

of the serum if a certain amount of acidity is formed. Should gas be present, then the clot shows bubbles. It is specially suitable for *B. coli*, and can be substituted for the Barsikow, which is certainly more expensive and more difficult to prepare.

I publish these observations as the only expense incurred in making a litre of an efficient medium is that for the gas used. This medium is easy to prepare, and serves all the purposes served by ordinary broth and ordinary agar.

## Memoranda:

### MEDICAL, SURGICAL, OBSTETRICAL.

#### BILIARY REGURGITATION AFTER GASTRO-ENTEROSTOMY.

IN his recent interesting and suggestive Hunterian Lecture on the surgical treatment of duodenal ulcer,<sup>1</sup> Sir John Bland-Sutton touched on a number of questions not yet definitely answered—amongst others that of the closure or leaving open of the pylorus. The advisability of closing the pylorus (by excision or otherwise) is a point on which surgical opinion is at present sharply divided, and its consideration involves that of other and inter-related questions, one of which is the occurrence of post-operative biliary regurgitation. While not nearly so common as formerly it is still far from unknown. Its prevention and recent comparative rarity have been variously attributed by different workers to (1) judicious choice of cases (the exclusion from the operable list of cases of gastric atony); (2) the avoidance of the flattening and obstruction of the lumen of the jejunum at the anastomotic stoma formerly produced by the use of a triple line of suture or by the practice of cutting out a window in place of making a slit incision in the jejunal or gastric wall; (3) the adoption of the "no-loop" method; (4) the closure of the pylorus. The employment of the *x* rays with opaque meals frequently fails to determine in a given case of regurgitation either the cause of the regurgitation or the route (pylorus or anastomotic stoma) by which it occurs.

In view of the existing differences of opinion as to both the cause and the route of biliary regurgitation, it is important that cases in which either cause or route is clearly ascertained should be recorded. The following case has recently been under my care:

Mrs. B., sent to me in November, 1915, had the symptoms of duodenal ulcer, and at the operation on December 3rd, 1915, the ulcer was demonstrated, and a posterior "no loop" gastro-jejunostomy performed. Within six weeks copious and constantly recurring biliary vomiting set in and continued till May 25th, 1916, when, assisted by Dr. Charles Bennett, I reopened the abdomen. We found the duodenum and pylorus very greatly dilated. On displacing the transverse colon so as to expose the anastomotic stoma and then compressing the duodenum we found that nothing would pass along the afferent jejunal loop. The duodenal contents regurgitated into the stomach through the pylorus and not through the stoma. And further, the cause of the regurgitation was evident. The afferent jejunal loop was firmly fixed, flattened out and kinked, by adhesions to the under surface of the transverse mesocolon. The efferent loop was quite free from adhesions.

The explanation of the obstruction of the afferent loop by adhesions while the efferent loop remained free appears in this case to be clear. Adopting the "no loop" form of operation, I have for some time been in the habit of following the suggestion of various surgeons in dividing the ligament of Treitz in cases in which the jejunum on being pulled taut to the stomach remained more or less kinked, and had done so in Mrs. B.'s case. Division of the ligament is necessarily done close to the intestine, and is therefore practically a detachment of the ligament from the intestinal wall, which is left raw, and liable to adhere to surrounding structures, such as the mesocolon. Momentary consideration will show that the raw and subsequently adherent portion will, when the anastomosis is complete, be on the afferent loop.

JAS. H. NICOLL, M.B.Glasg.,  
Lecturer on Clinical Surgery, Western  
Infirmary, Glasgow.

<sup>1</sup> BRITISH MEDICAL JOURNAL, February 19th, 1916.

## Reports of Societies.

### ACCIDENTAL HAEMORRHAGE.

At a meeting of the Section of Obstetrics and Gynaecology of the Royal Society of Medicine on October 5th, when the President, Dr. G. F. BLACKER, was in the chair, Dr. A. J. McNAIR reported a case of concealed accidental haemorrhage with intraperitoneal bleeding. A woman, aged 34, died three and a half hours after delivery, under anaesthesia, of her seventh child in the thirty fourth week; the placenta was found to be completely detached, and about three pints of recent clot came away when the uterus was emptied. After death 24 oz. of recently shed blood were emptied out of the peritoneum, and a number of superficial lacerations were detected on the anterior surface of the uterus, with small haemorrhages among its muscle bundles, which were histologically normal.

