

Memoranda : MEDICAL, SURGICAL, OBSTETRICAL.

THE OPERATION OF CHOICE FOR THE REMOVAL OF NEEDLES.

THE method to be described, which I have developed and always practise now, is so simple, expeditious, and effective that, once utilized, it will be adopted always and generally, for a little consideration will force the conclusion that such is the obviously sound method, seeing that one's objective is under view. By the ordinary uncertain methods the object is not seen, and one must grope in the dark and more or less trust to good fortune. By this plan the operation, instead of being a thankless and unwelcome one, will be regarded rather with pleasure.

By my method the needle is removed under the fluorescent screen. The part involved is first prepared, wrapped up in a sterile cloth, and the necessary instruments are taken to the *x*-ray room. The sterile cloth is spread out on the table and the hand is rested thereon. The *x*-ray tube is below the table—the most generally useful position for this and other purposes—and the screen is used from above. The first thing to do is to localize the needle by the rays, and when this has been done pressure is applied by the surgeon's finger over either extremity of the same, and the end of the needle associated with the greater movement is that nearer the surface, and therefore the point of attack. The rays are then switched off and the light on, the finger of the surgeon still marking the site just found, which is noted. In this region a syringe of 1 per cent. cocaine solution containing a drop of adrenalin is injected. In a few minutes an incision can be made with the centre over the point of the needle, and the lips of the wound are held apart by a Sims forceps, which manœuvre serves the double purpose of keeping open the wound and arresting bleeding. The light is now turned off again and the rays switched on, when it will be found that a fine-nosed artery forceps can be passed through the wound straight to the near end of the needle and caused to grasp the same, when it is straightway extracted from the part. During this manipulation the fluorescent screen is held above the field of operation by an assistant. The wound is then stitched up in the light. Thus, the needle is located and extracted in the dark by the aid of the rays, the rest of the manipulations being conducted in the light.

By this simple method, which I have used in a large number of cases with complete and gratifying success, there is no prolonged and fruitless search, the minimum of injury to the part, immediate localization, unerring grasp and certain removal, and at the end a trifling wound. The plan has only to be tried to exclude all others, and is infinitely superior to the practice of operating in the light by the aid of skiagrams.

The same principle may be adopted for the extraction of other metallic bodies, including bullets, even in the case of the brain.

I have tried many methods for the extraction of needles, but there is none to compare with this. Difficult cases that previously used to take an hour or more are now a matter of a few minutes, most of which time is occupied in anaesthetizing and incising, very little being taken up by the extraction. The great advantage is that the forceps can be passed straight and unerringly to the end of the needle and caused to grasp the same at once, making the operation certain, clean, quick, and harmless. The point I would insist on is this, that the only proper place in which to perform this operation is the *x*-ray room under the direct guidance of the rays, so that we can see where we are and what we are doing; and not in the surgery by the aid of radiographs. Indeed **there are so many operative interferences now in which the *x* rays are indispensable, that every modern department should be adapted not only for diagnostic and therapeutic, but operative purposes.**

Kimberley, S.A.

G. S. THOMPSON, F.R.C.S.Eng.

Reports

ON MEDICAL AND SURGICAL PRACTICE IN HOSPITALS AND ASYLUMS.

BERMONDSEY INFIRMARY.

A CASE OF BILATERAL GANGRENE OF THE LEGS FOLLOWING CONFINEMENT.

(Reported by G. D. ECCLES, M.R.C.S., Resident Medical Officer.)

DEEMING bilateral gangrene of the legs to be a rare complication of pregnancy, I submit this case, the history of which is as follows :

The patient, a woman aged 38, was admitted on June 23rd, 1913, two days after a normal delivery of a twelfth child. Her only symptoms, beyond a feeling of weakness, was some slight pain in her chest on the right side, accompanied with some dyspnoea.

Condition on Admission.—Her body was well nurtured, and she did not appear at all distressed. All her systems were normal, with the exception of some scattered rales at both bases of the lungs. The uterus was about 4 in. above the pubes; there was a trace of albumin in the urine, but no sugar (catheter specimen). Her temperature was 100.2°. She was unable to suckle her infant, no milk being secreted. There were no signs of phlegmasia alba dolens.

Progress.—On July 3rd, ten days after admission, she complained of the left foot and leg becoming blanched, cold and painful, at frequent intervals. From July 3rd to July 10th there was some local improvement, but dusky patches were appearing over the skin of the foot, which continued to be quite cold and numb. On July 12th the condition became aggravated, and gangrene, simulating more the dry type than otherwise, was manifest.

