansea) writes: The excellent response which the medical profession made to Sir Alfred Keogh's laudable attempts to form an auxiliary branch of the R.A.M.C. speaks well for its patriotic desire to do what it can to help the State. but, on the other hand, the profession is entitled to expect in return a proper regard for its best interests as well as its ethics.

Now that the probationary period of four years is drawing to a close it is well for medical men to ask if the army authorities have carried out their part of the contract, if not by substantial considerations of a positive value, at any rate by the negative virtue of not interfering with their civilian life.

Placing patriotic motives aside for the moment, let us ask what advantage is it for a medical man to join the R.A.M.C.T.? Is it any gain to be bothered with all the red tape methods which are now so much in evidence? Is the financial remuneration in camp sufficient to justify the considerable interference with one's practice that the army authorities expect? Does one find the leading men of the profession giving up their time to help the movement, except as *à la suite* colonels? Rather, is it not a reflection on one's practice for a medical man to join a field ambulance?

To aggravate matters still further the War Office has applied the system of confidential reports that is in vogue in the regular R.A.M.C. to the medical men who are members of the Territorial R.A.M.C., by which means it is possible for an opponent to score over a fellow-practitioner.

That such a system is inconsistent with the ethics of the medical profession no one will deny, and unless medical men can have some guarantee that their civilian practice is not likely to be damaged by becoming members of the R.A.M.C.T., the prospects of the force are likely to diminish.

## Universities and Colleges.

### UNIVERSITY OF EDINBURGH.

At a meeting of the Senate on October 21st the degree of M.D. was conferred on E. C. G. Maddock, Major I.M.S., for a highly commended thesis on Dengue Fever.

### ROYAL COLLEGE OF SURGEONS OF EDINBURGH.

The following candidates were admitted to the Fellowship at a meeting of the College on October 18th:

E. W. C. Bradfield, Captain, I.M.S.; H. P. Cook, Captain, I.M.S.; F. A. F. Corbett, C. F. Cuthbert, L. J. M. Deas, Captain, I.M.S.; J. E. Dewar, A. N. Fleming, Major, I.M.S.; R. M. Glover, S. C. S. Gupta, S. M. Livesey, H. G. Murray, R. E. Powell, S. N. Ray, C. H. Reinhold, Captain, I.M.S.; C. M. Schaffter, J. Siratheart, R. Verel, J. I. P. Wilson.

### ROYAL COLLEGE OF PHYSICIANS IN IRELAND.

On Wednesday, October 18th (St. Luke's Day), the stated annual meeting of the President and Fellows of the Royal College of Physicians in Ireland was held for the purpose of electing officers for the coming year. Dr. Hawtrey Benson was re-elected

President for a second year of office, and Sir John Moore was again appointed Representative on the General Medical Council. In the evening the annual College dinner took place, and was attended by a large number of Fellows and their guests.

### CONJOINT BOARD IN SCOTLAND.

THE following candidates have been approved at the examinations indicated:

FIRST COLLEGE.—H. S. Dastur, A. H. B. Hudson, W. D. Bathgate, J. W. Gordon, R. A. Cooper, H. R. Fisher, J. Y. McLean, H. A. G. Dykes, A. G. Bee, W. G. Anderson.

SECOND COLLEGE.—R. E. Illingworth, R. McC. Paterson, Susanna H. Good, A. M. Burge, A. G. Cowper, C. A. Bernard, W. J. M. White, C. Popham, K. A. Deodhar, and P. de Montagnac; and 7 passed in Anatomy and 10 in Physiology.

THIRD COLLEGE.—J. McCagie, C. S. Ogilvy, A. Hegarty, K. R. Mehta, A. C. Fleming, V. C. H. Dearden, A. E. P. McConnell, H. W. Ward, W. Millerick, Mary W. Doran, J. E. Rees, M. P. Power, L. E. L. Coghlan; and 10 passed in Pathology and 13 in Materia Medica.

FINAL.—J. J. Bell, Belfast; R. T. Bayley, British Guiana; R. C. Fuller, Ireland; J. A. Jones, Wales; S. Hoashoo, South America; A. B. Arora, India; H. R. Macnabb, co. Down; T. S. Nair, India; W. J. Moore, Dunoon; J. P. Synnott, Ireland; B. L. Shome, Calcutta; A. N. da Silva, B.A., Portuguese India; D. A. Evans, Wales.

### SOCIETY OF APOTHECARIES OF LONDON.

The following candidates have been approved at the examinations indicated:

SURGERY.—\*E. E. Allen, \*E. G. Brisco-Owen, †F. G. Norbury, †G. S. Richardson.

MEDICINE.—\*E. E. Allen.

FORENSIC MEDICINE.—E. E. Allen, H. N. Eccles, E. B. Keen, F. C. Shone.

MIDWIFERY.—E. E. Allen, L. M. Ladell, H. Rimington, F. C. Shone, H. G. Steel, W. H. Vincent.

\*Section I.

