

controlled by the anterior thigh splint. The method of its application is indicated in the official memorandum on "Treatment of injuries in war."

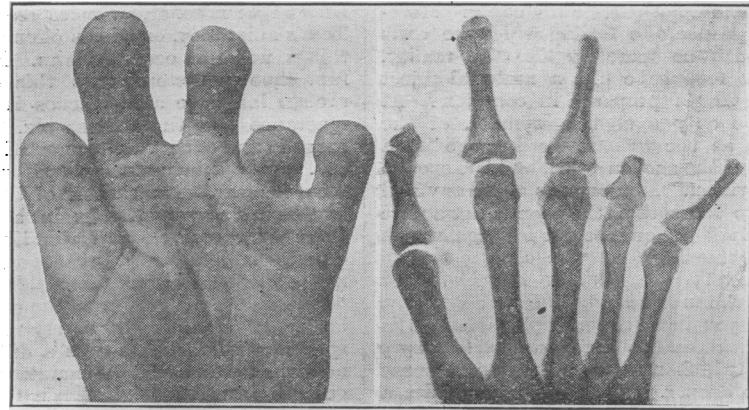
Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

CONGENITAL DEFICIENCY OF PHALANGES.
THE accompanying radiograph (taken by E. Terry Coppin) and photograph are those of the left hand of a young woman whom I examined as an entrant to Woolwich Arsenal. She was a dressmaker by trade, anxious to do her share of work in munitions. She was rejected by a labour exchange on account of the deformity of her hand, but was brought to me by her sister, who had been passed as suitable. Although she had apparently only one phalanx to the first finger and to the thumb, she could grasp firmly and had considerable power in the first two fingers and thumb. There were no nails.

No family history and no antenatal history were ascertainable. The girl was passed as medically fit, and she is at present engaged in "ringing fuses" as expertly as any worker in her shop.

London, W.



ELIZABETH SLOAN CHESSER, M.B.

DERMATITIS FROM EXPLOSIVES.

I WISH to express my own thanks and those of my brother officers in this ambulance to the authors of the contributions on the above subject. They solve the mystery of a case we had to deal with a few nights ago. A young soldier was brought in with a deep erythematous rash over both buttocks. The portions of skin affected were very tense and painful, and, on the right, vesicles of varied minute sizes had developed. I asked if a German shell had recently burst near him. His history was that eight days previously a shell had burst some yards distant from him while he was sitting over a pole on an open latrine with his gluteal region exposed. Further than a shower of light earth he felt at the time no serious consequences of the explosion. Till the morning of his admission to our ambulance he felt all right. On that morning he felt intense pain in the right hip, and discovered the rash. It seemed to us at the time like a case of shingles, though its bilateral character was unusual. The long interval between the explosion and the appearance of the rash seemed to annul the likelihood of any connexion between the two. The case was sent to a casualty clearing station as one of dermatitis. It is obvious now that powder from the explosive had been conveyed with the shower of earth which he felt on the unprotected parts.

R. B. ROBSON, M.B., Ch.B. Aberd.,
Captain R.A.M.C.(T.C.).

RESUSCITATION OF THE NEW-BORN INFANT BY HEART MASSAGE.

I HAVE had some experience in midwifery, having attended over 2,200 cases in thirty-five years, but I have not before this come across an instance in which I have been able to revive a child when the heart impulse had ceased.

The labour was one in which the head was delayed by a very deep perineum in a primipara. Chloroform was used and delivery completed by forceps, the perineum being torn to the anal margin. No time was lost in extracting the child. The child was more white than blue. Artificial respiration was of no use even after blood had been allowed to flow from the cord.

I had read lately of a successful case of heart massage performed in an operating theatre by incising the epigastrium and massaging through the diaphragm, and as there was not any heart beat at all, I tried massage.

I pressed my right fingers deeply into the left epigastric region, and pushed them right under the ribs, invaginating the belly wall, the left fingers pressed in the chest about the left nipple, and I was able to grasp the heart. I tried to make my two sets of fingers meet by repeated quick thrusts, and after five or six the heart started beating. In about one or two minutes it was fairly established, and then ordinary artificial respiration caused the child to breathe in about five minutes; keeping it up I got a good cry before ten minutes had gone by. The child never had a throw back afterwards, but bruising showed itself where my fingers had pressed in the skin.

