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READERS in search of a particular subject will find it useful to bear in mind that the references are in several cases distributed under two or more separate but nearly synonymous headings—such, for instance, as Brain and Cerebral; Heart and Cardiac; Liver and Hepatic; Renal and Kidney; Cancer and Epithelioma, Malignant Disease, New Growth, Sarcoma, etc.; Child and Infant; Bronchocele, Goitre, and Thyroid; Diabetes, Glycosuria and Sugar; Light, Roentgen, Radium, X Rays; Status Lymphaticus and Thymus; Eye, Ophthalmia and Vision; Bicycle and Cycle; Motor and Automobile; Association, Institution, and Society; Paris, France; Berlin, Prussia, Germany; Vienna, Austria, etc. Subjects dealt with under the various main headings in the JOURNAL have been set out in alphabetical order under their respective headings—for example, "Correspondence," "Leading Articles," "Literary Notes," "Memoranda," "Reviews," etc.; while under "Original Articles," will be found a list of those who have contributed papers on scientific and clinical subjects, with the titles of their contributions.

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Memoranda:**MEDICAL, SURGICAL, OBSTETRICAL.****PNEUMONIA FOLLOWING ANTITYPHOID INOCULATION.**

In Sir William Osler's address on "The War and Typhoid Fever," accounts are given of two cases in which lobar pneumonia occurred within twenty-four hours of anti-typhoid inoculation. In the following case the interval was greater.

Private P., aged 25, received the usual first dose at Codford on October 27th. He became feverish on the following day, and was admitted to the 2nd Southern General Hospital, Bristol, on October 30th under my care. He then had a temperature of 103°, a cardiac rate of 108, and a respiration rate of 26. Physical signs were negative. He remained in this condition until the evening of November 1st, when the respiration rate rose to 36, and on the following morning fine crepitations were heard at the base of the left lung. Consolidation was well marked on November 3rd, and the patient began to cough up rusty sputum, which was found by Captain Fortescue-Brickdale to contain pneumococci, streptococci, and Gram-negative rods. The temperature fell by crisis on November 8th after a severe illness.

Lobar pneumonia thus began on the fifth day after inoculation, and in the interval the patient was continuously feverish though without any abnormal symptoms or physical signs.

F. H. EDGEWORTH,
Captain R.A.M.C.(T.).

Bristol.

INJURY TO HEART WITHOUT FRACTURE OF RIB.

MR. C., whilst getting into his governess cart, struck his chest against the step iron, owing to the pony moving as he was getting in at the back. He complained of pain in the chest after the accident, and also mentioned it at a board meeting which he attended shortly afterwards; he seems to have forgotten all about it until three days later, when he had a fainting attack, and complained of a very acute pain over the region of the apex of the heart.

When I saw him, late at night, he was suffering intense pain over the apex of the heart; he was very collapsed, the pulse was very irregular and almost imperceptible. Early next morning he was still in great pain. There was a distinct but very localized rub at the apex, and the pain was almost entirely confined to this area; there was also very slight discolouration of the skin at this spot. In a day or two the rub ceased, due to slight effusion of fluid. He had several other severe fainting attacks, and later developed some hydrothorax. He died about two weeks after the accident.

Post-mortem Examination.

There was a fair amount of fluid in the pleural cavities. The pericardium contained some blood-stained fluid. Situated at the apex of the heart was a ragged depression about the size of the tip of the finger; there was a good deal of lymph, especially near the bruised portion, and spreading up over the surface of the right ventricle; the wall of the heart at the bottom of the bruised indented portion was very thin. I examined carefully for any injury to the ribs, and there was no sign of any fracture or partial fracture.

Evidently at the same moment as the apex of the heart came against the inner chest wall the injury must have occurred, the ribs being rather more elastic than usual for a man over 50.

MAURICE C. BARBER, M.B., M.R.C.S.

Staple Hill.

ACCORDING to the *Cronica Medico-Quirurgica de la Habana* it is reported that the Mexican National School of Medicine has closed its doors.

THE American Medical Association will hold its next annual meeting at San Francisco in the second week of June, 1915.

