

readily from the one wound to the other; a sinus extended from the wound above the wrist for 2 in. higher up the arm; the skin of the hand was in a very sodden state from previous wet dressings. The hand was very much swollen, exceedingly painful, and suppurating freely; it had been kept in a bath for forty-eight hours, during which time the patient had had no sleep. Equal parts of ichthyol and glycerine were painted on the wounds twice daily, and where the drainage tube had been pure spirit was run through once daily. In one week the wounds had contracted, the discharge was less, and there was no pain in the hand. On the tenth day after admission there was no discharge from the wounds, the hand was no longer swollen, there was no return of pain, and the patient could move his fingers and wrist freely without pain. On the thirteenth day the wounds in the hand had healed and the wound above the wrist was about the size of a sixpence; in another week this had completely healed.

In this case there was no improvement during nineteen days' treatment with wet dressing, but a change to ichthyol and glycerine resulted in rapid contraction of the wounds and cessation of suppuration.

## REFERENCES.

Major Duggan: *R.A.M.C. Journal*, October, 1915. *The Practitioner*, January, 1916, p. 118. *R.A.M.C. Journal*, March, 1916.

## Memoranda:

## MEDICAL, SURGICAL, OBSTETRICAL.

## THE DANGER OF IODINE SOLUTIONS FOR STERILIZING THE SKIN IN ABDOMINAL OPERATIONS.

THERE are probably no intra-abdominal conditions that may be the source of more continuous suffering to a patient or be more difficult to treat than peritoneal adhesions. It certainly, therefore, behoves us in our own work to avoid any practice, however commendable for other reasons, that might conduce to such an undesirable result. It has long been my custom to discard the use of iodine solutions for the sterilization of the skin prior to an abdominal operation, although I have freely applied them after the peritoneal cavity has been efficiently closed. My reason was that I had occasionally seen the skin irritated as the result of its application; and the fear arose in my mind that the peritoneum, being a much more delicate structure than the skin, might suffer equally, if not to a greater degree, should any of the iodine applied to the skin gain access to it, directly or indirectly. My fears were later confirmed by papers by Propping and Bertelsmann in the *Zentralblatt für Chirurgie* (Nos. 19 and 26). The former proved by experiments on dogs that abundant fibrous agglutinations resulted from the injection of a solution made up of twenty drops of tincture of iodine in 80 c.cm. of salt solution into the peritoneal cavity. He further stated that he had seen six cases of ileus which he believed to be attributable to adhesions the result of iodine irritation. Bertelsmann recognized the possible danger connected with the use of iodine for sterilizing purposes. I have already drawn attention to the subject in my *Practice and Problem in Abdominal Surgery* (p. 67), where the matter is more fully discussed. The possible evils of the use of iodine in abdominal work has recently received further confirmation in a contribution to the *Annals of Surgery* (February, p. 198) by M. H. Walker and L. M. Ferguson, whose investigations were undertaken ostensibly for the purpose of determining what measures could be employed to prevent the formation of peritoneal adhesions. But, in their experiments upon rabbits, they, first of all, sought to produce adhesions, and found that "the densest aseptic adhesions were caused by touching the peritoneum lightly in five places with a small gauze pledget, dipped in half-strength tincture of iodine." One of the conclusions at which they arrived is "iodine should be used in abdominal surgery with great care, or better, not used at all, for a very little of it allowed to touch the bowel causes masses of adhesions."

I will not enlarge on the question as to what may be used in place of iodine for the sterilization of the abdominal skin; suffice it to say that the usual methods for the initial cleansing of the skin followed by the application of, first, a compress of carbolic lotion (1 in 40) for several hours, and, second, another compress soaked in lotion (1 in 20) for an hour or so will fulfil every requirement

of efficient sterilization. When time does not admit of the longer process of preparation, spirit can be used, or even 1 in 20 carbolic solution alone.