Mr. CHARLES OLDFIELD and Dr. REGINALD HANN reported a case of acute toxæmia of pregnancy with accidental haemorrhage treated by Caesarean hysterectomy. In this instance the patient was a primipara aged 38, and it appeared that the accidental haemorrhage was a symptom of pregnancy toxæmia. As the bleeding was severe and the cervix closed, Caesarean section was undertaken in the eighth month. The placenta was entirely detached. The uterine cavity held much blood clot, and the walls were so disorganized by haemorrhages that the uterus was removed. All the toxæmic symptoms—albuminuria, headache, and blindness—disappeared, and the patient recovered.

Dr. FLETCHER SHAW read a paper on Caesarean section and hysterectomy for accidental haemorrhage. Six cases were described; in all Caesarean section alone was undertaken, except in one in which hysterectomy was performed a few hours after delivery of the child by uterine section, because haemorrhage continued. All the patients were multiparae with a high degree of albuminuria. In the three who recovered that symptom disappeared within a few days, so that the bleeding was probably due to toxæmia. In cases of accidental haemorrhage it was only in very rare instances, when uterine contraction could not be induced, as in all these six subjects, that this radical method of treatment was required.

A number of pathological specimens were also exhibited.

WEST LONDON MEDICO-CHIRURGICAL SOCIETY. — An ordinary meeting of the society was held on October 6th, when there was a large attendance of members and visitors. The retiring president, Dr. LEONARD DOBSON, inducted his successor, Dr. ARTHUR SAUNDERS, who presented the Keightley Medal to Dr. Dobson and congratulated him on the success of his year of office. Dr. Saunders then delivered his presidential address on some aspects of the throat and nasopharynx in their relation to general medicine. After recapitulating the chief varieties of nasopharyngeal infections, he dwelt particularly on modern bacteriological developments as aids to diagnosis, and discussed the treatment of tonsils and adenoids and their bearing when diseased on other organs and on the general condition. On the motion of Dr. RICE-OLLEY, seconded by Dr. SHUTER, a vote of thanks was accorded to the President for his address.

A SOCIETY has been founded at Zürich for the laying out of gardens in the city to be cultivated by school children.

THE county medical officer of health for Carlisle has prepared a pamphlet which has been issued by the county council with the title *All About Baby*. It contains an address to mothers, in the course of which it is said that out of every eight children born in Cumberland one has died before it has reached the age of one year. It states that the county council has appointed a staff of health visitors, whose services are at the disposal of those who require and wish skilled advice, and that the medical staff of the health department will always be glad to advise mothers. The bulk of the pamphlet consists of a series of notes on the health of expectant mothers and the care and management of infants and young children, which seem to be very much to the point.

THE LATE MAJOR A. A. MARTIN, N.Z.M.C.  
SURGEON-GENERAL R. PORTER, C.B., whose letter is dated  
"In the Field, 10th October, 1916," writes:

I hope you will be able to grant me a small space to pay a slight tribute to the memory of the late Major A. A. Martin, N.Z.M.C., of whose death from wounds in action I have learnt with the deepest regret.

I first met Major Martin in September, 1914, during the battle of the Marne. He had been sent up to the corps with which I was then serving, and I posted him to the 15th Field Ambulance. It was not long before he proved his worth. Those who had the opportunity of seeing the work done by Martin in the shrapnel-swept village of Missy on the Aisne, and later in an hôpital civil et militaire behind the lines will never forget the fine qualities he displayed; whether removing wounded from under heavy shell fire to a place of safety, or performing some of the most difficult operations known to surgery under the most trying conditions, his fearless courage and fine judgement were abundantly proved.

Personally I shall never forget his surgical work in the hospital in question. The operation work which he did amongst the apparently helpless cases was magnificent, and stamped him as a skilful operator of the highest order.

Arthur Martin was one of the most sympathetic and tender hearted of men I have ever met, and still he did not know what fear was in the midst of danger. During the time he was with us a sentence in his very readable book, *A Surgeon in Khaki*, sums up his life: "The surgeon sees the seamy side of war. He comes close to the men struck down in the field—helpless, and bleeding, and in pain. He stands by them in the dark hours in hospital, and by their bedsteads when they die."

Many who worked with us in these days have "crossed the bar": none of them will be remembered more affectionately for qualities of heart and head than poor Arthur Martin.

THE LATE DR. ARTHUR NIMMO WALKER.—Mr. Thomas H. Bickerton (Liverpool) writes: Sir James Barr, in his admirable appreciation of the work of the late Lieutenant-Colonel Arthur Nimmo Walker (p. 533), has instanced its progressive character. Another instance worthy of special notice was the action he took in connexion with the hospital—St. Paul's Eye and Ear Hospital—founded by his father, the late Mr. George Walker. By choosing to confine the work at St. Paul's to the exclusive treatment of the eye, Mr. Nimmo Walker brought Liverpool into line with London, Manchester, Birmingham, Bristol, Edinburgh, and Glasgow. Medical students desirous of specializing in ophthalmology can now study the subject in an eye hospital devoted to eye work in Liverpool.

