the artery sutured laterally with fine silk sutures. A graft taken from the (Fig. 3) internal saphenous vein was sutured to the opposite side of the sutured artery (Fig. 4). The operation lasted two hours. On removing the clamps the circulation was perfect, and there was no haemorrhage from the line of suture. The wound was closed without drainage and the stitches were removed on the tenth day.

The patient made an uninterrupted recovery. I examined him five months after the operation; he was then doing light duty, and the circulation in the limb was normal.

THE CHARACTER AND TREATMENT OF FROST-BITE.

By H. E. MUNROE, M.D., C.M.McGILL, L.R.C.P. AND S.EDIN.,
MAJOR C.A.M.C., SURGEON TO SASKATOON CITY HOSPITAL, CANADA, AND CANADIAN STATIONARY HOSPITAL.

WHILE reading with interest *The Memorandum on the Treatment of Injuries in War*, issued under the authority of the War Office, it occurred to me that, in view of the possibility of another winter campaign and the importance of adopting the proper treatment in "frost-bite," a few remarks on this subject might be of interest to those who, owing to climatic conditions, may not have had an opportunity of treating this injury.

The prophylactic measures, so far as protection of the feet is concerned, may be summed up in three phrases: (1) Loose, water-tight boots should be worn; (2) dry woollen socks changed daily; (3) maintenance of the circulation of the feet by moving them freely.

The toes and heel are the parts most liable to be attacked, and, unless the circulation is re-established by friction or heat, the condition will spread until the whole foot is involved. This extension is painless. Pain is experienced before the part becomes frozen. A few sharp stings following a period of pain is the usual experience. These stings, followed suddenly by cessation of pain, is a sure indication that the limb is being frozen.

I had an opportunity of observing a few cases among the soldiers from Flanders during the winter of 1914–15. They could not be regarded as true "frost-bite," but rather erythema pernio, as the borders of the feet and not the toes were the parts involved.

Three degrees of frost bite were generally recognized: (1) Erythematous, (2) bullous, (3) gangrenous.

1. In the first degree the skin only is affected. The anaemic appearance rapidly disappears with friction or exposure to the higher temperature. The localized anaemia is followed by erythema and occasionally slight oedema, which disappears in a few days.

2. The second degree is characterized by the formation of blebs filled with serum. These blebs, as a rule, appear within eighteen hours of exposure of the part to a higher temperature. The skin is a bluish colour, more oedema is present than in frost-bites of the first degree, which indicates the involvement of the superficial tissues in addition to the skin.

3. The third degree follows the exposure of the part to prolonged intense cold, and involves the skin and superficial and deep tissues. If the part is seen when in a frozen condition it is white, cold, and sensation is absent; on exposure to a higher temperature it assumes a swollen and congested appearance. Within eighteen hours the proximal area of the limb involved assumes the characteristic erythema of the first degree, while lower down the limb we have an area of blebs indicating the second degree of frost-bite. The distal portion of the limb—namely, the heel or toes—becomes cyanotic and later shrunken, and may become definitely gangrenous within forty-eight hours.

The treatment consists in using every available means to prevent an excessive reaction. Left to nature the partially devitalized cells become destroyed by the sudden engorgement of the part. The more severe the frost-bite the more oedema is present and the more pain is complained of. If the patient is seen while the part is still frozen, the circulation should be gradually restored by placing the limb in ice-cold water, or by using gentle friction, with snow when available. The part may be covered with gauze or absorbent cotton, which should be frequently saturated with an evaporating lotion. I use a lotion composed of liq. plumbi subacet. ʒj, spt. rectif. ʒiij, aquam ad ʒj. When blebs form, they should be punctured. The application of the evaporating lotion is continued for the first twenty-four to thirty-six hours, until the swelling begins to subside or there is an indication of a cyanotic or shrunken appearance in the toes, or fingers if the hand is involved. Hot boracic fomentations should now be employed in order to overcome the reactive vasomotor constriction and consequent anaemia of the parts. This treatment is kept up for twenty-four hours, or until the cyanotic and shrunken appearance disappears or gangrene has definitely formed.

Amputation of a gangrenous area should not be undertaken until the line of demarcation between the dead and healthy tissues is well formed, which indicates the line of operation. While waiting until amputation should be performed, a powder of boracic acid and charcoal may be employed if any moisture or perceptible odour is present.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL

APPENDICITIS AND MEDICAL TREATMENT.

I HAVE full notes of 9 typical cases of appendicitis which occurred among the average daily population of 3,000 Indian labourers, consisting chiefly of Tamils and Telugas during a space of eight years. These cases were of all grades of severity, and in at least five of them immediate surgical operation was deemed advisable. But as is well known, the illiterate coolie classes always dread the knife, and owing to the strong opposition raised in every one of these individual cases, the idea of operation had to be abandoned. Blood examination revealed leucocytosis, and there were other unmistakable symptoms of the malady, subjective and objective, present as well. In the last two cases of the series, one a male and the other a female, the life of each was considered to be in imminent danger, as it was thought that infection of the general peritoneum through perforation of the appendix, could occur at any hour. Of these 9 cases, 8 recovered fully under conservative treatment; the one death was in an infant 15 months old. *Post-mortem* examination showed that the appendix was gangrenous and that there was generalized peritonitis; the causative organism of the infection was the pneumococcus; the appendix was widely ruptured, and an orange pip was found adherent to its interior. The adhesions round the affected cul-de-sac were poorly formed and were therefore unable to protect the general peritoneum.

The recovery in the last two cases was really most instructive. A careful consideration of the facts of these cases fully justifies the opinion that even seemingly hopeless cases might at times do well under proper medical care and treatment.