Operation.—On July 15th the limb was amputated through the middle of the thigh, well above the external limits of the spreading gangrene. Ether anaesthesia was used. A noticeable point was the small amount of bleeding which occurred. The majority of the vessels were thrombosed.

After-Progress.—Subsequently the flaps sloughed; but in spite of the fact that there was no pulsation in the left femoral artery the stump generally remained healthy. On July 20th loss of circulation was noticed in the right lower extremity, and gangrene up to the knee rapidly became evident. Unfortunately the patient refused to have the limb amputated, although the desirability of such was repeatedly pointed out to her, before extensive gangrene had occurred. Subsequently there was loss of pulsation in the right femoral artery, but just as in the left limb that had been amputated, there was a distinct line about 3 in. below Poupart's ligament, above which the skin appeared quite healthy.

Result.—The patient's general condition up to the time of her death remained remarkably good, she being possessed of an excellent appetite, and taking great interest in her own affairs. Resource to morphine was frequently made, so as to ease her pain and promote sleep. Death took place suddenly on September 28th, about twelve weeks after the first appearance of gangrene. Towards the end ulceration occurred over those parts which were subjected to pressure. The temperature was rarely above normal, except from July 23rd to August 4th, when some slight hypostatic congestion of both bases occurred.

Post-mortem Examination.—The uterus was much enlarged, and showed signs of subinvolution; also there was marked arterial and venous thrombosis. Both external iliac and common iliac arteries as far as the bifurcation of the aorta were blocked by a continuous thrombosis, whitish-brown in colour and evidently of some standing; the remaining organs showed no signs of coarse organic disease.

REMARKS.

The following points appear to me to be of interest :

1. The rarity of such complication following a confinement.
2. Occurrence of both venous and arterial thrombosis, the latter being especially marked.
3. The fact that circulation was present; in that the upper part of both limbs were comparatively healthy, although the thrombosis extended well above the origin of those vessels which usually effect the collateral circulation.
4. The patient's general excellent health for twelve weeks in spite of her condition, and the absence of any temperature due to septic absorption.

I am indebted to Dr. Bell, Medical Superintendent, for permission to publish this case.

persons—that the haphazard method of entrusting this most solemn of all acts of the State towards the individual to the discretion of an ignorant artisan is unworthy of a civilized community. I never suggested, as you imply, that the doctor should be the hangman. I do suggest that, if we still employ the barbarous machinery of the gallows, the methods used should be strictly and scientifically controlled by a scientific expert; or that, when we become a little more civilized and treat State execution not as a punishment but as a cure, it should be administered by merciful hands and by the methods of which advanced science has placed us in possession.

It is strange, indeed, that the paper to treat this as a joke, and a silly one at that, should be the chief organ devoted to the science and enlightenment of the medical profession.—I am, etc.,

London, W., Nov. 3rd.

FILSON YOUNG.

* Mr. Filson Young does not tell us how “the major scientific operation” of executing a criminal is to be carried out; he only said that this duty should be entrusted to the medical officer. We are sorry to be assured by the author of this suggestion—which we cannot but regard as offensive—that it is made seriously and is not, as we imagined, a silly joke.

MALPOSITIONS OF THE UTERUS.

SIR,—In the discussion on displacements of the uterus, recorded in the *BRITISH MEDICAL JOURNAL* of October 18th, one factor in its causation was not referred to—namely, loss of power and elasticity in the abdominal wall. When there is this loss we get the first step to enteroptosis, in which the pelvic organs share. Many a prolapse might be hindered in its downward progress if the patient were taught to apply a well-fitting corset or belt, and before lacing up to pull upwards the loose, flabby wall hanging often in folds over the pubes and groins. When the wall is thus drawn up and supported the lymph drains away from the fatty or muscular tissues and elasticity is restored, partially or complete.

Surgical measures are seconded by this means, and the patient is put into a more comfortable condition. But the corset must fit well, and the wall of the abdomen be drawn up effectively before lacing in. This does not entail tight-lacing if the right pattern is used.—I am, etc.,

London, N.W., Oct. 21st.

L. FRAZER NASIE.

FIBROSITIS AND MUSCULAR RHEUMATISM.

SIR,—Dr. Tivy's letter in the *JOURNAL* of October 11th giving his personal experience is very practical. He found no relief in salicylates, and in a much milder condition I have noticed this result, and thought lemon juice (lemonade) between meals of use.