†Section II.

The Diploma of the Society has been granted to Messrs. E. E. Allen, F. G. Norbury, and G. S. Richardson.

## Obituary.

### WILLIAM RICHARD HUGGARD, M.D., F.R.C.P.LOND.

H.B.M. CONSUL, DAVOS.

DR. WILLIAM RICHARD HUGGARD, who had resided and practised in Davos, Switzerland, for over twenty years, died there on October 10th. He was educated at the Queen's Colleges of Galway and Belfast and University College, London. He graduated M.D., M.Ch., R.U.I. in 1875, and B.A. in 1876, taking the M.A. degree three years later. He became a Member of the Royal College of Physicians of London in 1880 and a Fellow in 1898. Dr. Huggard at first turned his attention to the study of nervous disease and insanity, and for some time resided in London, where he was Physician to the St. Pancras and Northern Dispensary. About 1884 he made up his mind to settle in one of the high-altitude resorts in Switzerland. He went to Geneva and in due course obtained the Swiss Federal Diploma (1885). He chose Davos as his place of residence, and became not only one of the leading members of the medical profession there, but one of the best-known inhabitants, as for many years before his death he had been British Consul. He published a *Handbook of Climatic Treatment, including Balmology*, in 1906, and in 1909 received from the R.U.I. the honorary degree of LL.D., "as one of its most distinguished graduates."

E. C. M. writes: Among the members of his profession Huggard was almost universally known, had many friends, and several lifelong intimates. My claim to write of him lies in the triple relation of patient, clinical assistant, and colleague, in which I stood to him over a period of nearly a decade. Towards his patients Huggard's attitude was one of invincible helpfulness. Everything to him was always worth the trouble, and it is difficult to believe that he ever allowed discomfort or anxiety, much less pain, to continue unchecked if the remedy lay in his power; and he certainly never allowed a kind thought to remain unrealized. Huggard shone as a clinician, but towards the experimental side of medical practice his mind was always open and sympathetic. It was principally owing to his support that for twenty years or more a clinical laboratory was carried on in Davos by a succession of workers, several of whom added to bacteriological knowledge or technique.

## PROFESSIONAL DESIGNATION.

**CODEx.**—A Member of the Royal College of Surgeons and Licentiate of the Royal College of Physicians is certainly entitled to style himself "Physician and Surgeon" on his door-plate if he chooses to do so; it is a matter of taste. With respect to the other question—whether he, not being a graduate of the university, should call himself "Dr." on his garden lamp—we would draw attention to By-law 179 of the Royal College of Physicians of London, from which he holds his licence.

## Medical News.

THE name of Dr. Benjamin Arthur Richmond, of Rotherhithe, has been added to the roll of Justices of the Peace for the County of London.

DR. ALEXANDER HENDRY, of Ballater, who has been Surgeon-Apothecary to the King's household at Balmoral since 1910, has been made a Member of the Royal Victorian Order, Fourth Class.

THE late Dr. F. W. Pavy left estate valued at £27,769. He bequeathed £2,000 to Guy's Hospital for an endowment fund for the Pavy Gymnasium founded by him, and £1,000 to the British Medical Benevolent Fund.

THE National Vaccination Service in Persia is much embarrassed by the fact that the Government subvention is not paid with regularity. During the past summer it has been possible to maintain only one vaccination station.

THE Bradshaw Lecture on intrathoracic tumours and aneurysms regarded from the clinical standpoint will be delivered by Dr. Graham Steell, of Manchester, before the Royal College of Physicians of London on Thursday next, at 5 p.m., at the college.

A CONGRESS on industrial accidents is to be held at Marseilles at a date not yet fixed. Representatives of labour and of insurance companies, as well as of the magistracy and the medical profession, will take part in the proceedings. All information on the subject can be obtained from Professor E. Imbert, of the Ecole de Médecine, 2, Cours du Chapitre, Marseilles.

THE fourth Norman Kerr Lecture before the Society for the Study of Inebriety will be delivered by Professor Sims Woodhead in the Lecture Theatre of the Pathological Department, Medical Schools, Downing Street, Cambridge, on November 14th, at 5 p.m., the subject selected being the action of alcohol on body temperature and on the heart. The lecture will be illustrated by diagrams and lantern slides.

THE list of the awards accorded to British exhibitors at the Turin Exhibition has been published. Among those receiving honours in the various sections are: Messrs. Burroughs, Wellcome, and Co., the Cambridge Scientific Instrument Company, the Cambridge University Press, Mr. W. Martindale, the Oxford University Press, the Wellcome Chemical Research Laboratories, and the Wellcome Physiological Research Laboratories.

THE annual dinner of the staff and past and present students of the Royal Dental Hospital of London will be held on Friday, November 24th, at the Hôtel Métropole (Whitehall Rooms), under the presidency of Mr. Walter Harrison. Gentlemen either now or formerly connected with the hospital or medical school who may through inadvertence not have received special notice, and who desire to be present, are requested to communicate with the Dean at the hospital, 32, Leicester Square, London. The Medical Committee will be at home to the old students of the hospital on the following day from 2.30 to 5 p.m., when the various departments of the hospital and school will be open, and specimens and cases of interest will be shown by members of the staff and the lecturers.