T. A. R. AIYAR, L.R.C.P. and S.Edin., L.F.P. and S.Glasg.
Sitiawan, Lower Perak, F.M.S.

PNEUMOTHORAX FOLLOWING PNEUMONIA.

A BRICKLAYER, aged 40, of healthy appearance, had had a cold for a few days before he sought advice but had been able to continue at work. I saw him about midday on October 6th, diagnosed pneumonia, and ordered the routine treatment.

At 10 p.m. of the same day I was hastily summoned as he was feeling very ill. He had great dyspnoea and marked cyanosis, and pain over the right hypochondriac region, and evidently was suffering from a good deal of shock judging by his small and rapid pulse. Percussion over the right lung and liver areas was markedly tympanitic, and with the *bruit d'airain* and a very soft amphoric breathing over the right posterior base gave all the signs of pneumothorax.

The liver on deep pressure could be felt extending to four fingerbreadths below the costal margin, the heart appeared to be little displaced, no fluid could at any time be made out. A few days later the sputum was examined by the borough bacteriologist, and found to contain numerous pneumococci, a fairly plentiful number of staphylococci, but no tubercle bacilli.

The patient improved rapidly, but the air was slowly

absorbed. I kept him in bed for ten days and then gradually increased the amount of daily exercise. He returned to work on November 4th, a month after the commencement of the illness. Before permitting his return I made him vigorously exercise his arms, and found his pulse very little raised as a result. He appeared and felt quite well.

Treatment consisted in the first place of relieving the pain and shock by a hypodermic injection of morphine followed by small doses of brandy during the night, later by a heart mixture, and a diet carefully chosen to avoid flatulence.

Dr. Arthur Latham informs me that "some few years ago the pneumonia cases at the London general hospitals were analysed for a period of ten years at the Medical Section of the Royal Society of Medicine. As far as I know, in over 7,000 cases there were not more than three complicated by pneumothorax, and two of them proved fatal."

Bournemouth. C. B. MOORING ALDRIDGE, M.R.C.S.Eng., L.R.C.P.Lond.

Reports of Societies.

TREATMENT OF DYSENTERY.

AT a meeting of the Royal Society of Medicine on December 20th, Sir RONALD ROSS gave a lecture on the treatment of dysentery.

Historical.

In sketching the history of the treatment of dysentery he said that he was a convinced believer in the specific value of ipecacuanha. It was formerly customary to repeat the ipecacuanha at least once a day for about a week or more in spite of vomiting. Later on he used to prefer giving opium every night and the ipecacuanha in a bolus with a single mouthful of milk at about 4 a.m., the patient not being allowed to eat or drink until about 9 a.m. He thought that, with this method, one daily dose sufficed. Later in the case it had been usual to combine 5 to 10 grains of tannic acid with the ipecacuanha, especially in cases of "running" dysentery, but practice was generally opposed to the use of astringents until the disease had first been mastered by ipecacuanha. In those days no distinction had been made between the bacillary and amoebic forms and ipecacuanha was given in both; he was not yet convinced that it was of no value in the bacillary form. Bismuth, calomel, and the sulphates of sodium and magnesium were little used, and many were opposed to enemata, at least in recent cases. In chronic dysentery ipecacuanha was often given daily for some weeks, then omitted for another week or so, then begun again, and so on. Enemata were much more certainly useful than in acute dysentery, and silver nitrate was almost a classical drug for the purpose. The dietary was almost a science in itself.

After speaking of the recognition of the intestinal amoebae as pathogenic organisms, which he ascribed to Kartulis, in Alexandria, and of his own studies on amoebae and on intestinal flagellates, he said that it still seemed to him to be safe teaching that all intestinal amoebae and flagellates should be considered potentially dangerous.

Emetine.

He then referred to the introduction of emetine, first recommended by Bardsley in 1829, and given by the mouth by Tull Walsh in 1891. The elaborate studies of Leonard Rogers had first established its use in 1912. It was accepted everywhere, not perhaps as being essentially superior to ipecacuanha powder, but because the hypodermic injection was much less troublesome to the patient. By this method the drug was brought more directly into conflict with the amoebae at the bottom of the ulcers, whilst ipecacuanha did more to attack amoebae on the surface of the mucous membrane and in the lumen of the intestine, so that he favoured the use of both at the proper stage in the treatment. As an immediately applicable routine treatment the hypodermic injection of emetine had become a great boon to humanity. The use of the sulphates of magnesium and sodium had now become almost universal for bacillary dysentery. According to many, ipecacuanha and emetine were powerless against bacillary dysentery, salines powerless against amoebic dysentery.

Recent Experiences.

Sir Ronald Ross then narrated his experiences of the recent cases of dysentery among soldiers. Both forms had occurred largely among the troops near the Mediterranean and the Red Sea. Apparently bacillary dysentery prevailed in the earlier part of last year, but there was certainly an epidemic of amoebic dysentery in July and August. As Consulting Physician for Tropical Diseases, he had had unusual opportunities for studying the practice of the physicians in all the hospitals in Alexandria. Up to June amoebae had not easily been found in Egypt, but towards the end of July they began to be recovered without difficulty in a large number of cases, and this continued till the end of September or later. After that amoebae began to be more scarce, and the amoebic dysentery was likely to be supplanted by the bacillary form in the winter. Unfortunately, however, amoebic dysentery tended to be so chronic a complaint that its treatment continued to be of interest long after the commencement of epidemics, and it was necessary to guard against not only the chronic form, but hepatic abscesses. As soon as the presence of amoebic dysentery was recognized among the troops, emetine began to be employed by, he thought, every officer in charge of medical wards, and the Principal Director issued orders to use it in every suspicious case. This order proved to be very beneficial, for the sooner that treatment was commenced in dysentery the more likely was it to prevail. Every hour counted at the beginning of the infection, and the delay of a few weeks often meant almost irreparable damage to the colon, even if the patient survived. It was useless to wait for laborious laboratory examinations as to the exact nature of the infection, for emetine was so benign a drug that it might well be administered on the chance that the infection was amoebic. The results were remarkable. After the order had taken full effect the newer cases were not so grave as the earlier ones.

