

Memoranda: MEDICAL, SURGICAL, OBSTETRICAL.

LAPAROTOMY FOR GANGRENOUS GUT: DRAINAGE: RECOVERY.

On February 2nd, 1916, a lad of 18 consulted me for abdominal pain, the history being that he was awakened from sleep during the previous night by general abdominal pain, and then vomited. The bowels were opened.

On examination the temperature was normal, pulse 120. There was localized tenderness in the right iliac fossa. He was sent at once to another hospital as a case of acute appendix; but returned to me to watch for further developments. The whole trouble cleared up in a few days. In the second attack he was seen by another doctor, but the abdomen was not examined. The third attack was on August 28th, 1916. It was similar to the first, with a localized tenderness which cleared up in two or three days. He was attended by my partner, but I advised the patient to come into the London Temperance Hospital for appendicectomy.

The condition on September 25th was as follows: The patient was quite free from pain. The bowels were opened daily (takes salts occasionally). The abdomen moved well on respiration; no rigidity and no tenderness even on deep palpation in the right iliac fossa. On September 27th appendicectomy was performed by Mr. Arthur Evans. The appendix was red and very swollen, and suggestive of several acute attacks. On October 6th, 7th, and 8th, the patient vomited. Temperature and pulse were normal; bowels opened daily till October 7th, when they became obstinately costive. On October 11th, 13th, and 14th, there was again vomiting; bowels not opened; temperature normal, pulse 96; and on the 14th acute generalized abdominal pain set in. On October 16th the vomiting continued, and the temperature and pulse were both running up.

On October 17th at 2 a.m. a further operation was performed by Mr. Evans for acute obstruction. It was found that a Meckel's diverticulum had attached its tip to the site of the invagination of the appendix stump into the caecum, so that, at first sight, it looked exactly like the defunct vermiform appendix. This acted as a band, constricting several feet of small intestine greenish black in colour, which only very slightly improved on removing the constriction. The patient's condition was so poor that resection was out of the question, so Mr. Evans inserted a long drainage tube into the gangrenous gut, letting the free end fall into a pail by the bedside, and the patient was put back to bed with a prognosis as black as the gut.

However, the lad made a splendid recovery; a faecal fistula persisted, which was finally cut away after two smaller plastic methods had failed, and on May 5th, 1917, the patient left hospital with a soundly healed abdominal wall and bowels acting well daily.

I am indebted to Mr. Arthur Evans, F.R.C.S., for permission to publish these notes.

EVELYN A. CONSTABLE, M.B., B.S.,
London, N. Surgical Registrar, London Temperance Hospital.

THE ETIOLOGY OF SO-CALLED TRENCH NEPHRITIS.

WITH reference to the views of a recent correspondent that hyperchlorination of drinking water may be one source of this disease, I have been of this opinion for many months, and am in a position to produce considerable evidence in its favour.

Having been on active service in France in positions from a base hospital to an infantry battalion in the fighting line, I have noticed that as a general rule "the nearer the unit to the front line, the heavier the incidence of the disease." In the front and support trenches the men are placed under extremely favourable conditions for the development of acute nephritis; but in former wars and in polar expeditions very similar conditions were present without causing the disease. It is clear, therefore, that a further etiological factor must exist.

On April 20th, 1917, on taking over medical charge of an infantry battalion, I found no Horrocks's test box, and the corporal in charge of the water-carts was adding a minimum of at least one measure of bleaching powder to each water-cart.

On June 6th the Horrocks's test box arrived, and I found on testing the water that the amount of organic matter, etc., present was very low. The amount of bleaching powder per water-cart was at once reduced to a maximum of one half-measure, and it has never exceeded that amount since.

We have thus two periods: (a) April 20th to June 6th, forty-seven days, never less than one measure of bleaching powder per cart, and often more; (b) June 6th to July 12th, thirty-six days, never more than half a measure of bleaching powder per cart, and often less.

During period (a) there were numerous complaints of hyperchlorination of the drinking water (verified personally). There were seven cases of acute nephritis. During period (b) there was only one complaint of hyperchlorination. There were no cases of nephritis. The other living conditions—that is, trenches, etc.—of the battalion during the two periods were identical.

The hyperchlorination may be absolute, too much bleaching powder per water-cart; or relative, parts only of the water in the cart are hyperchlorinated owing to insufficient admixture and shaking up of the added powder. In my opinion the drinking of hyperchlorinated water by a recruit recently arrived in France, and placed suddenly under conditions imposing great strain on the kidneys, frequently determines the onset of an insidious toxic nephritis closely resembling the renal type of eclampsia in the female.