Somewhat similar is a form of rheumatism (or is it gout?) in which, with muscular discomfort elsewhere, a hip-joint is affected, perhaps both, and the knee-joint also accompanied by crural neuritis of the anterior portion of the thigh, extending to the calf. The disorder is not unbearable, but being worse at night disturbs sleep, preventing rest on the side. This condition of neuritis has been known to benefit much from cycling. I have personally found this to be so, and a heavy, elderly man who had had it badly (he called the neuritis “sciatica”) told me that cycling had relieved him for years, and was his remedy. The exercise without carrying the weight of the body relieves the condition, and is the most agreeable of remedies; friction, even without any application, is of much service, and the clothing by day and by night must be warm. The small sciatic nerve, and the branches of the lumbar plexus, seem to be those affected. “Medicus,” who asks whether he should discontinue exercise for his rheumatism, should surely not do so.—I am, etc.,

Hove, Nov. 3rd.

E. DUKE, M.D.

SIR,—I am much obliged to “Medicus” for his letter in your issue of November 1st. The time allowed me for the opening of the discussion on fibrositis and muscular rheumatism necessitated the abbreviation of my remarks, and I must therefore apologize that I really made no reference to the subject of exercise.

I can assure “Medicus” that there is no necessity for him to give up any of his exercises. The fact that he gets some temporary aching after the exercises, which soon

passes off, is a matter of no importance, and certainly does not contraindicate the employment of exercise.—I am, etc.,

London, W., Nov. 4th.

ARTHUR P. LUFF.

Universities and Colleges.

UNIVERSITY OF EDINBURGH.

General Council's Half-yearly Meeting.

AT the statutory half-yearly meeting of the General Council of Edinburgh University, held in the Old University on October 31st, a large part of the business was related to medical matters.

After the re-election of two assessors in the University Court (Dr. D. F. Lowe and Mr. D. D. Buchan), Principal Sir William Turner (the Vice-Chancellor) returned to the chair, which he had temporarily vacated, and the report of the Business Committee was considered.

The late Sir John Batty Tuke.

A sympathetic reference to the death of Sir John Batty Tuke, formerly the representative in Parliament for the combined constituencies of Edinburgh and St. Andrews, was read, in which the following sentence occurred: “During the ten years he filled this position his frank, genial manner, his wide knowledge of educational matters, and of his own special subject, won him the respect of his fellow members and gave him an influence which was greatly to the advantage of his constituents. Returned as a Unionist, he never became a strong party politician, but was ever ready to attend to the interests of his country and of his constituents, to whatever party they belonged.” It was agreed that a copy of the minute should be sent to Lady Tuke and the family.

Inclusive Fee in Medicine.

Mr. John B. Clark (the Convener of the Business Committee) explained that the matter was at present under the consideration of a special committee of the University Court, and that it was desirable that the matter should not at this stage be discussed in Council.

Changes in and Additions to the University Staff.

These included the appointment of James Ritchie, M.D., to be the first occupant of the Robert Irvine Chair of Bacteriology, of William Russell, M.D., to be the first occupant of the Moncrieff Arnott Chair of Clinical Medicine, and of Theodore Shennan, M.D., to the new lectureship in morbid anatomy. The Council had, what might be called, a more personal interest in these appointments, for all the three gentlemen were members of its Business Committee.

Clinical Teaching and Pathology.

Sir William Turner made reference to the agreement which had been come to between the University and the Royal Infirmary regarding clinical arrangements and pathology, and spoke with satisfaction of the result obtained by the careful inquiry, which had occupied many months. He said that the agreement not only included joint action in regard to the teaching of clinical medicine, clinical surgery, and clinical gynaecology, but it also included a closer relation as regarded the work of the pathological department. He did not think that there had been any arrangement connected with the medical schools which was likely to be more beneficial than that come to in the summer of this year. The details of the new arrangement were given in this *JOURNAL* recently (August 16th, p. 434, and October 18th, p. 1039); but the following paragraph referring to appointments has not previously been noticed. It is this: “The appointment to Chairs of Clinical Medicine is made by the University Court from a list of two sent up by a Joint Selection Committee, consisting of three members of the court, three infirmary managers, and the Principal of the University as chairman. In future, appointments in the infirmary to the posts of assistant physician, surgeon, or gynaecologist are to be made from a list of two made by a Selection Committee of seven, consisting of the two University representatives on the Infirmary Board, one each of the representatives of the Royal Colleges of Physicians and Surgeons on that Board, and three other members of the Infirmary Board, the final appointment being by the Board.” In this quiet fashion a momentous change has been effected in the mode of election of medical men to these various infirmary posts.

UNIVERSITY OF GLASGOW.

GENERAL COUNCIL.

THE statutory half-yearly meeting of the General Council of the University of Glasgow was held on October 29th.