The bulk of the troops came from Britain, Australia, and New Zealand, and were therefore men who had never had amoebic dysentery before. Many of the cases were exceedingly grave, and many men died before reaching the base hospitals; those that survived had frequently acquired the condition of "running" dysentery. Among the Indian troops, on the other hand, severe cases were much less frequent; they did not suffer much from the disease, and such cases as occurred were comparatively slight. From this it appeared that a certain amount of immunity to dysentery was acquired during childhood in localities where it was endemic. Among the European and Australasian troops the acute amoebic dysentery had to be dealt with in its most unmodified and malignant form, a point to be remembered in estimating the results from emetine treatment. Equally rapid results could hardly be expected as those obtained by Rogers among Indian patients, yet all were convinced of its remarkable efficacy. Usually doses of 1 grain a day were prescribed, either as one subcutaneous injection or in two doses, morning and evening. Practice differed considerably as to the number of doses administered. In one hospital the rule was that of three days on and three days off, in another of five days on and five days off, whilst many practitioners preferred to give it daily, even for some weeks without intermission. In one hospital three cases of dysentery died without obvious cause, and some suspicion was aroused that it might have been caused by cumulative action of the drug, but the case against the drug was weak. Nevertheless practice gradually crystallized into the formula that unless there was very strong reason for continuing emetine, it should be remitted, at least for a time, after about ten days, especially if it had ceased to do good. In about 10 or 20 per cent. of the cases emetine failed to cure. Most, but not all, of these were patients who had not received emetine early in the infection, and in whom, therefore, the mucosa was probably largely destroyed before the treatment was begun. Emetine could only destroy the parasites in the ulcers, and could not heal the lesions themselves. It was almost certain that in most cases the original trench work of the amoebae was followed by an extensive bacillary invasion of some kind. Complex infections were exceedingly common. Both forms of dysentery occurred together in a certain

Applications for allowances to other dependants of seamen and marines should be addressed to the Accountant-General of the Navy.

APPLICATIONS FOR MILITARY WAR PENSIONS.

Officers.

Disability and service pensions to officers are awarded in the ordinary course of routine, without special application. Claims for wounds pensions and gratuities, and pensions for widows and other dependants, should be made in writing to the Secretary, War Office.

Other Ranks.

Pensions of all kinds are awarded in the ordinary course of routine, without special application. Payment begins normally immediately after the man's discharge from the army (not from hospital), or in the case of widows and other dependants immediately after the cessation of separation allowance.

When there is reason to suppose that a case has been overlooked, or that the award made is not in accordance with regulation, application should be made in writing, in the case of soldiers, to the Secretary, Royal Hospital, Chelsea, and in case of widows or dependants to the Secretary, War Office.

Time Limits.

Under the preamble of the Royal Warrant for Pay, payments not claimed within a period of twelve months are forfeited, unless exceptional circumstances are shown, satisfactorily explaining the delay. A delay in claiming pension for more than one year thus invalidates the right to receive more than one year's arrears of the pension, but does not affect the claim to have the pension granted.

An officer's claim for a wounds or injury gratuity or pension must be made within five years after he was wounded.

EXCHANGE DESIRED.

CAPTAIN, Field Ambulance, desires exchange with another officer at Casualty Clearing Station, General or Stationary Hospital, B.E.F. Address No. 6050, BRITISH MEDICAL JOURNAL Office, 429, Strand, W.C.

Public Health AND POOR LAW MEDICAL SERVICES.

POOR LAW ADMINISTRATION.

REDUCTION OF WORK.

THE President of the Local Government Board has notified in a circular dated December 17th, to boards of guardians, that in view of the depletion of the staffs both of the boards of guardians themselves and of the central authority, owing to the large number of men who have joined or will shortly join His Majesty's forces, it is recognized that some reduction of the work which normally falls upon Poor Law authorities and the department is necessary. Mr. Long considers that the ordinary methods of administration should, so far as practicable, be modified and adapted to the present exceptional circumstances. A list is given of the matters in which for the present applications for sanction or reports may be dispensed with. They include:

The reappointments of district medical officers who are not resident in their district and who require to be reappointed periodically. (For a further period similar to the last and upon the same terms.)

Appointment of temporary substitutes for officers absent on naval or military service, or prevented by sickness or accident from the performance of their duties. (It will, however, be convenient that arrangements relating to the office of clerk to the guardians, or to principal officers of institutions, should be notified to this department. Men eligible for military service should not be appointed unless already attested under the recent recruiting arrangements.)

Medical and general relief arrangements approved for a temporary period. (For a further year.)

Payment of reasonable fees to medical officers for minor operations and assistance of anaesthetists.

Alterations of the dietary tables made in conformity with the regulations in the Poor Law Institutions Order, 1913.

In all or any of these cases, if the guardians so desire, sanction may be understood to be given without any reference to the department.

After January 1st, 1916, monthly instead of weekly reports on pauperism will be required, and certain other minor reductions in time and material can be made. The circular concludes as follows:

Each board of guardians will no doubt find other means of diminishing the work of their staff, and in particular Mr. Long would ask them carefully to consider to what extent it would be practicable, without detriment to the efficiency of their control, to reduce the number of meetings both of the board of guardians and of the various committees. The substitution of monthly for fortnightly meetings would, in Mr. Long's opinion, be quite justifiable during the period of the war.

