

The pericardial sac contained 5 or 6 oz. of recent blood clot, and there was pericarditis several days old. The aortic orifice was obstructed by soft vegetations with a firmer basis about the cusps, which were greatly deformed and thickened from old endocarditis. The anterior wall of the aorta for some distance above the remains of the valve was covered with vegetations and a perforation into the pericardial sac had taken place among them.

According to Osler (Clifford Allbutt's *System of Medicine*, vol. vi, p. 642), aneurysm of a sinus of Valsalva or the immediate neighbourhood in the aorta is most frequently met with in acute syphilitic aortitis. For statistical purposes the cases of aortic aneurysm and syphilis of the aorta recorded in one thousand successive *post-mortem* examinations at the Glasgow Royal Infirmary including the present series were counted, with the following result:

Aortic syphilis without aneurysm ...	37 cases.
Aneurysms due to syphilis ...	21 "
Infective aneurysms ...	5 "
Dissecting aneurysms ...	2 "

Three out of the 21 aneurysms due to syphilis were aneurysms of a sinus of Valsalva.

In conclusion, the 5 cases which we have shown may represent a run of comparative rarities; but they demonstrate the fact that aneurysm in the region of the sinuses of Valsalva may be infective and non-syphilitic in origin, a point which might be of considerable medico-legal importance.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

ANAESTHETICS IN EYE-WORK.

IN the JOURNAL of September 12th Mr. Whiting criticizes the view that chloroform should be banished from eye-work, and that ether should be the chosen anaesthetic. He states that the Moorfields figures show that chloroform may be administered *with a reasonable degree of safety*. Is the patient to be satisfied with a reasonable degree of safety when under ether he can have practically absolute freedom from danger? For a period of more than twenty years ether has been the usual anaesthetic at the British Ophthalmic Hospital in Jerusalem, and it has been administered without a single death. Personally, I gave it there over a thousand times without ever experiencing a moment's anxiety for my patient. During the past eight years I have under ether done every variety of eye operation, including extraction of cataract, at the Birmingham Eye Hospital, the Coventry General Hospital, and the Leamington General Hospital. I have never been in any degree incommoded by the anaesthetic machinery, nor have I experienced any anxiety for the safety of my patient. During this time there have been deaths from chloroform in these hospitals. An old man died under this anaesthetic, which was given him for the enucleation of his eye. Chloroform was administered to a healthy young girl for teeth extraction. She died suddenly during the period of induction. We have had other cases. Levy¹ notes that every three days two harmless and probably useful citizens die from chloroform in England and Wales alone, and he indicates the cause of death—ventricular fibrillation.

Mr. Whiting states that three conditions which are essential in eye surgery are not satisfied by ether anaesthesia. Firstly, he says, "anaesthesia must be deeper than in most general operations, because the corneal reflex must be abolished." I entirely disagree with him. If a little cocaine be instilled, very light anaesthesia is often sufficient. For a glaucoma iridectomy, for example, the operation can be completed under gas and ether given in a Clover's inhaler almost before the effect of the gas has passed off. An excision of the eye necessitates very superficial anaesthesia if cocaine be employed as well. Enucleation is a ghastly operation to perform under local anaesthesia, even if it can be done with the minimum of pain. I have upon one occasion extracted a cataract under ether. The patient had no self-control, and a general anaesthesia was essential. Here deep anaesthesia is necessary, and a good anaesthetist should be employed.

I had no difficulties from either the anaesthetic or the apparatus.

Mr. Whiting goes on to say, "the surgeon must have as much as possible of the patient's face clear of the anaesthetist's hands and apparatus."

I disagree with the expression "must." A good operator and a good anaesthetist can tacitly accommodate each other in this respect. An eye operation is often a matter of seconds; the anaesthetist withdraws his apparatus while it is performed. A squint operation can easily be done in the presence of a Clover's inhaler, and in a lid operation the apparatus is not noticed by an experienced surgeon.

Finally, Mr. Whiting states that "coughing, vomiting, or straining of any kind must not occur." My experience is that these undesirable events are quite infrequent with good gas and ether anaesthesia; chloroform has no advantage here. I find that I have generally finished an operation long before a patient could be anaesthetized with chloroform; gas and ether is far quicker.

I fully agree with all your correspondents that the "corneal reflex test" should never be used. It is the hall-mark of an incompetent anaesthetist.

Birmingham.

T. HARRISON BUTLER.

THE TREATMENT OF ACUTE GONORRHOEA.

