

Memoranda:

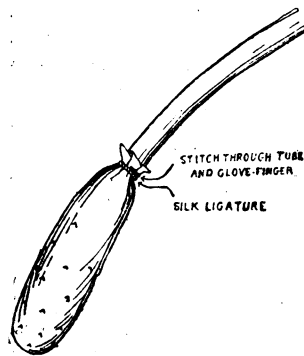
MEDICAL, SURGICAL, OBSTETRICAL.

A MODIFICATION OF CARREL'S TUBE FOR USE ESPECIALLY WHERE THERE IS DANGER OF PRESSURE ON TISSUES.

WAR surgery, more than any other surgery, has demonstrated the amount of damage that drainage tubes cause to tissues owing to the devitalizing effect of continuous pressure; and the larger, thicker, and more closely fitting the tube, the greater is the superficial pressure necrosis. The detrimental effect on tissues, together with the small advantage gained over other methods of drainage, has resulted in their disuse to a great extent.

There is one condition, however, in which some form of tube is necessary for the conducting and distributing of fluids to parts of a wound—that is, in the "Carrel-Dakin" treatment. Even the small and moderately thin-walled Carrel's tube is not infrequently instrumental in causing some superficial pressure necrosis.

A small perforated tube of rubber, like a diminutive colotomy tube, would not be liable to cause such damage. Such a tube not being available I used, with satisfactory results, a finger, or part of a finger, of a rubber glove, perforated freely with small holes, tied on to a small tube, and made secure by a stitch through both finger and tube. When such a tube was placed in a wound by the side of a Carrel's tube, the bed where the glove finger had lain showed little or no tissue damage, while the Carrel's tube frequently caused a gutter with a grey surface.



Modification of Carrel's tube. The holes in the glove finger may be made either with the points of fine scissors or with a fine punch.

The finger part of such a tube can be placed against an exposed vessel, nerve, or brain substance with the minimum amount of damage to these tissues.

One advantage of some considerable importance is that the tube rarely becomes blocked with exudation from the wound surface, a disadvantage which is fairly common when Carrel's tubes are used.

Some months ago I first made use of this arrangement, which has proved very satisfactory, both in my own unit and in other casualty clearing stations.

H. DRIFFIELD LEVICK, B.S., F.R.C.S.,
Captain R.A.M.C.(T.F.).

A CASE OF MELAENA NEONATORUM SUCCESSFULLY TREATED BY THE INJECTION OF BLOOD SERUM.

THE following notes may prove interesting as adding another successful case to the series of three recorded by Dr. Robert Hutchison in the BRITISH MEDICAL JOURNAL of November 10th, 1917:

A male child was born at 3 p.m. on March 19th, 1913. The mother was a primipara, and delivery was by forceps. At 8 a.m., on March 22nd, it was noticed that there had been a large haemorrhage from the bowel. The blood was liquid and very dark. Treatment was by calcium chloride and gelatin, but the haemorrhage continued all day. At 9 p.m., as the child was evidently sinking, the father was bled from the arm, and 10 c.cm. of blood serum were injected under the skin of the child's abdomen. The haemorrhage never recurred. Unfortunately the child suffered from a congenital heart affection, from which he died at the age of twelve months.

Dr. Hutchison suggests that normal horse serum or antidiphtheritic serum would probably prove as efficacious as human serum. In the only case of haemorrhage in which I have tried it—that of a haemophilic boy with a small wound of the tongue—the former proved inefficacious, and the patient bled to death.

London, S.E.

ALEX. ROSE, M.D.

Reports of Societies.

SERUM DISEASE FOLLOWING INTRATHECAL INJECTIONS.