Medico-Legal.

PASSPORT APPLICATIONS: A WARNING.

A CHARGE has been heard at Bow Street police court against Dr. A. H. Vassie, a well-known practitioner in Hampstead, in respect of a declaration signed by him on the strength of which a passport to travel in Europe was issued on August 3rd, 1914, to a woman who was convicted in September for an offence under the Defence of the Realm Act and sentenced to ten years' penal servitude. The defendant in his evidence said, according to the report in the *Times*, that Mr. Hildesheimer, formerly head of a large publishing business, with whom and with several members of his family he had had an intimate professional acquaintance for thirteen years, had introduced his niece to him, saying that she wished to go to Germany to nurse her mother. He put a number of questions to her as to her mother's illness, and after being assured by Mr. Hildesheimer as to her position, he had felt justified in recommending her for a passport. The evidence was corroborated by Mr. Hildesheimer, but the magistrate committed the defendant for trial, allowing bail in his own recognizances of £50.

DR. R. MURRAY LESLIE *v.* DR. CASSELL'S MEDICINE COMPANY, LIMITED.

IN the Chancery Division, on December 21st, Mr. Justice Sargeant had before him a motion at the instance of Dr. R. Murray Leslie for an injunction restraining the Dr. Cassells Medicine Company, Limited, from publishing or making any advertisements representing or calculated to induce the belief that Dr. Leslie recommended or approved of or had any connexion with any medicines or remedies sold by the company or associated with the name of "Dr. Cassell." The circumstances under which the injunction was sought were these: On October 20th last Dr. Leslie delivered a public lecture at the Institute of Hygiene in London on the subject of war strain and its prevention, and a summarized report appeared in the public press. The Dr. Cassells Medicine Company, Limited, who were the vendors of "Dr. Cassell's tablets," thereupon inserted in the advertisements which they published in the press a reference to Dr. Leslie and to the lecture he had given in terms which gave the impression that Dr. Leslie recommended or approved of the "tablets" which the company purveyed. The company did not resist the proceedings, and Mr. Justice Sargeant granted Dr. Leslie an injunction in the terms asked for.

Universities and Colleges.

UNIVERSITY OF CAMBRIDGE.

AT the next examination for entrance scholarships and exhibitions at Downing College, Cambridge, commencing on February 29th, 1916, preference will be given to prospective students of law or medicine. This preference is in accordance with the terms of the original charter of the college. Further information can be obtained from Mr. J. H. Widdicombe, tutor of the College.

UNIVERSITY OF LIVERPOOL.

THE following candidates have been approved at the examinations indicated:

SECOND M.B., CH.B.—*Part A:* R. A. Cooke, S. G. Evans, S. D. S. Greval, Phœbe A. Ince, W. A. Jackson, V. E. Jones, G. A. Mitchell, S. G. Mohomed, W. L. de Silva, G. S. Swan, H. G. Young. *Part B:* A. L. Davies, W. H. Evans, S. M. A. Faruqi, H. P. Williams.

FINAL M.B., CH.B.—*Part I:* E. H. T. Cummings, R. I. Duggle, E. H. Eastwood, Constant M. Edwards, R. R. Evans, A. J. B. Griffin, W. Griffiths, *I. J. Lipkin, Ruby E. McBirnie, R. Nixon, *C. V. Pearson, B P. Pinkerton, *E. S. Stubbs, R. C. Watt. *Part II:* M. Azer, †E. H. Eastwood, W. Griffiths.

Diploma in Tropical Medicine.—G. H. Pearson, J. Wood.

Diploma in Ophthalmic Surgery.—R. P. Ratnakar.

* Distinction in pathology.

† Distinction in therapeutics, forensic medicine, and toxicology.

VICTORIA UNIVERSITY OF MANCHESTER.

THE following candidates have been approved at the examinations indicated:

FIRST M.B., *Part III, Organic Chemistry and Bio-Chemistry.*—H. P. Fay, F. L. Pickett.

SECOND M.B.—Abdoh Nooman, T. H. Almond, Sybil Bailey, Mary G. Cardwell, T. Colley, A. M. Cotes, S. E. Critchley, F. L. Heap, F. S. Horrocks, A. W. Kirkham, *J. Mills, Kathleen O'Donnell, L. J. Schwartz, V. T. Smith, G. R. Wadsworth. (*Anatomy*): F. L. Whincup.

* Distinction in physiology.

THIRD M.B., CH.B.—(*General Pathology and Morbid Anatomy*) G. E. Archer, Mercy D. Barber, W. T. G. Boul, Hilda K. Brade, Frances G. Bullough, C. F. J. Carruthers, Kathleen L. Cass, Ruth E. Conway, W. C. C. Easton, J. Holker, N. Kletz, E. N. P. Martland, J. A. Panton, R. S. Paterson, Elizabeth C. Powell, J. Schlosberg, D. M. Sutherland H. Taylor. (*Pharmacology and Therapeutics*) Mercy D. Barber, J. Charnley, J. C. T. Fiddes. (*Hygiene*) Mercy D. Barber, J. Charnley.

FINAL M.B., CH B.—H. W. Bennett, W. Halliwell, J. D. Kenyon, J. F. C. O'Mera, C. G. Todd, L. Walton.

Obstetrics and Surgery: R. Chevasent. *Obstetrics and Medicine:* G. Lapage. *Forensic Medicine and Toxicology:* H. Chadwick, J. B. Leigh.

UNIVERSITY OF EDINBURGH.

Graduation Ceremonial.

