

All this furniture is constructed of wood and is enamelled white.

Some surgeons maintain that all hospital furniture must be constructed of iron. I understand that the argument in favour of this is that iron is non-absorbent. Do the advocates of metal realize that it is covered with a coat of enamel, and that it consequently becomes a question of this material? The enamel burnt on to metal is, perhaps, harder than the enamel on wood, but it possesses the great disadvantage of chipping. These chipped places provide spaces which form as commodious dwelling-places for germs as the caves in the rocks did for our ancestors. I have never seen a piece of enamelled metal furniture which has not chipped in a few weeks, and most of it is bespeckled before a year has passed. Enamel on wooden furniture never chips. There may be some separation of joints or a crack in the wood, but these can easily be filled with hard stopping. The furniture can be rubbed down and re-enamelled at intervals, after which treatment it comes out like new.

Wooden furniture is far lighter for moving about; it is strong enough for its purpose, and the cost is less than half that of the metal. I prefer wood. Those who retain an affection for metal could, no doubt, obtain furniture made after my designs.

The cabinet-maker who has assisted me is unable to manufacture any large quantity. Messrs. Salt, of Birmingham, assure me that they are in a position to do so.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

IONIZATION OF ADHESIONS AFTER WOUNDS.

DR. GIUSEPPI, in his interesting note in the *BRITISH MEDICAL JOURNAL* for October 16th, mentions the inconvenience and disability caused by the adhesion of scars to muscles and tendons. In such cases he would find that Leduc's method of ionization with chlorine ions gives good results, and obviates the necessity for operative treatment. In the case of stiff joints due to adhesions this method also answers well, and, I think, should always be given a fair trial before such a drastic proceeding as forcibly breaking down the adhesions is resorted to. If, as so often happens, there is a more or less constant aching pain in the wounded limb, ionization with a 1 per cent. or 2 per cent. solution of sodium salicylate is very effectual in relieving this symptom. After three or four applications the pain disappears and the patient is able to sleep better, and the adhesions can then be dealt with by ionization with sodium chloride solution. Should a bullet or any pieces of shell be left in the wound I think ionization is not desirable, as in one of my cases much pain and irritation was caused in the neighbourhood of a piece of shell embedded in the arm by an interrupted galvanic current with which I was treating some paralysed muscles. The sinusoidal current has no such disastrous effect.

London.

MAY RATHBONE.

REDUCTION BY MANIPULATION OF OLD-STANDING BILATERAL DISLOCATION OF JAW.

THOMSON AND MILES state that dislocation of the jaw of over three months' standing is rarely reducible by manipulation, but that it has been accomplished as long as ten months after the accident.

A. M. was sent to the Livingstonia Mission Hospital, Bandawe, by a Government medical officer, on January 23rd. He was found to be suffering from bilateral dislocation of the jaw, and stated that it had occurred the previous October in the course of conversation. The patient was thin, owing to inability to take food properly, and he had suffered from a large ulcer over the left anterior pillar of the fauces due to the pressure of the condyle, but this had healed. Native medicine had been applied externally without effect.

It was found that the condyles had slipped up beyond the zygomatic processes on both sides, and were lying in the temporal fossae; there they were firmly fixed, little movement being possible.

On January 25th and 27th unsuccessful attempts were made to reduce by manipulation, both with fingers in the mouth and with corks between the teeth, the most vigorous traction only resulting in slight loosening of the adhesions. Preparations were accordingly made for the open method, but when the patient was under chloroform a third attempt to reduce without cutting was made, and succeeded by the following manoeuvre: Instead of trying to reduce both condyles simultaneously, the right condyle was used as a fulcrum to lever the left condyle out of the temporal fossa; the patient lying on his back, traction was made by the fingers of the right hand on the left lower molars, while both thumbs pressed on the chin, and the jaw being thus grasped between both hands the left condyle was levered downwards around the right condyle as fulcrum in the temporal fossa, and so delivered below the left malar arch. The right condyle was then easily delivered from the right malar arch, and the dislocation reduced.