At a meeting of the Section of Medicine of the Royal Society of Medicine held on November 27th, the Vice-President, Surgeon-General H. D. ROLLESTON, R.N., who was in the chair, read a paper comparing the manifestations of serum disease after the intrathecal and after the hypodermic method of injection. Speaking of meningism due to serum disease, he said that injection of serum into a healthy intrathecal space set up an aseptic chemical meningitis, whereas injection of antimeningococcic serum in cerebro spinal fever reduced the inflammatory process, presumably by destroying the meningococci. It had been pointed out by Neal, Abramson, and others, that injection of serum into slightly inflamed meninges set up in most cases an acute aseptic meningitis shown clinically by fever, rigidity of the neck, and other signs of meningeal irritation. It was desirable to have some means of determining whether there was a genuine relapse which would be benefited by serum, or whether the condition was one of meningeal irritation or meningism and a manifestation of serum disease which might be intensified by a further injection of serum. The diagnosis could be made by examination of the cerebro-spinal fluid for the presence of meningococci, and also for the normal reducing agent (glucose) which was absent in relapses of meningitis and present in the meningism due to serum disease. This meningeal manifestation of serum disease was peculiar to intrathecal injections of serum. It did not appear to result from large quantities of serum given, nor could it be explained as due to an intrathecal injection within a very few days of the appearance of the serum rash, but was probably connected with some hypersensitiveness of the meninges. It did not appear to be proved that the incidence of serum disease was higher after intrathecal than after the hypodermic method of injection. Intrathecal injection of serum necessarily involved risk of inducing increased intracranial pressure and might introduce a secondary infection; but it was not proved that the volume of serum injection favoured a secondary infection of the meninges from the blood stream.

Dr. CLAUDE B. KER gave an account of a series of 60 cases treated with Flexner's serum. Of 48 patients who lived nine days or over, 36, or 76 per cent., suffered from serum sickness. The outstanding feature was the rash; arthritis was noted in 6 cases only, and in these was very severe. Adenitis of the cervical glands was present in 2 cases. An interesting point was the occurrence in 9 cases of prodromal fever for twelve or twenty-four hours before any other symptoms. More than a third of the total reactions commenced on the ninth day. In 19 cases the rash was troublesome for four days or over, and in 3 it lasted for fully eight days. It was now well understood that the introduction of horse serum into the spinal canal was liable to set up a local reaction, which might be described as an aseptic meningitis, so that the possibility of a fluid becoming more turbid from this cause must be remembered, and in the absence of germs it was probably wise not to take an increase of turbidity too seriously. The great number of rashes might suggest that intrathecal injection was more liable to cause them than the subcutaneous method, but he did not believe that this was the case. It was not unusual to find that the use of certain consignments of horse serum was followed by the appearance of an unusually large number of rashes, and it was generally admitted that the blood of some horses was more irritating than that of others. He thought that this might be the explanation of the large number of reactions following the use of this particular serum of Flexner's. His records did not show that the occurrence of the rash was much influenced by the dosage. He thought these attacks of serum sickness were of advantage rather than otherwise, many cerebro-spinal patients being much improved by these reactions. The benefit was probably due to some stimulation of metabolism and the processes of repair. The Fehling test was a useful means of determining whether a rise of temperature, with an exacerbation of meningeal symptoms, was caused by a reaction or by a recrudescence of the disease.

Obituary.

PETER MACGREGOR, F.R.C.S. EDIN., J.P.,
HUDDERSFIELD.

MR. PETER MACGREGOR, who occupied a prominent position in Huddersfield for nearly forty years, died at his country cottage at Oswaldkirk Yorkshire, on November 15th, in his sixty third year, after a long and trying illness. He received his medical training at Edinburgh, and qualified L.R.C.P. and L.R.C.S. Edin. in 1877. Some years afterwards he took the Fellowship. After qualifying he went on a whaling expedition, and, later, acted as assistant for a short time in Lancashire. Then he settled down in Lockwood, Huddersfield, soon made his presence felt, and quickly acquired an extensive practice. He was capable of a great amount of work, and never spared himself. Few men in the medical profession can ever have worked harder than he did for many years. He did not, however, confine himself exclusively to his profession. Before long he became known as an eloquent speaker, and, as he was a man of wide and varied information, with a keen, incisive intellect, his speeches were always listened to with great interest. He became a prominent member of the Huddersfield Corporation, but municipal work, with its numerous committee meetings, did not appeal to him, and, after a few years, he retired from it.

