

If he has no memorandum of agreement recorded in his favour, he may at any time be a victim of his circumstances and drift into the ranks of the unemployed or the unemployable, as the result of his want of foresight. My experience with large public bodies is that when this is pointed out (and I make the suggestion as occasion arises) they are prepared to arrange for the necessary memorandum of agreement to be filed with the court for this and similar disabilities.

Notice of Accident.

I have referred previously to the necessity of notice of an accident being given to the employer, and it may be useful to refer to the requirements of the Act in this respect.

Section 2 provides that proceedings for the recovery of compensation shall not be maintainable unless notice of the accident has been given as soon as practicable after the accident and before the workman has voluntarily left the employment in which he was engaged at the time it happened, and unless the claim for compensation has been made within six months from the date of the accident. The want of, or any defect or inaccuracy in, the notice, however, does not bar the workman from recovering compensation if it be found that the employer is not prejudiced thereby, or that the want of, or defect or inaccuracy in the notice was occasioned by mistake, absence from the United Kingdom, or other reasonable cause.

The notice of accident and claim for compensation must not be confused. They are entirely separate matters. The notice should be given as soon as possible after the happening of the accident, but the claim is a matter which is usually one for the lawyers at a later stage; when this becomes necessary, it is generally because the employer has refused to recognize liability.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

THE RADICAL CURE OF URETHRAL STENOSIS.

UNDER the term "urethral stenosis" I include stricture and some obstructions at the neck of the bladder, often considered "senile prostate," and treated as such by prostatectomy. In the *BRITISH MEDICAL JOURNAL*, June 15th, 1907, I described a mode of internal urethrotomy which in my experience always led to radical cure of stricture, the principle being to cut the obstruction fully where its mass most presented, and to cause the wound to heal without the formation of the usually desired "cicatricial splice," thus restoring normal calibre. I have operated on 125 cases with most satisfactory results and have not lost a case.

Full dilatation combined by heat will often secure radical cure of at least many deep strictures. It is vain to expect that a narrowing at a part of a urethra the normal size of which at that site is, say, 40 mm., will be cured by instruments a little more than half that size.

Amongst other there are two methods to which I would like to draw attention. One, the gradual splitting of the stricture by flat, wedge-shaped sounds up to, but not beyond, the natural size of the canal. The edges of these wedges are not sharp enough to cut; they split but do not burst the morbid tissue, and this is usually on the urethral floor. All the advantages and none of the disadvantages of divulsion and rapid and forcible dilatation are obtained. In the latter modes, however gently carried out, the stricture bursts at the weakest part of the ring, and a further mass of cicatricial tissue (the very thing to avoid) repairs the injury where inflicted, usually in the roof. In the case of a split made by the wedge, if managed by the means I advise, epithelium will cover its sides and bottom, and a permanent gap will be the result.

A second mode is, given a massive stricture which is felt from the outside, it can often be cured without injuring the mucous membrane at all. It can be cut through from the outside down to the mucous membrane, gradual dilatation being then carried out per urethram.

Stenosis about the bladder neck is a common condition, which might be treated with advantage by less heroic means than prostatectomy. This includes some fibrotic

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prostates, fibrosis of the neck itself, certain enlargements of the "middle" lobe, and badly classified states included under the terms "collars," "bars," etc.

Obstruction to urine and instruments at a senile age does not necessarily mean "senile prostate." The old may suffer as the young from the result of prostatitis. Prostatectomy in many of these cases should never be attempted; prostatotomy is the remedy. It may have to be perineal or suprapubic, but personally, with some others, I have been satisfied usually with simpler means. I often employ an incisor—merely a small lithotrite in which the jaw of the male blade is shortened and sharpened on both aspects. This will cut the obstruction, and the subsequent use of wedges will ensure a gap being left. I have also used a strong urethrotome. The question whether to use an incisor or a punch should be decided on examination. I abandoned Bottini's instrument on account of risk and the atrocious after-pain.

London, E.C.

JAMES MACMUNN.

Reports

MEDICAL AND SURGICAL PRACTICE IN HOSPITALS AND ASYLUMS.

TANKERTON HOSPITAL, WHITSTABLE, KENT.

A CASE OF ARTERIAL HAEMATOMA OF THE SECOND PART OF THE AXILLARY ARTERY OF UNUSUAL TYPE.

(By ERNEST W. WITNEY, M.B., B.S.)

PTE. J. D., a Canadian, was admitted on July 24th. He had been wounded by a bullet in the left pectoral region three days previously; the injury had been followed by brisk haemorrhage for two or three minutes.