The condyles, however, did not slip into the glenoid cavities, as these were filled up with organized extravasation, and the process of grinding them into place was not thoroughly enough done, as the patient on recovering from the anaesthetic redislocated his jaw in spite of a tight bandage. A few days later chloroform was administered for a fourth time, the dislocation was easily reduced by the method above described, the condyles were ground thoroughly home, and a tight bandage applied. This time the result was permanent, as the patient went home quite pleased after a day or too, and has since been seen at his village.

1. In the only two skulls to which I have access the space between the condyles is wider than that between the malar arches, so it is obvious that the condyles could only slip up one at a time, and must also be reduced one at a time.

2. By reducing one side at a time much greater leverage can be obtained; the whole length of the jaw acts as lever instead of half. The physics of this might be difficult to demonstrate because of the shape of the bone, but in practice there is no doubt of the fact.

Nyasaland.

WM. Y. TURNER, M.A., M.B., Ch.B., D.T.M.

Reports of Societies.

DISCUSSION ON GUNSHOT WOUNDS OF PERIPHERAL NERVES.

At a meeting of the Medical Society of London on October 25th, the President, Dr. W. PASTEUR, being in the chair, Dr. WILFRED HARRIS in opening, from the medical aspect, a discussion on gunshot wounds of the peripheral nerves, considered the subject under two main headings—the one, diagnosis and accurate localization; the other, the degree and kind of injury, its prognosis, and the decision as to whether operation were advisable. Hysterical phenomena of anaesthesia and motor paralysis were common complications of nerve injuries, and the true symptoms must be carefully sifted from the false. Again, multiple nerve injuries might occur, and the resulting paralysis must be correctly apportioned. Careful charts of the sensory loss were usually a better guide to an estimation of the severity of a nerve lesion than the degree of muscular paralysis, even with reaction of degeneration. Charts were shown illustrating commencing recovery of sensation in sutured nerves as early as seven and thirteen days after operation. Recovery in nerves compressed by scar tissue was even more rapid after successful operation. He illustrated by means of the epidiascope the defects in sensation which he had met with in various gunshot injuries of nerves, and the improvement which followed operative procedure.

Mr. WILFRED TROTTER (temporary Captain R.A.M.C.) opened the discussion from the surgical aspect. He said that the problem of the restoration to the normal of an injured nerve presented certain peculiarities which distinguished it from all other similar tasks of plastic surgery. for (1) the interruption of a nerve left a permanent defect in the physiological equipment of the body, which could not be overcome or compensated for by any other mechanism; (2) the restoration of a nerve to its normal anatomical continuity, although an essential preliminary

under 32 years of age at the time of application. Particulars regarding pay, promotion, etc., in the service can be obtained from the Secretary, Military Department.

EXCHANGES DESIRED.

TERRITORIAL FORCE.

CAPTAIN A. R. PATERSON, R.A.M.C.(T.), attached 14th Dorset Regiment, Ambala, India, wishes to find substitute so as to enable him to transfer to a unit at home or in France. Communications should be addressed to Dr. Le Fleming, Wimborne, Dorset, who will give all details.

Captain C. E. Silvester, R.A.M.C.T., 21st South Eastern Mounted Brigade Field Ambulance, now stationed at Cricket Ground, Canterbury, wishes to exchange with another M.O., preferably Field Ambulance or Casualty Clearing Station, abroad or about to proceed abroad.

Universities and Colleges.

UNIVERSITY OF EDINBURGH.

UNIVERSITY COURT.

