

of the great trochanter to the sole of the foot 33½ in. The femur was 17½, the tibia 13½, and the fibula 13½ in. long. Since the inquiry I have learnt that the stature of the man was about 6 ft. 6 in.

When asked by the coroner if the man from whom the leg came was dead I had no hesitation in answering in the affirmative. A leg disarticulated at the hip-joint must have been separated from the body either by some one with anatomical or surgical knowledge, or by the maceration caused by long exposure to the elements. The possibility of its removal by deliberate surgical operation can be dismissed, for surgeons do not remove limbs with hob-nail boots, stockings, and dirty bandages upon them, nor, after the operation, throw them into the river. If the limb had been criminally disarticulated the man was certainly dead. All the factors of the case suggest that the separation of the limb from the body was due to the force of the current of the river, which the macerated tissues were unable to withstand. The smooth flattened surface at the upper third of the femur suggests that the thigh may have been caught with the body hanging free; when, owing to the weight and leverage of the trunk, separation of the trunk from the limb, rather than tearing of the limb from the trunk, took place.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

EMETINE DIARRHOEA.

IN a paper on the treatment of amoebic dysentery, published in the BRITISH MEDICAL JOURNAL of November 13th, 1915, I drew attention to the fact that emetine hydrochloride, given hypodermically, produced diarrhoea in many instances exactly in the same manner as ipecacuanha when used in large doses for the treatment of amoebic dysentery. Since that time such diarrhoea has been described by some as an evidence of emetine poisoning, an eventuality to be avoided. An annotation on diarrhoea due to emetine, published in the JOURNAL of October 6th, 1917, endorses this view, and quotes an observation—a somewhat late one—by Kilgore and Liu, published in the *Archives of Internal Medicine* (Chicago, 1917), calling attention to the importance of recognizing this condition. The same authors make the statement that the diarrhoeic stools due to emetine are almost indistinguishable to the eye from those of the amoebic dysentery for which the drug is given, and that when emetine diarrhoea occurs blood and mucus reappear.

In the old days the *rationale* of the ipecacuanha treatment was to press the remedy until a profuse diarrhoea was produced, the stools then becoming liquid and of a canary-yellow colour. After the cessation of the drug, solidity of the stools was quickly obtained, and to all intents and purposes many of the cases were cured clinically. Whether this was a real cure or not, it is not altogether easy to determine now, because in those days the cysts of the amoebae were unknown and prolonged microscopic examinations of the stools after treatment were not carried out. Some of the cases certainly did relapse clinically and others, in the light of our present knowledge, very likely became cyst carriers.

Since the oral administration of emetine, in the form of emetine bismuth iodide, has come into vogue, diarrhoea has become even more marked than when the drug was given by the needle. This, however, as I have just said, is exactly what one aimed at in giving ipecacuanha. In addition to the specific action of the drug, the bowel is thoroughly washed out, and this mechanical process is beneficial and not detrimental. (Compare the saline treatment of bacillary dysentery.) A few days after the termination of the course (twelve consecutive nightly doses of 3 grains of emetine bismuth iodide) the stools begin to become solid, and in a few days more, if cure has taken place, are formed and of a normal consistence. The liquid stools produced by the emetine, apart from the absence of amoebae and cysts in them, are, as a matter of fact, easily distinguishable from the true dysenteric stools, and there is no excuse for any one pushing the remedy to such an extent as to cause dangerous symptoms and even death. One

might in a similar manner produce equally dangerous symptoms, namely, weakness and collapse, by giving repeated excessive doses of ordinary magnesium sulphate. If the diarrhoea is excessive it can easily be controlled by tincture of opium.

Reappearance of blood during treatment is very rare; when it does occur it is often due to piles, and this source of fallacy must be excluded before it can be said that the blood is coming from the bowel ulceration. As regards other toxic symptoms of emetine, though not denying that peripheral neuritis may occur if the drug is given in excessive doses, I have not yet seen it in a long series of cases treated by ordinary courses.

It must be remembered that all drugs are poisonous if given in too large quantities and over too prolonged periods of time, and emetine is no exception to the rule.

GEORGE C. LOW, M.D.,

Assistant Physician London School of Tropical Medicine,
Temporary Captain I.M.S.

