

officer of health, on his part, should not believe a repeated conversation attributing improper conduct to him. More harm is done by these tales than is generally imagined.

It is now my privilege and pleasure to invite my successor to take my place. My year of office has been in a period in the history of our nation unexampled. The thoughts of all of us have been absorbed in the terrible conflict in which we are engaged, and we have all done our best to shorten it and to lessen its horrors. Dr. Wilkinson is known to us all as a practitioner of high repute, and we feel that in electing him to the presidential chair we are conferring an honour that has been well earned. Among the members of the public health service he occupies an honoured position, and it is a special pleasure to me to introduce as my successor another medical officer of health. I can wish nothing better.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

VACCINE TREATMENT OF GONORRHOEA.

ANY method of treatment which will shorten the period of detention in hospital of men suffering from gonorrhoea is worthy of full trial, and, if found beneficial, of being recorded.

Of 33 cases admitted into hospital with acute gonorrhoea, all were treated with gonococcus vaccine, and were discharged cured after an average detention of 13½ days each. No case was marked cured until there had been an interval of sometimes four and in other cases of five consecutive days since the appearance of the last sign of discharge, including gleet. This gives an average of about nine days during which alone there were manifestations of active gonorrhoea.

The method of treatment I adopted was the following: On the morning after admission a dose of *mistura alba* was given, the patient placed on a milk diet, and rest in bed enjoined. An injection into the buttock of 1 c.cm. of gonococcus vaccine (Burroughs, Wellcome, and Co.), 200 million strength, was given, and the man directed to wash out the urethra three or four times daily with a weak solution of potassium permanganate. There was generally a slight rise of temperature in the evening (never higher than 99.9°) with slight headache. On the following morning the discharge was usually said to be heavier, lessening, however, during the day and being less again the next morning. Forty-eight hours after the first injection of vaccine a second dose was given, this time of 1,000 million strength, the same routine followed, and unless the discharge showed symptoms of marked diminution and of approximation to gleet, in two or three days afterwards a third injection of 1,000 million was given, a fourth being rarely necessary. When the discharge had become clear the patient was allowed to be up in the ward; all exercise, however, was forbidden.

Noteworthy points about the washing out of the urethra are that it was effected by gravity and through a No. 8 catheter, which was passed well down the urethra so that the whole of the canal should be cleansed, this being done under the supervision of an orderly, to ensure thoroughness. In some of the cases a valuable adjunct, suggested by Colonel Butt, was used. The patient was placed and kept for some time in a hot bath, and whilst there in a recumbent position the urethra was thoroughly washed out. These cases were not selected, but in each the discharge was purulent and had been present from one week up to several months—ten months in one case which had been treated by electric and other methods to no purpose. In the latter case, too, gonococcus vaccine had been tried and had failed, but the maximum dose was only 40 million. Gonococcus vaccine is not a very stable preparation and failure in some cases may be due to this cause; there is no doubt also that the strains vary in potency, but I cannot help thinking that failures are mostly due to insufficient doses being employed, a too extended interval between each injection, and the lack, in addition, of thoroughly cleansing the urethra several times daily. Except *mistura alba*, no medicine was given.

W. G. BRETT, Lieutenant R.A.M.C.

TYPHOID FEVER WITH SUPPURATING OVARIAN CYST.

THE patient, a woman aged 22 years, unmarried, was admitted into hospital on May 12th, 1915, with a preliminary diagnosis of typhoid fever.

She had not had any illness up to four months previously, when she had a cough and was "feverish"; since then she had had amenorrhoea. In January, 1915, she was inoculated once against typhoid fever. Shortly afterwards she was wounded in the left shoulder by shrapnel, but the wound healed quickly.

The illness for which she was admitted had begun four weeks previously with diarrhoea and abdominal pain. She was feverish and was bleeding from the nose, but had no headache. When she was admitted she was well nourished, but looked flushed and feverish; the temperature was 100.8° F. and the pulse 120. Her tongue was coated with a thick white fur, but was moist. The abdomen looked full, and was very tender and rigid, especially so in the right iliac fossa. On palpation a large, firm, smooth swelling was felt extending from above the symphysis pubis to the umbilicus; it was almost central, but was inclined slightly to the right. The swelling was dull upon percussion, and there was no fluctuation. A catheter was passed; only two ounces of highly-coloured urine were withdrawn, and the swelling persisted.

Upon vaginal examination the cervix was found to be pushed far over to the left side, and the uterus was behind the tumour and to the left of it. The tumour appeared to be distinctly to the right of the middle line, and was very tense. There were no breast changes, and the other organs appeared to be normal. A blood culture proved to be negative.

The patient's condition remained much the same, with fever and a rapid pulse, until May 16th, when she seemed to get worse; the temperature rose to 102.2° F., and she started vomiting. It was decided to operate, and on May 17th laparotomy was performed by Colonel S. Guise-Moore under ether given by the open method. A large unilocular ovarian cyst was found; this originated from the left ovary, and its pedicle formed a continuation of the left broad ligament. There were some adhesions to the pelvic wall. The cyst was removed, leaving the ovary behind.