## Medico-Legal.

### PROPERTY IN PRESCRIPTIONS.

WE learn from the *Western Morning News* that at the Honiton County Court on October 9th, before his Honour Judge Lindley, Henry Le Brasseur, of Woolmer, Stow Park, Newnort, sued Hinton Lake and Sons, Limited, Fore Street, Sidmouth, for failing to return a prescription by Dr. Grant Wilson, of Sidmouth, given on August 16th, 1916, or to pay for the prescription, valued at 15s. Plaintiff said his wife received a prescription from Dr. Grant Wilson, which they took to the defendant to be made up. The prescription was not returned, and the assistant said that in the case of Dr. Grant Wilson's prescriptions they had orders to keep them, unless told otherwise by the doctor. Eventually the doctor sent a copy of the prescription with his receipt. Mr. McCahey said that on August 22nd, when Mr. Le Brasseur asked for the prescription, he was informed that they would give it up if Dr. Grant Wilson would agree. The doctor, however, declined. The prescription was of no value whatever to Messrs. Hinton Lake, and they were fighting the action on a question of principle, in order to keep faith with the medical profession and Dr. Grant Wilson. Dr. Grant Wilson said he had instructed the chemists when a patient asked for a prescription to let him know, and he then gave one. He did this to protect the public, because in many cases prescriptions intended for adults were given to infants. Whenever he gave a prescription which chemists could return to the patient he also wrote on it "return to patient." His Honour held that there was no property in the document given by Dr. Grant Wilson, as it was only given to Mrs. Le Brasseur to take to the chemists to save himself the trouble. Mr. Le Brasseur therefore had no claim to the document, and the action failed, with costs.

## Universities and Colleges.

### UNIVERSITY OF EDINBURGH.

#### AUTUMN GRADUATION CEREMONY.

At the autumn graduation ceremony on October 13th there was a comparatively small list of graduates; two-thirds of those in arts were women. The Vice-Chancellor said that all the male graduates in medicine were proceeding to accept service in the navy or army. It behoved all those who remained, whether as students or as staff, to have a sense of quickened responsibility for keeping alive the enfeebled and attenuated life of university education.

#### Degree in Education.

The ordinance establishing a new degree—that of Bachelor of Education—has been sanctioned. The degree is to be regarded as an honours one, and candidates must be graduates in arts or science of a Scottish or approved university. The course will extend over two academic years and the examination will be divided into two parts. The arrangements for the degree will not come into operation until next year.

#### Conferment of Degrees.

The following degrees were conferred:

M.B., B.Ch.—J. J. ckermann, A. G. Anderson, Ahmed Aziz, A. H. de Wet Budler, E. Chapellie, J. S. Galvin, G. W. Grant, Balkrishna Itupkrishna Handoo, T. L. P. Herries, F. J. C. Johnstone, A. C. Kirton, J. L. Lamond, C. M. Donald, Margaret M.N. McGarrity, F. H. van der Merwe, Isabella Morison, G. A. Paris, J. B. Phillips, J. Batcliffe, Gokal Chand Sahgal, Satyendra Nath Seal, J. Sellar, B. H. Simon.

\* With second class honours.

### UNIVERSITY OF ABERDEEN.

THE winter session in science and medicine opened on October 12th. Professor Ashley W. Mackintosh in addressing his class in medicine said that of the 101 graduates, students, and alumni of the university who had given up their lives in the war, 24 had been in the faculty of medicine. Those he was addressing, men and women alike, were at home because they were preparing themselves to offer the highest service to their country as fully qualified practitioners of medicine. No nobler call had ever been made on medical students. There was no room for slackers or chronics, and if any one thought that this was the time for "getting through" easily he had better at once change his supposed vocation in life.

Professor Mackintosh paid a warm tribute to Dr. Arthur Hugh Lister, who had died as truly in the roll of honour as if he had been struck down by an enemy's bullet. Lister was a physician of the first rank; he was a teacher of whom any medical school might justly be proud; he took a keen interest in all that concerned the welfare of the community and the State; and he was, as a man, loyal to the core. His colleagues, the students of Aberdeen University, and the whole north-east of Scotland, were the poorer for his loss. He had gone, but his memory and example would and must remain.