THE treatment recommended in the BRITISH MEDICAL JOURNAL of September 26th demands some criticism. It may be the best in the hands of the expert who advises it, but is scarcely the one to be recommended to the practitioner. To quickly "balloon" out an acutely inflamed urethra by a hydrostatic pressure of 6 feet, through a bore of 8 or 9 mm., so that the fluid "spurts out with great force," requires more consideration than the article gives us. How can a quick filling and emptying of the urethra facilitate more than a graduated and sustained means the entry of fluid into ducts and lacunae? Or on what principles is a single bore nozzle superior to a double in ensuring the circulation of fluid in the urethral bulb?

I used the hydrostatic plan for very many years, but gave it up, as experience taught me that gentleness should be the first law in urethral surgery. I now use with greater benefit a means by which I can measure the pressure used,¹ or an ordinary Higginson's syringe. Full distension of the urethra is required, but it should, I think, be gradual and sustained, so that the fluid has a chance of being forced into the tissues, and herein lies the chief secret of the so-called "irrigation" treatment. This irrigation can act with vigour *a fronte*, but can the *vis a tergo* (if we may so speak) of the anterior urethra be anything save negligible? Can it even equal the urine stream? Of course not.

Whoever will use in lieu of the irrigation apparatus an ordinary Higginson's syringe will not regret it. With it any force, from the mildest to the greatest, any rapidity of current from the slowest to the quickest, can be used. His hand, grasping the rubber bulb, will intelligently measure the urethral resistance; it will often feel this resistance expressed in the clonic contraction of the urethral muscles. And such a means is simple and always at readiness.

I have lately adapted Messrs. Ingram and Son's "bonda" Higginson's syringe (illustrated in the *Medical Annual*, 1894) for urethral use. By it suction as well as flushing can be carried out. It affords, I think, the ideal means of treating acute urethritis.

London, N.W.

JAMES MACMUNN.

Reports of Societies.

SOCIETY OF TROPICAL MEDICINE AND HYGIENE.

At the opening meeting of the Society of Tropical Medicine and Hygiene for the new session—1914 to 1915—which took place on October 16th, an important paper was read by Sir DAVID BRUCE, C.B., F.R.S., upon *Classification of the African trypanosomes pathogenic to man and domestic animals*. Dr. F. M. SANDWITH, Vice-President, took the chair, in place of the President, Sir R. Havelock

¹ BRITISH MEDICAL JOURNAL, September 19th, 1914.

¹ Lancet, June 16th, 1906.

selected for the hospital ship presented by Madras. The vessel chosen is the British-India liner *Teuda*, a new twin-screw boat of nearly 7,000 tons. Lieutenant-Colonel G. G. Giffard, in medical charge, joined the Indian Medical Service on March 31st, 1890. He holds the M.R.C.P.Lond., and is Professor of Midwifery and Principal of the Madras Medical College. He received the C.S.I. on June 3rd, 1913. Major T. H. Symons entered on January 29th, 1896; he is Professor of Anatomy in the Medical College and second surgeon of Madras General Hospital. Major Diwan Gaupat Rai, a Punjabi by birth, entered on January 29th, 1902; he is district sanitary and medical officer of Nellore. Captain E. W. C. Bradfield joined on August 31st, 1903. He is an M.B.Lond. and F.R.C.S.Edin., was recently medical officer of the 31st Lancers, and is now third surgeon of Madras General Hospital. Captain Scott, the most junior, is surgeon to the Governor of Madras. The sixth, the Hon. Dr. T. M. Nair, is a private practitioner of reputation in Madras, better known, perhaps, as a public man than as a doctor, a member of the Madras Municipality and of the Madras Council. He served on the Indian Factory Commission in 1909.

GIFT OF MOTOR AMBULANCE BY LONDON PANEL PRACTITIONERS.

The motor ambulance presented by the practitioners on the panel in the County of London was handed over to the British Red Cross Society on October 20th and will be sent to France for use in bringing wounded soldiers from the front to the base hospitals. The chassis of the ambulance is a 1915 model, 25-h.p. Berliet. The ambulance body, which is of the pattern approved by the British Red Cross Society, is capable of accommodating four persons lying down, or two lying down and six sitting, or twelve sitting. A special point about the body is the speed and efficiency with which it can be loaded. It has a door in the front and a narrow gangway between the tiers of stretchers which permit the attendant not only to assist in loading and unloading, but to give assistance to the wounded without having to stop the vehicle. The ambulance will form one of a number of ambulances which will parade at Regent's Park on Saturday next at 3 p.m., when detachments of the City of London Branch of the British Red Cross Society will assemble under the command of Colonel P. Broome Giles, C.B.