Reports

ON

MEDICAL AND SURGICAL PRACTICE IN HOSPITALS AND ASYLUMS.**GLASGOW ROYAL INFIRMARY.****ACUTE INTESTINAL OBSTRUCTION DUE TO LARGE GALL STONE: REMOVAL OF STONE BY ENTEROTOMY: RECOVERY.**

(By JOHN A. C. MACEWEN, M.B., C.M., B.Sc., F.R.F.P.S., Surgeon to the Elder Hospital; Assistant Surgeon, Glasgow Royal Infirmary; Senior Assistant, Regius Professor Surgery, Glasgow University.)

The patient, a woman of 53, was admitted on August 26th in an almost collapsed condition, with symptoms of acute obstruction. Her condition was such that a history of previous illness was unobtainable, but her friends stated that she had been vomiting very frequently during the previous forty-eight hours, that there was paroxysmal abdominal pain, and that constipation had been absolute in spite of the administration of purgatives. The temperature was 101° F. and the pulse 120.

Vomiting continued, the matter being slightly faecal in character. As the abdominal wall was very fat and the abdomen distended and rigid, no definite information could be obtained by palpation.

In the absence of guiding symptoms an exploratory incision was made in the left iliac region, the presence of carcinoma of the colon in that region being considered probable. A large quantity of glairy fluid, resembling that sometimes found in ovarian cysts, poured out on the peritoneum being opened. As the large intestine was collapsed, the fingers were introduced, and in the region of the umbilicus a hard mass in the bowel was detected. The portion of the bowel was carefully brought down, and with a little difficulty, owing to its size, was brought out through the wound. It was now found that the bowel (ileum) was occupied by a mass about the size of a walnut, which distended the lumen, but was not impacted, it being quite easy to thread the mass from one portion to another. A small longitudinal incision was made, the mass slipped readily out, the bowel was rapidly stitched, the wound packed, and the patient returned to bed.

Notwithstanding the injection of saline solution, and other stimulation, the patient's condition remained critical for some days, but improvement ultimately set in. A noticeable feature was the amount of glairy discharge which came away from the wound, both at the time of operation and for about three weeks thereafter, when it gradually diminished and ultimately ceased.

The stone was of a dark brown colour, friable, laminated, weighed 258 grains, and measured 1½ in. in long diameter, 1¼ in. in short diameter, and 3½ in. in circumference.

The patient's history, obtained after recovery from the operation, was that for some months previous to admission she had vomited about half a pint of yellow bilious matter about once a month, the attacks being accompanied by abdominal pain which sometimes went in sharp spasms through to her back. Two days prior to admission she suffered from an attack of pain in the stomach after a light meal. She took an emetic and vomited, and continued to vomit up to the time of admission.

Remarks.

One would imagine in cases such as this that the passage of a large stone from the gall bladder to the intestine, which presumably occurs by a process of extensive ulceration both of the gall bladder and intestine, would be accompanied by a period of severe illness of considerable duration. Here, however, beyond occasional bilious attacks, the patient felt quite well until a couple of days prior to admission. The period of two days would appear to be too short to cover the process of ulceration of the walls and passage of the stone, and rather to coincide with the obstruction caused by the slow progress of the stone through the intestine.

undaunted and undismayed by the sad fortune of his later years. By his death many will feel that they have lost a true friend.

DR. CLINTON WAGNER, of New York, one of the pioneers of laryngology in the United States, died in Switzerland on November 25th. He was born at Baltimore in 1837, and graduated in medicine at the university of that city in 1858. He entered the medical service of the army and served through the civil war with much distinction. Afterwards he visited Paris, London, Berlin, and Vienna, and on his return to America founded the Metropolitan Throat Hospital and Dispensary of New York, which soon became a centre for doctors wishing to study the speciality. Dr. Wagner was the first professor of laryngology in the New York Post-Graduate Medical School and Hospital. In 1873 he founded the New York Laryngological Society, now the Section of Laryngology of the New York Academy of Medicine. Dr. Wagner contributed largely to the literature of his special department of practice, and was a very inventive and enterprising surgeon. After a successful career he retired from practice several years ago, and thenceforward passed his life mostly abroad.