The cyst contained about two pints of a grumous semi-purulent fluid, from which the *Bacillus typhosus* of Eberth was obtained in pure culture.

At 7 p.m. the patient was very feeble; the pulse was 140, and the temperature 100.8° F. A pint of saline solution was given by the rectum, and a hypodermic injection of digitalin $\frac{1}{100}$ grain and strychnine $\frac{1}{10}$ grain was given every four hours. She had a fair night, without much pain, and on May 18th was better, the temperature being 98.6° and the pulse 120. There was no vomiting. A slight haemorrhagic vaginal discharge was noticed, and persisted for two days.

She made a rapid and uneventful recovery.

H. G. C. MOLD, Lieutenant R.A.M.C.(S.R.).

Reports

ON MEDICAL AND SURGICAL PRACTICE IN HOSPITALS AND ASYLUMS.

NORTH STAFFORDSHIRE INFIRMARY.

ARTERIO-VEINOS ANEURYSM OF POPLITEAL VESSELS.

(By ERNEST CONNELL, L.R.C.P. and S.I.)

PRIVATE A. J., Belgian soldier, received a bullet wound on October 28th, 1914. The point of entry was two inches above the internal condyle of the left femur, and the exit over the middle of the popliteal space. He was admitted suffering from acute pneumonia and arterio-venous aneurysm of the popliteal vessels.

One month later he was transferred to the surgical side under Mr. Hartley's charge. He complained of pain and swelling in the left knee and leg, and of "music in his leg." A pulsating swelling was felt in the popliteal space, and the limb below was bluish. A marked thrill was felt, and a loud musical bruit could be heard over the

Without exception these monkeys all died from failure of the respiration. As the result of these experiments did not meet with universal acceptance, Lawrie persuaded the Nizam to have a second Commission to investigate the action of chloroform, and to this, in addition to several men from Hyderabad, he invited the late Surgeon-General Sir Gerald Bomford and myself. The amount of experimental work that we did in three months was so great that it would really have taken a man his whole time for three years to work out all that was shown by the tracings. Even yet the causation of deaths during chloroform anaesthesia has not, I think, been completely ascertained, and I am still disposed to think that shock plays a much greater part than is usually believed, and that most of the deaths occurring during the administration of chloroform occur *in it* but not *from it*. Lawrie's uprightness of character, and freedom from anything mean or petty, gained him the respect not only of the Nizam of Hyderabad, but of all who knew him, and I do not think there is one who can help saying on hearing of his death, "There is another good man gone."

Dr. J. COTTER, Sidney Place, Cork, died unexpectedly at his country residence, Bushmount, Clonakilty, co. Cork, in his 60th year. He received his medical education at Queen's College, Cork, and took the degrees of M.D. and M.Ch. in 1880. Later in his professional career he was appointed lecturer in pathology in Queen's College, Cork, where he was very popular with the students who attended his lectures and practical demonstrations. In 1894 he became a Fellow, by examination, of the Royal College of Surgeons in Ireland. At the time of the foundation of the National University in Ireland, the Queen's College, Cork, became one of the constituent colleges of this university under the name of the University College, Cork; of its governing body Dr. Cotter was made a member. Dr. Cotter was a member of the British and Irish Medical Associations, and President of the latter in 1911. He took an active part in the Insurance Act agitation, and was chairman of the Cork Borough Medical Committee for some years. The attendance at the funeral ceremony was very large, and representative of all classes, particularly of his own profession, amongst whom he was deservedly very popular.

Par nobile fratrum. Mr. THOMAS BASIL ETHERINGTON-SMITH, Sub-Director-General of Accounts on the Egyptian Ministry of Finance, died at Gezireh, Cairo, on August 20th, of diphtheria. On April 19th, 1913, his brother, Raymond Broadley Etherington-Smith, F.R.C.S. and M.B. Cantab., assistant surgeon to St. Bartholomew's Hospital and warden of its College, died from the results of a poisoned wound. Both brothers were but thirty-six years old at the time of their death. Both were famous oarsmen, as well as men of high intellectual capacity, and they were alike indefatigable in the discharge of their duties. Raymond studied at Trinity College, Cambridge, and "T. B." at Oriel, Oxford. In 1900 "T. B." rowed in the Oxford boat when his brother happened to be one of the rival crew, which gained the victory, and in the succeeding year "T. B." was in the Oxford boat, which on this occasion triumphed by a spirited effort towards the end of the race.