A GIFT FROM OXFORD.

Immediately after the publication, in the *BRITISH MEDICAL JOURNAL* of October 3rd, of the appeal by Sir Frederick Treves for motor ambulances for use in France, when he stated that no greater service could be done to our wounded troops than by the provision of motor ambulances, a circular letter was issued by Sir William Osler and Dr. William Collier of Oxford, to a few friends, which resulted in the receipt of over £500 in three days. A more public appeal was then made; over £1,200 has been received, and at least two well-equipped motor ambulances are being sent to the front. This ought to be a good example to other towns; probably there are many people who would be more willing to give to a local fund than to a general one.

CASUALTIES.

ROYAL NAVY.

The Loss of the Hawke.

By the sinking of the cruiser *Hawke*, by a submarine, on October 15th, over 400 lives were lost, only some 70 being saved. The *Hawke*, it will be remembered, was in collision with the White Star liner *Olympic* in the Solent on September 20th, 1911. Among those lost, all three of her medical officers appear to be included.

Staff Surgeon George Charles Cumberland Ross was educated at Trinity College, Dublin, where he took the B.A. in 1897, the M.B., B.Ch., and B.A.O. in 1899. He entered the navy in 1901, became staff surgeon on August 11th, 1909, and joined the *Hawke* on August 1st last.

Surgeon Gustavus William Musgrave Cusance was educated at St. Thomas's, took the diplomas of M.R.C.S. and L.R.C.P.Lond. in 1907, and entered the navy on May 12th, 1908, joining his ship on July 15th.

Temporary Surgeon James Henry Digby Watson was aged 23. He was the son of Engineer-Captain Watson, R.N., of Devonport Dockyard, and was educated at Edin-

burgh Academy, King's School, Canterbury, Edinburgh University, and the London Hospital; he had only recently qualified, joining the navy and the *Hawke* in August last. He was well known as a Rugby international football player, representing London Hospital and Blackheath, and specially distinguished himself playing three-quarter back for England in last year's international matches.

Surgeon B. A. Playne (temporary), R.N., 3rd Battalion (*Hawke*) 1st Brigade, is among the officers interned in Holland.

ARMY.

Prisoners of War.

Cahill, Captain R. J., R.A.M.C. (previously reported missing). Thompson, Captain W. L., R.A.M.C. (previously reported missing).

Missing.

Fraser, Captain A. D., R.A.M.C.
Captain T. B. Moriarty, R.A.M.C., previously reported missing, has now rejoined.

Mr. F. F. Burghard, surgeon to King's College Hospital, London, has been appointed consulting surgeon with the British Forces overseas, and has already left for France.

Universities and Colleges.

UNIVERSITY OF EDINBURGH.

GRADUATION CEREMONY.

THE winter graduation ceremony in Edinburgh University has been remarkable for its quietness, and for the small attendance both of undergraduates and general public. The shadow of the great war has fallen on it, and dashed the usual rather too exuberant spirits of the students. It took place on October 16th in the McEwan Hall. Principal Sir William Turner was in the chair. After the presentation of the graduates in law, medicine, arts, and science, he said that he was happy to see that among them there were several who had already assumed the King's colours, who had already taken upon themselves duties which were additional to those of their degrees because they had pledged themselves to do honour to their country in the great contest that was now going on. There were among them several who had not as yet assumed the King's uniform but whose intention it was to do so; and when the time came—which he hoped would be a happy time for them—they would look to them also to go through the new duties imposed upon them, doing honour to the university of which they had become graduates. To all of them, graduates of both sexes, he heartily wished—and his colleagues joined him in the wish—success in their respective careers. The assembly then united in the singing of the National Anthem.

The following is the list of the graduates in Medicine (M.B. and Ch.B.):

C. W. Aikman, J. G. Anderson, T. H. S. Bell, P. N. Berry, T. C. Britton, E. L. G. Brodziak, W. T. Buchan, P. W. Carruthers, F. C. Chandler, J. S. Crichton, J. Dale, D. J. Dauth, J. Dunlop, W. F. Dunlop, H. H. Gellert, D. C. Graham, W. W. Halliburton, F. W. Hird, S. C. Huddleston (*in absentia*), M. P. Inglis, L. F. E. Jeffcoat, L. Lapping, G. MacL. Levaek, J. Loftus, E. W. Louw, P. T. T. Macdonald, W. H. McGranahan, F. C. Milne, W. W. Phillips, A. R. Ross, H. P. Rudolf, A. H. Shakkil, C. H. K. Smith, P. A. Strasheim, S. W. H. Stuart, K. A. M. Tomory, J. M. Verster, G. T. van der Vijver, J. F. van der Westhuizen, H. W. Weir, J. A. Young.