LIEUTENANT-COLONEL EDWARD LEWIS MAUNSELL, R.A.M.C. (retired), died at Southsea on December 7th. He was born on December 3rd, 1853, the youngest son of the late Major Francis Maunsell of the 4th King's Own and 54th Regiments. After taking the diplomas of L.R.C.S. and L.R.C.P. at Edinburgh in 1878, he entered the army as surgeon on July 31st, 1880, becoming surgeon-major on July 31st, 1882, and lieutenant-colonel on July 31st, 1900, and retired on November 3rd, 1906. For some years he held the post of Health Officer of Gibraltar.

DR. LEON LEREBOUTET, President of the French Medical Association, died recently at the age of 71. He was born at Strassburg where his father was incumbent of the Chair of Zoology and Comparative Anatomy in the Faculty of Science. Leon Lereboulet was appointed professeur agrégé at the army medical school of Val-de-Grâce in 1872. In 1877 he became professor of clinical medicine at Lille, and in 1890 he was elected a member of the Academy of Medicine. He collaborated with Dechambre on the *Gazette Hebdomadaire de Chirurgie* and was editor of the *Dictionnaire Encyclopédique des Sciences Médicales*. He was also the author of several works on medicine, and of a series of articles on the health service which produced a considerable sensation and attracted the attention of Jules Ferry and other leading statesmen. His son Pierre is professeur agrégé and physician to the Paris hospitals.

Universities and Colleges.

UNIVERSITY OF OXFORD.

THE following candidates have been approved at the under-mentioned examinations:

FIRST B.M., B.Ch. (*Organic Chemistry*).—E. A. Crook, W. Gover, R. B. Hervey-Wyatt, C. F. Krieger, R. T. F. D. Roberts. (*Human Anatomy and Human Physiology*).—J. H. Beattie, E. ff. Creed, R. B. Hervey-Wyatt, G. H. Rossdale, J. J. Savage, N. F. Smith, S. C. Varley, J. P. S. Walker.

SECOND B.M., B.Ch. (*Materia Medica and Pharmacology*).—E. W. Bowell, W. H. Butcher, G. I. Evans, G. T. Gimlette, J. M. Guilfoyle, G. A. Maling, A. L. Watts. (*Pathology*).—E. W. Bowell, W. Brown, J. B. Cavenagh, R. W. J. A. Cushing, A. G. East, V. T. Ellwood, L. Gameson, F. C. Gladstone, J. M. Guilfoyle, B. E. Wall. (*Forensic Medicine and Public Health*).—E. W. Bowell, L. R. Broster, W. Brown, R. W. J. A. Cushing, R. C. Fairbairn, B. E. Wall, H. A. B. Whitelocke. (*Medicine, Surgery, and Midwifery*).—L. R. Broster, W. Brown, F. W. Browne, C. H. Carleton, V. T. Ellwood, F. C. Gladstone, C. H. J. Harper, G. A. Maling, H. G. Morris, G. S. Robinson, B. E. Wall.

UNIVERSITY OF CAMBRIDGE.

THE following degrees have been conferred:

M.B.—Hamilton Hartridge, C. R. A. Thacker.

The following candidates have been approved:

THIRD M.B. (*Part I. Surgery and Midwifery*).—W. K. Bigger, P. R. Boswell, T. J. H. Hoskin, L. M. Ingle, J. H. Jordan, G. O. Maw, H. G. Oliver, D. V. Pickering, R. T. Raine, W. H. C. Romanis, C. M. Ryley, G. D. Sherwood.

VICTORIA UNIVERSITY OF MANCHESTER.
THE following candidates have been approved at the examinations indicated:

FINAL (M.B., Ch.B.)—W. S. Booth, Clara A. Locman, J. G. McKinlay, K. Maximus, H. A. Sandiford, H. Wilson, S. A. Winstanley, H. A. Sandiford.

* Awarded first-class honours and distinctions in obstetrics, surgery, and medicine.

† Awarded distinction in surgery.