LIEUTENANT-COLONEL JOHN LEES HALL, R.A.M.C. (ret.), died suddenly in London on August 15th. He was born on April 16th, 1855, educated at St. Thomas's, and took the L.S.A. in 1877, the L.R.C.P. Edin. in 1878, and the M.R.C.S. in 1879. After filling the post of house-surgeon of the Hants County Hospital, he entered the army as surgeon on March 6th, 1880, becoming surgeon-major on March 6th, 1892, lieutenant-colonel on March 6th, 1900, and retiring on August 3rd, 1907, and rejoined the army when war broke out from August 12th, 1914. He served in the South African war in 1901-2 as principal medical officer of a general hospital in the Transvaal, and received the Queen's medal with three clasps. He was a Knight of Grace and Honorary Associate of the Order of St. John of Jerusalem.

BRIGADE SURGEON-LIEUTENANT-COLONEL JOSEPH FLEMING, R.A.M.C. (ret.), died at Castlequarter, Inch, on

August 10th. He was educated at Glasgow University, where he took the degree of M.D. in 1863. He held also the diplomas of the L.R.C.S. Edin. (1863) and the F.R.C.S. Edin. (1867). Entering the army as assistant surgeon on March 31st, 1864, he became surgeon on March 1st, 1873, surgeon-major on March 31st, 1876, and retired as brigade surgeon-lieutenant colonel on March 31st, 1890. He served in the Ashanti war of 1873-4, medal; in the second Afghan war of 1878-80 with the Kuram field force and with the Northern Afghanistan field force, medal; and in the Soudan in 1885, at Suakin, and in the action of Tofrek, when he was mentioned in dispatches in the *London Gazette* of August 25th, 1885, and received the Egyptian medal with two clasps and the Khedive's bronze star.

Universities and Colleges.

SOCIETY OF APOTHECARIES OF LONDON.

THE following candidates have been approved in the subjects indicated:

SURGERY.—*J. L. Hamilton, *G. W. Hassall, *E. L. Ivens, *W. F. Matthews, *A. L. Robinson, *C. P. C. Sargent, *F. Simpson, *R. R. H. O. Tha, *A. Traill.

MEDICINE.—*L. M. Arnold, *G. T. Baker, *R. N. Craig, *L. S. Goss, *H. L. Hughes, *H. S. Jeffries, *F. Simpson, *R. R. H. O. Tha, *A. Traill.

FORENSIC MEDICINE.—H. L. Hughes, F. Simpson, R. R. H. O. Tha, A. Traill.

MIDWIFERY.—H. M. Gray, E. L. Ivens, S. G. K. Kastelianski, A. L. Robinson, R. R. H. O. Tha, R. H. Yolland.

* Section I.

† Section II.

The diploma of the Society has been granted to Messrs. G. W. Hassall, H. L. Hughes, H. S. Jeffries, W. F. Matthews, A. L. Robinson, F. Simpson, R. R. H. O. Tha, and A. Traill.

Medical News.

THE late Professor Frederick Howard Marsh, F.R.C.S., Master of Downing College and Professor of Surgery at the University of Cambridge since 1903, who died on June 24th, aged 76, left unsettled property valued at £6,903 gross, with net personalty £6,581.

THE Institution of Mining Engineers will, it is announced, present the institution medal for 1914-15 at its twenty-sixth annual general meeting, to be held at Leeds in September, to Dr. John Scott Haldane, F.R.S., of Oxford, in recognition of his investigations on mine air.

THE Czar has conferred on Surgeon W. J. Gerrard, R.N.V.R., the decoration of the Order of St. Anne, Third Class, in recognition of war services. Surgeon Gerrard, who is assistant school medical officer in Aberdeen, graduated M.B. at the University of that city in 1909, and has been serving on board H.M.S. *Impérieuse*.

ON August 18th the freedom of Peterborough was conferred on Dr. Thomas James Walker, J.P., "in recognition of his long and distinguished service to his native city." The ceremony took place in the presence of a large and representative gathering. Dr. Walker was born in Peterborough, and has been in practice there for fifty-five years. His fame is not confined to his native city. He is one of the pioneers of laryngology in this country, and as far back as 1863 contributed to the *BRITISH MEDICAL JOURNAL* a series of papers on the laryngoscope and its clinical application. Dr. Walker was one of the first who removed a growth from the larynx *per vias naturales*. He was educated at the University of Edinburgh, and graduated M.D. at the University of London in 1861. He was for some time medical tutor and demonstrator of anatomy at Queen's College and assistant physician and pathologist at the Queen's Hospital, Birmingham. He then joined his father in practice at Peterborough, and was for many years on the staff of the Peterborough Infirmary, of which he is now consulting surgeon. He enlisted in the Volunteer Corps in 1860, and retired twenty years ago with the rank of Lieutenant-Colonel of the battalion. For his services as a volunteer he was awarded the decoration of V.D. Several of his sons are now serving with the forces. Dr. Walker is the author of a valuable book on the *dépôt* for French prisoners of war at Norman Cross, Huntingdoushire, which was reviewed in the *JOURNAL* of April 11th, 1914, p. 822. Dr. Walker is the second honorary freeman of Peterborough, the first on whom the distinction was conferred being Mr. Andrew Carnegie, who received it in 1905.