Kavalam Padmanabha Panikkar, M.B., Ch.B., obtained the Diploma in Tropical Medicine and Hygiene.

German Lecturers.

In connexion with the action taken by the university authorities some weeks ago (vide *JOURNAL*, p. 523, for September 19th), we learn that Dr. Otto Schlapp, University Lecturer on the German Language, Literature, and Teutonic Philology, being now a naturalized British subject, is continuing his teaching work, whilst the resignation of Dr. W. Cramer, Lecturer on Chemical Physiology, has been accepted. At the same time, we understand that the latter gentleman has either received, or is just about to receive, letters of naturalization.

ROYAL COLLEGE OF PHYSICIANS OF IRELAND.

At the annual stated meeting of the President and Fellows of the Royal College of Physicians of Ireland, held on Monday, October 19th, the Morrow of St. Luke's Day, the following officers were elected for the coming year:

President.—Dr. E. MacDowel Cosgrave.

Vice-President.—Dr. Joseph O'Carroll.

Censors.—Dr. J. O'Carroll, Dr. S. T. Gordon, Dr. S. C. Drury, Dr. Gibbon Fitz-Gibbon.

Representative on the General Medical Council.—Sir John Moore.

Treasurer.—Dr. Bewlay.

Registrar.—Dr. Kirkpatrick.

Professor W. H. Thompson, M.D., of the School of Physic in Ireland, Trinity College, Dublin, was elected a Fellow of the College.

- (g) Under the *Workmen's Compensation Acts*.
- (h) Under the Acts and the Local Government Board Orders relating to the notification of infectious diseases.
- (i) Under the *National Insurance Acts* and the Regulations made thereunder.
- (j) Under the *Old Age Pensions Acts* and the Treasury Regulations made thereunder.
- (k) Under the *Merchant Shipping Acts*.
- (l) In connexion with sick benefit, insurance and friendly societies.
- (m) For procuring the issue of Foreign Office passports.
- (n) For excusing attendance in courts of justice, in the public services, in public offices, or in ordinary employments.
- (o) In connexion with naval and military matters.

Any registered practitioner who shall be shown to have signed or given under his name and authority any such certificate, notification, report, or document of a kindred character, which is untrue, misleading, or improper, whether relating to the several matters above specified or otherwise, is liable to have his name erased from the Register.

—I am, etc.,

General Medical Council Office,
299, Oxford Street, London, W.,
October 15th.

A. J. COCKINGTON,
Acting Registrar.

A PLEA FOR AN AMBULANCE CHASSIS.

SIR,—While so much is being done to increase the number of motor ambulances at the front, almost all attention, as regards construction, seems to be centred on the coachmaking. It is quite time that the chassis itself were constructed specially for ambulance work. To this end the back (driving) wheels ought to be at least 4 or 4½ ft. in height, including the tyres, since a high wheel runs far more smoothly over a bad road than a low one. The tyre on a high wheel will carry a much heavier load than an equally wide tyre on a small one as it has a longer ground contact. It also fatigues less and lasts longer. Small driving wheels were introduced to make room for side doors and to keep down expense in building, neither of which is essential when preparing an ambulance car.

The car should be chain driven, and the cogged drum on the driving wheel should, of course, have a diameter proportional to that of the wheel. This would make the propulsion of the car as easy for the engine as if the wheels were low. The driving drum, which contains the brake, is bolted on the spokes, and so strengthens the wheel that it scarcely needs to be more heavily constructed than a low wheel. This I know from experience, as I possess such a car. The frame might be underslung to bring the coachwork to a suitable height, and the ambulance should open at the front, as shown in Mr. Massac Buist's article in the *BRITISH MEDICAL JOURNAL* of October 10th, page 642. The back axle should, if possible, be behind the ambulance proper.

The only structural difficulty is to find room for the chain and brake drum and the radius rods. The wheels might have to be well clear of the side of the body to allow this, though a little ingenuity on the part of the builders would get over this difficulty, as it did in the early days of motor cars when they were constructed with high driving wheels.