Poll for the Election of Assessors.

The first business was the election of two assessors to represent the Council in the University Court in room of Mr. John Hutchison, LL.D., and the Rev. John Smith, D.D., whose term of office had expired. Each of these gentlemen was proposed for re-election. Dr. A. N. McGregor proposed Dr. James A. Adams for one of the vacancies and Dr. Peter Paterson seconded. On a vote, the figures were: Dr. Adams, 71; Mr. J. Hutchison, 40; Dr. Smith, 40. A further vote between the two lowest was: Mr. Hutchison, 69; Dr. Smith, 31. A poll was demanded, and this will proceed in due course. It may be noted that a circular has since been issued to the members of the Council by Messrs. Hutchison and Smith stating that the movement to displace one of them by a member of the medical profession is uncalled for.

The report of the Business Committee on the proposed draft ordinance dealing with the preliminary examination reaffirmed the view that the standard of the preliminary examination in medicine should be raised as soon as practicable to that of Arts and Science, and that the time had come when "science" might with advantage be accepted as an alternative for one of the two languages hitherto insisted upon by the General Medical Council. The Inter-University Conference at Perth had concurred in these views, and the committee suggested that a representation thereanent be made to the Court and to the General Medical Council. The report was adopted.

Inclusive Fee in Medicine.

On the subject of the inclusive fee in medicine, which had also been under consideration at the Perth conference of the four universities, the Business Committee expressed the opinion that the information gathered tended only to strengthen the position hitherto maintained by the Council that no sufficient experience of the working and effect of an inclusive fee in other Faculties had yet been gained to warrant its adoption in the much more difficult case of medicine. The Committee recommended that the Council transmit the report of the Perth conference to the University Court with a renewed representation in favour of delay in the institution of an inclusive fee in medicine, and this recommendation was adopted by the Council.

UNIVERSITY OF CAMBRIDGE.

THE following degrees have been conferred:

M.C.—H. L. Attwater.
M.B., B.C.—T. E. Banister and W. C. D. Maile.
M.B.—O. de Burgh Marsh.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.

A COMITIA was held on Thursday, October 30th, Sir Thomas Barlow, Bart., K.C.V.O., President, being in the chair.

Announcement.

The President announced that Mr. Frank Caldicott had been elected Jenks Scholar.

Admission of Members.

The following gentlemen having passed the required examination were admitted members of the College: John Rupert Collins, M.D. (Dubl. (Cheltenham), Reginald Robert Elworthy, M.B. (Lond., L.R.C.P.), George Graham, M.D. (Camb., L.R.C.P.), John Athelstan Braxton Hicks, M.D. (Lond., L.R.C.P.), and Charles McMoran Wilson, M.D. (Lond., L.R.C.P. (Hastings)).

Licences.

Licences to practise physic were granted to 105 candidates who had passed the necessary examinations.

Communications.

The following communications were received: (1) From the Secretary of the Royal College of Surgeons of England dated August 2nd and October 13th, reporting proceedings of the council of that College on July 31st and October 9th respectively. (2) From the Clerk of the Privy Council, dated October 2nd, with enclosures relating to the International Health Bureau established at Jerusalem, and asking for observations upon the subject. After some discussion it was resolved that the substance of the communication and the correspondence in connexion therewith should be printed and distributed to the Fellows. (3) From Mrs. Edward Walker, of Wimbledon, offering for the acceptance of the College an original prescription of Gregory's powder. The gift was accepted with thanks. (4) From Mrs. J. G. Curtis, of Chatham, Mass., U.S.A., notifying that she had sent to the College, in accordance with the wish of her late husband, certain papers of the late Dr. Greenhill. The receipt of the papers was acknowledged with thanks.

A report dated October 7th was received from the Committee of Management. The Committee recommended that the Central London Ophthalmic Hospital should be recognized for the course of clinical instruction in ophthalmic surgery.

After some further formal business the President dissolved the comitia.

Examination in Psychological Medicine.

In the report of the comitia held in July last the fact was omitted that it was then announced that Dr. W. Rees Thomas, a member of the College, had passed the additional examination (open to members only) in psychological medicine. This was the first occasion on which this examination has been held.

Medico-Legal.

ALLEGED CANVASSING BY FRIENDLY SOCIETY.

VICE-CHANCELLOR DUDLEY STEWART SMITH, K.C., at a sitting of the Lancashire Chancery Court at Liverpool, on November 3rd, commenced the hearing of an action in which Dr. Youatt of Prescott applied for an injunction restraining Thomas Wright and a large number of other defendants from procuring, or attempting to procure, by means of canvassing or touting, persons to become his patients, or from doing acts which, if done with the plaintiff's sanction and acquiescence, would render him liable to a charge of infamous conduct in a professional respect within the meaning of Section 29 of the Medical Act of 1858.