TREATMENT OF PAINFUL SHINS, FOLLOWING TRENCH FEVER, BY ELECTRO-THERAPEUTICAL METHODS.

EVERY physician connected with troops on active service knows the condition which is now officially diagnosed as "trench fever." He also knows that were it not for the "painful shins" which almost invariably follow, the vast majority of "trench fever" cases would be fit for duty in a very short space of time, whereas, in fact, thanks to these "painful shins," the convalescent stage of the disease is very long and disappointingly prone to exacerbation.

During the early part of last winter I tried many things electrical for the relief of this condition, watching the cases in their wards as well as in the electro-therapeutical department, and by the end of November I had come to the conclusion that the best remedy was ionization combined with faradism. My method is as follows:

Using liquor iodi fort., a patch 1½ in. wide and 3 in. long is painted, well outside and parallel with the anterior border of the tibia, in the middle third of the leg, and ionized for ten minutes, at the maximum of 10 milliamperes, the negative electrode being placed over the painted area, a thick pad well soaked with 2 per cent. sodium salicylate in 3 per cent. sodium chloride being placed between.

On the second day, ionization, with sodium chloride only, is applied over the original site, the negative electrode being placed as before. Ionization is now stopped, and for the next three, and subsequent days, the muscles of the calf and leg are exercised for ten minutes daily with faradism.

As a rule the men tell one at their second or third visit that they have experienced immediate relief from pain; that they have slept better and feel much better in themselves, and where they do not do so the fact soon becomes obvious from their general appearance. I watched the earlier cases for some weeks, keeping them to see if there was any tendency to recurrence, and having satisfied myself that there was not, I proceeded to carry out the above course as a routine.

Statistics of 100 Consecutive Cases received from the Wards for Treatment.

Days under Treatment.	No. of Cases.	Days under Treatment.	No. of Cases.
1	0	10	12
2	3	11	1
3	6	12	2
4	14	13	1
5	11	14	3
6	14	16	1
7	10	20	1
8	15	21	1
9	2	22	1
Sent to England as unlikely to be well in three weeks			2

100

Average stay under treatment=7.50 days.

It will be noted that 2 per cent. were sent to England after treatment had been begun, owing to slow recovery, and that 98 per cent. were sent to duty "A" or convalescent dépôt, the latter means of evacuation being only used where it was thought that the man's general condition required a little longer rest.

ALFRED J. H. ILES,
Captain R.A.M.C.(T.F.).

liked. My answer is, Certainly not. We have always been careful in meeting the Commissioners to disclaim any plenary powers. We do our best to let Panel Committees know what is going on, and to consult them if possible. In the present instance we should like to have had more opportunity for doing this, but in our actions we relied not merely upon the general resolutions to which Dr. Bell refers, but particularly upon the more detailed resolutions laying down the directions of the Conference upon this particular subject. To these directions we have adhered very strictly throughout.

Dr. Gardner asks me whether he is to understand that there is to be no system of checking excessive attendance on these men. My answer is, Yes; that is exactly what Dr. Gardner and others are to understand. The profession is to be relied upon to give the men adequate and proper attendance, and every item of attendance is to be paid for at the insurance rate.—I am, etc.,

London, N., Oct. 7th.

H. B. BRACKENBURY.

LONDON LOCK HOSPITALS.

SIR,—A great deal of misapprehension seems to exist in both medical and lay minds regarding the position of the London lock hospitals, so, at the request of the board, I have been desired to write asking you to be so kind as to insert this explanatory letter in the hope that it will clear away any misconception that may exist.

The male and female lock hospitals, which were founded in 1746, have been the principal centres for the treatment of venereal diseases in England since that date, and on the coming into force of the Venereal Diseases Regulations, 1916, the Lock Hospital immediately applied for approval under the new scheme. This was granted by the Local Government Board at the close of last year and a grant in aid is now received at both institutions towards the work being done, but the lock hospitals have always dealt with large numbers of cases in addition to those treated within the London County Council area, and experience has proved during the last nine months that more than ever is the hospital called upon to deal with cases of venereal disease that do not come within the scope of the new scheme, which it must be remembered only applies to venereal diseases in their early and communicable stages.