Many of the ambulance wagons now supplied are a mechanical disgrace, with half the body overhanging behind low back wheels, thus providing a maximum of discomfort for the unfortunate occupants.—I am, etc.,

Clyst St. George, Devon.

D. W. SAMWAYS.

NUTRITION AND MEAT EXTRACTS.

SIR,—If Mr. Sohn will be good enough to refer to my letter again (*JOURNAL*, September 26th) he will find there is no protest in it and nothing to admit. There is a statement of the published deductions which my colleagues and I had drawn from our experimental investigation of the nutritive value of beef extracts, with reasons for not accepting his suggestion that the effects we observed were due to a retention of mineral salts. Incidentally, some of the many inaccuracies in Mr. Sohn's book on nutrition were pointed out.

Our conclusions were drawn from a consideration of the whole facts and not from a small minority of deviations which do not modify the main inferences.

The effects of the extracts we used were, as I stated, an increase of weight; a better assimilation of other food, a

retention of nitrogen, and, I may now add, a general improvement of nutrition. This latter, which many would regard as the most important outcome of the whole, was apparent to the eye in the condition of the animals, and was consciously felt by the human subjects, but being immeasurable was kept out of our published papers.

It is open, however, to any one to repeat the investigations, and if Mr. Sohn will spend eighteen months in doing so, and publish his results, with protocols giving details of the experiments, as we have done, he will have made a contribution to the subject which will be of value. Nor will any one welcome his findings more sincerely than I, whether they be in harmony or not with those obtained in my own laboratory.

As I stated in a letter which appeared in this *JOURNAL* on November 26th, 1910, "I have no interests to serve in the matter other than those of science," nor do I suppose Mr. Sohn has. There ought, therefore, to be no difficulty in finally settling the questions at issue if, as he thinks, our conclusions are unwarranted or untenable.

Meanwhile theoretical considerations are only of value as working hypotheses to be put, without bias, to the test of experimental proof.—I am, etc.,

Dublin, Oct. 17th.

W. H. THOMPSON.

INSECTS AND WAR: FLEAS.

SIR,—With reference to the letter by Mr. Trevor M. Smith in your last week's issue, I would like to say that my informant was Mr. C. A. Barber, Sc.D., Sugar Expert for India. Mr. Barber was born in South Africa and has lived there a long time, and indeed in many parts of the world. I confess when he told me that rooms plastered with cow-dung kept away flies I was sceptical, but he was perfectly clear on the point and is a trained and accurate observer.—I am, etc.,

Cambridge, Oct. 20th.

A. E. SHIPLEY.

Medical News.

BEGINNING with the October issue, the *American Journal of Surgery* will publish a thirty-two page supplement wholly devoted to anaesthesia and analgesia.

At the annual meeting of the Society of Medical Officers of Health, held on October 16th, Sir Arthur Whitelegge, K.C.B., and Dr. E. C. Seaton, who had been Fellows of the Society for many years, were elected Honorary Fellows. Dr. Seaton was President of the Society in 1897.

THE Huxley Memorial Lecture on recent advances in science in relation to medicine and surgery will be delivered at Charing Cross Hospital on Monday, November 2nd, at 3 p.m., by Sir Ronald Ross, M.D., K.C.V.O., F.R.S., Sir Thomas Barlow, Bart., President of the Royal College of Physicians, in the chair. The lecture is open to all members of the profession.

At a meeting of the Bath City Council on October 20th it was resolved to alter and improve or extend the baths; that the work should be put in hand at as early a date as possible; that any new baths should be first class in style and equipment; and that the chief aim should be to develop the use of the hot springs; but that, in view of the grave national crisis, the strictest economy should be observed. A proposal to enter on an expenditure of £87,000 was deferred.

THE next meeting of the Life Assurance Medical Officers' Association will be held at 1, Wimpole Street (Royal Society of Medicine), on Wednesday, November 4th, at 5.30 p.m., when Dr. H. J. Cardale and Dr. J. Fletcher Porter will initiate a discussion on The Certification of Invalidity under the National Insurance Act. Tea and coffee at 5 p.m. The association will welcome the presence and participation of any medical man interested in the subject.

THE London County Council on October 20th approved the action of the Education Committee during recess, in opening, upon the outbreak of war, in various parts of London, 146 classes in first aid, 111 classes in home nursing, and 32 in cookery for the sick. These facilities were provided in response to many applications from persons wishing to qualify themselves to join detachments of the British Red Cross Society or otherwise to be able to render service in connexion with the war. The classes are estimated to cost £4,000.