On admission he presented a small punctured wound situated 2 in. below the left clavicle and 2 in. internal to its outer end. The wound was covered with a scab. There was no wound of exit. Deep to the wound and distending the outer part of the pectoralis major was a swelling the size of an orange. There was no expansile or conducted pulsation of the swelling. No thrill was to be felt nor bruit to be heard over it. The radial pulse on the left was equal to that on the right. The left arm was warm, and there was no indication of any interference with its circulation.

There was tactile anaesthesia on the inner side of the left arm in the area of distribution of the lesser internal cutaneous nerve, but no other evidence of nerve injury. A skiagram revealed nothing abnormal. The patient had some pain over the swelling and a burning pain on the inner side of the left arm.

He was kept at rest in bed and watched for three weeks. During that time the temperature ranged between 100° at night and 97° in the morning. The pulse varied between 74 and 110; respiration was normal. The pain gradually increased in intensity and became severe, and the swelling gradually enlarged until it reached the size of a small coconut. The left clavicle was pushed upwards by it. Laterally the swelling extended to the front part of the inner wall of the axilla and became superficial beneath the lower margin of the pectoralis major. It could be felt to fluctuate here, but nowhere else. The skin covering the swelling on the inner wall of the axilla became oedematous and slightly reddened. There was still no pulsation, bruit, or thrill in the swelling, and no evidence of any interference with circulation in the arms. The anaesthesia remained the same.

A diagnosis was made of a suppurating haematoma, and on August 19th a small incision through skin and fascia was made over the fluctuating area. A small amount of blood-clot expelled itself through the incision and was followed by severe arterial haemorrhage. The blood came out with a "swish." An exploring finger plugged the wound and examined the limits of the cavity of the haematoma. This extended upwards as far as the upper entrance into the axilla and outwards and backwards to the middle line of the inner wall of the axilla. The pectoralis major formed the anterior wall of the cavity. As the patient was suffering from shock the wound was tightly plugged with strips of gauze. This effectively

Although the Ministries of Marine and the Colonies were induced to sanction the inclusion of this elixir among authorized medicaments, it seems, so far as it has any effect, to do no more than stimulate the resistance of the leucocytes. M. Doyen is another illustration of the vanity of the search for such elixirs. He said at a congress in Geneva some years ago that the preservation of man's life through several centuries depended solely on himself, yet he died at the comparatively early age of 57. M. Doyen's manner of announcing his claims exposed him to much criticism by his professional brethren, and his position for some years before his death was one of open antagonism to his profession. His book *Le malade et le médecin*, published in 1904, is almost a declared defiance of the accepted rules of medical ethics. A few years ago he delivered a public address on *Le Malade Imaginaire*, in which he deplored the want of a twentieth century Molière to expose the wrong-doings of the doctors. Yet when this pontiff of professional morality separated the xiphopagous twins Radica and Doodica, he gave a full account of the operation in the *Echo de Paris* of February 10th, 1902. It is a pity that one so gifted should have condescended to such devices in search of a notoriety which was quite unnecessary for his success.

DR. A. FRAENKEL, for many years director of the medical section of the Urban Hospital, Berlin, died on July 6th. He was born in 1848; he was a nephew of the celebrated physician, Traube, and was one of the earliest pupils of von Leyden. His name is known as the discoverer of the pneumococcus of pneumonia, and he made other important contributions to the study of respiratory diseases. He was a founder and for many years president of the Berlin Association for Internal Medicine.

DR. ENRIQUE B. BARNET, who died recently, was one of the founders of the health department of Cuba, and for many years took the chief part in the organization and direction of sanitary work in the island. When the Junta Nacional de Sanidad was formed in 1902 he was placed at its head. That position he held till 1909, when political influences caused his transfer to the office of chief of the library of the Secretariate, in which he rendered valuable service. Later he organized the library and press section, of which he was head at the time of his death.

The Services.

EXCHANGE.

CAPTAIN R. A. M.C. at base hospital desires exchange to home station, London or near neighbourhood preferred; hospital for choice.—Address No. 4600, BRITISH MEDICAL JOURNAL, 429, Strand, W.C.

Medical News.

COLONEL W. H. BULL, A.M.S.(T.), K.H.S., F.R.C.S., of Stony Stratford, has been appointed a deputy lieutenant for the county of Buckingham.

At a meeting of the Section of Surgery of the Royal Society of Medicine, 1, Wimpole Street, W., on Wednesday, December 13th, at 5 o'clock, a paper will be read by Miss Frances Ivens, M.S., of the Hôpital Auxiliaire No. 301 at Royanmont, on a clinical study of anaerobic wound infection, with an analysis of 107 cases of gas gangrene.

A SPECIAL sanitary bureau has been established in connexion with the Italian Ministry of War. The new department is a first step towards the realization of the scheme of hygienic reform designed to meet the needs of the army which is being promoted by the Minister, Leonardo Bianchi, in co-operation with General Morrone.