After allowing for the grant in aid referred to above the hospital has to raise in voluntary contributions a sum estimated at over £9,000 per annum, and the board earnestly desire that the medical and the lay public should realize the true position of the lock hospitals at the present time, when an idea appears to exist that the hospitals are entirely supported by grants from the Local Government Board, an impression which may seriously damage any efforts to obtain the necessary funds to carry on the important work at both institutions.—I am, etc.,

J. ERNEST LANE, Major R.A.M.C.(T.),
Member of the Board of Management and Chairman
of the Medical Committee.

London, W., Oct. 4th.

THE AIR WAR.

SIR,—I think it right to take exception to a paragraph in the latter part of your recent leader under the above heading. You quote the conviction of those on the spot that the damage done to a hospital base on the French coast in a recent raid, during which an American surgeon was killed, cannot be considered to have been accidental.

I was near that spot when the lamentable event took place, and I went the round of these hospitals on several successive days. A hospital case it certainly is, but cheek by jowl with the hospitals lie ammunition dumps, cement works, reinforcement camps, and training grounds, and I cannot believe that it is right to conclude, because one hospital was hit, that it was definitely aimed at. Surely, with so rich a harvest spread beneath him, it is incredible that an enemy aviator would deliberately waste bombs on so poor a target. I cannot refrain from expressing this view because, at the time it happened, one of our own journalists actually stated his belief that this raid was evidently carried out in order to intimidate, or wreak particular vengeance on, our American allies.

Surely the tale of German barbarity is enormous enough

without our having to make this particular charge, which, on the grounds I have stated, appears to me to be unjust.—I am, etc.,

ALEX. MACPHAIL,
Captain R.A.M.C.(T.).

London, E.C., Oct. 10th.

Obituary.

DR. JOHN WILLIAM DAVIES of Ebbw Vale, who died on July 19th, in his 68th year, took an active part in the local affairs of that district. He was the eldest son of Dr. John Davies of Brecon, Abersychan, and Ebbw Vale. He was educated at Christ's College, Brecon, and received his medical training at Edinburgh University and Guy's Hospital. After practising for three years at Clun, Shropshire, he removed in 1880 to succeed his father as surgeon to the Ebbw Vale Steel, Iron, and Coal Co.'s workmen. He held the appointment of Medical Officer of Health to the Ebbw Vale Urban District Council for thirty-seven years, and was also district medical officer and public vaccinator to the Bedwelty Union, certifying factory surgeon, and school medical officer. The lately formed Maternity and Infant Welfare Centre, of which he was medical officer, had his warm sympathy and support, and he entered heartily into the arrangements being made for baby week in the town, but, unfortunately, did not live to see the accomplishment of his schemes in that direction. He took an active interest in military work, and was instrumental in the formation of the 1st Welsh Field Ambulance, of which at the outbreak of the war he was lieutenant-colonel. It was a keen disappointment to him that, in consequence of failing health, he was unable to undertake active service and was placed on the retired list. Dr. Davies leaves a widow and large family, one of the sons at present serving as captain in the R.A.M.C.

DR. JAMES MILNE of Wincobank, Sheffield, passed away in the early morning of September 25th with tragic suddenness. Dr. Milne was born at Keith, Banff, in 1866, and received his early education there. Later he entered Aberdeen University, graduating M.B., C.M. in 1888. For a time he practised in Wales, but eventually he settled in Sheffield in 1893. He conducted a large practice and was universally respected by his patients and medical brethren. He was a member of the Sheffield Medico-Chirurgical Society and an old and loyal member of the British Medical Association. He was an original member of the Attercliffe Medical Guild which was founded in 1906. His energies were devoted solely to his profession. He was of a shy disposition and took no part in public affairs. He was buried at Kimberworth on September 29th amid signs of general mourning. A large number of his patients and friends showed their respect by their presence at the graveside. He leaves a widow, two sons (one in the army), and a daughter.

Universities and Colleges.

UNIVERSITY OF LONDON.

MATRICULATION EXAMINATION.

At the matriculation examination last month 266 candidates were successful, of whom 32 were placed in the first division; 15 supplementary certificates were granted, of which 10 were in Latin.

UNIVERSITY COLLEGE.

Three public lectures will be given in the Chadwick Departments of Municipal Engineering and Hygiene and Town Planning, as follows: On Thursday, October 18th, on "The effect of the war on municipal engineering and public health," by Mr. H. Percy Boulnois, M.Inst.C.E.; on Thursday, November 1st, on "Sanitary work in the army," by Major Arthur J. Martin; and on Thursday, November 15th, on "Some general aspects of town planning after the war," by Professor S. D. Adshead, F.R.I.B.A. The lectures will begin at 5.30 each day.

