retain a dressing in place at any point, whether anterior, posterior, internal, or external. In order to retain an anterior dressing the centre of the strap is placed on the dressing, and the extremities are passed beneath the middle side parallel bars of the frame, and then upwards to be buttoned to the studs of the upper parellels according to the tension required (or a bandage can be used in the same way, knotting the ends together after having passed over the upper parallels). The proceeding in order to retain an internal or external dressing in place is to first pass one end of the strap round the centre parallel bar of the frame, and fix by uniting the eyelets by means of ordinary bone studs, then pass the other end of the strap beneath the limb round over its anterior aspect back to the same side of the frame, and then either beneath the central or upper parallel to be buttoned to the brass studs on the upper parallel. The proceeding for retaining a posterior dressing requires no explanation.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

CASE OF SPONTANEOUS RUPTURE OF SPLEEN: SPLENECTOMY: RECOVERY.[1]

E. H., aged 44, was admitted to the Princess Christian Hospital, Weymouth, on March 8th, 1916, with a bad septic hand, which required several incisions, and eventually the removal of the first finger.

He had had a bad attack of syphilis twenty years earlier, for which he was treated at a lock hospital in London for six months.

He was getting on quite well, and had been allowed up and about for several days, when on the morning of April 21st, while trying to get out of bed to dress, he felt an acute pain in the epigastrium. He was reported to be perspiring freely; clammy, very pale. The temperature was subnormal, the pulse about 60, and the respirations 24.

When I saw him about 10 a.m. the epigastric region was tender and slightly distended. The liver dullness was diminished, and the apex beat displaced upwards. He was very pale, and evidently in a good deal of pain. The pulse was 90. Drs. Macpherson Lawrie and Nuthall saw him with me later, and we decided to operate if his condition did not improve.

After midday his pulse began to get rapid and weak, and his condition evidently worse. The pulse rose to 120, and, with Dr. Lawrie's help, I opened the abdomen to the right of the middle line. On opening the peritoneum there was a gush of bright blood, which continued in large quantities, swamping everything, and making it for the time impossible to find out from where the bleeding proceeded. I put my hand over the stomach, and was able to feel a mass of clot under the left lower ribs; three handfuls of clot were removed from this region. While doing this I felt the spleen, and found an irregular tear on the anterior surface, from which steady oozing was proceeding. Grasping the spleen, I pulled it up to the wound, and immediately the bleeding stopped. The patient was by this time *in extremis*. The splenic vessels were ligatured and the spleen removed, the abdominal wound stitched up quickly with through-and-through stitches, leaving about one quart of saline in the abdominal cavity.

He was given ½ c.cm. pituitrin on the table, and every four hours after till 10 a.m. next day. Strychnine $\frac{1}{60}$ grain was also given every four hours, and he also had continuous saline by the rectum for twenty-four hours, by which time he had absorbed four pints.

After the first twenty-four hours he gave very little anxiety, and the wound healed by first intention. He left the hospital during the first week of June.

Dr. Nuthall kindly examined his blood on June 25th, and reported:

Red cells	4,910,000
White	7,720
Haemoglobin	75 per cent.

It is difficult to say what the cause of this serious condition could have been. Unfortunately, the spleen was not examined; it was not enlarged, but was certainly friable, my fingers easily making holes in it when grasping.

Was the condition due to syphilis, or to the septic condition, or both combined? He had never contracted malaria.

Weymouth. JAMES MILLER, M.B., CH.B.

[1] The patient was shown at the meeting of the Dorset and West Hants Branch of the British Medical Association on July 19th.

Reviews.

TYPHOID AND PARATYPHOID FEVERS.