The facts of the case, as submitted by Mr. Jessel, K.C., who, with Mr. E. Ackroyd, appeared for the plaintiff, were that on the passing of the Insurance Act some question arose in the district as to how the doctors were to be remunerated for their services in connexion with children who were not of an insurable age. Special arrangements had to be made and negotiations took place between the local friendly societies and the medical practitioners. The former, however, thought the doctors were asking too large a fee per head, and ultimately the various societies formed an association, the committee of which were the defendants in the present action. In April of this year the association appointed a certain doctor to act as the medical attendant for the juveniles, and parents were informed of the fact. When it was explained to him that if he accepted the position he would be liable to the censure of the General Medical Council, he refused to take up the duties. Some little time later the association drew up a scheme for the purpose, counsel suggested, of sowing dissension among the doctors in a very ingenious method. On April 28th a meeting was held, at which it was decided that only one doctor practising in Prescott should be employed, and they selected the plaintiff, the method of selection being by ballot. Members were told broadcast to send their children to that particular doctor, and that, counsel submitted, was clearly canvassing. In consequence of this the rumour got about that the plaintiff had assented to the arrangement, but as a matter of fact the first he heard about it was a complaint by four *confères*, who said it was a breach of medical etiquette for him to allow people to canvass for him in that way. Dr. Youatt immediately took steps to repudiate the arrangement, which had been come to entirely without his consent, and spoke very emphatically to the secretary of one of the societies, but could not get any redress. Ultimately it was found necessary to bring this action, and he (Mr. Jessel) would like to say that it was not damages they wanted, but a vindication of the position they had taken up. They desired to have an injunction, or declaration, in such a form as would show that that particular method of inviting patients to go to doctors was one which could only be described as canvassing. Honest and bona-fide recommendation could not be objected to, but they desired to prevent the kind of solicitation the defendants, they alleged, had been guilty of. Having referred to a number of legal authorities on the subject, Mr. Jessel pointed out that the employment of canvassers on the sanctioning of their employment by a doctor had been held by the General Medical Council to be infamous conduct in a professional respect, and if the plaintiff had accepted the patients sent by the societies he would have been ratifying the systematic solicitation of patients, and would have been liable to be charged with unprofessional conduct. Evidence was then called.

Dr. Alfred George Bateman, General Secretary of the Medical Defence Union, said he had personally conducted cases of alleged unprofessional conduct, in respect of touting and canvassing for patients, before the Medical Council. In his opinion, if Dr. Youatt had authorized the selection of himself under the circumstances existing in the present case, he would have been liable to be reported to the General Medical Council as guilty of infamous conduct in a professional respect. Even without having authorized his selection, if he had accepted the position his conduct would have been equally infamous. Speaking as a professional man, it was the duty of the plaintiff when the resolution came to his knowledge to repudiate it as publicly as possible and let his colleagues know he had repudiated it, and take steps to prevent further mischief arising out of it, legal or otherwise.

The Vice-Chancellor: I do not know what else Dr. Youatt could have done than he has done in this case. Knowing what he has done, could you say he was guilty of unprofessional conduct?

The Witness: No sir, certainly not, because his very repudiation showed he knew nothing whatever about it; that he did not acquiesce in any shape or form, and therefore he could not be guilty.

and to Major J. C. Kennedy, Assistant Professor of Pathology, with the hope that their talents, so long devoted to the college, might find fields fruitful of discovery awaiting the application of their highly-trained energies. On the other hand, they welcomed their successors, Lieutenant-Colonel O. L. Robinson in the chair of Tropical Medicine, and Major S. L. Cummins as Assistant Professor of Pathology. He had nothing but praise for the young officers who composed the class just closed, for they had been most assiduous and attentive, while those who had gained prizes had done remarkably well and in two cases brilliantly: for instance, the winner of the Fayrer and the Marshall Webb medals had gained over 90 per cent. of marks in those competitions. He then read the names of those who had gained prizes, as well as those who came second, as follows:

The Herbert Prize:		
Highest total of marks ...	Lt. R. B. Price, R.A.M.C.	565/700
Proxime accessit ...	Lt. H. C. D. Rankin, R.A.M.C.	536/700
Hygiene:		
Paikes Memorial ...	Lt. R. B. Price, R.A.M.C.	153/200
Proxime accessit ...	Lt. A. K. Sinha, I.M.S.	151/200
De Chaumont ...	Lt. A. L. Urquhart, R.A.M.C.	144/200
Proxime accessit ...	Lt. H. C. D. Rankin	142/200
Pathology:		
Fayrer Prize ...	Lt. S. S. Sokhey, I.M.S.	181/200
Proxime accessit ...	Lt. N. M. Mehta, I.M.S.	160/200
Tulloch Memorial ...	Lt. R. B. Price, R.A.M.C.	168/200
Proxime accessit ...	Lt. A. L. Urquhart, R.A.M.C.	164/200
Surgery:		
First Montefiore ...	Lt. A. Seddon, I.M.S.	80/100
Second Montefiore ...	Lt. H. C. D. Rankin, R.A.M.C.	75/100
Tropical Medicine:		
Ranald Martin Gold Medal	Lt. A. K. Sinha, I.M.S.	86/100
Proxime accessit ...	Lt. R. B. Price, R.A.M.C.	84/100
Administration:		
Marshall Webb Prize ...	Lt. H. C. D. Rankin, R.A.M.C.	97/100
Proxime accessit ...	Lt. R. B. Price, R.A.M.C.	88/100

Sir Havelock Charles distributed the prizes with a few appropriate words to each recipient, and in his address which followed advised and encouraged the young officers as to their course in life, directing his remarks more particularly to those whose careers would lie in India. It was, he said, often asked why in life the race was not always to the swift nor the battle to the strong; the reason was that some men had not the tact and judgement to avail themselves of the chance when it offered. They failed through lack of character. The greatest of all assets was character. He was present at a similar meeting to that thirty-one years ago, and though he could not recall that any address was given on that occasion, he remembered that on his way up to town he travelled with Sir Joseph Fayrer, whose advice he asked as to how to get on in India. After looking at him for a few seconds Sir Joseph said, "Do what you are told; don't grumble; go where you are ordered." (Hear, hear.) Young men going to India would have troubles like every one else, like the panel doctor as well as the medical man in Harley Street; but they should remember Sir Joseph Fayrer's advice; and, further, they should strive to prove themselves thoroughly reliable—a most valuable characteristic for every officer. They were going to what he considered the most interesting country in the world, and he gave them the wish of the Persian poet, who said, "May the sweet waters of contentment spring up where'er you place your feet."

Surgeon-General Babbie thanked the General Officer Commanding the London District for the interest he had shown in the Corps by his presence on this occasion, and called for a vote of thanks to Sir Havelock Charles, which was given by acclamation.

General Sir Francis Lloyd, Commanding the London District, thanked the Deputy Director-General for giving him the opportunity of letting the company know his appreciation of the work done by the Royal Army Medical Corps, and spoke in sympathetic terms upon the cordial relations springing up between them and the rest of the army.

The proceedings then closed, and the company adjourned to the Mess, where the officers of the Corps were at home.

TERRITORIAL NURSING.

At a meeting of the executive committee of the Territorial Force Nursing Service of the City and County of London, at the Mansion House on October 30th, under the chairmanship of the Dowager Lady Dimsdale, it was reported that the rolls of the nursing staffs of the four general hospitals of the Territorial Force in London were quite complete, the number of nurses who could be mobilized at a few hours' notice in case of emergency being 484; the number of soldier patients for whom accommodation was in view was at least 2,000. Miss Goodhue was re-elected honorary secretary.

Medical News.

THE International Congress of Hydrology just held at Madrid decided that the next meeting should take place two years hence at Lyons.

M. DURANDEAU, of Angoulême, has bequeathed £2,000 to the Pasteur Institute for the foundation of a prize for researches on the cure of meningitis.

THE Hunterian Society will hold a clinical afternoon meeting on Wednesday next at the London Hospital. All members of the profession are invited to attend.

THE new buildings of the Radcliffe Infirmary, Oxford, will be opened by the Chancellor of the University, Earl Curzon of Kedleston, on November 26th, at 2.30 p.m.

THE out-patient department and a portion of the wards of the new King's College Hospital at Denmark Hill will be opened for the reception of patients on Monday, November 10th.

THE second annual dinner of the Beit Memorial Fellows took place at the Trocadero Restaurant on October 31st, Dr. Edridge-Green being in the chair. Mr. Otto Beit and Sir James Kingston Fowler were guests on this occasion.

MEMOIRS sent in competition for the prize offered by the Belgian Academy of Sciences to the discoverer of a means of curing epilepsy will be received up to October 15th, 1915. The prize is of £70, not of £700, as stated in the JOURNAL of November 1st.