### UNIVERSITY OF LONDON.

#### GUY'S HOSPITAL MEDICAL SCHOOL.

THE following entrance scholarships have been awarded: Senior Science Scholarships for University Students: £75, William Gover, Balliol College; £35, R. B. P. Lansdown, B.A., Pembroke College, Cambridge. Junior Science Scholarships: £120, A. McKenzie, Preliminary Science Class, Guy's Hospital: Scholarships in Arts: £100, A. Y. Cantin (private study); £50, J. A. Currie, Diocesan College, Rondebosch, Cape Colony.

#### UNIVERSITY COLLEGE HOSPITAL MEDICAL SCHOOL.

The two Goldsmid Entrance Exhibitions, offered annually for competition in September, were awarded this year to Mr. G. V. W. Anderson of University College, London, and Mr. A. W. Holgate of Alleyn's School and University College, London.

### NATIONAL UNIVERSITY OF IRELAND.

THE *Calendar* for the year 1916 contains all the academical information about the three constituent colleges of the university—namely, those at Dublin, Cork, and Galway, and the recognized college of the university at Maynooth—that such publications commonly comprise.

### ROYAL COLLEGE OF SURGEONS OF ENGLAND.

A QUARTERLY COUNCIL was held on October 12th, when Sir Watson Cheyne, President, was in the chair.

#### Donation to the Museum.

The thanks of the Council were given to Sir John Bland-Sutton for a presentation of four skeletons of the gorilla, the skeleton of a chimpanzee, and some skulls.

#### Earlier Closing of the Library.

From October 16th until the end of the month the library will be closed at 5.30 p.m., and after November 1st at 5 p.m.

#### Annual Report of the Council.

The Council approved the annual report of the committee appointed to draw it up. The report will be presented to the

Fellows and Members at the annual meeting on Thursday, November 16th, at 3 p.m.

The report contains a list of Fellows, Members, and Licentiates in Dental Surgery who have been killed in action, or have lost their lives from wounds or disease contracted whilst on active service with H.M. Forces; they comprise 10 Fellows, 98 Members, and 3 Licentiates in Dental Surgery, and are divided among the services as follows: Royal Navy, 17; Army Medical Service, 3; Royal Army Medical Corps, 75; Indian Medical Service, 5; Overseas Contingents, 5; combatants, 6.

#### Jenks Scholarship.

Mr. John Sinclair Shadwell, formerly a student at Epsom College, and now at Guy's Hospital, was nominated Jenks Scholar.

#### Issue of Voting Papers to Fellows Resident Abroad.

A letter, dated September 16th, was read from Lieutenant-Colonel James W. Barrett, R.A.M.C., F.R.C.S., calling the attention of the Council to the disabilities under which Fellows of the College, when resident abroad, labour as regards taking part in the election of members of the Council, and inquiring whether it would be possible to arrange that nominations should be completed three months before the day of the election with a view to making possible the issue of voting papers to Fellows resident in all parts of the empire in sufficient time to permit their return before the day of the election. A committee was appointed to consider these suggestions.

## The Services.

#### EXCHANGES.

CAPTAIN R.A.M.C.(T.C.), in field ambulance temporarily attached to casualty clearing station, would like to exchange with officer at home, stationed in or near London. Please state particulars as to unit, station, and duties, in confidence, to No. 4200, BRITISH MEDICAL JOURNAL Office, 429, Strand, W.C.

Captain R.A.M.C., over eighteen months' foreign service, now in charge of corps troop, desires exchange with M.O. on home station. London or home county hospital preferred. Address No. 4199, BRITISH MEDICAL JOURNAL Office, 429, Strand, W.C.

## Medical News.

THE first scientific meeting of the Zoological Society of London for the session will be held at the house of the society, Regent's Park, at 5.30 p.m. on Tuesday next.

FIFTEEN motor ambulances have been presented by a group of Americans to the field hospital service of Russia, and have gone out under the command of Dr. Philip Newton.

A COURSE of four lectures on the influence of solar,  $\alpha$ , and radium rays on health will be given by Dr. Harry Campbell, deputy Gresham professor of physic, at Gresham College, Basinghall Street, on Tuesday, Wednesday, Thursday, and Friday next, at 6 p.m. on each day.

AT the meeting of the Section of Epidemiology and State Medicine of the Royal Society of Medicine on Friday next at 8.30 p.m., Captain C. G. Moor, R.A.M.C., will read a paper on the work of a sanitary section at a base. Officers of the Navy or Army Medical Services and of the Indian and Colonial Services are invited to attend.