TYPHOID fever has long been known as the scourge of armies in the field. Possibly the paratyphoid fevers A and B have equally ravaged armies in days gone by, but of this we have no certain knowledge. We do, however, know that these two infections have been abroad among the combatants during the last two years of war, and that they have given rise to a considerable amount of sickness among the fighting troops of all the nations involved, although that amount has been far less, thanks to protective inoculation and hygienic precautions, than was expected. Drs. VINCENT and MURATET[1] have recently published an admirable account of the three fevers, with full clinical descriptions of the various forms they may take and the complications to which they may give rise. Their book is based largely on the recent work on these fevers published in Europe and elsewhere, but, as is perhaps natural, its data have been collected mainly from the observations of the French military physicians. A very interesting chapter is that in which the differential diagnosis between typhoid fever and the two paratyphoids is considered. The authors remark on the comparative shortness of the incubation period in paratyphoid fever, a matter of at most from nine to fourteen days, but often less than a week; in typhoid fever the incubation generally lasts from a fortnight to sixteen or twenty days, and may be as long as five or six weeks. The onset is usually more abrupt in paratyphoid than in typhoid fever, with rigors and vomiting, occipital headache, and often an eruption of herpes on the face, lips, or buccal mucous membrane. In paratyphoid fever there are often heavy night sweats; rose spots appear in some 60 per cent. of the patients, and may recur for days after the defervescence; moreover, signs of meningism are relatively common. Constipation is the rule in paratyphoid fever, and it is said that the liver as a rule becomes enlarged during its course. In general, paratyphoid fever lasts less long than typhoid, and the patients are not nearly so ill; the temperature rarely rises above 104° F., and, as was pointed out by Torrens and Whittington (BRITISH MEDICAL JOURNAL, 1915, vol. ii, p. 697), the temperature chart often exhibits a certain spikiness. So far as the mortality of the three fevers goes, the death-rate for adults in typhoid is said to be from 11 to 14 per cent., though it is considerably higher in the second half of life. Merklen and Trottain recorded 10 deaths in 356 cases of paratyphoid A and 5 in 90 cases of paratyphoid B; among 2,725 cases of paratyphoid fever Sacquépée found 41 deaths recorded—a mortality of 1.5 per cent. Cases of every degree of severity occur in both paratyphoid A and B; the milder cases often escape recognition, being diagnosed as indigestion or "gastric fever." Death, when it does occur, is most often due to bronchopneumonia, intestinal haemorrhage or perforation, toxic absorption, collapse, uraemia, or meningitis. Relapse occurs with equal frequency—in 10 per cent. or so of the cases—in each of these infections. The complications that may be observed are identical. There is, it seems, no radical difference between typhoid and paratyphoid fevers from the clinical point of view; the differential diagnosis must be made either (and preferably) by cultivating the infecting bacillus from the patient's blood or by special agglutination tests. The ophthalmo-diagnosis of typhoid fever as distinguished from paratyphoid, proposed by Chantemesse, does not furnish trustworthy results.

A full account of the epidemiology of typhoid and paratyphoid fevers is given by Drs. Vincent and Muratet; they attach great importance to fatigue as a cause predisposing to its acquisition, and also to excessive heat,

[1] *La fièvre typhoïde et les fièvres paratyphoïdes (symptomatologie, étiologie, prophylaxie).* Par H. Vincent et L. Muratet. Collection Horizon, précis de médecine et de chirurgie de guerre. Paris: Masson et Cie. 1916. (Cr. 8vo, pp. 189; 97 figures. Fr. 4.)