At a meeting of the Court on October 18th leave of absence was granted to Professor Alexis Thomson and Professor Gulland, who have been appointed to important posts in the Army Medical Service, and to Mr. A. D. Darbishire, lecturer on genetics, and to other teachers who have also joined His Majesty's forces. Professor Bayley Balfour reported that the Australian Herbarium bequeathed to the university by the late Dr. Alexander Morrison proved on examination to be the finest that had reached Europe from Australia since the early days of last century, when the Banksian plants collected by Robert Brown were placed in the British Museum.

UNIVERSITY OF GLASGOW.

THE session was opened on October 18th. The enrolment period extends until November 2nd, but it is stated that already the indications are that the number of first-year medical students will be over the average, and since those at an advanced stage have been advised to complete their course, the classes in medicine will probably be less affected by the war than those in other departments. The diminution is expected to be large in the arts classes, where between 300 and 400 of the students are engaged in munitions work; in the science faculty, in which the majority of the students study engineering, a number are engaged on war work of different kinds.

Principal Sir Donald MacAlister has written an introduction to the new issue of the *Students' Handbook*, in which he addresses in particular first-year students. He states that by the end of the first twelve months of the war 2,210 students of the university had enrolled themselves in the forces of the Crown, and of these 1,750 had received commissions as officers in the navy or army. During the summer the Officers' Training Corps passed through its special course about one hundred commissioned officers a month. Some fifty members of the teaching staff were employed in military or civil service connected with the war, and of the women students a large proportion are giving service to hospitals, ambulances, and relief organizations.

The Business Committee has reported to the General Council that it has a new issue of the roll of service in preparation. It would contain the names of 84 killed and 101 wounded. With a view to immediate future needs the scheme of part-time training for military hospital service arranged in April with the Western Infirmary, and subsequently with the Royal Infirmary, of which thirty-six women graduates and sixty-eight students had taken advantage, will be continued throughout the winter at the former institution. The head quarters of the Officers' Training Corps in University Avenue were now recognized by the War Office as a regular school of military instruction for young officers. The staff, with the exception of one regular officer, was composed of graduates. Work has been continued during the vacation.

ROYAL COLLEGE OF SURGEONS OF EDINBURGH.

Fellowship.

THE following gentlemen have been admitted Fellows: H. Chaffer, J. A. Cowie, A. M. Stuart, P. C. Woollatt.

CONJOINT BOARD IN IRELAND.

THE following candidates have been approved at the examinations indicated:

PRELIMINARY EXAMINATION.—I. W. Arnovitch, Lucretia H. H. Byrne, A. B. Clery, W. E. Colahan, R. M. Corbet, J. J. Clune, T. E. Donovan, A. B. Doyle, T. C. Doyle, A. C. Esmonde, M. W. Frazer, Roberta E. Fisher, W. A. Graham, S. G. Gilmore, T. M. Goldon, T. Heffernan, J. Hewitt, Margaret Holliday, P. Killeen, J. J. A. Lord-Flood, T. J. McCormack, A. McLean, H. T. Macaulay, A. Martinson, P. Moylan, R. J. Ogden, P. J. A. O'Connor, T. L. Quin, J. Rubinstein, G. E. Stahan, J. Sheil, R. T. Taylor, Mary E. Tempest, J. W. Tighe, H. E. W. Waters.

SUPPLEMENTAL FINAL EXAMINATION.—J. Cohen, J. Dwyer, T. Farrell, O. J. M. Kerrigan, J. F. S. Magner, T. J. Ryan, J. J. Walshe, P. W. Walshe.

ROYAL COLLEGE OF PHYSICIANS OF IRELAND.

At the annual meeting of the Royal College of Physicians of Ireland, held on St. Luke's Day (October 18th), the following officers were elected for the ensuing year: *President*: Dr. MacDowel Cosgrave; *Vice-President*: Dr. Joseph O'Carroll; *Censors*: Drs. Joseph O'Carroll, H. C. Drury, S. T. Gordon, and Gibbon FitzGibbon.

CONJOINT BOARD IN SCOTLAND.