Subjoined is a list of cases of acute nephritis, with the duration of their service in France:

Service in France of Patient.			
May 4th	... Corporal L.	... 4 months.	
May 8th	... Private B.	... 4 "	
May 17th	... Private P.	... 4 "	
May 19th	... Private C.	... 4 "	
May 20th	... Private P.	... 4 "	
May 20th	... Private R.	... 5 "	
May 30th	... Private F.	... 5 "	

The battalion to which the men belonged had been on service in France for seventeen months.

S. A. BULL, M.D.Lond.,
Temporary Captain R.A.M.C.

Reports

ON

MEDICAL AND SURGICAL PRACTICE IN HOSPITALS AND ASYLUMS.

No. — BRITISH GENERAL HOSPITAL, MESOPOTAMIA.

COMA DUE TO SUPPURATIVE MENINGITIS: DIFFICULTY OF
DIAGNOSIS.

(By Captain C. E. H. MILNER, R.A.M.C.(T.), Registrar.)

I HAVE ventured to record notes of the following case, which has recently come under my care at the above hospital, as it is illustrative of the difficulties in differential diagnosis under war conditions in a tropical climate.

Pte. T. was admitted to hospital with a statement from the medical officer in charge of his dépôt that he had been in an abnormal mental state for some two or three days. He had been kept in bed under observation, and on the day of his admission to this hospital he had been continually getting out of bed "to paddle in puddles of water." When questioned by the orderly medical officer as to what was the matter with him, he replied, "A pack of cards." These appear to have been his last words, for when I saw him in the mental observation hut about a quarter of an hour later he was already unconscious.

He was a big man, whose age was said to be 39, but who looked 50. The pulse was full and bounding, but of no great tension. The heart was hypertrophied, and the aortic second sound was a little "blurred." The temperature was 101.4° F. The left knee-jerk was lost, but the right normal; both plantar reflexes were flexor; both the corneal and the abdominal reflexes were lost. Kernig's sign was absent; there was conjugate deviation of the eyes to the left. Examination of the optic discs was difficult, and that of the urine impossible, by reason of incontinence.

the experimental house, set up by the School in the Roman Campagna for the malarial experiment, and he stayed there for several days with Drs. Sambon and Low, the experimenters. He then returned to the School for the fourth session, and worked in London till the end of the year; finally, to the sorrow of all his fellow teachers, giving up his appointment to take up the very important post of district surgeon and port health officer at Port Elizabeth, Natal. Here the opportunity of combating plague and small-pox presented itself, and ably dealing with these, Dr. Rees made a name for himself in this line. That he should have died of typhus, a disease he was trying to stamp out, is very sad—a fate, however, which others who have gone before have also shared. After taking up his residence in South Africa, he did not have the time or opportunity to come much to London, but he visited it on the occasion of his marriage, and again three or four years ago, when he visited the School of Tropical Medicine and renewed his old associations with that institution.

There is little doubt that if Dr. Rees had stuck to tropical medicine, he would have made a name for himself in that line of research. Before leaving for Africa, he wrote on tropical subjects to the journals, and these contributions were always well written and carefully thought out. Work in Port Elizabeth did not allow him apparently to keep up his literary efforts. Dr. Rees has left a widow and two children to mourn his loss. To them the London School of Tropical Medicine and all its teachers who knew and were associated with him offer sincere sympathy.

Universities and Colleges.

UNIVERSITY OF LONDON.

UNIVERSITY COLLEGE HOSPITAL MEDICAL SCHOOL.

THE two Goldsmid entrance exhibitions, offered annually for competition in September, have been awarded to Mr. H. L. Heimann and Mr. V. R. Khanolkar, both of University College, London.

UNIVERSITY OF GLASGOW.

THE following candidates have been approved at the examinations indicated:

M.B., CH.B.—*Medical Jurisprudence and Public Health (New Regulations)*.—J. D. Arthur, A. S. Bisset, A. Black, D. C. Bowie, W. G. Burns, M. J. Cahalane, H. A. Cochrane, H. L. Coulthard, E. M. E. Cumming, A. M. Davidson, J. Donald, J. C. Dow, A. B. S. Drysdale, W. Edgar, D. Finlayson, G. O. Grant, J. S. M. L. Gray, J. A. Hamilton, *W. R. D. Hamilton, J. G. Harrower, A. Henderson, H. J. Hollis, M. Hyman, J. Irving, R. P. Jack, J. A. Jenkins, J. P. Killy, A. C. Lindsay, J. Lipschitz, *A. J. Macartney, D. MacColl, T. M'Gowan, J. A. C. MacGregor, J. W. Mackay, *D. Maclean, W. S. L. M'Leish, J. Macleod, W. M'Linden, A. W. M'Rorie, J. M. Melvin, W. Napier, B. F. Niblock, J. Nicol, I. L. Oluwole, N. B. Peacock, J. W. Peden, R. J. Peters, J. B. Potter, A. Riddell, J. M. Ritchie, W. Scotland, R. P. Smith, J. C. Vaughan, *W. A. Walker, J. A. Walls, H. Wands, G. M. Wishart, W. Young, Ellen D. Anderson, Grace Chatterton, Mary B. Gillespie, Alison M. Hunter, Elizabeth C. Loudon, Mary J. Macdonald, Isabella G. M'Fadzean, Maud E. D. Mackinnon, Margaret G. M'Vey, Margaret M. Morton, Elizabeth B. Y. Paterson, Margaret M. C. Steedman. (*Old Regulations*).—C. O. Anderson, P. Macdiarmid, J. S. Meighan, J. A. O'Connor, D. Stewart, R. Young, Lillias B. Hardie.