A. ERNEST MAYLARD, B.S., M.B.Lond.,  
F.R.F.P. and S.Glas.,  
Surgeon to the Victoria Infirmary, Glasgow.

## EXTRACTION OF INTRACRANIAL FOREIGN BODIES.

On March 14th a boy, aged 16, walked into my surgery complaining of a blow on the head from a falling tree. My partner, Dr. Burn, saw him, and diagnosed a depressed fracture. I operated in the evening, and found what appeared to be a piece of detached bone. I removed with forceps what turned out to be a fragment of a branch. It was irregular, but measured approximately  $1\frac{1}{4}$  in. by  $\frac{3}{4}$  in. It had been driven completely through the skull, and was lying under the parietal bone. After removal of the wood I elevated the depressed bone, and closed the wound with the exception of a space left for drainage.

The patient progressed well till the seventh day, when he had very violent convulsions. I opened up the wound again to allow of more free drainage, and he made a complete recovery, returning to work five weeks after the accident. A striking point about the case is that there is no history that the boy was ever in the slightest degree unconscious, and that he was able to travel a distance of four miles, partly by train and partly on foot, after such a severe head injury.

SIDNEY MATTHEWS, M.R.C.S., L.R.C.P.  
Crawley, Sussex.

## British Medical Association.

## CLINICAL AND SCIENTIFIC PROCEEDINGS.

## GRENADA BRANCH.

*The Control of Yaws.*

THE first meeting of the Grenada Branch was held at the offices of the International Health Commission, St. George's, Grenada, on May 5th, when the President, the Honourable E. F. HATTON, Colonial Surgeon, read a paper on the control of yaws in Grenada. There was, he said, evidence that the disease was introduced into the West Indies by slaves brought from the West Coast of Africa. Though the traffic in slaves was stopped in 1807, slaves taken from slave ships by the British navy were set free in Grenada at a much later date. Down to the abolition of slavery yaws was very prevalent; its contagious nature seemed to have been recognized from a very early date, and nearly every estate had its yaws house for segregation. Slavery was finally abolished in 1834, but a system of apprenticeship followed for four years, during which the yaws houses were kept up. At the end of this four years, in 1838, the slaves scattered all over the colony, many of them taking up gardens in the hills, and the yaws houses were done away with. In 1875, 33 cases of yaws were treated in the colony hospital, and in the following year an auxiliary hospital, providing for sixteen males and ten females, was opened. The number of cases admitted to it rose until it reached 118 in 1882. Increased accommodation was opened at the yaws hospital in January, 1883, at which time it was estimated that there were 800 cases in the colony, or about 2 per cent. of the population at the time. The number of cases admitted to the hospital fell from 376 in 1883 to 34 in 1894; thereafter it rose, with some fluctuations, until the large total of 605 was reached in 1915. Dr. Hatton pointed out that segregation, the policy relied upon for over forty years in Grenada, St. Lucia, and other neighbouring colonies, had not been successful. Yaws was an endemic disease, and isolation failed in such diseases, owing to the difficulty of isolating every case. There had always been cases of yaws hidden away, and it was doubtful whether all the cases discharged from the yaws hospital were cured; probably many of them were capable of communicating the disease to others under certain conditions, even after the outward signs had disappeared. The treatment of cases with salvarsan was begun in 1912 with encouraging results. The number so treated was 55 in 1914 and 20 in 1915. The decrease was due to the stoppage

Sir William Blizard on the way he spoke out. But more interesting, and intensely vivid, were his word pictures of India and the campaigns in which he shared. The journey from Dinapur to Agra, some 450 miles, might now well be done in a night, but in 1843, by Dak gharry, drawn either by horse or bullock, it took three weeks; hence he was too late for the battle of Maharajpore, though he assisted with the wounded. His next campaign was on the banks of the Sutlej, and more than once I have heard the story of Aliwal, and of the bloody field of Sobraon, from the surgeon's point of view. Incidentally one learns from his writings that there were German missionaries at Gorruckpore in 1849, but selected by the Church Missionary Society on account of their cheapness. Hinton's experiences in the Mutiny included a thrilling march from Bowsee to Raneeungee with his regiment (32nd N.I.) for the purpose of being disarmed; the massacre of the officers on the march was only averted by the colonel receiving a letter of warning. So, too, there were tales of the second Sikh campaign of '48-'49, of the China war of 1858-60, and of the Bhootan campaign in 1864.