A NEW university has been founded by the United States in the Philippine Islands. There was already a University of St. Thomas, founded by the Spaniards in 1611, but it was thought that this old institution did not meet modern requirements. The new university comprises a College of Medicine and Surgery, which was opened in 1907, besides Colleges of Veterinary Science, of Agriculture, of the Liberal Arts, of Law and Political Science, and of Engineering. The teaching of pharmacy is to be provided for under the head of the Liberal Arts. No provision for instruction in dentistry has yet been made. The seat of the new university is Manila. A clause of the Act founding the university is to the following effect: "No student shall be denied admission to the university by reason of age, sex, nationality, religious belief, or political affiliation."

## Letters, Notes, and Answers.

COMMUNICATIONS respecting Editorial matters should be addressed to the Editor, 429, Strand, London, W.C.; those concerning business matters, advertisements, non-delivery of the JOURNAL, etc., should be addressed to the Office, 429, Strand, London, W.C.

AUTHORS desiring reprints of their articles published in the BRITISH MEDICAL JOURNAL are requested to communicate with the Office, 429, Strand, W.C., on receipt of proof.

ORIGINAL ARTICLES and LETTERS forwarded for publication are understood to be offered to the BRITISH MEDICAL JOURNAL alone unless the contrary be stated.

CORRESPONDENTS who wish notice to be taken of their communications should authenticate them with their names—of course not necessarily for publication.

CORRESPONDENTS not answered are requested to look at the Notices to Correspondents of the following week.

MANUSCRIPTS FORWARDED TO THE OFFICE OF THIS JOURNAL CANNOT UNDER ANY CIRCUMSTANCES BE RETURNED.

TELEGRAPHIC ADDRESS.—The telegraphic address of the EDITOR of the BRITISH MEDICAL JOURNAL is *Attitology, London*. The telegraphic address of the BRITISH MEDICAL JOURNAL is *Articulate, London*.

TELEPHONE (National):—

2631, Gerrard, EDITOR, BRITISH MEDICAL JOURNAL.

2630, Gerrard, BRITISH MEDICAL ASSOCIATION.

2634, Gerrard, MEDICAL SECRETARY.

**Queries, answers, and communications relating to subjects to which special departments of the BRITISH MEDICAL JOURNAL are devoted will be found under their respective headings.**

## QUERIES.

AGHAGALLA would be glad to hear of any treatment for pigmentation of the face during pregnancy; the patches still remain, six months after the birth of the baby.

D. P. H. has been asked by an Englishwoman now resident in Pretoria, S.A. (altitude 4,462 ft.), whether the high altitude is detrimental to her child aged 2, born in that town, who has a slight murmur, probably congenital. He would be grateful for an opinion upon the point.

## INCOME TAX.

GEORGE LLIED, formerly an assistant, was taken into partnership on January 1st, 1911, and wishes to know whether for the year 1912-13 he will be correct in returning for assessment an average of his salary for 1909 and 1910, and the cash result of the year 1911.

The income tax assessment on a practice carried on in partnership is made in one sum on the average profits of the practice, and each partner's income is reckoned to be his share of this assessment. Thus, if our correspondent has in the year 1912-13 one-third share of the practice, one-third share of the income tax assessment will represent his income for income tax purposes, regardless of what his own profits may have been on the average.

## EFFECTS OF CHLOROFORM ON THE PUPIL.

LETHEON asks: What are the effects of general anaesthetics (notably chloroform) upon the pupil apart from those occurring as a result of inhalation?

Any effect produced upon the pupil by a general anaesthetic is due to the latter's influence on the central nervous system. Such influence can only be exerted after the absorption of the anaesthetic by the blood. So far as our present knowledge goes, the effect does not vary with the channel by which the anaesthetic enters the blood circulation, whether it be by inhalation, absorption from the stomach or intestines, or direct introduction by intravascular or interstitial injection. The intensity of the effects will vary with the amount and the concentration of the anaesthetic in the blood, and these may be and probably are affected by the method of introduction, since some methods allow less loss of the agent; in other words, permit more of it to enter the blood in a unit of time.

## ANSWERS.

## CRAMP.

DR. GEORGE HALL (Montreal) writes: Elix. pot. brom. ʒ ij in a little water, before retiring, has given good results in the class of cases described by "Onyx" in the JOURNAL of September 23rd, 1911.

## ENLARGED TONSILS.

DR. H. J. THORP (Ipswich) writes in reply to "Guillotine": Scrofulous children require good food, cod-liver oil, and the following medicine: Ferri tartar., gr. v; pot. iodi, gr. ij; syrup, ʒj; aq. ad ʒss; t.d.s. The application of tinct. iodi to the tonsils daily or alternate days.