THE number of degrees conferred at the graduation ceremonial of December 17th was smaller than usual, owing to the fact that a special graduation ceremony was held last October. There were eight graduates for the M.D., and nineteen for the M.B., Ch.B.

The Vice-Chancellor, Sir William Turner, K.C.B., who conferred the degrees, said in his address that the past year had been one of anxiety, and had witnessed a great fall in the number of students. The university had sought to show to the country and to the whole world that it was alive to its responsibilities. It had furnished a great accession to the army and to the navy, not only in connexion with its great specialty —education in medicine—but also in the other faculties, more especially in those of law, science, and arts. The degrees granted that day were mainly in medicine, and between December, 1914, and December, 1915, the university had conferred degrees of M.B., B.Ch. on 194 candidates; had promoted 34 graduates of previous years to be M.D.; and two medical graduates to the degree of B.Sc. in public health. The number of medical students in the present winter was 676, as compared with 1,111 at the corresponding period in 1913. The diminution in the number of students of medicine in the first year, 147 as compared with 188 in 1913, was not so great as might have been anticipated, but it must be remembered that the students in medicine, and, indeed, in the other faculties, entering for their first year, were becoming students under conditions much more serious than any students in the past had experienced, because the needs of the nation would undoubtedly call on some of them to do their duty as young men competent to share in the responsibilities of the nation, and to help to fight for the country through this formidable and long-enduring war.

The following is a list of those on whom degrees were conferred:

M.D.—E. C. Girling, †G. D. Logan, *S. M'Naughton, Adelaide A. Renshaw, *W. Russell, C. P. Stewart, Vattaparampil Sankara Valiathan, G. J. Williams.

M.B., CH.B.—‡W. Brownlie, T. F. Corkill, ‡H. F. Ferguson, ‡G. W. M. Findlay, Pratul Kumar Ghosh, R. L. Impey, H. B. Kirk, A. J. M'Ivor, Premrai Trambakrai Majmundar, Kumud Sankar Ray, A. J. D. Rowan, C. I. Stockley, G. M. Torrance, R. A. Warters, J. A. C. Williams, W. Williams, Tin Po Woo, Margaret Kirk Jolly Wright, P. H. Young.

B.Sc. (*Public Health*).—J. A. Henderson.

*Highly commended for thesis. † Commended for thesis.
‡ Passed with first-class honours.

ROYAL COLLEGE OF SURGEONS OF EDINBURGH.

AT a meeting of the College on December 15th the following gentlemen, having passed the requisite examinations between October 4th and 6th, were admitted Fellows:

James Buchanan, M.B., Ch.B.Univ. Glasg., Shettleston, Glasgow; Shyama Pado Chattopadhya, L.R.C.S.E., etc., Halisahar, Bengal; Jacobus Stephanus du Toit, M.D.Univ Edin., Royal Westminster Ophthalmic Hospital, London, W.C.; Arthur Owen Evans, M.B., Ch.B.Univ. New Zeal., Reigate, Surrey, England; James Norman Jackson Hartley, M.B., Ch.B.Univ. Edin., Edinburgh; Alfred William Macbeth, M.D., C.M. Queen's Univ., Kingston, Ontario, Canada, L.C.P. and S. Saskatchewan, Edinburgh.

Obituary.

GEORGE ALLAN HERON, M.D., F.R.C.P.,

CONSULTING PHYSICIAN, CITY OF LONDON HOSPITAL FOR DISEASES OF THE CHEST.

DR. GEORGE ALLAN HERON, whose death in London on December 10th was briefly announced in our last issue, was born in Glasgow in 1845. He received his early education in Ottawa and in Glasgow. He studied medicine in the University of Glasgow and at University College, London, and graduated M.B. and C.M.Glasg. in 1867 and M.D. in 1869. He took the diploma of D.P.H. in 1877 and that of M.R.C.P.Lond. in 1880. He was elected F.R.C.P. in 1887. As a young man he studied also in Berlin and Paris, but he always insisted that though he learnt much in foreign schools his real teacher in the true principles of the science and art of medicine was Sir William Gairdner of Glasgow, where, at the Royal Infirmary, Heron held resident appointments. After holding the appointment of assistant medical officer to the Glamorgan County Asylum, Dr. Heron practised in the south of England for a few years, but ultimately settled as a consulting physician in London. He became a member of the staff of the City of London Hospital for Diseases of the Chest, Victoria Park, and henceforth took a great interest in pulmonary phthisis and other forms of tuberculosis. He worked with Professor Koch before the researches of that pathologist became public property, and received Koch as his guest when he visited England. Heron was one of the first physicians in this country to whom Koch communicated the result of his researches as to cholera and the hopes he entertained as to the first tuberculin treatment. He submitted the treatment to a prolonged and careful test in the Victoria Park Hospital, and in this work, as Dr. Vincent Harris informs us, he was intimately associated with his colleagues, of whom Dr. Harris was one. Notwithstanding many failures some striking results were occasionally observed, and Heron to the last appeared to believe in its efficacy. He was a shrewd and trained observer, but his opinions in this matter may have been biassed by his friendship for Koch and admiration for his powers as a leader in experimental medicine. Dr. Heron published a book on the *Evidences of the Communicability of Consumption* in 1890, and contributed much to the dissemination of Koch's views as to tuberculosis both by papers contributed to the transactions of societies and by the speeches with which he frequently intervened in debates. He was a member and for some time president of the Assurance Medical Society, and in 1899 contributed to its *Proceedings* a paper on the extra ratings of healthy lives.