About twenty years ago Mr. MacGregor was appointed honorary surgeon to the Huddersfield Infirmary. He was a daring operator, and took keen interest in his surgical work. His favourite operation was thyroidectomy, and in its performance he was very successful. When the Huddersfield War Hospital, with 500 beds, was opened in 1915, he received a commission with the rank of major, and threw himself with enthusiasm into the work. He had at that time already more than enough work to do as surgeon to the Royal Infirmary and in his private practice. Two days before he was taken seriously ill he went through a long list of operations at the infirmary though feeling far from well. He had been a man of much vigour and abounding energy both physically and mentally, but the severe strain was telling upon him, and when pneumonia set in his resistance was low. He did, however, make a partial recovery, but was never well enough to return to work. His great ambition was to get back to the war hospital.

"Peter" or "Mac," as he was affectionately called, was one of the best known and most popular men in the Huddersfield district. He was a master of repartee; many of his witty sayings will be long remembered. For many years he was much in evidence on the political platform, his sympathies being strongly on the Conservative side. His generosity knew no bounds, and he was particularly fond of children, seldom passing a poor boy or girl without the bestowal of some gift. He loved his profession, but disliked the business side of it. At the time of his death he was President of the West Riding Medical Charitable Society, which has done so much for the less fortunate members of the profession, in the area it covers, during the last three-quarters of a century.

At the funeral on November 20th the route was lined on either side for a distance of two miles with people closely packed in many places. The mills were closed, and it was touching to see the manifestation of sympathy amongst the workpeople for whom Mr. MacGregor had done so much.

EDWARD PARKER YOUNG, M.R.C.S., L.S.A.

MR. EDWARD PARKER YOUNG, who died recently at Westbourne Square, Hyde Park, aged 79, was well known for over fifty years as a practitioner in Paddington. After studying medicine at St. Mary's Hospital he took the diplomas of M.R.C.S. and L.S.A. in 1860. He was a member of the first London County Council, a past master of the Society of Apothecaries, and an original member of the Central Midwives Board. He was also a governor of St. Mary's and the Lock Hospitals, a former chairman of the Royal Medical Benevolent Fund, and a prominent member of various religious societies, including the Y.M.C.A., of whose national council he was vice-president.

We have received the following appreciation from Sir Francis Champneys:

I have been intimately associated with Mr. Parker Young since 1902, when the newly constituted Central Midwives Board began to hold its preliminary meetings, until a few months ago, when he retired on account of failing health. He was a man of marked personality, of independent views, courageous in maintaining them, even when he was in a minority of one, precise in business, and a systematic critic of the least inaccuracy. His honesty was so apparent that no divergence of views ever interfered with the friendliest personal relations, especially as such divergence almost always concerned methods rather than principles. Personally he was a man of strong and deep religious convictions, which bore fruit in work for the benefit of his fellow creatures in many charitable and philanthropic enterprises. He spent much time in attending boards and committees of such institutions, and put his heart into all which he undertook. He bore his illness, which was long and painful, with great courage and patience, and maintained his interest in his work long after he ceased to be able to take part in it. He will be greatly missed, and will be remembered as a very public spirited, charitable, and self-sacrificing man, and as a type of what a high-minded general practitioner of the old school could be.

Medical News.

COLONEL SIR THOMAS OLIVER, M.D., has been appointed a deputy lieutenant for the county of Northumberland.

DR. ARTHUR KEITH, F.R.S., Conservator of the Museum of the Royal College of Surgeons, has been appointed Fullerian Professor of Physiology in the Royal Institution.

DR. M. J. NOLAN, R.M.S., Down District Asylum, has been appointed Consulting Visitor in Lunacy in the place of the late Lieut.-Colonel Graham, M.D.

SIR ROBERT ARMSTRONG-JONES will open a discussion on alcohol and mental states at the meeting of the Society for the Study of Inebriety on January 8th, 1918, at 4 p.m.

Surgeon Lieut.-Colonel Sir Warren Crooke-Lawless, C.I.E., and Lieut.-Colonel Thomas H. Symons have been appointed Commander and Officer respectively of the Most Excellent Order of the British Empire.

A NEW fasciculus of the *Athenaeum Subject Index to Periodicals* (November, 1917, 5s. net) contains references to publications on historical, political, and economic sciences in 1916. Appended to the subject index is an index of authors.

IN a Chadwick Trust lecture delivered on December 1st at Leicester by Professor H. T. Davidge, on electricity and the hygiene of the body, a warning was given that quite ignorant and unskilled persons might under present conditions exploit that large section of the public to whom the mysterious words "electricity" and "radium" might mean anything.