As a rule, one finds a heart beat in these cases, and continues artificial respiration as long as a heart flutter can be detected. Hitherto, if that heart flutter has ceased, one has considered that no more can be done. Now I am convinced that heart massage as described will most probably set the heart going again, and then artificial respiration will complete the process.

Whether the cardiac stoppage was due to the chloroform I cannot say. Certainly the mother did not have an overdose, as she was sufficiently round to implore me to save her child if I could.

King's Langley, Herts.

FRED. C. FISHER, F.R.C.S.

Reviews.

CAUSATION.

DR. MERCIER's book, *Causation, with a Chapter on Belief*,¹ is polemical. Polemics are usual in essays on causation, and normal in chapters on belief. But, in addition, it has the rare merits of wit and lucidity. One gets a first impression of a jolly thing, almost a skit, dashed off in gay high spirits. All sorts of reverend people—Hume, and Mill, and lesser lights—are scalped with zest and enjoyment. But the first impression is wrong. Here is no skit, but an extraordinarily thoughtful and convincing, and withal original, piece of work. The proof lies in the fact that, though we smile as we pass easily from chapter to chapter, yet, afterwards, we find that we have looked, often more deeply, always more clearly, into matters that have been treated with dreadful obscurity for centuries.

It is impossible to review the essay adequately. It consists of a chain of reasoning of which an examination would require as much space as the work itself. It is possible to indicate only its point of view.

What is a cause? What is causation? Every one thinks he knows. In a sense, every one does know. According to Dr. Mercier, "the notion of causation is almost elementary. Cause and effect, like matter and force, are terms which every one understands more or less vaguely, more or less precisely, but that it is difficult to express more simply for want of simpler terms." Here, near the beginning of the essay, is adumbrated a particular point of view which is held consistently to the end—the view-point of science as distinguished from metaphysics.

In front of the reader is a printed page. He may consider it in two fundamentally different ways.

1. He may regard it as a real object in a real universe—

¹ On *Causation, with a Chapter on Belief*. By Charles A. Mercier, M.D., F.R.C.P., F.R.C.S. London: Longmans, Green, and Co. 1916. (Roy. 8vo, pp. 240. 4s. net.)

of St. Andrews. Sir Watson Cheyne, in returning thanks, said that many problems had arisen, especially in connexion with education, which called for careful consideration. In regard to medicine, there was the problem of what to do with men who had given their all in the service of their country, for many had been ruined in doing patriotic work, and it would be necessary to do a great deal to set them on their feet again. The war had shown the great value of early scientific education, which was the main reason why the Germans had been able to make such a great fight. The organization of the universities as places where every sort of scientific training could be obtained required careful consideration, and in other directions—chemical research and commerce—much had to be done in the development of teaching facilities. He intended to go on with his surgical consultant work for the Royal Navy till the end of the war, but hoped to give up private practice in the near future and devote his energies to learning a new science—the business of politics.

Correspondence.

A NEW SCHOOL FOR THE STUDY OF HEART DISEASE.

SIR.—I think Dr. Poynton is not aware of what has been doing in this country for the prevention of heart disease and guidance of sufferers from heart disease. When in general practice I had twenty-five years ago in my private clinic carried on work specially to this end. When I joined the Mount Vernon Hospital in 1909 a clinic for this purpose was started. The opportunities there were not very great, but when I joined the staff of the London Hospital we started clinics specially devoted to this object. Before the war broke out there were half a dozen of us at work. We had started observations on all cases of rheumatic fever that came into the hospital and were watching the effect of enucleation of the tonsils on the rheumatic. We had another special department devoted entirely to ambulatory cases of heart affection where we watched the cases of damaged hearts and gave them suitable treatment to enable them to keep at their work, and studied the effects of remedies when thus employed. We also advised and helped others to get employment suited to their strength. This clinic was going strong and was being visited by physicians from all parts of the world when the outbreak of war interrupted our work.—I am, etc.

London, W., Aug. 10th.

