

indicate that the lymphatic circulation along the course of the artificial lymphatic—the thread—becomes gradually blocked and finally ceases about fourteen days after the operation.

CONCLUSIONS.

1. Clinically, it is abundantly evident that lymphangioplasty fails to effect anything but a very temporary improvement in elephantiasis of the legs. The swelling is very markedly reduced within forty-eight hours after the operation; but the improvement persists only so long as the recumbent position is maintained. Within at most twenty-one days after the operation, or as soon as the patient begins to walk, the swelling invariably returns and no permanent improvement results.

2. The examination of the tissues surrounding threads introduced during the operation of lymphangioplasty in cases of elephantiasis, and also around threads introduced into healthy tissues of man and of guinea-pigs, supplies very adequate reasons for the failure of the operation.

Important as the action of gravity may be in contributing to the failure to maintain a new artificial lymphatic circulation, it appears that this want of success is due in far greater degree to definite reactive changes in the tissues immediately around the thread, which soon isolate the new lymph tube from the surrounding lymphatic areas and eventually completely obliterate it.

Briefly the series of changes in the tissues around buried longitudinal threads in the subcutaneous tissues are as follows:

1. For a short time the threads, by virtue of their capillary action, drain the surrounding tissues of the lymph contained in them.

2. The threads in the tissues soon excite a definite cellular reaction, which leads comparatively soon—from fourteen to twenty-one days—to the formation of a dense and progressively contracting fibrous tissue. This walls off the thread and crushes the adjacent lymphatics out of existence, and thus effectually prevents any absorption of fluid into the space immediately around the thread itself. These fibrous changes, occurring around the ends of the thread, as well as along its whole length, eventually completely isolate it, and it may then perhaps be compared to a long worm lying within an impermeable sheath.

3. The thread is later penetrated by rows of cells, running in along its fibrils, which must eventually lead to its complete disintegration; and the formation of a solid column of dense fibrous tissue along which no absorption of fluid of any kind can possibly occur.

Memoranda :

MEDICAL, SURGICAL, OBSTETRICAL.

CASE OF LOCKED TWINS.

I RECORD this case on account of the extreme rarity of locked twins. Professor Munro Kerr writes: "According to v. Braun it only occurred once in 90,000 cases in the two Vienna clinics."

On August 24th, 1912, I was called to a woman (Zulu) who had been in labour three days in a kraal, in an inaccessible part of Alexandra County.

I found her lying in the hut. She was somewhat blanched. The pulse was scarcely perceptible, but there was no sign of much blood. The abdomen was very protuberant and extremely hard. Pains had evidently stopped and the uterus was in a state of tonic contraction. A cord was prolapsed, hanging quite a foot from the vulva, and the feet of a child seen on slightly separating the labia. The cord was greenish, with a putrid smell. A diagnosis of twins was almost immediately apparent, and it certainly crossed my mind that they might be locked. I pulled the legs, but that was sufficient only to stretch the body; the head was stuck.

I put in a hand and found the neck, as I thought, elongated. It was certainly slightly twisted. There was a second head, evidently fore-coming, wedged into the hollow of the neck on the left side. I could feel the head belonging to the breech-presenting child above this. There was no doubt at all now of the condition. As

far as I could feel, the diagram in Dr. Munro Kerr's book (after Bumm) exactly illustrates the condition.

I tried to push up the second (fore-coming) head, but could not; I had no one to give an anaesthetic. I then decapitated the breech-presenting baby. The state of the cord showed it was already dead. The head of the second immediately came forward into the pelvis. I had some little difficulty in putting on the forceps but eventually delivered a living child, with the cord twisted spirally round neck and back. The first head afterwards immediately presented by the severed neck. I easily removed it between finger and thumb, using no force whatever. There was no excessive loss of blood.

Both placentae were adherent, and I had to remove them manually. The lower was low down on the left of the cervix. I suspect that the pressure of the second head might probably have prevented it bleeding. The upper was up towards the fundus. They were joined together by a membrane about $2\frac{1}{2}$ to 3 in. across, otherwise they appeared to be quite distinct. Both the mother and child were alive and apparently going on well a week afterwards. I was afraid of sepsis after so much handling, and when one thinks of working in a Zulu hut in semi-darkness on the floor, with no help whatever (I could not even speak the language) it must be that from their surroundings, Zulu women have gained a certain amount of immunity from septicaemia, etc.