A FUND has been opened with a view to establishing at Cheltenham College a memorial to the late Dr. Edward Adrian Wilson, who shared the labours and tragic end of Captain Scott on his expedition to the South Pole. Subscriptions will be received by the Rev. P. W. Unwin, the College, Cheltenham, or by Mr. John A. Pruett, Merrow, Guildford, Honorary Secretary of the Cheltonian Society.

OWING to the lamented death of Professor Hervieux, the sixth congress of the Association of French-speaking Doctors of North America, which was to have been held this year at Montreal, did not take place. The meeting will take place at Quebec in September, 1914, under the presidency of Professor A. Rousseau. The general secretary is Professor A. Vallée, the general treasurer Dr. A. Lessard. The following questions are proposed for discussion: Nephritis; industrial accidents; Canadian mineral waters; altitude stations of Canada; the drinking waters of Canada.

THE body of the late Mr. Edward Nettleship was cremated at Woking on November 3rd. A funeral service held at Shattermill Church, near Haslemere, on November 4th, was attended by among others Mr. J. A. Barlow, representing his father, the President of the Royal College of Physicians, Sir Charles Lyall, Sir Henry Cotton, Professor Bateson, Mr. Makins and Mr. J. B. Lawford (of St. Thomas's Hospital), Mr. Holmes Spicer (of Moorfields Hospital), Professor Karl Pearson, and Canon Selwyn, D.D. The wreaths included one from the staff of St. Thomas's Hospital and another from that of the Moorfields Hospital.

A CLOCK tower, erected in Burdett Road, Mile End, in recognition of the public work of the late Dr. Stanley B. Atkinson, was formally taken over by the Stepney Borough Council on November 3rd. Dr. Atkinson, who died some three years ago while still under 40, was a student of St. Bartholomew's Hospital, and held degrees in medicine from the University of London, and in arts and law from the University of Cambridge. He was also a barrister-at-law, and the author of a good many publications on medico-legal subjects. For some time he held a seat on the Central Midwives Board, and for many years was a member of the Stepney Borough Council, the Mile End Board of Guardians, and the Metropolitan Asylums Board.

THE Lady Priestley Memorial Lecture of the National Health Society will be delivered by Professor William Stirling of Manchester, in the house of the Royal Society of Medicine, on Thursday, November 27th, when Sir

James Crichton-Browne will take the chair at 5 p.m. The subject chosen for the lecture is health, fatigue, and repose, and it will be illustrated by experiments and lantern slides. The society holds courses for women training as sanitary inspectors and health visitors and also for voluntary health workers. Dr. J. E. Squire, C.B., commenced a course of twelve lectures on tuberculosis on Monday last. Further particulars can be obtained from the Honorary Secretary, 53, Berners Street, London, W.

WITH the co-operation of the Massachusetts Society for the Prevention of Cruelty to Animals, the Faculty of Medicine of Harvard has organized a course of free public lectures on the treatment of animals, to be given weekly at the medical school. How complete the programme is may be gathered from the following list of subjects: The protection of domesticated animals; our increased knowledge concerning the nature of animals' diseases; the dangers of live stock traffic; stable ventilation; modern operative methods applied to veterinary surgery; the relation between human and animal tuberculosis; the protection of animals from infectious diseases; the diseases and care of poultry and the pig; the diseases and care of the dog and cat; the diseases and care of the horse and cow; rabies and glanders; and the relationship between human and animal diseases in the tropics.

THE twenty-fourth Annual Cookery and Food Exhibition, which was opened by Princess Marie-Louise of Schleswig-Holstein, was held at the Royal Horticultural Hall, Westminster, from October 28th to November 1st; the entries numbered nearly 3,000, or one-third more than last year. The exhibition was more than usually interesting, and gave good proof of the national movement towards improvement in every branch of domestic science. The numerous groups of exhibits included every class of cookery, from the elaborately decorated creations of well-known chefs to the simple meals prepared by school children and pupils from the London County Council Cookery Schools. Specimens of naval, military, and vegetarian cookery were also on view, and one section was entirely given up to invalid fare prepared by nurses, who were called upon to give further evidence of their skill in tempting the capricious appetite of their patients by means of prettily arranged trays for the sick room. Another interesting feature of the exhibition was the suite of model kitchens in which practical demonstrations and competitions were carried on daily; whilst an army field wagon with all the appliances for the preparation of food, such as has been used during the Balkan war, attracted considerable attention.