J. MACKENZIE.

ARMY MEDICAL ECONOMIES.

SIR.—Your correspondent "Train M.O." (July 28th, p. 135) seems to have been unfortunate in his experience.

Most divisions find additional work for their M.O.'s attached to divisional troops to fill in their—admitted—spare time, while at a time like the present he should, if in a battle area, be more than fully occupied assisting to cope with battle casualties at a dressing station.

With regard to their implied immunity from risk, I am at present sharing a tent with an engineer M.O. who has been decorated for gallantry in the field in the course of his ordinary duties.—I am, etc.

August 3rd.

ANOTHER TRAIN M.O.

SIR.—A letter which appeared in your issue of July 28th by "Train M.O." contains such very inaccurate statements in regard to the duties of M.O.'s to R.E. units that I can only conclude it must have been based on very inadequate knowledge of the nature of their work. He states that "they never go near any fighting, and never do a full day's work." That is true of medical officers to divisional train, and divisional ammunition column, who are hardly ever exposed to enemy fire of any kind. The medical work of a divisional ammunition column can always be satisfactorily carried out in one hour a day. The R.E. medical officer is often the hardest worked in a division. He is usually billeted at divisional head quarters, where he is responsible for the health of never less than 500 troops, and often more. In addition he has three field companies, which sometimes are so scattered that it takes three to four hours or more on horseback to

complete their inspection, and this often under shell fire. Moreover, in an attack he is very frequently sent by the A.D.M.S. to the advanced dressing station of a field ambulance, or to a battalion to relieve a casualty M.O. Having acted as an R.E. medical officer for close on two years, and having met probably during that period not fewer than twenty M.O.'s of other divisional R.E.'s, I can affirm that it is the exception rather than the rule for them to be out of any big fight in which their division is engaged. It is only fair to these officers, several of whom have been wounded, that "Train M.O.'s" statements should be at once refuted.

On the question of economy I agree with him. The field ambulance of each brigade could look after these units quite well.—I am, etc.,

August 5th.

M.O., R.E.

RECRUITING MEDICAL BOARDS.

SIR.—With reference to your remarks on recruiting, in your issue of August 4th you state: "The mistake, it seems to us, has been that the presidents of these boards have been in so many instances retired regular medical officers unacquainted with civil conditions." I am at a loss to conceive what you mean by this statement. Surely the only duty of recruiting medical boards is to medically examine the men who come before them, and therefore "civil conditions" are a question for tribunals.

So far as my own experience on recruiting medical boards goes, all civil medical practitioners who have served on these boards have done their duty without "fear, favour, or affection," but it has been a most invidious task for a local medical man, in view of the fact that, with the exception of young lads just of age, practically every man who has been called up has been doing his best to avoid service. The task will become even more difficult when the civil medical practitioner can no longer shift the onus on to the shoulders of a military president who has been held by the War Office responsible for every classification.—I am, etc.,

August 7th.

W.

SIR.—It would be interesting to know how many ex-members of the R.A.M.C. were employed during the war, and what duties they performed. An opinion seems to prevail among the public that all medical boards on recruits for the army were presided over by members or ex-members of the R.A.M.C. or of the Indian Medical Service. That is not my experience. I live in a town of nearly four hundred thousand people, and during the war only one ex-army medical officer was employed in examining army recruits; and he did not preside at all the medical boards he attended. It should be clearly understood that, speaking generally, regular officers of the Royal Army Medical Corps of the executive branch did not perform duties at home during the war. All were engaged abroad. Therefore a distinction should be made between the regular officers of the R.A.M.C. and those civilian medical gentlemen who joined the army for the first time, with temporary rank to enable them to deal with soldiers. The medical examination of army recruits is not a simple matter. It requires sound professional knowledge, which our civilian medical brethren can furnish, but it also requires a thorough knowledge of the soldier and his duties under all conditions of service. This will be the most difficult condition with recruiting by civilians. It was stated in the House of Commons that recruiting in France is in the hands of civilians. It is forgotten that, except women and children, there are no civilians in France, where all men physically fit have been, or are now, serving in the army.—I am, etc.,

August 14th.

SURGEON-GENERAL (retired).

Universities and Colleges.