THE following candidates have been approved at the examinations indicated:

FIRST EXAMINATION.—E. J. Pearson (with distinction), T. F. Thomas, T. F. Minford, M. J. Woodberg, T. R. O'Keefe, W. Runciman, and G. S. Woodhead.

SECOND EXAMINATION.—S. S. Barton, L. P. Samarasingha, D. A. Walpole, G. C. Cossar, T. L. Edwards, A. P. McLeod, D. C. Howard, J. T. W. Gale, and D. L. Henderson.

THIRD EXAMINATION.—Mary G. Jones, D. A. Jayasingha, G. J. Stanley, D. S. Taylor, J. Byrne, S. W. Hoyland, Janie I. McBirnie, J. L. West, M. Campbell, H. G. Fitzmaurice, A. Black, G. L. Pillans, J. S. Durward, R. J. T. Malcolm-Gasper, H. C. A. Haynes, E. Butler, and E. M. L. Morgan.

FINAL EXAMINATION.—J. J. Armistead, E. A. Blok, A. Mathewson, W. H. A. D. Sutton, O. W. Bateman, J. P. Fairley, E. A. Neilson, M. Seeraj, J. W. Robertson, J. E. Lezama, W. P. Walker, J. S. Dickson, D. C. M. Page, W. Turner, A. Evans, J. S. David, O. R. Jones, A. G. McKee, G. E. Mendis, and T. W. Drummond.

SOCIETY OF APOTHECARIES OF LONDON.

THE following candidates have been approved in the subjects indicated:

SURGERY.—H. H. Fairfax, *J. B. Fairclough, †C. P. C. Sargent, †T. J. Thomas, †A. G. E. Wilcock, †F. H. Young.

MEDICINE.—G. T. Baker, H. H. Fairfax, *J. L. Hamilton, †I. H. Lloyd, †C. P. C. Sargent, †T. J. Thomas.

FORENSIC MEDICINE.—J. B. Fairclough, P. Hughes, T. C. Russell.

MIDWIFERY.—E. V. Beaumont, J. E. Cheesman, J. Fox-Russell, P. Hughes, G. S. Mitchell, G. A. Mortlock Brown, T. C. Russell, J. G. T. Thomas, A. J. A. Wilson, F. H. Young.

* Section I.

† Section II.

The diploma of the Society has been granted to Messrs. J. E. Cheesman, J. B. Fairclough, H. H. Fairfax, J. L. Hamilton, C. P. C. Sargent, and T. J. Thomas.

Medical News.

DISCUSSIONS on the treatment of the soldier's heart and on the treatment of war nephritis are being arranged by the Section of Therapeutics of the Royal Society of Medicine.

THE ladies of the St. John Ambulance classes in Exeter have presented Dr. J. A. W. Pereira with a handsome clock as a token of their esteem and gratitude.

THE Russian Red Cross has published a list which shows that up to the beginning of September forty-six Sisters of Charity were killed by shells thrown on the Red Cross Hospitals by the Austro-German armies.

THE Child Study Society will hold its first meeting of the session on Thursday next, at 6 p.m., at 90, Buckingham Palace Road, under the chairmanship of Dr. James Kerr, when Miss C. E. Grant will read a paper on "The American child at school."

THE Romanes Lecture before the University of Oxford will be delivered this year by Professor E. B. Poulton, Hope Professor of Zoology in the University, on December 7th, at 3.30 p.m. The subject will be "Science and the Great War."

THE general meeting of the Röntgen Society will be held on Tuesday next, at 8.15 p.m., at the Institution of Electrical Engineers, when the President, Mr. J. H. Gardiner, will deliver an address and new apparatus will be exhibited.

THE Ingleby Lectures before the University of Birmingham will be given by Professor Douglas Stanley, M.D., M.R.C.P., physician to the Queen's and Children's Hospitals, on Wednesdays, November 3rd and 10th, at 5 p.m. The subject of the lectures is "Pneumonia and its sequelae in children."