The woman was a primipara, married five years without any children. Her husband had died some time previously and probably was not the father of these children. She was at full time and the children were large and well nourished. The friends who came in a week later said that the child was "large and strong."

She had come to the surgery (20 miles away) previously, saying she was three months pregnant. I diagnosed it as four months, but did not discover twins.

I think the above treatment advised by Dr. Munro Kerr in his book is the best, inasmuch as a young practitioner under difficult circumstances was able, without very great difficulty, to deliver a living child, without, apparently, undue damage to the mother.

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Deputy District Surgeon, Deputy Health
Officer, Alexandra County, Natal.

GLACIAL ACETIC ACID IN PSORIASIS.

IT is a common occurrence for men in all lines of medical practice to come across cases of psoriasis either directly or concurrently with some other trouble. All are agreed as to the chronicity of the disease and also as to its intractability to treatment, notwithstanding the many methods which are in vogue with a view to terminating the trouble. The case which came under my observation was that of a seafaring man who had been troubled with psoriasis for many years incessantly; it presented a light, silver, scaly aspect, which had persisted on the extensor surfaces and had resisted all methods of treatment. Local treatment by glacial acetic acid proved successful within a week or two. Considerable time has now elapsed since the treatment was used and there has been no return of the affection. This is the first time the patient has been free from the scales since he began to be troubled many years ago. There was a certain amount of smarting following the application of the acid but it was not severe.

Whalley Range, Manchester. G. T. CREGAN, M.B., Ch.B.

THE late Dr. Reginald Edward Thompson, for some years consulting physician to the Brompton Hospital for Consumption, left estate of the gross value of £7,195, of which the net personalty has been sworn at £7,058.

THE next meeting of the German Congress of Internal Medicine will be held at Wiesbaden in April, 1913 (15th to 18th). The principal question proposed for discussion is the nature and treatment of fever.

THE number of medical students in the several universities of Austria on May 31st of the present year were as follows: Vienna, 2,183, of whom 128 were women; Graz, 453, of whom 12 were women; Innsbrück, 244, of whom 4 were women; Prague (German University), 414, of whom 19 were women; Prague (Czech University), 764, of whom 28 were women; Cracow, 431.

Public Health AND POOR LAW MEDICAL SERVICES.

REPORTS OF MEDICAL OFFICERS OF HEALTH.

Dublin.—The report of the medical officer of health of Dublin for 1911, just published, contains some features that are satisfactory. There was only a fractional decrease in the birth-rate, and the death-rate was more than 1 per cent. below the average for the last ten years. But the chief impression after reading the report is one of horror at the terrible conditions under which the very poor in Dublin still continue to live. There are 21,133 single-room tenements in the city. Of these more than 2,000 are occupied each by five persons, nearly 1,500 by six persons, 854 by seven persons, 431 by eight persons, and 146 by nine persons. The history of the tenement system in Dublin is traced in the report, showing how, owing to the gradual exodus of the rich people from Dublin to the surrounding country, luxurious houses declined into unsightly areas of disease and squalor; this is specially true of the north side of the city, where large numbers of big houses are filled from roof to basement with the families of the very poor. The inspection of these tenement houses occupies the attention of forty sanitary officers, each of whom is responsible for about 1,600 rooms. This supervision is quite inadequate, and the sanitary accommodation is a blot on the tenement house system in Dublin. Side by side with the overcrowded tenement houses are 519 waste spaces, on which 1,294 houses once stood, and there were more ruinous houses and waste spaces in 1911 than in any previous year. No doubt a great deal has been done in recent years to improve this evil, but this report will convince anybody that the work has only been begun, and that it is in crying need of early completion. As showing the large amount of sanitary work that is being done in Dublin at present, the following details may be quoted from the last fortnightly returns of the medical officer of health. During the two weeks ending October 12th, 1912, 83 samples of food were collected for analysis, 1,655 insanitary defects discovered, 1,243 defects remedied, 583 notices to abate nuisances served, 74 sanitary summonses heard, 22 magistrates' orders for abatement of nuisances made. The following were inspected: 3,637 houses, 9,456 rooms, 58 common lodging-houses, 43 offensive trade premises, 140 workshops, 271 dairy yards, 697 milkshops, and 133 slaughterhouses. From this list of work done in a fortnight it would appear that the 40 sanitary officers are kept busy.