* Passed with distinction.

FOURTH (FINAL) M.B., CH.B.—Maud C. Cairney, B. W. H. Fergus, J. B. D. Galbraith, K. J. A. Gillanders, W. M. Kerr, F. R. Lubovius, Elizabeth C. M'Haffie, J. Macleod, Alice J. Marshall, Margaret M. Morton, A. Riddell, S. M. Riddick, I. M. Robertson, Jessie N. Robertson, J. A. Stewart, J. T. Taylor, W. H. Wallace, J. P. White.

Medical News.

It is announced that Major John Utting, R.A.M.C. (T.F.), will be the next Lord Mayor of Liverpool.

A LECTURE on sanitary work in the army will be delivered at University College, London, by Major Arthur J. Martin on Thursday, November 1st, at 5.30 p.m. The chair will be taken by the Hon. Sir John McCall, M.D.

DR. MARCUS PATERSON, Medical Director of the King Edward VII Welsh National Memorial Association for the Prevention of Consumption, has resigned that appointment owing, we regret to learn, to continued ill health.

A MEETING of the Medico-Legal Society will be held at 11, Chandos Street, Cavendish Square, W.1, on Tuesday, October 16th, at 8.30 p.m., when an address will be given

by the president, Sir Samuel Evans, and a discussion on the Criminal Law Amendment Bill (1917) will be opened by Dr. F. J. Smith.

THE Automobile Association and Motor Union, Whitcomb Street, Coventry Street, W., has been in communication with the Ministry of Munitions regarding the use of coal gas on cars. The reply of the Ministry is to the effect that coal gas is not regarded as a petrol substitute, and that the Home Office is being consulted regarding its unrestricted use.

THE following entrance scholarships have been awarded at Guy's Hospital Medical School: Senior Science Scholarships for university students, £75, R. Gainsborough, Magdalen College, Oxford; Junior Science Scholarship, £120, A. T. Rogers, Preliminary Science Class, Guy's Hospital. Scholarships in Arts: £50, G. R. M. Apsey, King's School, Canterbury; £50, C. H. C. Toussaint, St. Bees School.

PROFESSOR H. G. PLIMMER, F.R.S., will give a course of about ten lectures on tropical hygiene on Tuesday during the first half of the winter session. The lectures will be given in the Botany Department of the Imperial College of Science and Technology, Prince Consort Road, South Kensington. Further particulars can be obtained on application to the Registrar of the College. The fee for the course is £1. The first lecture, which will be given on Tuesday next, October 9th, at 4 p.m., will deal with general principles and the classification of disease causes; the second with the definition and nature of infectious diseases; the third, fourth, and fifth with directly infectious diseases, especially enteric fever. The remaining lectures will deal with other diseases prevalent in the tropics, the last two being concerned with general advice as to the maintenance of health in the tropics and the treatment of minor complaints and injuries.

A CONFERENCE of representatives of friendly societies and other organizations connected with national insurance was held at the Central Hall, Westminster, on September 29th, in order to discuss the question of the setting up of a Ministry of Health. Mr. Kingsley Wood, who took the chair, stated that during the Parliamentary recess proposals had been formulated, and a bill drafted for the establishment of a Ministry of Health, at the instance of the great national insurance organizations. He claimed that this was the first definite scheme that had been put before the nation, that it was an urgent war measure, and that it must be put into force before demobilization. The bill provides for central organization only. Under it a Minister of Cabinet rank would be assisted by a board of health containing representatives of the medical profession, of the local health services, of national insurance interests, and of labour.

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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.

The address of the Central Medical War Committee for England and Wales is 429, Strand, London, W.C.2; that of the Reference Committee of the Royal Colleges in London is the Examination Hall, 8, Queen Square, Bloomsbury, W.C.1; and that of the Scottish Medical Service Emergency Committee is Royal College of Physicians, Edinburgh.

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