Of late years his birthdays were generally honoured by a visit from the Governor; Admiral Sir Day Bosanquet, our late Governor, had served as a midshipman outside Canton when Dr. Hinton was camped inside. Our present Governor, Sir Henry Galway, also usually visited him, and the late Chief Justice (Sir Samuel Way), when Lieutenant-Governor, always made a point of calling on him. Many distinguished visitors, ranging from Sir Ian Hamilton to Madame Melba, also from time to time were taken by me to see and chat with him, and then conversation would turn upon Sobraon and cannon-balls, Governors-General of India, and Commanders-in-Chief, Lord Gough and Sir Colin Campbell (Lord Clyde), Captain (afterwards Field-Marshal Sir) Patrick Grant, and Sir Hugh Rose (Lord Strathnairn), Sir William Mansfield (Lord Sandhurst), and Sir Harry Smith.

Dr. Hinton was frequently irascible, and often deficient in tact. As a consequence, it would seem, promotion was slow, and the medals and clasps for his campaigns were not always forthcoming. Nor does he seem to have taken advantage of the many openings for professional, for scientific, or for administrative work which in the case of other Indian surgeons have led to fame. Nor after his retirement did climate and leisure modify his temperament; the result was too evident: he made no friends. Still he was perfectly happy, even if rather egotistic. He was of a restless disposition, frequently changing his residence, and residing mostly in very second-rate hotels in town or country. When 90 years old he felt impelled to visit Africa with a vague idea that he might be of service during the Boer campaign. Up to the time of his accident he considered he had failed in his duty towards himself if for any reason he had not taken his daily walk of six or eight miles.

The remains were privately cremated at Adelaide on May 15th, and the ashes were buried next day at the North Road Cemetery in the grave of his wife, who had predeceased him by some thirty years. Simple in his habits and unostentatious in manner, he stipulated that his death should not be announced in the papers till after the cremation, for he had an aversion to the pomp of a military funeral or the attendance of the Corps of Veterans, to which he had been appointed surgeon on the occasion of his centenary.

## Universities and Colleges.

### UNIVERSITY OF OXFORD.

THE following candidates have satisfied the examiners at the examinations indicated:

- D.P.H.—Part I: Isobel Mitchell. Part II: Elizabeth F. Butler, A. K. Sontar.  
FIRST M.B.—*Human Anatomy and Human Physiology*: H. G. Burford, F. B. Dutton, R. Gainsborough, T. Patterson, W. V. Robinson, H. W. Toms, B. Tordoff.  
SECOND M.B.—*Materia Medica and Pharmacology*: C. W. W. Armstrong, I. H. Beattie, E. A. Crook, W. Gover, R. M. Humphreys, R. T. F. D. Roberts, J. J. Savage, G. K. Stone.  
*Pathology*: C. W. W. Armstrong, G. K. Bowers, W. Burridge, G. R. Cowie, W. Gover, W. F. Harvey, R. B. Hervey-Wyatt, R. M. Humphreys, R. W. Lush, K. A. I. Mackenzie, R. T. F. D. Roberts, G. H. Rosedale.  
*Forensic Medicine and Public Health*: F. L. Apperly, I. H. Beattie, J. N. L. Blamey, G. K. Bower, W. Burridge, J. M. H. Campbell, L. M. Davies, W. S. Dawson, G. I. Evans, T. E. Micklem, G. Perkins, N. A. Sprott, S. C. Varley.  
*Medicine, Surgery, and Midwifery*: J. N. L. Blamey, J. M. H. Campbell, W. S. Dawson, T. E. Micklem, G. Perkins, N. A. Sprott.  
M.S.—A. L. Pearce-Gould.