MEDICAL SCHOLARSHIPS.

THE following medical scholarships have been awarded by the London Intercollegiate Scholarships Board at the institutions indicated:

UNIVERSITY COLLEGE.—*Bucknill Scholarship: A. J. Morland. *First Medical Exhibition: C. D. Shapland. *Second Medical Exhibition: V. Feldman.

*Subject to the confirmation of the College Committee.

KING'S COLLEGE.—Warneford Scholarships: M. Melgrave; P. M. Acheson and H. W. Snell, equal.

WESTMINSTER HOSPITAL MEDICAL SCHOOL.—Chemistry and Physics Scholarship: J. Pearce.

LONDON (ROYAL FREE HOSPITAL) SCHOOL OF MEDICINE FOR WOMEN.—St. Dunstan's Exhibition: E. V. Adams. Isabel Thorne Scholarship: D. N. L. Leverkus. Mabel Sharman-Crawford Scholarship: E. M. Store. Mrs. George M. Smith Scholarship: E. J. Williams.

UNIVERSITY OF LONDON.

ST. THOMAS'S HOSPITAL.—The following scholarships have been awarded:—Entrance Science (first £150, second £60): J. C. Churcher and N. S. Macpherson, being equal, divide the two scholarships. Arts (two, £15 15s. each): W. H. Dunn, E. G. Housden.

The Services.

EXCHANGES.

OCULIST R.A.M.C., ophthalmic centre, France, wishes to exchange with officer holding similar appointment in United Kingdom.—Address, No. 2700, BRITISH MEDICAL JOURNAL Office, 429, Strand, W.C.

R.A.M.C. Exchange wanted. M.O. to a reserve park (horse transport) in France desires exchange with M.O. of a home service unit. Write for particulars to M.O., No. 2 Res. Park A.S.C., B.E.F.

Obituary.

ALEX. REID URQUHART, LL.D., M.D.ABERD.,
F.R.C.P.EDIN.,

FORMERLY PHYSICIAN SUPERINTENDENT OF THE JAMES MURRAY ROYAL ASYLUM, PERTH.

We regret to record the death, on July 31st, at Eastbourne, of Dr. A. R. Urquhart, for many years physician superintendent to the James Murray Royal Asylum, Perth. Dr. Urquhart, who was 65 years of age, graduated M.B., C.M.Aberd., with honours, in 1873, and M.D. in 1877; and in 1914 his university conferred on him the honorary degree of LL.D. He became F.R.C.P. Edin. in 1894. After graduating he held appointments as assistant medical officer at Dr. Newington's private mental hospital, at the Warwick and Berkshire County Asylums, and finally at the Perth County Asylum. He found his life work as physician superintendent of the James Murray Royal Asylum and Hospital for the Insane at Perth, an office to which he was appointed in 1880. When he retired in 1913 he was appointed consulting physician, and his many friends in Perth presented him with his portrait in oils by Mr. Fiddes Watt, A.R.S.A.

Dr. Urquhart for many years took great interest in the work of the British Medical Association, was honorary secretary of the Perthshire Branch, and for many years a member of the Parliamentary Bills Committee and of the central Council of the Association. He was secretary of the Section of Psychology at the annual meeting at Glasgow in 1888, its vice-president at Newcastle in 1893, and its president at Leicester in 1905. He was also a member of the special subcommittee of the Parliamentary Bills Committee on incipient insanity.

He was for some time joint editor of the *Journal of Mental Science*, and contributed to its columns a number of articles, especially on asylum organization, construction, and administration. He was the author of the article on asylum construction in *Tuke's Dictionary of Psychological Medicine*, on mental weakness in *Allbutt's System of Medicine*, and of numerous articles on insanity to the *Encyclopaedia Medica*. His eminence as an alienist was recognized in many ways; he delivered the Morison lectures on insanity before the Royal College of Physicians of Edinburgh in 1907, and was an honorary member of the Belgian, Italian, French, Canadian, and American associations and societies concerned with the speciality to which he devoted himself.