DR. ANDREW WOODS SMYTH, a surgeon of considerable distinction, died at Donemana, co. Tyrone, on September 4th, in his 84th year. He was born at Castleberg, in the same county, and in 1849 went to New Orleans, where he took the degree of M.D. in 1859. From 1862 to 1887 he was a member of the Louisiana State Board of Health, and for many years he was house-surgeon of the Charity Hospital, New Orleans. During the last ten years of his residence in that city he was director of the United States Mint. In 1894 he retired from practice and returned to his native country. He was a man of wide information, and took a keen interest not only in science, but in literature, music, and other forms of art. His name was best known to the profession by its association with one of the very few successful operations for the treatment of subclavian aneurysm by ligature of the innominate artery. In Treves and Hutchinson's *Manual of Operative Surgery*, third edition, 1910, p. 372, it is stated that among twenty-four cases collected by Ashurst only two of the patients survived. One of these was a man on whom Smyth operated in 1864. This case is recorded in the *Sydenham Society's Biennial Retrospect*, 1865–6. It is sufficiently remarkable to make the details worth recalling. The carotid was tied as well as the innominate, so as to stop the regurgitant flow of blood; notwithstanding this precaution, on the fourteenth day haemorrhage to syncope occurred. Haemorrhage recurred at intervals for a period of thirty-seven days, and was temporarily arrested by filling the wound with shot, till, on the fifty-first day after the operation, a "terrific" haemorrhage took place, stopped by syncope. As this bleeding came from the distal side and from the subclavian artery, the vertebral was tied, with perfect success; bleeding did not recur. "This fact," says Erichsen (*Science and Art of Surgery*, tenth edition, 1895, Vol. II, p. 194), "is of the utmost surgical value; it shows that the secondary haemorrhage, which may be looked upon almost as the necessary sequence of the ligature of the innominate artery, may be arrested and the patient's life saved by the ligature of the principal arterial branch that communicates with that and carries regurgitant blood into the distal end of the artery which was originally ligatured." The following is the subsequent history as obtained from Smyth by Erichsen: "After ten years of good health, in which the patient was able to follow his employment as a ship's steward, the pulsation returned, and the aneurysm reached a size larger than before. Thinking it might be fed by the internal mammary Smyth ligatured that vessel but without result. About six months later an abscess formed over the sac and the aneurysm became diffused into it, and, as a last effort to save the patient's life, the sac was laid open. The haemorrhage was profuse, and the openings of the vessels into the sac could not be seen, so that the operator had to content himself with plugging the wound. The patient died a few days after. The *post-mortem* examination showed that the circulation had been carried on chiefly by means of the aortic intercostals and branches of the axillary artery." Dr. Smyth also made some original researches on the kidney. In a letter from his brother, Dr. William Woods Smyth, of Maidstone, which was published in the BRITISH MEDICAL JOURNAL of September 23rd, 1911 (p. 711), it is stated that "A. W. Smyth showed that there was no communication between the Malpighian corpuscle and the uriniferous tubules, as taught by Bowman; that there was no filtration; that the water reached the tubules by their own epithelial cells; that the glomerule was a vascular hydraulic ram, acting with such force as in one instance to push a calculus half an inch in diameter down a ureter." Dr. Smyth was the author of two books, *The Collateral Circulation of Aneurysm*, and *The Structure and Function of the Kidney*. He married a granddaughter of the late Senator Bouligny of Louisiana, and leaves one daughter, the wife of the Rev. David Hay of Donemana.

DR. LANPHIER VERNON JONES died on September 8th at Bletchingley, Surrey, aged 53. He was the son of the late Dr. Orlando Jones, of Harrogate, and studied at Trinity College, Dublin, taking the degrees of M.B., B.Ch. in 1888 and becoming M.D. in 1892. He was for a period resident medical officer to the Adelaide Hospital, Dublin, and after settling in London acquired a large practice in the West End. He was a member of the British Medical Association, and contributed several papers to this JOURNAL; he was also a member of the council of the London and Counties Medical Protection Society. The funeral took place at Bletchingley on September 11th.

Universities and Colleges.

UNIVERSITY OF LONDON.

ST. BARTHOLOMEW'S HOSPITAL MEDICAL SCHOOL.

THE following entrance scholarships have been awarded: Entrance Scholarship in Arts (£100 for one year) to E. H. Weatherall, Bolton Grammar School. Senior Entrance Scholarships in Science (£75 each for one year) to C. F. Krige, Hertford College, Oxford, and A. G. Shurlock, Jesus College, Cambridge. Junior Entrance Scholarship in Science (£150 for one year) to C. H. Andrewes, Highgate School.

UNIVERSITY OF EDINBURGH.

Military Service.

THE calendar of the University of Edinburgh for 1916–17 gives a list of those members of the university who have been killed on service; they numbered 211 on July 15th last. The number on service at that date was 4,526, and there were, in addition, 460 cadets in the O.T.C. preparing for commissions. Over 1,100 ex-cadets, out of a total of 3,379, hold commissions—artillery 383, engineers 121, infantry 491, and medical units 169; naval commissions numbered 229. There are 756 privates in one or other of the services. The honours gained during the same period are as follows: C.B., 4; C.M.G., 15; D.S.O., 20; Distinguished Service Cross, 2; Military Cross, 54; D.C.M., 2. Over a hundred men have been mentioned in dispatches, some more than once.

UNIVERSITY OF ABERDEEN.

A SPECIAL diet of the final professional examination in medicine was held in the first week of October, to afford candidates the opportunity of obtaining their medical and surgical degrees without waiting until the next ordinary examination, which will not take place until March.

UNIVERSITY OF GLASGOW.