Medicine only.—S. G. J. Dowling. *Forensic Medicine and Toxicology*.—R. Chevassut, J. S. Chorlton, S. G. J. Dowling, J. Fielding, G. B. Horrocks, J. D. Kenyon, H. H. Stones.

‡ Passed with distinction.

THIRD M.B., Ch. (*General Pathology and Morbid Anatomy*).—J. H. Albinson, H. Chadwick, W. Christopher, R. Colley, E. W. Fish, Eva L. Glasier, Alice M. A. Holt, R. L. Newell, F. C. Ormerod, Nesta H. Perry, Dorothy Potts, C. R. Sandiford, W. Stansfeld, G. B. Wild. (*Pharmacology and Therapeutics*).—J. D. Byrd, E. W. Fish, E. R. Gilmore, J. B. Leigh, B. L. Lloyd, B. Walley, G. B. Wild. (*Hygiene*).—J. H. Albinson, E. W. Fish, E. R. Gilmore, J. B. Leigh, B. L. Lloyd, B. Walley, G. B. Wild.

SECOND M.B., AND CH.B.—§F. H. Anderson, G. E. Archer, Mercy D. Barber, W. T. G. Boul, Hilda K. Braide, C. F. J. Carruthers, Kathleen L. Cass, Ruth E. Conway, J. C. T. Fiddes, J. Holker, N. Kletz, E. N. P. Martland, A. B. Platt, Elizabeth C. Powell, J. Shiosberg, D. M. Sutherland, H. Taylor, H. Tomlinson. (*Physiology*).—A. M. Cotes, R. S. Paterson.

§ Awarded distinction in anatomy.

UNIVERSITY OF DURHAM.

THE following degrees have been conferred:

M.B.—A. C. Freeth, Grace W. Pailthorpe, E. C. G. Parker. H. Playfair-Robertson, Sarah L. Rook.

B.S.—J. B. Alderson, Grace W. Pailthorpe, Sarah L. Rook.

UNIVERSITY OF EDINBURGH.

GRADUATION CEREMONY.

DEGREES were conferred by Sir William Turner, Vice-Chancellor of the University, in the M'Ewan Hall, on December 18th. All the degrees with four exceptions were in the Medical Faculty. The following is a list of those on whom degrees and other awards were conferred:

M.D.—† R. M. Allan, *J. R. Boyd, †G. R. Bruce, *W. M. Cairns, N. L. Lochnane, W. S. Malcolm, A. M. Masters, G. Pollock, †T. C. Ritchie, †G. H. Skinner, J. S. du Toit, R. W. L. Wallace, †G. Williams.

M.B., M.S.—G. D. Hamilton.

M.B., Ch.B.—J. H. Baird, B. Barseghian, E. G. von B. Bergh, D. G. Boddie, W. K. Chalmers, U. J. Cherry, W. A. Coats, R. P. Cormack, Georgina E. Davidson, A. M. Duarte, A. J. Ferguson, Agnes R. H. Greig, H. Jackson, C. W. Lewis, H. S. Lewis, G. A. G. Macdonald, J. Macqueen, E. S. Mellor, J. J. Molynieux, A. C. Murray, W. H. Pallett, P. V. Ramananurthy, †J. Ritchie, R. C. Rogers, †G. M. Scott, †C. G. Skinner, L. J. Spence, T. J. W. Sveinbjörnsson, P. G. Tuohy, H. M. Vickers, E. Wardman-Wilbourne, E. L. White, A. Wotherspoon.

D.T.M. AND H.Y.—Chik Hing Wan.

* Highly commended for thesis. † Commended for thesis.

‡ Second-class honours.