THE autumn dinner of the Irish Medical Schools' and Graduates' Association took place on October 30th under the chairmanship of Dr. William Douglas; the special feature of the evening was the presentation of the Arnott medal to Dr. P. P. Garland. The presentation was made on behalf of the council by Dr. Jocelyn Swan. The medal commemorates Sir John Arnott, and the council may pick out for the honour of receiving the medal any Irish medical man it deems to have distinguished himself by some achievement in connexion with the study of medicine or by some heroic act. On the present occasion the medal was awarded in recognition of the gallantry displayed by Dr. Garland when serving on the West Coast of Africa. An officer was wounded by a poisoned arrow, and Dr. Garland, who subsequently received the C.M.G., promptly treated the wound by sucking it, thereby saving the patient's life but imperilling his own. Among the various toasts proposed during the course of the evening that to the services was given by Dr. Shepherd-Boyd and acknowledged by Lieutenant-Colonel Moorhead, I.M.S., while the toast wishing prosperity to the association was proposed by Dr. M. J. Bulger and duly acknowledged by the President, with whose name it was coupled. The toast to the guests, who included as usual many ladies, was acknowledged by, among others, the Rev. Monsignor Johnston, who preached at the special service for Catholics held during the meeting of the British Medical Association in Brighton, and with whom many members subsequently established a very pleasant acquaintance. He had some excellent stories to tell of meetings with Irishmen in various parts of the world. The present officers of the association are: President, Dr. W. Douglas; chairman of council, Dr. Jocelyn Swan; honorary secretaries, Dr. Gordon Holmes and Dr. W. J. Corbett; provincial secretary, Dr. Shepherd-Boyd; and honorary treasurer, Dr. W. P. Cockle.

Letters, Notes, and Answers.

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.

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.

ANSWERS.

THE PROPHYLAXIS OF ACUTE NASAL CATARRH.
PERSONAL EXPERIENCE writes from Bombay in reply to "Puzzled" to recommend sea bathing or regular attendance in a swimming bath as a simple prophylactic of nasal catarrh.

LETTERS, NOTES, ETC.

REX v. HAMILTON.

DR. W. H. GIMBLETT (86, Sutherland Avenue, Maida Vale, W.), whose appeal giving the names of the committee formed to raise a fund to reimburse Dr. Hamilton was published on October 25th, p. 1118, acknowledges the following subscription, in addition to £52 3s. already announced:

Dr. Abernethy (Barnes) £ s. d.
... .. 2 2 0

METASTATIC SARCOMA OF LUNG.

DR. W. HARDMAN (Bisham, near Blackpool) writes: Dr. Muirhead Martin's interesting case of acute sarcomatosis of the lungs reminds me of a somewhat similar case, the history of which I recorded when a student in London over forty years ago. A man had an enlarged testicle removed. Shortly after he married, and in the following four years had three children; then he began to suffer from shortness of breath, and was admitted into hospital, and in three or four weeks he died. The lungs were studded with large lumps of encephaloid. The chest symptoms would have been very misleading had we not known the history of the testicle, and the nature of its enlargement. He was a strong, healthy, massive man, in apparently the prime of life, and the symptoms developed almost suddenly.

BORIC ACID AS A URINARY ANTISEPTIC.

DR. GEORGE V. PEREZ (Puerto Orotava, Tenerife) writes: I see in the *BRITISH MEDICAL JOURNAL* of September 13th, p. 653, in the report on urinary antiseptics, the prominent place allotted to boric acid administered by the mouth. As long ago as 1884 I employed it very successfully when resident medical officer at the French Hospital in London (see *Lancet*, July 19th, 1884). My experience of the drug was quoted in several works on therapeutics of that time, but lately my priority in connexion with the use of boric acid as a urinary antiseptic seems to have been forgotten. Now that it is coming very much to the front again I hope I may be excused for bringing the above facts before your notice.

CURE BY LAUGHTER.

DR. ALEXANDER FRANCIS (London) writes: The bursting of a quinsy by laughter is no uncommon occurrence. So well established is this fact that some years ago when I was called in consultation to see a lady who was supposed to be in *extremis* with a quinsy I said to the patient, "If only I could make you laugh, your trouble would be over." The idea of laughing under such painful circumstances was too much for her gravity, and relief was instantaneous. I was myself once tortured by a quinsy, and for two days had been unable to speak or open my mouth. On Christmas morning I received a comic card which forced me to laugh. Immediately I astonished my nurse by saying that it was all over, and I wanted something to eat. There is a well authenticated story of a certain high personage who was about to die from an abscess in his throat. His relatives were summoned, and took a last tearful farewell. When all had left the room a pet monkey, who had been watching the proceedings, approached the dying man, and likewise shed tears. The situation was so ludicrous that the patient was compelled to laugh, and obtained instant relief.

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