UNIVERSITY OF GLASGOW.

At a graduation ceremony, held on October 8th and presided over by Principal Sir Donald MacAlister, the following degrees were conferred:

M.B., CH.B.—Maud C. Cairney, B. W. H. Fergus, J. B. D. Galbraith, K. J. A. Gillanders, W. M. Kerr, Elizabeth C. M'Haffie, J.

Macleod, Alice J. Marshall, Margaret M. Morton, F. L. Richard, A. Riddell, S. M. Riddick, I. M. Robertson, Jessie N. Robertson, J. A. Stewart, J. T. Taylor, W. H. Wallace, J. P. White.

* With commendation.

Mr. J. S. Martin, who graduated on July 21st, gains the Brunton Memorial Prize of £10, awarded to the most distinguished graduate in medicine of the year.

CALENDARS.

THE *Glasgow University Calendar*¹ for the year 1917-18 appears in a modified form owing to the exigencies of the war. Notification, too, is made of the fact that the list of classes to be held this year can only be regarded as provisional, for the same reason. For the rest, the volume contains the mass of detailed information and the lists of names customary in these indispensable works of reference.

The *Calendar of the National University of Ireland*² for the year 1917 contains an account of the work of its three constituent colleges in Dublin, Cork, and Galway, and its recognized college at Maynooth, together with the lists of teachers, examinations, examination results, and so forth that constitute the bulk of useful publications such as this.

¹ *The Glasgow University Calendar for the Year 1917-18*. Glasgow: J. Maclelland and Sons. 1917. (Cr. 8vo, pp. 442.)

² *Calendar for the National University of Ireland for the Year 1917*. Dublin: Alex. Thom and Co., Ltd. 1917. (Post 8vo, pp. viii + 579.)

The Services.

INDIAN MEDICAL SERVICE.

THE Secretary of State for India again announces that a limited number of appointments to meet the indispensable needs of the Indian Medical Service will be made on the recommendation of a special selection committee; full particulars can be obtained from the Secretary, Military Department, India Office, Whitehall, S.W.1. Applicants must be between the age of 21 and 32.

Medical News.

THE vacancy to the chair of natural history in the University of St. Andrews, caused by the retirement of Dr. McIntosh, has been filled by the appointment of Mr. D'Arcy Wentworth Thompson, C.B., professor of natural history in the University of Dundee.

THE Joint Committee on Ophthalmology and Otolaryngology of the United States Medical Board has under consideration a scheme for the organization of a section on brain surgery. If necessary, schools under the direction of brain specialists will be established in Chicago, Baltimore, New York, and Philadelphia.

THE sixth edition of Sir Patrick Manson's *Tropical Diseases* is ready for publication. It has been revised and enlarged, and the sections on mosquitos, tsetse flies, and ticks have been brought up to date by Lieut.-Colonel Alcock, C.I.E., F.R.S., of the London School of Tropical Medicine.

DR. CHARLES JOSEPH MACCORMACK, one of the medical inspectors of the Local Government Board in Ireland, has been appointed inspector of reformatory and industrial schools, and medical member of the Prison Board, Ireland, in succession to Surgeon-General D. E. Flinn, who has retired after a long period of service.

AT a conference arranged by the British Hospitals Association, when the chair will be taken by Mr. H. Wade Deacon, Chairman of the Royal Infirmary, Liverpool, the Rev. G. B. Cronshaw, Chairman of the Radcliffe Infirmary, Oxford, will open a discussion on the increase of grants for the treatment of soldiers and the proposed payment for discharged soldiers. The meeting will take place on Thursday next, at 3.30 p.m., at the Westminster Hospital.

AT a meeting of medical practitioners in the York area, held on October 6th, a resolution was unanimously adopted protesting against the new regulations as to invalid seamen and soldiers issued by the National Insurance Commissioners and expressing the opinion that the regulations are unfair to both patients and doctors, and should be replaced by a system securing adequate attention for the disabled men and adequate remuneration for the practitioners attending them.