Sir William Turner, in addressing the graduates, said that the relation of the medical profession to the nation was different from what it was when he took his degree. Then the profession looked for its work and its rewards to private practice; now there was a highly organized public health service which was of the utmost value to the nation. The observation of so many uniforms in the audience, he continued, showed that a stage had been reached in which military life required a large number of medical practitioners. There was especial need that young graduates who had not yet settled upon any definite practice should consider how far they could meet the requirements of the nation in this respect. It was obvious that such a combination of things as now prevailed in the universities and in the schools of medicine all over the country should be properly acknowledged, and accordingly the University of Edinburgh was now preparing and about to issue a roll of those members of the university who had already joined the forces. He was happy to say that their roll now contained 1,500 names, including members of the staff, members of the teaching staff, graduates, and students, and embracing men in all the faculties. The graduates and students belonging to the Faculty of Medicine numbered 660. But the profession of medicine had also an important civilian side, because the civilian side of the nation was far larger than the combatant. The need of proper provision of medical men in the army and navy had to some extent affected, or was likely to affect, the wants of the civilian population, more especially when the new armies went into the active line. In the towns there were doctors willing to take up the practice of a fellow practitioner who joined the services; but in some country districts—and this, he believed, applied more particularly to Scotland, where they had wide stretches of land, with relatively few people living on the land—the risk was run of there being no proper medical advice for the people living in those localities. This was an aspect that the young men of the profession should keep in mind. They had all the activity and enthusiasm of youth, and naturally wanted to put themselves in line with the other active members of the community and join the forces. But there were others again who might feel that their mission in life was rather that they should take a part in the civilian work in the profession, and he ventured to say that they were equally doing their duty, although they did not go to the front.

ROYAL COLLEGE OF SURGEONS OF EDINBURGH.

Fellowship.

THE following gentlemen have been admitted Fellows: G. J. Adams, H. G. Barrie, F. J. Browne, H. E. Clutterbuck, P. Das, J. Flynn, A. J. Friedlander, H. E. Griffiths, J. Kirk, L. H. McBride, P. P. J. Stewart, W. G. Thompson, T. J. Williams.

Sir John Struthers Lectureship.

Dr. Johnson Symington, Professor of Anatomy in the Queen's University, Belfast, delivered the second of the Struthers Lectures in the Hall of the College on December 16th, the subject being observations on the relations of the inner surface of the cranial wall to the outer surface of the brain. The lecture was illustrated by specimens, casts, and photographs.

The Services.

ROYAL NAVAL DIVISION.

A MEMORIAL from the Lords Commissioners of the Admiralty fixing the rates of pay and allowances for officers and men of the Royal Naval Division has been approved by the King. It states *inter alia* that in the medical branch army officers are to receive army rates of pay. All officers, including army officers, are subject to a deduction of 2s. a day in pay when messed at the public expense. Field allowances of army officers are to be governed by army regulations, but the minimum rate is to be 5s. a day subject to the understanding that they do not draw any messing allowance under paragraph 535 of the Army Allowance Regulations.

Medical News.

WE have received from the General Medical Council a list of corrigenda for the new *British Pharmacopoeia*. These are chiefly numerical, the strength of alcohol used in making one or two tinctures being altered, and one or two errors in decimal points being put right. Three corrections affect the notes which we have published. Liquorice root is now required to yield a certain minimum of extract, which, as we noted, was about 10 per cent. according to the original text, but is now altered to about 20 per cent. We mentioned the increase in alcoholic strength of orange wine to 15 to 17 per cent., but this is now altered to 12 to 14 per cent. We pointed out that there was no note in the text on the alteration in strength of hypodermic injection of cocaine, and this omission is now rectified.

IN a paper read recently before the Royal Meteorological Society by Mr. W. F. Stacey, of University College, Reading, the following conclusions were drawn from the study of mean monthly and annual maps of relative humidity based on the 9 a.m. observations made at over ninety stations during the ten years 1901 to 1910: In winter the air over the interior of the country is more moist than that over the coastal regions; the minimum relative humidity occurs earlier in the year in the western parts of the country than in the eastern; in summer the air over the interior of the country is drier than that over the coastal regions; and the smallest range of humidity is found in the west and the greatest in the interior towards the east. The distribution of temperature appeared to be the chief determining factor in the distribution of relative humidity; sea influence, the direction and character of prevailing winds, and the configuration of the country had important effects on temperature, and therefore on relative humidity.