Walsall County Borough.—The estimated population of Walsall at the middle of 1911 was 92,273. The birth-rate during the year was 28 per 1,000, and the death-rate from all causes 15.8 per 1,000. The rate of infant mortality was 152 per 1,000 births. Of the 424 deaths occurring among children under twelve months old, no fewer than 113 were due to diarrhoea and enteritis. Several pages of the report are devoted to a consideration of infantile deaths. A large proportion of the children who died from diarrhoea were bottle-fed, and this, writes the medical officer of health, Dr. Harry Shore, could hardly surprise any one who had opportunity of observing the plague of flies which swarmed everywhere and over everything in the more crowded streets and courts of the town. On another page he states that the more frequent removal of domestic and other refuse from the vicinity of houses is most requisite. It is surprising to find that in a town of the size of Walsall refuse is still disposed of by depositing it on tips, and that no destructor has been installed. In spite of the recommendation of Dr. Shore as to more frequent removal, the Streets Committee of the Corporation decided to adhere to the practice of emptying ashpits only on receiving complaint from the tenant or owner of the dwelling to which the ashpit adjoined. As a fact, the inhabitants have the remedy in their own hands, for the Corporation is liable to a daily penalty for failing to empty an ashpit at the expiration of seven days from notice having been given by the occupier of the house in question. The Corporation would be well advised to give effect to the advice of its medical officer of health in this matter, and also in that relating to the establishment of a public abattoir. It must be next to impossible with the limited number of inspectors (four) to inspect satisfactorily the forty-three private slaughterhouses in the borough. The only isolation hospital is one devoted entirely to the isolation of typhoid fever. Cases of scarlet fever, of which in 1911 there were 229, with three deaths, are all treated in the homes of the patients. Among about 1,100 houses inspected during the year under the Housing Regulations, over 600 had defects requiring to be remedied, and 76 were represented by the medical officer of health as unfit for human habitation. There is evidently plenty of work ready to the hands of the sanitary authority if it would only bestir itself.

City of Westminster.—The population of the City of Westminster at the 1911 census was 160,261, compared with 183,011 in 1901. The birth-rate in 1911 was 14.7 per 1,000 and the death-rate from all causes 12.5 per 1,000. The medical officer of health, Dr. F. J. Allan, points with satisfaction to the progressive improvement in the death-rate since the formation of the city. The average death-rate in the previous ten years was 18 per 1,000, and in the last ten it was only 13.6 per 1,000. Infant deaths, which had been for many years as high as 164 per 1,000 births, have fallen during the past ten years to 115 per 1,000.

There was a low death-rate from diarrhoeal diseases, a fact ascribed by Dr. Allan to the frequent inspection of tenement houses, resulting in a higher standard of cleanliness and the removal of insanitary conditions, the instruction given to parents by the health visitors, and the extension of the system of the daily removal of house refuse and the general cleanliness of the streets. Ophthalmia neonatorum has been compulsorily notifiable since March 13th, 1911. Notifications of 16 cases were received during the year, and 7 others were discovered by the health visitor in the course of her work or intimated by the inspectors of midwives. In each instance the health visitor visited the house in question daily or less frequently, as the circumstances demanded, and took steps to see that proper medical and nursing attention was secured for the child. The means adopted in Westminster for the prevention of consumption include the visiting of notified cases at their homes by the phthisis visitor or by voluntary health visitors, who give instructions as to measures of personal hygiene and precautions against infection, etc.; examination of suspected and "contact" cases in the families of patients attending certain special and general hospitals; bacteriological examination of sputum; educational training by a short stay at a sanatorium at the cost of the city council; prolonged sanatorium treatment at the cost of charitable and other organizations; convalescent homes, boarding-out treatment, and the provision of additional food for delicate children in consumptive families by charitable bodies; provision of sputum flasks and disinfectants, beds and bedding to enable patients to sleep alone or in outdoor shelters; disinfection of rooms, bedding, clothing, etc., after death or change of address; and the removal of insanitary conditions of dwellings and workplaces.

NUMBER OF VACCINATION MARKS.

JACOBUS.—The difficulty as to the question of the number of vaccination marks has been commented upon frequently. Where a parent consents to a child being vaccinated, but objects to four scarifications being made, a clear explanation of the desirability of affording the greatest possible protection will often overcome the objection. In cases where the parent insists upon having only two or three insertions, the area of the scarifications should be made larger than if four were obtained. Public vaccinators are required by the regulations under which their contracts are made to aim at securing four vesicles. In exceptional cases, where fewer than four insertions have been made, the public vaccinator is required to enter the fact in his register, and he may be called upon to give an explanation to the medical inspector of the Local Government Board. If unsatisfactory or frequently recurring the grant available for that public vaccinator might be cancelled. A public vaccinator would be most indiscreet who offered a bonus to the parents of children who showed on inspection four good vesicles. The case would be different if some such course was adopted by a Government in sympathy with vaccination. In some countries something of this kind is done. In Spain, for example, a lottery ticket is given to the parent of each child vaccinated. At present the tendency of recent legislation has been to discourage vaccination in this country.