Dr. Heron was for many years a member of the British Medical Association. He served on the council of the Metropolitan Counties Branch for four or five years, and was chairman of its Finance Committee. He became a member of the Central Council in 1903, and took an active part in drafting a scheme of individual medical defence for members of the British Medical Association. This was a subject to which he had long given attention. He was one of the chief founders of the London and Counties Medical Protection Society in 1892 and its treasurer from that time until he was elected president in 1913 on the death of Sir Jonathan Hutchinson. During practically the whole period Dr. Heron acted as chairman of the council of the society, which at its meeting on December 16th adopted a resolution putting on record its deep sense of the great loss sustained by the society by the death of one who devoted so much valuable time and energy during twenty-three years to its interests.

Dr. Heron was a man of striking presence, and in his day a good cricketer. He was a Liberal in politics and a member of the Reform Club. He was a widower, but leaves three sons who survive him, one now serving in the army.

THE death is announced of Dr. THOMAS RIGG, of Burgh-by-Sands, Cumberland, aged 73 years. He was a native of Cumberland, graduated M.D.Edin. in 1864, and in the same year took the diploma of M.R.C.S.Eng. After two years spent as a ship surgeon, during which he made several voyages to Australia and China, he settled in 1866 at Burgh and remained in practice for 45 years, when failing health compelled him to retire from active work. He had a large country practice, and was held in high esteem by the community in which he worked for so long. He died on December 2nd, and was interred on December 6th in the village churchyard in the presence of a large number of friends from over a wide area.

WE regret to announce the death of Dr. JOHN ALEXANDER RAYNER, which occurred at his residence, Stamford Hill, N., on December 7th. He had been in failing health for several months past, and the end was not unexpected. Dr. Rayner was born on August 9th, 1845, at Queen's Road, Dalston, and was the only son of the late Dr. John Rayner, one of the most successful of local family practitioners. He was educated at Homer House, Dalston, and King's College. He graduated B.A.Lond. in 1871 and received the diploma of M.R.C.S. in 1868. After several years' experience in the Midlands he returned to London and took over the practice of his father, and soon endeared himself to a large circle of patients. In 1898 he was joined in practice by Dr. David Ross and retired in 1908 on account of failing eyesight. Dr. Rayner's whole interest was centred in his work, and by his sterling honesty and integrity he won the confidence and esteem of his patients. In private life he was genial, cultured, and most hospitable, and had a wide circle of friends. Dr. Rayner was unmarried, but had the lifelong devoted companionship of his eldest sister, for whom much sympathy is felt. He was a member of the City Division of the British Medical Association and of the Aesculapian Society.

DR. MARCEL OUI, whose death was recently announced in the BRITISH MEDICAL JOURNAL, was born at Saumur in 1868. He studied first at the Medical School of Rochefort, afterwards at Bordeaux. In 1895 he became *agrégé* in obstetrics at Lille. At the end of his term of office he was appointed assistant professor. In 1907 a chair of obstetrics and infantile hygiene was created for him; in 1910 this was transformed into a chair of clinical midwifery. In 1911 Oui was elected a corresponding member of the Académie de Médecine, and in 1912 he received the distinction of Chevalier of the Legion of Honour. On the outbreak of the war he offered himself for service with the army. Forced to leave Lille when it was occupied by the Germans, he worked successively as surgeon in several military hospitals; finally he was appointed inspector of the first sector of the eighteenth region. The arduous work of that post, which involved constant travelling, undermined his health, and his life of usefulness was brought to a premature end after an urgency operation. The University of Bordeaux was officially represented at the funeral, and the dean, Professor Sigalas, delivered an appreciative address at the graveside.

DR. JOHN ALLAN died on December 4th at Ardrossan in his 57th year. He studied medicine in the University of Glasgow, and graduated as M.B. and C.M. in 1885, and M.D. in 1891. He practised in Ardrossan with one of his five brothers, all of whom entered the medical profession. He spent a good many years in South Africa, and held a commission during the Boer war as major in a battalion raised for the protection of the mines in the Johannesburg district. On the outbreak of the European war he organised the Ardrossan Red Cross Hospital, of which he was honorary commandant to the time of his death. He leaves a widow and three children, the elder son being at present in France with the Commercial Battalion, H.L.I.

DR. EDWARD LIVINGSTON TRUDEAU, the well-known pioneer of the open-air treatment of tuberculosis in America, died at Saranac Lake, the name of which he had made famous, on November 15th. He was born at New York in 1848, and took his degree at the College of Physicians and Surgeons of that city in 1871. In 1872 he began to practise in New York, but two years later he was pronounced to be dying of consumption, and retired to Saranac to spend what remained to him of life in the pure air of the Adirondack Mountains. His health was so much benefited, however, that he was able to strike out a new path of work in the treatment of tuberculosis. In 1885 he founded the Adirondack Cottage Sanatorium for the treatment of incipient tuberculosis in working men and women. From small beginnings it has grown into an institution with accommodation for more than a hundred patients. It is conducted on a semi-charitable basis, and was managed by Trudeau without salary. Among many distinguished persons who sought health at Saranac was Robert Louis Stevenson, who, always fond of doctors, became a fast friend of Trudeau. In 1894 Trudeau built the Saranac Lake Laboratory for the Study of Tuberculosis; it was the first institution of the kind established in the United States. Much valuable work, largely dealing with the question of immunity, has come from this scientific workshop. Trudeau contributed largely to medical literature on subjects relating to tuberculosis. The honorary degree of M.Sc. was conferred upon him by Columbia University in 1899, that of LL.D. by McGill University, Montreal, in 1904, and the University of Pennsylvania in 1913. He was president of the Eighth Congress of American Physicians and Surgeons held at Washington in 1910. He was a man of great intellectual gifts and of fine character. So fruitful has been Trudeau's work that in the thirty-one years that have elapsed since the Cottage Sanatorium at Saranac Lake was opened, the number of similar institutions has increased till now there are in the United States (according to the *Journal of the American Medical Association*) 575 sanatoriums and hospitals with a capacity of 35,000 beds, 450 tuberculosis dispensaries, and more than 1,000 doctors and over 4,000 nurses who give themselves wholly to the study and treatment of the disease.