As announced in our advertisement pages, the Walter and Eliza Hall Institute of Research in Pathology and Medicine, established in connexion with the Melbourne Hospital, require the services of a director of medical research in pathology and medicine, at a salary of £800 per annum and a yearly premium of £75 for retirement. The institute is controlled by a board representing the trustees, the University of Melbourne, and the Melbourne Hospital.

THE medical department of the Belgian War Ministry has resolved to begin with the new year the publication of

a periodical—*Archives médicales belges*—in which reports of the medical work of the exiled Belgian nation will be published. Research laboratories have recently been founded in the principal Belgian hospitals, and both hospitals and laboratories have been greatly enlarged, so that it is expected that the material available from these sources will be sufficient to put the new periodical in a leading position. It will also contain abstracts of publications in other countries.

THE foundation stone of a new hospital dedicated to San Juan de Paula was laid in Madrid on June 23rd. The King of Spain was present at the ceremony. The buildings cover an area of 13,000 metres in the Cuatro Caminos, and the hospital, which is intended for working people, is equipped in accordance with the most advanced ideas. It owes its foundation to the beneficence of Señora Doña Dolores Romero. Another hospital lately opened in the Spanish capital is that of the Santísima Virgen y San Celedonio, the cost of which has been defrayed out of a fund bequeathed by the Count de Val.

DR. BACRI, a French army surgeon, has reported to the Académie de Médecine the results of the treatment of thirteen cases of tetanus by large and repeated doses of antitetanic serum. Although in eight cases preventive injection had not been given, all thirteen recovered. His practice was to give a subcutaneous injection of 50 to 60 c.c.m. in one dose on each day, every day, for six days. The total quantity of serum given varied from 160 c.c.m. in a case in which the diagnosis was made very early, to 420 c.c.m. Improvement was generally noticed on the third day. The treatment should be commenced as soon as the first symptoms of trismus are noted, and continued even though the symptoms be slight.

AN inter-allies dental congress was held recently in Paris to discuss especially the treatment of wounds of the jaw; at the same time a museum of drawings, photographs, and appliances was brought together. At the meeting of the Odontological Section of the Royal Society of Medicine on November 27th Mr. T. A. Coysh gave some account of both, which, unfortunately, owing to circumstances apparently beyond his control, was very incomplete. He praised the French records of cases, especially by colour photographs, and spoke of American ingenuity in the construction of appliances, referring especially to Pope's swivelled bar. He mentioned with appreciation Dr. Gillett's demonstration of restorative plastic work, and described visits to the American ambulance at Val-de-Grâce, and to the British base hospital at Camiers, where from 1,500 to 1,800 dentures are made each month. The president, in his address to the section, in reviewing the changes brought about in the treatment of fractured jaws by war experience, noted and commended the disuse of wiring, the saving of bone fragments, and the growing tendency to extract septic teeth, or teeth near the line of fracture.

WE have received from Dr. Ralph G. Mills a review of current Japanese medical literature by the staff of the Research Department, Severance Union Medical College, Seoul, Korea, of which he is director. It is issued as a serial every two months. Among the papers abstracted is one on the development of the supposed last stage in the life-history of *Paragonimus*, the "fur" crab (*Eriocheir japonicus*, De Haan), by K. Nakagawa, of the Sinciku Hospital, Formosa, published in the *Journal of the Perfection Medical Society, Alumni Association of Kanazawa Medical School*, vol. xxi, January, 1916. It is regarded as the second intermediate host of the lung distoma. In a report to the Japan Pathological Society in April, 1915, Nakagawa, on the basis of a number of experiments on dogs and cats, concludes that the young parasites are taken into the intestinal tract of man encapsuled in the flesh of crabs, and quickly reach the ileum. They hatch in twenty-four to forty-two hours, and, working their way into the peritoneal cavity, pass up through the diaphragm into the lung, sometimes directly, in other cases after penetrating the liver. The first intermediate host is a snail of which he found two likely forms—*Melania libertina* (Goulb), and the *Melania obliquegranulosa* (Smith). Kakami, in *Chosen I Ho*, February 1st, 1916, gives the results of an investigation of the lung distoma (*Paragonimus westermani*) in South Ham Kyung Province, Korea. He doubts whether crabs or crayfish play any part in the production of the disease in man, because, although the Koreans never eat uncooked crabs, 50 per cent. of the population is affected. On the assumption that the intermediate host is the *Melania libertina*, raids on the snails were organized by police order. It is estimated that in the last two years 210,000,000 snails had been destroyed in the infected district, and that only a few years would be required to get rid of them altogether.