THE winter session at the University will open on October 16th. By an Army Order of August 26th, registered medical students now serving with the colours, if not passed for General Service, Class A, are to be relegated to Class W, Army Reserve, and sent back to continue their studies, subject to the condition that they join the Officers' Training Corps at the University. This will affect many medical students who have been called to the colours, as well as those still at the University. Under an arrangement with the Scottish Education Department and the War Office, the Registrar is able to give certain students certificates stating that they are full-time students, and these students, if not passed as fit for Class A, will be transferred to Class W. This arrangement will cease at the discretion of the War Office.

UNIVERSITY OF DURHAM COLLEGE OF MEDICINE, NEWCASTLE-ON-TYNE.

THE *Calendar for 1916–17*[1] contains all the university information required by students and others, and, in addition, gives examples of the papers set at its recent matriculation examinations. The examiners in Greek and Latin unseen translations may be congratulated on the pretty turn of fancy shown by their selection of passages of unusual topical interest for candidates of to-day—such as Caesar's description of his dealings with barbarian tribes and Xenophon's account of fighting against barbarians.

[1] *University of Durham College of Medicine, Newcastle-on-Tyne. Calendar for the Year 1916–17.* Newcastle-on-Tyne: A. Reid and Co., Ltd. 1916. (Cr. 8vo, pp. 205.)

The Services.

EXCHANGES.

CAPTAIN R.A.M.C.(T.) attached to Staff of General Hospital, B.E.F., France, offering ample scope for surgical work, desires exchange with Territorial Officer at home, preferably stationed in or near London, or Eastern Command. Please state full particulars as to unit, station, and duties in confidence to No. 4000, BRITISH MEDICAL JOURNAL Office, 429, Strand.

A FRENCH hospital for Russian wounded is to be established at Petrograd. The Municipal Council of Paris has voted a subvention of £2,000 towards the cost of foundation.

Medical News.

THE Harveian Oration before the Royal College of Physicians of London will be delivered by Sir Thomas Barlow at 4 p.m. on Wednesday, October 18th.

A COMMUNICATION has been received by the Medical Secretary from the Petrol Control Committee stating that in cases where a medical practitioner discontinues using his car the duty on the amount of petrol which he has not used will be refunded. Full particulars should always be given of the circumstances in which a refund of duty is requested. A licence authorizing the purchase of motor spirit is not transferable.

A COMMITTEE formed by members of the Royal Microscopical Society, the Quekett Microscopical Club, and the Photomicrographic Society is arranging for microscopical exhibitions in the late afternoons or evenings at Y.M.C.A. huts in various centres in the metropolitan area and the home counties, and invites the co-operation of owners of microscopes: Communications may be addressed to the Honorary Secretary, Microscopical Department, Y.M.C.A., Tottenham Court Road, W.

THE National Dental Federation of France has organized an interallied congress of dentistry, which is to be held in Paris on November 6th to 13th. The congress, which has the official sanction of the Minister of War, will devote its attention to wounds of the jaw and face, to military dentistry and prothesis, and to the organization of services of dental surgery for the army during and after the war. The honorary president is M. Justin Godard, Under Secretary of State for the Army Sanitary Service. All dentists belonging to any of the allied countries are invited to take part in the congress. Communications should be addressed to M. George Villain, 45, rue de la Tour d'Auvergne, Paris.

A GENERAL meeting of the Medical Society of London will be held at 8 p.m. on Monday next, when the retiring President, Sir StClair Thomson, will draw attention to a plaque removed from the Society's house in Bolt Court to the present library. The plaque was erected originally by Dr. John Coakley Lettsom, the founder of the Society. At 8.30 the incoming President, Lieutenant-Colonel D'Arcy Power, R.A.M.C.(T.), will deliver an address on John Ward and his Diary. At a meeting on October 23rd Mr. D. McCrae Aitken will demonstrate cases illustrating orthopaedic principles and methods in military surgery, and on November 3rd a discussion on epidemic nephritis will be introduced by Captain Langdon Brown, R.A.M.C.(T.). The Lettsomian Lectures will be delivered by Colonel Cuthbert Wallace, C.B., A.M.S., and the oration by Sir William Osler.

Letters, Notes, and Answers.

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.

AMBERLEY asks for suggestions in the treatment of a man aged 45 who suffers from intolerable itching, worst at night, chiefly in the axillae and round the genitals. The urine is normal. No cause is apparent.