DR. ABRAHAM CROSS GODFREY died very suddenly on October 21st at his residence, Broom Hill, Dripsey, co. Cork. He received his professional education at McGill College, Montreal, qualifying as M.D. and C.M. in 1865. In the same year he took the diplomas of L.R.C.P., L.R.C.S.Edin., and wrote an essay on diphtheria. He was for some time physician to the Southampton Dispensary.

DR. WILLIAM OMAND SCLATER, whose death was announced in the JOURNAL of November 27th, p. 797, was born in Orkney thirty-one years ago. He commenced practice at Ipoh, Perak, with his friend and contemporary, Dr. W. P. Chrystall, four years ago. After the death of Dr. Chrystall in February Dr. Sclater was continuously overworked, but once a week he never failed to be on parade with the Malay States Volunteers.

FLEET SURGEON JOHN FREDERICK MITCHELL, R.N. (retired), died recently in London, aged 84. He took the diploma of M.R.C.S. in 1856, joined the navy in the same year, became staff surgeon in 1875, and fleet surgeon in 1878.

A RELATIVE of the late Deputy Surgeon-General WILLIAM FARQUHAR, Madras Medical Service (retired), who died in London on October 15th, and an obituary notice of whom was published in the BRITISH MEDICAL JOURNAL of November 13th, has sent us some further interesting particulars of his early life before he entered the Indian Medical Service. While a medical student, in 1852, he made a voyage to the Arctic regions in medical charge of the whaler *Spitzbergen*, of Peterhead, on her maiden voyage. After a very successful season the ship was caught in the ice, and by a fortnight's alternate crushing and release became a total loss. The crew were fortunately saved by another ship. After qualifying, in 1853, he sailed from London to New Zealand as medical officer of the *Northfleet*, a passenger ship, which after landing her passengers at Auckland went on to Hong Kong. There he joined the P. and O. service, in which he served in eight different vessels between Suez and Shanghai, incidentally seeing a good deal of the Taiping rebellion while serving on the China coast. He returned home in 1856, and entered the Indian Medical Service on May 28th, 1858, passing third on the list. While in the service, in addition to the posts previously mentioned, he held the Sanitary Commissionership of Madras for some time in 1886, and in 1890, before his retirement, acted for a brief period as surgeon-general with the Government of Madras.

THE HON. JAMES EDWIN ROBERTSON, M.D., died at Montague, Prince Edward Island, on October 19th, aged 76. He was born at Peith, P.E.I., in 1840, was educated at the Charlottetown Academy, and took the degree of M.D. from McGill University in 1865. He was a member of the provincial parliament from 1870 to 1882, when he became a member of the Canadian House of Commons. In 1902 he was made Liberal Senator.

Medical News.

CORNELL UNIVERSITY has received a bequest of £10,000 from Mrs. Sarah Manning Sage to be applied to the promotion of medical science by research.

THE Government of Saskatchewan will in future pay 25 dollars to a mother on the birth of a child, and 15 dollars to the doctor who attends her.

ON December 20th the Queen visited Upper Lodge, Bushey Park, which has been lent by the King to the Canadian Red Cross Society for a convalescent hospital for the Canadian contingents. Her Majesty was received by Surgeon-General G. Carlton Jones, Director of Canadian Medical Services, and Colonel C. A. Hodgetts, Canadian Red Cross Society.

UNDER the auspices of the American Red Cross, an organization has been formed to raise funds for the establishment of a hospital in Paris for the treatment of wounds of the face. The new hospital will be devoted to skin grafting and plastic surgery for the treatment of disfigurements.

THE first number of a new medical periodical, entitled, *The Journal of Laboratory and Clinical Medicine*, appeared at St. Louis in October. The editor is Professor Victor C. Vaughan. It is intended "to bring discovery and its application closer together, to supply the research man with

a strictly scientific organ through which he can report the result of his labours, and to suggest to the practitioner how he may use the latest discoveries." The publishers are the C. V. Mosby Company, St. Louis.

THE Ligue Française de l'Enseignement has presented its large medal of honour to Dr. Langlet, the Mayor of Rheims. M. Poincaré, President of the Republic, M. Painlevé, Minister of Public Instruction, and M. Léon Bourgeois, Minister of State, who were present at the ceremony, each delivered a short speech expressing their warm appreciation of the services rendered by Dr. Langlet to Rheims and to the cause of education.

THE proposal for the creation of a new cabinet office in the United States Government to be known as the Department of Health is to be revived in the next Congress. It has the support of medical societies and of the political parties which recognize in the movement a step towards the better safeguarding of the public health. The only opposition, it is said, comes from Christian Scientists and osteopaths, who declare that the proposal is made in the interests of the "medical trust."

Asclepios is the title of a new monthly medical review published at Havana under the direction of Drs. Otto Bluhme and Solano Ramos. The October number contains a very interesting account, with an excellent portrait, of the late Dr. Carlos Finlay. Our new contemporary makes a feature of illustrations, most of which are well produced. Among these are portraits of leading Cuban doctors whose professional achievements and personal characteristics are displayed with a touch of not unkindly caricature. The scientific contents are of the usual kind. *Asclepios* is a "live" journal, and we wish it success.