STARTING with the frank acknowledgement that "the welfare of infants depends in very large measure on that of their mothers," Dr. Arthur Newsholme, C.B., presents a Report on Maternal Mortality in Connection with Childbearing and its Relation to Infant Mortality (Cd. 8085, price 7½d.), which is interesting and suggestive from beginning to end. The national aspect of the subject is first discussed, and then the remarkable local differences of mortality in childbearing are displayed. In a third part of the report some of the evils associated with this excessive mortality are set out, and the presumption is shown to be justified that better arrangements for antenatal care and for midwifery attendance would go far to reduce the mortality from childbearing. The fourth part

of the report gives in detail some of the work which has already been undertaken to make these arrangements and the results obtained. We hope ere long to discuss some of the aspects of the subjects brought so prominently forward; meantime, it is an earnest of better things still in store that, in the midst of a great war, the Government should be so alive to the value of maternal and infantile life and health.

ACCORDING to the *New York Medical Journal*, the supply of certain drugs of botanic origin is falling short in the United States as in this country. Many of them were formerly collected by European peasants as a by-trade. The cultivation in America would be costly, and it is feared that return to normal prices after peace would ruin the cultivator unless the Government instituted a system of protection.

MRS. F. E. SMEDLEY, M.B., B.S.Lond., has been appointed, with the approval of the Local Government Board, acting county medical officer of health and school medical officer for West Sussex, in the place of her husband, Dr. Ralph Smedley, who has been commissioned as a temporary lieutenant R.A.M.C., and has been on military duty since the end of August. Mrs. Smedley has also been appointed medical adviser to the West Sussex Insurance Committee during the temporary absence of the tuberculosis officer (Dr. M. J. Johnston), who is also engaged on military duty, and is at present in France.

THE King Edward Nurses is the name of an institution founded as a South African memorial to commemorate the life and aims of King Edward VII. The report for 1914-15, the second year of its existence, has been issued by the Superintendent-General, Miss J. E. Pritchard. The organization is intended to comprise two divisions: (a) European, (b) coloured and native. The funds and organization of the two divisions are to be kept apart. At the request of the committee in South Africa the Colonial Nursing Association in England undertook to select nurses to fill up vacancies, and at the beginning of 1915 there was a full staff, which has been continually at work. The money subscribed by natives towards the King Edward VII Memorial was set aside to be devoted entirely to work among the natives, and in this connexion a start has been made at De Aar, where a native nurse has been placed to work as district nurse.

IN his report to the Bureau of Health for the Philippine Islands for the fourth quarter of 1914, V. Heiser, Assistant Director of Health, states that no cases of plague was reported in the city of Manila, and only four rats were found in which there was a suspicion of infection, although this was not clearly demonstrated bacteriologically. A total of 21,772 rats were caught by traps and poison in the city of Manila. In the city of Manila 35 deaths from typhoid fever were reported and 276 from the provinces. Cholera, which began on July 4th, 1914, still continued, though with greatly decreased virulence. During a leper-collecting trip made between December 5th and 20th by a medical inspector of the Bureau, with other physicians and a bacteriologist, 265 persons were examined in the twelve provinces visited. The total number of lepers sent to Cullion on clinical or microscopical evidence was 235. Four of these had escaped from the colony, and were readmitted. Thirty suspects who did not show sufficient clinical symptoms of the disease, and were found microscopically negative, were sent back to their homes.