J. C. J. writes: Dr. Urquhart's reputation as an alienist and as an authority on all matters dealing with the treatment and control of the insane was world-wide, and no member of his speciality in this country was more closely in touch with the practice and views of those engaged in psychiatry on the Continent of Europe. He had travelled much and read much, and was a man of singularly broad and cultivated mind, keenly interested in art, literature, architecture, and all the refinements of life, but practical and business-like in all his conduct, and never satisfied if he was not taking a part in the affairs of his profession

and his community. For many years he acted as secretary to the Scottish Division of the Medico-Psychological Association, and had filled the presidential chair; a few days before his death he was elected an honorary member of the association, a distinction conferred on few.

Dr. CHARLES MERCIER writes:

How fast the old guard of alienists is disappearing! The ink is scarcely dry upon my tribute to Hayes Newington when I hear of the death of another old and dear friend, Urquhart, late of Murray's Royal Asylum at Perth. Dr. Urquhart was a physician of the highest type. Polished, urbane, well read, highly cultured, a master of his profession, learned in its history, and personally acquainted with the leaders of it, both in this country and abroad, he was the very model and exemplar of the highest class of physician. Of all my antagonists in controversy, Urquhart was the most satisfying. Humorous, witty, imperturbable in temper, deft in argument, and tenacious of his opinions, he was an ideal adversary, and as we never met without sparring, so we never parted without feeling that our friendship was increased. He gave me many a fall, but he always contrived that his antagonist should fall soft, and I found it impossible not to join in the laugh that he raised at my expense. It is not very long since he came to visit me, and to my great pleasure brought most of his family with him, and I saw little of the mental weakness of which he complained. It was certainly not apparent in his conversation, but he found himself unable to read, a great deprivation for so scholarly a man. He was a good speaker, and a better talker—but what was there that he undertook that he did not do well? May I, when my time comes, leave as fragrant a memory behind me!

MISS MARIAN WILSON, M.B., Ch.B. Edin., surgeon to the Scottish Women's Hospital (Hôpital Auxiliaire 301), Royaumont, France, died on August 1st, of acute appendicitis, at St. Martin-Vésubie, Alpes Maritimes, while taking a few weeks' rest with her relatives. Miss Wilson belonged to a Scottish family, and graduated in Edinburgh in 1906, but lived for some years in Lausanne, where she acquired a mastery of the French language. She had held the post of medical officer to York Dispensary, and subsequently spent several years in Palestine as a medical missionary in Jaffa and Hebron. On the outbreak of hostilities Miss Wilson returned to Lausanne, and joined the staff of Royaumont in November, 1915. Her surgical ability and conscientious work made her a most valuable member of the staff, and her distinguished services to the French wounded were recognized in February, 1917, when the French Government awarded her the Médaille des Épidémies en Vermeil. Miss Ivens, Médecin Chef of the hospital, Royaumont, writes of Miss Wilson that "her personal charm and extreme interest in and solicitude for her patients gained her their affection in an unusual degree, and after their return to the front they not infrequently walked many miles and spent many hours of their short leave in paying her a visit. In spite of a frail physique, with an admirable spirit Miss Wilson rose to the occasion during many periods of stress and fatigue. The news of her untimely death caused the deepest sorrow to her friends and comrades, in whose ranks her loss has created an irreparable gap."

LIEUT.-COLONEL COLIN WILLIAM MACRURY, Bombay Medical Service, retired, died in London on August 4th, aged 74. He was the son of the late Angus MacRury of Dunruadh, in the island of Benbecula, Outer Hebrides. He took the diplomas of L.R.C.S. and L.R.C.P. Edin. in 1866, that of F.R.C.S. Edin. in 1869, and the D.P.H. Camb. in 1883. He entered the I.M.S. as assistant surgeon on April 1st, 1869, became surgeon on July 1st, 1873, surgeon-major on April 1st, 1881, and brigade surgeon lieutenant-colonel on April 16th, 1893. He retired on March 31st, 1896. Most of his service was spent in the sanitary department of Bombay, where he was Deputy Sanitary Commissioner in various districts; in May, 1888, he was appointed Sanitary Commissioner, and held that post till he retired. He continued to take great interest in all questions affecting sanitation in India after his retirement, and in particular held strong views with regard to the measures which should be taken to check the prevalence of plague.