C. DE R. asks what local preparation can be prescribed in the following case: A girl, aged 7, received a blow from an ear of Indian corn on her left eye. When seen one month later there was a marked iridodonesis, with a small iridodialysis on the inner side of the eye, considerable dilatation of the pupil and traumatic paralysis of the iris. There was no luxation of the lens, and, besides the facts mentioned, nothing abnormal was noticed in her eye, except, perhaps, a slight rise in the tension. Even the vision seemed to be almost as good in the left as in the right eye.

INCOME TAX.

P. inquires whether he can deduct (1) the amount of his subscriptions to the British Medical Association and kindred associations, and (2) the loss incurred in the publication of a medical book.

*** (1) On a strict interpretation of the law, as illustrated by a fairly recent decision in the Scottish courts, possibly not, though the attitude of the House of Lords in the case of Ussher's Wiltshire Company *v.* Bruce suggests that it might be allowed on the broad ground that the subscriptions represent annual payments made for reasons of commercial or professional expediency. In any event, such portions of the subscriptions as represent payments for the supplying of current medical literature should be allowed, though the onus of showing what proportion is so represented may rest on our correspondent.

(2) To bring the transaction within the scope of the Income Tax Acts for assessment or for allowance it should be shown that it is not of an isolated and casual nature, but that there is in existence something in the nature of a "business" or "vocation" of writing books for sale. The likelihood or otherwise of recurrence, the intention with which the book was published, and all the other circumstances attending the publication may affect the answer to the question.

WHEN DOES THE INFECTIVITY OF GRANULAR OPHTHALMIA CEASE?

UNCERTAIN asks when a patient who has been suffering from acute granular ophthalmia, but has still a little redness and swelling of the bursal conjunctiva of one upper lid, may be considered so far cured as to admit of his mixing with soldiers in camp.

ANSWERS.

MOSQUITOS.

H. D. writes: I am a martyr to mosquito bites. My experience is that if I wash my face and arms with carbolic soap and apply Lloyd's euxesis shaving cream to any exposed parts at bedtime I suffer little or no inconvenience from their bites. The carbolic renders the bites innocuous, and the eucalyptus smell in the cream keeps the mosquitos off.

DR. R. L. WOTHERSTON (Bradford) states that she has found the following plan recommended by an old negress in America satisfactory: After being bitten, wet the affected part with saliva, then immediately rub in common salt. Vinegar is better than saliva. Citronella oil generally saves the situation if used in abundance.

LETTERS, NOTES, ETC.

CARE OF DISABLED SOLDIERS.

DR. S. E. WHITE (London, W.), writes: The Statutory Committee, in entering on its new duties for the care of disabled soldiers, makes special mention in its circular of those uncertifiable transiently nerve-shaken men who have been discharged from the army to their homes. It points out that of such cases there are an infinite variety, many showing quite novel phenomena, requiring to be dealt with in a variety of ways, and not easily to be disposed of according to the institutional plan obtaining hitherto in the treatment of aggregates of mental cases. In fact, nearly all the wounded are naturally more or less nerve-shaken, and the great majority recover their balance with rest and care in the base hospitals. As the Committee's circular points out: "The worst thing for an (unwounded) patient of this class is to be placed in an institution to brood over his ailment. The efforts of the local committees should be directed to finding employment, giving them every encouragement and assistance, and keeping always before them that they are *curable*, and that in a short time they will be normal citizens." The gain from an economic point of view need not be dwelt on; the gain to our brave soldiers will be incalculable.

The first thing needed is a register of all discharged uncertifiable soldiers of this class. Then those who are not getting on very well at home ought to have an opportunity of spending a little time in a convalescent home to help their recovery in cheerful surroundings, to give them interest and occupation, to set them on their feet again, and link them up with their old, self-supporting life. If such homes were attractive, ex-soldiers would go to them willingly; and, to banish apprehension, they ought to be removed altogether from anything connected with suspicion of insanity or its inevitably depressing atmosphere. Many benevolent people would be glad to lend their houses to be equipped and staffed, if the local committees would accept their offers and lend their valuable advice and assistance in the matter of organization. As the BRITISH MEDICAL JOURNAL noted recently, these discharged men are now free agents, and they cannot, if uncertifiable, be legally placed under detention.