THE medical profession will be represented next year in the North Wales shrievalty. Dr. R. D. Evans of Blaenau-Ffestiniog has been appointed high sheriff for the county of Merioneth. Dr. Evans is the father of Dr. Carey Evans, who won distinction in the Mesopotamia campaign and was recently married to Miss Olwen Lloyd George, the eldest daughter of the Prime Minister.

THE University of London Press is issuing this week the first batch of volumes of translations of books published in the Collection *Horizon* by Masson, many of which have been reviewed in our columns. The series of translations is being reproduced under the general editorship of Sir Alfred Keogh, and the English translation has in each case been edited by a specialist. The first batch includes volumes on the psychoneuroses of war (6s.); hysteria (6s.); the after-effects of wounds (6s.); typhoid and paratyphoid fevers (6s.); the dysenteries, cholera, and exanthematic typhus (6s.); syphilis and the army (6s.); and the treatment of infected wounds (5s.).

THE autumn meeting of the Irish Medical Schools' and Graduates' Association was held on November 28th at Pagani's Restaurant, Surgeon-General Sir Launcelotte Gubbins, K.C.B., President, in the chair. It was resolved to send a donation of five guineas to the Royal Medical Benevolent Fund Society of Ireland. At the dinner which took place subsequently covers were laid for seventy-four members and guests. The toast of "Our defenders" was acknowledged by Major T. J. Crean, V.C., D.S.O., and Colonel O'Sullivan. The toast of "Our guests" was

proposed by Dr. J. A. Macdonald, who said the association was fortunate in having at its board that night Captain Archer Redmond, the gallant son of the leader of one of the parties in the House of Commons, as well as the leader himself of another party. Mr. Stephen Walsh, M.P., in responding, said he looked forward hopefully to a day when all Irishmen would follow the example set by that association, the members of which included men and women of all creeds and political parties, and yet during the forty years of its existence there had not been even the whisper of a quarrel. This showed that men educated in Ireland for the medical profession rose above the bitterness and pettiness of political and sectarian strife, and worked in perfect harmony for the advancement of science and the good of the community. Dr. T. Jenner Verrall proposed "Continued prosperity to the association," and coupled with the toast the name of Sir Launce- lotte Gubbins, who, in responding, said he felt much honoured by being invited to occupy a chair which had been filled by men of such distinction as Lord Ilkeston, Sir William MacCormac, Professor Alexander Macalister, and their old and valued friend Dr. Macnaughton Jones, from whose sick bed there had come that evening an affectionate message.

Letters, Notes, and Answers.

CORRESPONDENTS who wish notice to be taken of their communications should authenticate them with their names—of course not necessarily for publication.

AUTHORS desiring reprints of their articles published in the *BRITISH MEDICAL JOURNAL* are requested to communicate with the Office, 429, Strand, W.C.2, on receipt of proof.

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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.

LETTERS, NOTES, ETC.

AMENORRHOEA IN WAR TIME.

DR. JAMES OLIVER, F.R.S.Edin. (London, W.), writes: In your issue of to-day (December 1st) under the above heading, you draw attention to the fact that in Germany there has, in consequence apparently of war conditions, been noted a "great increase of amenorrhoea in women of child bearing age." In this country, prior to the war, I had already observed that intermittent menstruation, as I was disposed to call the condition—that is, the suspension of menstruation now and then for intervals varying from five or six weeks to many months—was becoming more and more common. Since war broke out the derangement has probably increased somewhat. Nature has predicted that the menstrual discharge should recur somewhat regularly, about every four weeks, from about the age of 14 until about the age of 45, and that it should only be suspended during those thirty odd years because of the occurrence of pregnancy, and in some cases as a result of lactation too. This being so, it is quite clear that intermittent menstruation, whether it is or is not associated with any other untoward symptoms, is undoubtedly an indication of some derangement which calls for rectification. In this and other civilized countries there has also during the last decade been noted a growing inability to suckle, and one cannot help concluding that the cause of the disability to menstruate is not far removed from the cause of the disability to suckle. From a national point of view they are both physiological disabilities of some importance.