ACCORDING to the *Bulletin administratif du ministère de l'instruction publique*, the total number of students in the medical faculties of France on January 15th, 1914, was 8,533, of whom 7,664 were men and 869 women. Of the men, 899, and of the women 469, were foreigners. The number shows a slight increase as compared with the figures for 1913. The students were distributed among the several universities as follows: Paris 4,397, Lyons 1,181, Bordeaux 887, Montpellier 702, Toulouse 462, Nancy 325, Lille 377, Algiers 202. Among the medical schools Marseilles headed the list with 320 students, Nantes coming second with 305, and Rennes third with 131. In the other schools the numbers varied from 106 at Rouen to 30 at Poitiers. Of the foreign students, the large majority were Russians; there were 575 in Paris, and 136 at Montpellier. Next came the Ottomans, of whom there were 67 in Paris and 15 at Montpellier. Other nationalities represented were Bulgaria, Roumania, Serbia, Greece, and the South American republics. There were 12 British students in Paris.

Letters, Notes, and Answers.

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

TELEPHONE (National):—

2631, Gerrard, EDITOR, BRITISH MEDICAL JOURNAL.
2630, Gerrard, BRITISH MEDICAL ASSOCIATION.
2634, Gerrard, MEDICAL SECRETARY.

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

LETTERS, NOTES, ETC.

"REMEMBER THE DOCTOR."

A MEDICAL correspondent sends us the following extract from the *Financial News* of December 18th: "In paying Christmas accounts this year the public should avoid its habit of leaving the doctor's bill till last. The doctor needs his money as much as anybody else, and, inasmuch as doctors as a class are doing duty of untold value to the nation at the present time, they deserve the extra consideration of their patients. It is too often assumed that because the doctor keeps his motor car he can afford to wait indefinitely for his money. That is not a fact. The doctor should be among the first to get his cheque."

SPLINT FOR COMPOUND FRACTURE OF THE LOWER EXTREMITIES.

DR. MARTIN J. CHEVERS (Withington, Manchester) writes: In the BRITISH MEDICAL JOURNAL of November 21st, p. 892, the report of the discussion on "Surgical experiences of the present war" states that Sir Frederic Eve said "he strongly recommended the use of Hodgen's splint in gunshot fractures of the femur, as it permitted dressing of the wounds without disturbance of the limb." I would like to draw your readers' notice to the cradle splint which I got Messrs. James Woolley, Sons, and Co., of Manchester, to make for me, and which I have had in constant use for many years, and which, in my humble opinion, fulfils to as great an extent and with many more advantages and greater stability Sir Frederic Eve's claims for Hodgen's splint. Full particulars, with sketch of the splint, can be seen in the BRITISH MEDICAL JOURNAL, September 29th, 1906, p. 779.

THE VALUE OF THE OCCIPUT IN ASCERTAINING THE PRESENTATION.

DR. J. PHILLIPS (St. Clears, South Wales) writes: I wish to call attention to a matter of some diagnostic importance to accoucheurs, namely, the value of the occiput in making out the position of the head in vertex presentations. In Galabin's textbook on midwifery no special mention of this point is made, and I have also reason to believe that it is not particularly taught in some at least of the London hospitals. After many years in practice I have failed to discover any other portion of the undelivered fetal head which offers so sure and comparatively easy a way of locating the head position. The features to be sought for are: (1) The smooth triangular plate of the occiput lying between its superior curved lines and its superior curved borders; (2) this is depressed below the parietal bones in the process of moulding which takes place in parturition; (3) to follow the lambdoid sutures to the post fontanelle, with its three radiating lines. In lingering cases in primiparae, for instance, one of the commonest difficulties in the way of applying forceps is uncertainty as to the position of the occiput and the possibility of converting what is a first or second position into a third or fourth. It seems to me that in the great majority of cases, at any rate, it is only just these difficult attempts to deliver an occiput posterior that can evoke the suggestion (I have recently read it) of making it a routine practice to introduce *anti-partum* perineal sutures in anticipation of damage to the perineum. With the head below the brim the above signs are so distinctive that I consider it unjustifiable to deliver the head with forceps until the position is definitely ascertained.

ERRATUM.

In the JOURNAL for December 19th, p. 1072, col. 2, line 22 from foot, for "inoculated troops" read "uninoculated troops."

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