HOURS OF ATTENDANCE AT SURGERY.

HERNIA.—A district medical officer, who is non-resident, but has a surgery within his district, asks if the guardians can fix the hours he is to spend at the said surgery.

** The guardians have no power under the Poor Law Orders to fix such time. It would be otherwise if the medical officer on his appointment had agreed to spend a certain time each day at this surgery. Under the Metropolitan Dispensaries Order of April 22nd, 1871, power was given to fix a time where dispensaries were provided by the guardians, but Article 10 of that Order contains the following: "And we do hereby order, as regards every such officer (district medical officer) when a dispensary shall have been established for his district, that it shall be his duty," etc. This clearly implies that where the guardians do not provide dispensaries the provisions of this order are not binding on the district medical officer.

Universities and Colleges.

CONJOINT BOARD IN ENGLAND.

The following candidates have been approved at the examination indicated:

FIRST COLLEGE (Part IV, Practical Pharmacy).—G. Arnfield, G. Bailey, A. R. Bourgault-Ducoudray, E. K. Chambers, W. H. W. Cheyne, F. Collar, H. E. Cresswell, R. S. Fawcett, A. P. Ford, M. R. V. Ford, J. L. A. Grout, M. S. Hamilton, P. C. Harrison, J. A. Hart, W. O. Holst, E. L. Hopkins, T. H. W. Idris, J. W. Kemp, G. Lynden-Bell, C. V. N. Lyne, W. Marriott, R. Moser, H. F. Mullan, A. E. Panter, J. A. Perera, A. C. Pickett, L. C. Smith, M. L. Treston.

Medical News.

THE annual dinner of the Royal Navy Medical Club will be held at Princes' Restaurant, Piccadilly, on November 9th, at 8 p.m.

DR. HENRY EDGAR WILLIAM HOFFMEISTER has been appointed a member of the Fourth Class of the Royal Victorian Order.

THE late Sir William Japp Sinclair, Professor of Obstetrics and Gynaecology at Victoria University, Manchester, left £856.

THE name of Dr. A. M. Williamson has been added to the Commission of the Peace for the county and city of Edinburgh.

THE late Mr. Leonard Arthur Bidwell, Dean of the West London Post-graduate College, left estate of the gross value of £12,223, of which the net personalty has been sworn at £8,305.

THE Swedish Medical Society has conferred the Retzius gold medal on Dr. John Newport Langley, Professor of Physiology in the University of Cambridge, for his works on the nervous system.

DR. H. COLLEY MARCH (Portsmouth), Dr. W. Burrough Cosens (Dorchester), and Dr. Peter William MacDonald (Dorchester) have been appointed Justices of the Peace for the county of Dorset.

THE Honorary General Secretary of the Seventeenth International Congress of Medicine, to be held in London next August, asks us to state that no photograph album of the congress is either issued or contemplated by the authorities of the congress.

THE *Aberystwyth Observer* for October 26th contains a notification from Dr. G. R. E. Bonsall of his intention to retire from the Municipal Council, on which he has held a seat for the last three years, and an editorial note on the subject expresses the general regret at this decision, Dr. Bonsall having proved himself of great assistance during his tenure of office.

IT is announced that the Liverpool School of Tropical Medicine is arranging to send an expedition to Jamaica and the West Indies with the co-operation of the Colonial Office. This will be the twenty-ninth expedition made under the auspices of the school. The expenses of these expeditions are estimated at about £30,000.

A NEW catalogue of their various microscopes has recently been brought out by Messrs. Leitz (18, Bloomsbury Square) together with some pamphlets descriptive of a special eyepiece for demonstration purposes of recent invention, and a haemocytometer representing an adaptation by Professor Sahli of Hayem's method of corpuscle counting.

THE Departmental Committee on the Public Veterinary Services, of which Sir Alfred Hopkinson, K.C., is Chairman, held its first meetings on October 18th and 19th, at Winchester House, St. James's Square, when witnesses representing the Colonial Office, India Office, the Army Veterinary Service, the Royal Veterinary College, London, and the Royal Veterinary College of Ireland, Dublin, gave evidence.