### UNIVERSITY OF ST. ANDREWS.

THE annual graduation ceremony took place on July 6th, when Principal Herkless, Vice-Chancellor, presided. The following were among the degrees conferred:

- M.D.—Captain J. Taylor, R.A.M.C.  
M.B., Ch.B.—Mary M. G. Ferguson, N. B. B. Fleming, Elsie L. Kyle, M. McGillivray, D. Roger, A. G. Stevenson.  
Hon. LL.D.—Dr. James Musgrove, Bute Professor of Anatomy in the University.

### UNIVERSITY OF ABERDEEN.

THE summer graduation took place on July 8th. The Principal, Sir George Adam Smith, presided at the capping ceremony. The following were among the degrees conferred:

- M.D.—J. Watt (highest honours for thesis), G. Byres (old regulations), Major A. W. O. Wright, I.M.S.  
M.B., Ch.B.—\*\*W. Corner, \*A. C. MacDonald, R. J. Clark, A. H. Craig, G. S. Davidson, G. Ewen, \*A. Fowler, D. M. M. Fraser, \*A. Johnston, G. J. Key, D. Lyon, G. S. Mather, J. A. Nicholson, A. K. Robb, \*D. S. Scott, R. J. Smith, G. Thomson, W. D. Whamond.

- \* Passed Fourth Professional Examination with "distinction."  
\*\* Passed Fourth Professional Examination with "much distinction."  
† Second class honours.

The John Murray medal and scholarship, awarded to the most distinguished graduate (M.B.) of 1916, has been bestowed upon Dr. Andrew G. Reid, who also received the Lyon prize.

### THE COUNCIL OF THE ROYAL COLLEGE OF SURGEONS OF ENGLAND.

ON Thursday, July 6th, the election was held of four Fellows to fill the vacancies occasioned by the retirement in rotation of Sir A. Pearce Gould, K.C.V.O., Mr. W. Haslam, and Sir W. Arbuthnot Lane, and by the death of Mr. Stanley Boyd. Mr. Haslam was re-elected, and Mr. T. H. Openshaw, C.M.G., Mr. Raymond Johnson, and Mr. Vincent Warren Low, C.B., were elected. Mr. Warren Low being fourth on the poll was declared substitute member for the late Mr. Stanley Boyd until July, 1917. The number of Fellows voting was 660, of whom 654 voted by ballot papers, but only 6 in person. Seven ballot papers were received too late.

	Votes.	Plumpers.
Mr. W. F. HASLAM ... ..	353	24
Mr. RAYMOND JOHNSON ... ..	315	23
Mr. THOMAS HORROCKS OPENSHAW, C.M.G. ...	282	33
Mr. VINCENT WARREN LOW ... ..	217	39
Mr. FRANCIS J. STEWARD ... ..	208	55
Mr. HERBERT STRINGFELLOW PENDLEBURY ...	177	21
Mr. JOHN MURRAY ... ..	160	6

## Medical News.

THE annual general meeting of the Medico-Psychological Association of Great Britain and Ireland will be held on July 27th at 11, Chandos Street, Cavendish Square, W., at 2.45 p.m., when papers will be read by Sir George Savage on mental disabilities for war service, and by Captain Colin McDowall, R.A.M.C., on functional gastric disturbance in the soldier.

MAJOR R. TAIT MACKENZIE, R.A.M.C., professor of physical education, University of Pennsylvania, will read a paper on the treatment of convalescent soldiers by physical means, at a meeting of the Section of Surgery of the Royal Society of Medicine, on Friday next at 5 p.m. It will be illustrated by lantern slides of cases under treatment.