MR. SAMUEL CRADDOCK, who became a member of the profession by taking the diploma of M.R.C.S.Eng. in 1856, is just about to complete fifty years' occupancy of the office of coroner for North Somerset; for five years previously he was deputy coroner both for the northern and the eastern divisions of the county. Altogether he has

conducted some 3,000 inquests, and although he is now 84 years of age still continues to attend all inquests himself, notwithstanding the great area he has to cover and the remoteness of some of its districts.

THE general annual meeting of the Auxiliary Royal Army Medical Corps Funds will be held at the Royal Army Medical College, Grosvenor Road, London, S.W., on Friday, October 26th, when the Director-General A.M.S. will take the chair at 3 p.m. Officers of the R.A.M.C. Auxiliary Forces whose subscriptions shall have been received on or before Saturday, October 13th, are invited to attend. The Secretary of the Funds is Lieut.-Colonel E. M. Wilson, R.A.M.C., 124, Victoria Street, Westminster, S.W.1.

AT the opening meeting of the thirty-sixth session of the West London Medico-Chirurgical Society, held at the West London Hospital on October 5th, Dr. A. J. Rice-Oxley, having been inducted to the presidency by the retiring president (Dr. E. A. Saunders), presented the latter with the Keetley Memorial Medal, and expressed the appreciation of the society for his work during the past session. Dr. Rice-Oxley then delivered an address on "The medical man as portrayed in English literature," for which, on the proposal of Dr. Clippingdale, seconded by Major McAdam Eccles, he received a hearty vote of thanks.

AT a special meeting of the London Panel Committee on October 9th to consider the provisional regulations relating to medical benefits of invalided seamen, marines, and soldiers, it was resolved to approach the Commissioners in order to obtain the immediate withdrawal of the regulations. A resolution was adopted advising practitioners on the panel for the County of London to notify the Insurance Committee that they are not prepared to accept discharged and invalided sailors and soldiers on their lists under the terms of the new regulations, but that they are prepared to agree to the reinstatement of discharged and invalided sailors and soldiers on their lists in accordance with the arrangement which has hitherto prevailed, and that they are prepared to render such men all necessary attention and treatment at the present capitation rate pending negotiations with the Commissioners for a more equitable scheme. A further resolution was also carried to the effect that a communication be addressed to the staffs of the principal London hospitals expressing the hope that they would urge upon the governors the necessity of restricting the services rendered to these patients to those of a specialist or consultative character and of dealing only with such cases as were at the same time under the general control of a general practitioner.

ON the occasion of the entry into office of the new Master, Dr. Charles Sangster, a service was attended by the Society of Apothecaries of London, on October 9th, at the church of St. Andrew-by-the-Wardrobe, Blackfriars. Among those present were the Wardens, Colonel Connolly, A.M.S., and Mr. Samuel Osborn, F.R.C.S., Surgeon-General W. B. Slaughter, Deputy Surgeon-General J. H. Jeffcoat, and Surgeon-Major E. Colson (members of the Court), Surgeon-General Sir George Makins, Dr. de Havilland Hall, Dr. Vincent Dickinson, Dr. F. S. Palmer, and Dr. H. S. French. The service was conducted by the Rector, the Rev. P. Clementi-Smith, and an address was delivered by the Rev. C. H. Sangster, son of the Master.

THE second number of *Recalled to Life*, the journal specially devoted to the care, re-education, and return to civil life of disabled sailors and soldiers, contains among other interesting matter a note by Mr. G. J. Wardle, M.P., on the attitude of the Labour Party to the question of the treatment of disablement caused in the war. The party, he says, desires that the best treatment should be afforded, and that every appliance ingenuity can devise or skill suggest should be devoted to the restoration and aid of those who have become disabled. It desires that by training and re-education they should be aided to become self-supporting members of the community, whether they were men having a special trade before they joined up but whose wage-earning capacity is capable of improvement by further instruction, or whether they had no special trade. Subject to there being no diminution in the standard of living, or possibility of the disabled man being used to defeat the objects of the trade unions, those bodies desire to assist the disabled man in every possible way to secure employment on remunerative work. If a disabled man is able to do the same work as others, the fact that he is in receipt of a pension must not be allowed to interfere with his receiving the same rate of wage; if he is not able to do this, arrangements must be made by joint agreement between trade unions and employers to protect both the man himself and those who are working alongside of him.