AT the end of last week two inquests were held with regard to the deaths of two women who died from poisoning from tri-nitro-toluene. The one was an examiner at a munitions factory and the other was a shell filler. Death appears to have been due in both cases to the effect of the substance on the liver. We hope to publish clinical reports on these cases.

AT the request of the National Council for Combating Venereal Disease, the Lord Mayor of London has called a meeting at the Mansion House on Tuesday next at 3 p.m. to focus attention on the need for providing adequate facilities for the treatment of venereal diseases with the least possible delay throughout Greater London. Among the speakers will be the President of the Local Government Board, the Home Secretary, and the Chairman of the London County Council.

THE Local Government Board has given notice, under the powers conferred upon it by the Parliament and Local Elections Act, which received the Royal assent on August 23rd, that the next statutory elections of county and borough councillors, district councillors, guardians, and parish councillors are to be postponed for a year. In the event of there being a vacancy on the body at the date at which the election would have taken place the vacancy may be filled by co-option.

ON October 18th, at the Philharmonic Hall, a press presentation was given of Mr. Ponting's exceedingly interesting cinematograph lecture, entitled, "With Captain Scott in the Antarctic." Some of the pictures give a most vivid representation of the hardships and

difficulties encountered by explorers in the Antarctic regions. Among the figures that frequently appeared was that of Dr. E. A. Wilson, the chief of the scientific staff, who died with Scott on the return journey. The pictures are excellent and often most beautiful, and their effect is reinforced by the realistic account given by Mr. Ponting, who accompanied the expedition as camera artist. In many of his pictures an element of farce is introduced by the attitudes and ways of life of that unconsciously amusing, as well as amazing, bird, the penguin.

## Letters, Notes, and Answers.

THE telegraphic addresses of the BRITISH MEDICAL ASSOCIATION and JOURNAL are: (1) EDITOR of the BRITISH MEDICAL JOURNAL, *Artiology Westrand, London*; telephone, 2631, Gerrard. (2) FINANCIAL SECRETARY AND BUSINESS MANAGER (advertisements, etc.), *Artiology Westrand, London*; telephone, 2630, Gerrard. (3) MEDICAL SECRETARY, *Medisacra 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.

I. asks for suggestions for some treatment (by way of serum-therapy or drugs or otherwise) which would offer some hope of arresting the progress of internal cancerous growths considered inoperable.

THE Director, Medical Research Institute, Lagos, Nigeria, is anxious to obtain No. 24, December 30th, 1910, tome viii, *Bulletin de l'Institut Pasteur*. He will gladly give in exchange any desired number from other journals, whose titles can be had on request, or, if preferred, he will send the money.

#### ANSWERS.

##### INTOLERABLE ITCHING.

DR. LEONARD J. KIDD (London, N.W.) writes: Let "Amberley" try every night at bedtime  $\frac{1}{2}$  grain of calcium sulphide well triturated with 5 grains of sugar of milk. Oil of cinnamon disguises the taste to some extent. But let him also make certain that tabes is absent, for pruritus, both general or localized in various situations, is not a very rare early symptom of tabes, and tabetic pruritus is seldom thought of, even by those clinicians who know of its existence.

#### LETTERS, NOTES, ETC.

##### "A CASE OF INTRAUTERINE SCARLET FEVER."

DR. JOHN CRAWFORD (Dundee) writes: On October 17th, 1915, Mrs. D., aged 30 (about to be confined), presented all the symptoms of a moderately severe attack of scarlet fever. On October 18th, in the evening, she was confined, with the temperature still up, and the rash general and well marked. The child (full-time) was healthy, but, according to the nurse, "seemed unwell" all that night. Desquamation proceeded *pari passu* in mother and child, and both made a good recovery. This was probably a case of extrauterine infection, though the time for incubation must have been unusually brief. But I mention it in view of the statement of Drs. Liddell and Tangye that their experience (and Osler's) is that sucklings are rarely attacked, and that no infant "so admitted locally" to hospital to be suckled by a scarlet-fevered mother has contracted the disease.

DR. F. HONE MOORE (Somersham, St. Ives, Hunts) writes: Some years ago I attended a woman with her first child. A few days after birth the nurse called my attention to a rash on the baby, followed some days after by desquamation. The mother had scarlet fever shortly afterwards and desquamation followed very profusely. My friend, Dr. Mason, of Boston (Lincolnshire), saw the case with me, and we diagnosed scarlatina. Scarlet fever was not in the place or near it, and there were no more cases after these.

#### SCALE OF CHARGES FOR ADVERTISEMENTS IN THE BRITISH MEDICAL JOURNAL.

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NOTE.—It is against the rules of the Post Office to receive *postes restantes* letters addressed either in initials or numbers.