THE annual dinner of the staff and past and present students of the Royal Dental Hospital of London will be held on Saturday, November 23rd, at the Hotel Metropole (Whitehall Rooms), under the presidency of Mr. J. Howard Mummery. Gentlemen either now or formerly connected with the hospital or medical school who may not have received special notice, and who desire to be present, are requested to communicate with the Dean at the Royal Dental Hospital, 32, Leicester Square, London.

On October 26th the first annual dinner of the Beit Memorial Fellows for Medical Research was held at the Trocadero Restaurant, London. A large number of Fellows were present, and the meeting proved a great success. Letters were received from Mr. Otto Beit and Sir James K. Fowler, expressing regret at their unavoidable absence, and conveying to the Fellows their best wishes for the success of the evening. It was unanimously resolved that telegrams should be sent to both these gentlemen conveying the greetings of the Fellows, and the hope that they would be present at the next

dinner. It was also resolved that the dinner should become an annual event, to which all past and present Fellows should be invited, and that it should be held on the fourth Saturday in October in each year. Dr. F. W. Edridge-Green has undertaken to arrange the dinner for next year, in succession to Dr. E. Hindle, who was responsible for the arrangement of the first dinner.

IT will be remembered that at the end of April Mr. Wedgwood in the House of Commons asked the Home Secretary whether he could see his way to extend the terms of reference to the Committee inquiring into industrial diseases that could be added to the third schedule of the Workmen's Compensation Act so that they might consider the addition of writer's cramp among the diseases for which compensation is payable. Mr. Ellis Griffith, who replied, said that the Home Secretary would be prepared to consider the question, but that no representations had previously been made to the Home Office on the subject. The Home Secretary has now requested the Departmental Committee to consider and report to him whether writer's cramp should be included under the Act. Any communication on the subject of the inquiry should be addressed to the Secretary to the Committee at the Home Office.

THE members of the Associated Physicians of Long Island recently adopted a resolution prepared by a special committee, setting forth the necessity of educating the public to a better understanding of the value of necropsies in the advancement of science. In adopting the report (says the *Medical Record*) many of the medical men present agreed to sign a form containing a request that in the event of death their heirs should consent to the performance of a necropsy, since it was their opinion that in beginning a campaign of education to overcome the popular dislike of a *post-mortem* examination, it was their duty to set an example. In connexion with this matter, we may recall the fact that at a time when a violent prejudice existed against dissection, James Macartney, whose teaching of anatomy was a powerful influence in the development of the Medical School of Trinity College, Dublin, offered his own body for dissection, and induced a number of notable persons to follow his example.

WE are informed that the first general meeting of the State Medical Service Association, which was inaugurated at Liverpool in July last, was held in London on October 25th. The secretary reported that as a result of sending out 625 circulars 135 medical men had become members and a few laymen. The chairman, Professor Benjamin Moore, laid stress on the fact that the great aim of the association was gradually to educate the medical profession and the public to the need of a State medical service, which should put professional advice at the ready disposal of every member of the community who needed it, with a view to the prevention of disease. An executive committee was appointed, with Dr. G. A. Heron as chairman, and arrangements were made for the formation of district branches. Negotiations for the issue of a weekly journal, as the official organ of the association, to be entitled *The Medical World*, were completed.

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 October 18th, Dr. F. J. Allan in the chair. The accounts presented showed that there was a diminution in the number of claims for the month of September, and, although the amount paid away was heavy, it was under the expectation. The audited accounts and balance-sheet for the half-year ending June 30th were presented. The funds of the society now amount to over a quarter of a million and provide ample security for the satisfaction of any claims that may be made. That large funds are required is evidenced by the fact that over £15,000 was paid in sickness benefit last year, and that this sum is likely to be exceeded during the current year. The bonuses being paid to members who attain the age of 65 and to the representatives of those who die before that age amounted to £1,200 for the period under review. That this result has been attained is due entirely to the successful and careful management of the society since its inception in 1884. The management expenses, which cannot exceed 10 per cent. of the premium income, have never come up to this allowance. The business being carried on under a system of mutual self-help, each member doing his best to promote the interests of the society, has combined to make it one of the most successful societies of its kind. Prospectus and all further information, from Mr. Bertram Sutton, Secretary, 33, Chancery Lane, W.C.