WE have received a packet of booklets from that energetic body, the Women's Co-operative Guild, which did so much to help on the passing of the Notification of Births (Extension) Act. The booklets deal with: (1) *The Work of Maternity Committees* of Public Health Authorities, the work being the securing of a full service of health visitors, the setting up of maternity centres, the arrangement for the confinement of necessitous women, and hospital treatment for abnormal cases; (2) *Home Helps* (during the lying-in time); (3) *A Municipal Maternity Centre* (its establishment, cost, etc.), and (4) *What Health Authorities Can Do, and What We Can Do.*

MEETINGS of the Central Midwives Board were held on December 16th and 17th for hearing penal charges; Sir Francis Champneys presided. The reports on three adjourned cases were all satisfactory. Fifteen fresh cases were heard, and in eight instances the women were struck off. Judgement was postponed in six others, and in one no action was taken. In addition to the usual faults of want of cleanliness and ignorance as to the taking of pulse and temperature, there were several cases in which either puerperal fever had occurred, or ophthalmia neonatorum had been neglected. At the monthly meeting on December 16th the Standing Committee reported letters from two districts asking the opinion of the Board on the signing of maternity benefit forms by registered medical practitioners where the patient has been delivered by an uncertified woman. The Board's reply was to the effect that the matter should be brought to the notice of the General Medical Council. In reply to another letter, a resolution was passed asking the London County Council not to delegate its powers and duties to various borough councils under the Registration of Lying-in Homes Act, 1915.

AMONG the cards of a desk calendar issued by the company is one giving a very modest account of the fifty years' doings of the Booth Line. The various types of boats are shown in coloured sketches; the earliest boat was "a kind of a giddy harumfrodite"—steamer and sailor too. The owners of a boat of that day would announce that she "carried a surgeon and a cow;" the advertisement, though it gave offence to some, was really an appeal to the anxious mother. To-day the last new boat of the Booth Line "carries (normally) doctor, doctor's orderly (ex-R.A.M.C.), nurse," and so on. We are glad to note this utilization of a very deserving class of men who often have rather a poor time after leaving the corps where they learn, or can learn, a great deal about handling and carrying a hurt man, and tending the sick, and may become very useful surgery attendants. The Booth Line is best known to the medical profession for its cruises to Portugal and Madeira, very beneficial to overworked or convalescent patients, but its chief trade is to South America, and it can boast that a mosquito-proof ship belonging to it made voyages up the Madeira river, a tributary of the Amazon, without sickness of any kind, whereas unprotected steamers only made the voyage with a terrible total of death and sickness amongst the crew.

Letters, Notes, and Answers.

AUTHORS desiring reprints of their articles published in the BRITISH MEDICAL JOURNAL are requested to communicate with the Office, 429, Strand, W.C., on receipt of proof.

THE telegraphic addresses of the BRITISH MEDICAL ASSOCIATION and JOURNAL are: (1) EDITOR of the BRITISH MEDICAL JOURNAL, *Aitiology, 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.

S. would be glad to hear of a remedy to prevent loud snoring in the case of a fat man aged 45. Uvula and soft palate normal; no organic disease apparent anywhere.

N. S. C. asks for particulars of experience of the use of subcutaneous injections of adrenalin in asthma. He is treating a woman, aged 46, who has had asthma ever since her last child was born, eleven years ago. She has tried most of the usual drugs given for this complaint, but the attacks get more numerous and severe.

DR. DE REZENDE (Guaratingueta, S. Paulo, Brazil) asks for advice in the treatment of an obstinate case of aphthous stomatitis in a woman aged 26. He has painted the ulcerated surfaces with 5 per cent. solution of silver nitrate and with tincture of iodine. Arsenic and iron have been given internally, and mouth-washes of camphor, carbolic acid, and salicylic acid in glycerine and hydrogen peroxide have been prescribed. The patient also suffers from anaemia and hypertrophy of the tonsils with hyperplastic rhinitis. The teeth are in good condition.

A CORRESPONDENT asks advice about an infant 18 months old. Three days after birth, right flat-foot was detected, and was cured by massage, etc. The child now throws its whole weight on the right foot and brings down the heel only of the left foot when walking. The left tibia is slightly bowed forwards. Our correspondent asks if a piece of steel, vertical to the leg, with a horizontal heel piece so as to keep the heel high, would be productive of good.

LETTERS, NOTES, ETC.

"GERMAN MEASLES."

DR. CLEMENT DUKES (Consulting Physician to Rugby School) writes: For more years than I care to think I have tried to get rid of the above obnoxious name for a very common disease. Has not the time now arrived to bury this name in oblivion, and substitute the more suitable title of epidemic roseola or rose-rash?

THE TONSILS.

DR. ARTHUR MECHAN (Dowanhill, Glasgow) writes: I have not yet read Dr. Henry A. Barnes's monograph on the tonsils, but judging from your review of it in the BRITISH MEDICAL JOURNAL of October 16th (p. 569) it should be worthy of perusal and study. I quite agree with Dr. Barnes regarding his views of tonsillectomy and tonsillotomy. I would even go further, and eliminate the so-called operation of tonsillotomy altogether. In my opinion it is never a radical operation, and does not fulfil the object for which the removal of tonsils is called for. The late Professor George Buchanan of Glasgow strongly advocated and practised tonsillectomy over thirty years ago, and I frequently assisted him at the operation. He would have none of Morell Mackenzie's guillotine, and expressed his opinion of it and other instruments in his usual characteristic brusque and pithy manner. A pair of dressing forceps, a Syme knife, and his right forefinger nail were his armaments. Later, at the old Golden Square Throat Hospital, where Morell Mackenzie's instrument was daily manipulated (he being one of the surgeons at the time), I was conversant with its alleged utility. I still adhere to the teaching of my old chief, and a quarter of a century's experience only strengthens my belief in it.