DR. RICHARD P. STRONG, Chief of the American Sanitary Commission to Serbia, and most of the members of his staff have returned to the United States. Dr. Strong, in a summary of the work of the Commission, stated that the methods so successful in the Philippines, Panama, and elsewhere had been enforced. One of the most efficacious measures was the disinfection of the population by means of a special train carrying baths, an immense disinfecter for clothing, and cars fitted up as dressing-rooms and for shaving and hair-cutting. By this train system the clothing disinfected and washed of hundreds of persons could be done in a few minutes; the houses in each place visited were disinfected at the same time. All persons found affected with typhus were taken to hospitals. The entire Serbian army and numbers of the people were vaccinated against cholera and typhus, the vaccines being manufactured for the most part in the American Red Cross laboratory. The spread of typhus in Montenegro also had been prevented by adopting energetic sanitary measures. Shortly before he left Serbia Dr. Strong was decorated with the Order of San Sava, and forty-three American doctors and sanitary engineers, representatives of the Rockefeller Foundation and the American Red Cross, also received decorations in recognition of their services.

Letters, Notes, and Answers.

THE telegraphic addresses of the BRITISH MEDICAL ASSOCIATION and JOURNAL are: (1) EDITOR of the BRITISH MEDICAL JOURNAL, *Aitology, Westrand, London*; telephone, 2631, Gerrard. (2) FINANCIAL SECRETARY AND BUSINESS MANAGER (advertisements, etc.), *Articulate, Westrand, London*; telephone, 2630, Gerrard. (3) MEDICAL SECRETARY, *Medisecra, Westrand, London*; telephone, 2634, Gerrard. The address of the Irish office of the British Medical Association is 16, South Frederick Street, Dublin.

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.

QUERIES.

TREY LHAA inquires as to results in cases of recurrent winter catarrh of treatment by compound catarrhal vaccine, the frequency of the dose, and amount of constitutional disturbance after each dose.

INCOME TAX.

DEVONIENSIS has, owing to the illness of the incumbent, been appointed deputy medical officer of health for six months, and took up the work on July 1st. He has been assessed as deputy medical officer as from October 1st, and asks whether this is correct.

** The appointment is one which comes under Schedule E, to which the average does not apply, and the procedure adopted seems correct in law. Presumably the medical officer of health for whom "Devoniensis" is acting as deputy did not arrange for his "Schedule E" liability to be dealt with in one sum with his general practice receipts. If our correspondent pays the tax he is entitled to exclude the amount received from his Schedule D return next year. On the other hand, if he assures the local surveyor of taxes that the receipts will be returned under Schedule D, the latter may discharge the assessment. The ultimate result will in either case be much the same.

ANSWERS.

SUGGESTED ISOLATION OF CANCER PATIENTS.

STEP.—There is no evidence from experience of human or animal cancer of transmission of the disease from the affected to healthy individuals by contact. There is, therefore, no justification for the strict isolation of cancer patients. Where ulceration and foul discharges are present it may be necessary in the interests of other patients, but in most cases careful nursing and antiseptic dressings should minimize this objection to cancer patients being housed alongside other patients. From the standpoint of humanity it seems inadvisable to segregate persons suffering from a disease of long duration. They have then no intercourse except with sufferers like themselves, which can only aggravate their condition—particularly in workhouses where the nursing staff is so fully occupied. This consideration should be held to justify intercourse with other patients in the interests of the sufferers from cancer themselves.

LETTERS, NOTES, ETC.

UTERUS DIDELPHYS.

IN the EPITOME for September 25th, 1915, paragraph 92 bore a heading, "Partus Unilateralis in Utero Dydelpho," "Dydelpho" is of course wrong, for which we must plead guilty to the extent of having carelessly followed the German author. "Didelphys" is a word unknown to Hippocrates, Aristotle, or Galen. It was given by Linnaeus to the American opossum, and made use of as an adjective by teratologists to signify a completely double uterus. Linnaeus, in his *Systema Naturae* (edition of 1767), spells the word "Didelphis," and the modern Greek dictionary of Kyriakides recognizes only the adjective Didelphos as a modern word used solely in science. Hence, on the whole, it would seem better to decline "Didelphys," and to write "of a uterus didelphys," and "in a uterus didelphys."

SCALE OF CHARGES FOR ADVERTISEMENTS IN THE BRITISH MEDICAL JOURNAL.

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