AMONG the pensions granted during the year ended March 31st, 1916, and payable under the provisions of Section 9 (1) of the Civil List Act, 1910, are £30 to Miss F. L. Bryant, in consideration of the surgical work of her father, the late Mr. Thomas Bryant, F.R.C.S., and of her inadequate means of support; and £50 to Dr. George Cunningham, in recognition of his services to the study of dentistry and of his straitened circumstances.

WE are informed that a Federation of Medical Women's Associations has been formed. It will be managed by an elected representative council. The organizations at present represented are: The North-Eastern, the Northern, the Midland, the Irish, the Scottish, and the Registered Medical Women's Associations. Inquiries may be addressed to the Secretary, Medical Women's Federation, 122, Harley Street, London, W.

THE S. Weir Mitchell Memorial Dispensary of the Philadelphia Orthopaedic Hospital and Infirmary for Nervous Diseases was formally dedicated on June 1st. An address in memory of Dr. Mitchell was delivered by Professor W. W. Keen. The building cost about £8,000.

At a meeting of the Paris Academy of Medicine on March 28th, 1916, Professor Gaucher read a communication on syphilis in war time (abstracted in the *EPITOME*, June 10th, par. 78) which led to the appointment of a committee to study the whole question. The report of that committee—consisting of Drs. Balzer, Landouzy, Marie, Pinard, and Vaillard, with Dr. Gaucher as reporter—was presented to the Academy on June 6th. The recommendations are that there should be daily supervision and inspection of women in licensed brothels (*maisons de tolérance*); that other registered prostitutes should be inspected twice a week; that soldiers should be inspected every fortnight; and that men on leave should be inspected before they go home and on their return. Solicitation in the streets should be absolutely forbidden, and the police order relative to the supervision of furnished apartments, places licensed for the sale of drink, and every house open to the public should be rigorously enforced. Women not belonging to the district should be forbidden to reside within army zones. The natives of Africa and Asia brought in large numbers to work in war factories should be inspected on their departure from their own country and on arrival in France. Special hospitals at which persons suffering from venereal diseases, soldiers and civilians, men and women, could receive advice and receive out-patient treatment should be created; the patients, it is said, should be treated by "the most rapid, most active, and most certain methods." It is further suggested that courses should be established in the special clinics of medical faculties for the instruction of army doctors appointed to the charge of services of venereal disease, and that the lectures and demonstrations already given to soldiers by medical officers on the danger of such affections and the means of avoiding them should be multiplied. The majority of the committee were in favour of extending the system of licensed houses in garrison towns as well as in the fighting zone. Dr. Gaucher dissociates himself from that opinion, holding that it would be better to appeal to the moral sense of the men, and to insist on the expediency of continence as a measure of precaution. The recommendations as to women in war zones and as to the treatment of syphilis were referred to the committee for further study.

## Letters, Notes, and Answers.

AUTHORS desiring reprints of their articles published in the *BRITISH MEDICAL JOURNAL* are requested to communicate with the Office, 423, 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*, *Atiology*, *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.

DR. GEORGE PERNET asks for particulars of cases of mycosis fungoides treated by salvarsan. He states that Brault of Algiers has recorded a case unsuccessfully treated by salvarsan and hectine, and that in a case of mycosis fungoides à tumeurs d'emblée observed by himself salvarsan did no good; it may, he thinks, do harm.

### LETTERS, NOTES, ETC.

M.O.H., who, while driving his car on duty, has been accused of being a "joy rider," writes to suggest that medical men should have some distinguishing mark on their cars to show that they are being used for professional purposes.

WOMEN STUDENTS AT THE LONDON HOSPITALS. PROFESSOR W. D. HALLIBURTON (Dean of Medical Science Faculty, King's College, London) writes: Sir John Broadbent's letter in your issue of July 8th demands a word of explanation from me. I only mentioned St. George's Hospital as having admitted women students to its wards because that hospital was the only one of the four hospitals with which we at King's College are associated that had taken this step up to the date of my letter. I was dealing with the matter solely from the point of view of providing clinical instruction for women students who take their preliminary and intermediate work with us. I was quite aware that St. Mary's Hospital had thrown open its doors to women students, and I understood from a letter which Sir John Broadbent wrote to me about a

month ago that his agreement with the London School of Medicine for Women precluded him from taking women medical students from any other source. From the King's College standpoint, therefore, St. Mary's Hospital was of no use to us, and that is the simple reason why I omitted to mention their recent action.

\*\* Charing Cross Hospital may now be added to the hospitals in London which have decided to admit women students. They will be admitted on the same terms as men, and can enter either for the full course or the final studies only. This decision, which is of temporary application, follows on the action of the Medical Science Faculty of King's College, with which Charing Cross Hospital is in relation.

### HOW MEDICAL WRITINGS MAY BE GIVEN A MARKED DEVELOPMENT.

DR. WILLIAM BRAMWELL (Liverpool) writes: With regard to those "eight rather bad blunders in English" which it appears are to be found in my letter, I would like to say to Dr. Mercier what Ulysses said to Eurymachus:

Ἄλλὰ μάλ' ὑβρίζεις, καὶ τοι νόος ἐστὶν ἀπηνής.

Dr. Mercier knows perfectly well that neither Dr. Lipetz nor I mean to advocate the word "marked" as the only adjective of intensity. We intended only to show that Dr. Mercier has made an unjust charge against medical writers, and that his statements as to the overuse and misuse of the word "marked" are very much exaggerated, in proof of which Dr. Mercier fails to show in reply to the challenge of Dr. Lipetz where such word is used as equivalent "to slight or scanty." I am, however, glad Dr. Mercier admits that I am more genteel than he in my repudiation of the word "sloppy." It is a confession on his part that, although he may consider the word neither vulgar nor meaningless, he at any rate regards it as not genteel, and hence he to some extent substantiates the justice of my remarks. But with regard to this word it is a strange inconsistency that Dr. Mercier in seeking to limit the use of the word "marked" to its most primitive meaning, an intention which he plainly shows in his first letter, should attempt to stretch the application of the word "sloppy" to an extent which borders on the ludicrous. As a further instance of Dr. Mercier's inconsistency I would like to point out that the words "bally" and "blooming" and "others beginning with 'b'" and the phrase "has me on the hip" are not expressions which should have been allowed to appear in the letters of one who has undertaken to teach the medical profession how to write correctly. Dr. Mercier could have expressed his meaning much more forcibly by a choice of words which one is accustomed to meet with in good English. He could have made up sentences which the profession looking upon as examples of good composition could have profitably studied and copied from Dr. Mercier as a teacher. As it is, he has already an imitator in one of your correspondents, who spoils an otherwise well-worded letter by very unnecessarily introducing the word "damn," which, coming where it does, jars on sensitive ears like a false note in music. But, in my opinion, the most regrettable example which Dr. Mercier sets—regrettable because it is utterly at variance with correct composition—is that many of the similes or comparisons he uses are totally inapplicable to, and quite out of parallel with, the subject he is discussing. The use or misuse of the word "marked" in medical writings has no similarity whatever with the plebeian habit of "throwing orange peel into the street" or the mere accident of "spilling tea on the tablecloth," the kinds of carelessness involved being much too widely different to be capable of appropriate comparison, neither the wilful act nor the accident admitting the smallest defence; while, on the other hand, the word "marked" has its legitimate and justifiable use—a fact to which even Dr. Mercier now agrees, since he admits that "it is not incorrect," and that "it will serve." Other comparisons of even more glaring inaptitude he adopts in connexion with the word "develop." To say, for instance, that a man cannot "look a disease" or "appear it" are statements so absurd that they could be easily misunderstood as denials of the very existence of the physical appearances on which correct diagnosis in many cases must very largely depend; and ambiguity in similes is not permissible. Surely his last two letters are so unlike the writings of the Dr. Mercier we have been accustomed to know that we may well feel he has disguised himself in the mask of the "Abbot of Unreason."

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