PALMYRA FIBRE AS A SUTURING MATERIAL IN PLACE OF SILKWORM GUT.

LIEUTENANT G. SRINIVASAMURTI, M.B., C.M., I.M.S., writes: At the instance of Dr. T. M. K. Nedungadi, District Surgeon, Cuddalore, S. India, I am communicating to you our experience in the use of palmyra fibre as a suturing material in place of silkworm gut. Silkworm gut was one of the articles of our annual indent which the Government medical stores at Madras said was not in stock for supply this year, adding that there was not any prospect of any fresh supply in the near future. Being thus thrown on our own resources, we decided to give palmyra fibre a trial, and the experiment was an unqualified success.

The fibre is obtained from the fibrous netting that surrounds the bases of the leaves of the toddy palmyras growing

luxuriantly on the West Coast of India, especially Malabar; hence the fibre is also known as "Malabar fibre." It can be had in all required sizes; requires very little preparation before it is ready for use and is easily preserved; it keeps well and is easily sterilized; it is fairly strong and sufficiently flexible; is very cheap and is an entirely "Swadeshi" product, so that the supply is not likely to be overprecarious. In this connexion we may cite the following opinion of Dr. Newman, who, in speaking of silkworm gut in his *Aseptic Surgery*, says: "In spite of its hard and apparently unabsorbent texture, it is by no means so safe as it may look at first light." We therefore strongly recommend the use of palmyra fibre in all cases where silkworm gut is being hitherto used.

Supplies may be obtained from Messrs. U. S. Dutt and Co., chemists, Calicut, Madras Presidency, S. India.

BACTEROL IN RINGWORM.

DR. ROBERT HOWIE (Eastbourne) writes: On September 1st, 1917, I found my youngest son, aged 3½ years, had contracted ringworm of the head, and verified the diagnosis with the microscope. The first patch was very small, but the disease spread rapidly, until there were five patches on the head, and one on the forehead, one on the left eyebrow, and one on the left ear. I started at once having the patches damped with a watery solution of bacterol (1 in 500) every twenty minutes during the daytime for three days. This caused a little irritation of the scalp, so I lengthened the time to once every two hours, and this was continued for four weeks, when I believed the growth was all killed. The head was then washed every night with soap and a warm solution of bacterol (1 in 5,000) for two more weeks. I then examined several hairs under the microscope and found them healthy. A week later I asked a colleague to examine the boy's head, and take hairs from it for examination. He thought the head looked very well, and informed me the following day that neither he nor his partner could find any disease in any of the hairs which he had taken from different areas of the head. I have treated several cases of ringworm lately quite successfully with bacterol, and intend to treat all my ringworm cases in a similar manner. The treatment is so simple. No shaving or hair cutting is required, only damping the head with the lotion at frequent intervals. In some cases I have applied an ointment containing 1 per cent. bacterol when the child had scratched the head and caused small abrasions. Bacterol is an Italian preparation containing eucalyptus, iodine, formalin, and Alpine peppermint.

TYPHOID FEVER FOLLOWING A BITE BY A HORSE?

DR. T. G. MATHEWS (Kirkby Lonsdale) writes: It is so generally accepted that the only method of transmission of typhoid fever is through the alimentary canal that the following case, which suggests another and more direct entrance into the blood, seems to me to be worthy of record.

P. M., aged 41, came to my surgery on October 6th, 1917, suffering from a lacerated wound of the terminal phalanx of the left thumb the result of a bite from a horse.

He attended each succeeding day to have the wound dressed. This seemed at first to be healing up, but after a few days he complained of some stiffness in the shoulder on that side; the axillary glands were slightly enlarged.

On October 15th he asked me to go and see him as he felt too ill to walk. I found him in bed with a raised temperature, and complaining of malaise and severe headache. From that date until his death on November 3rd he remained in bed, the headache being at first intense, and being only relieved by morphine given hypodermically. On October 19th he had a few typical spots on the abdomen, and on successive days these increased until he had a very copious rash. All the symptoms of a severe attack of typhoid fever developed, and the temperature remained high.

A specimen of his blood was sent to Professor Delépine of Manchester on October 28th, and was reported to be positive for typhoid.

On November 1st there was evidence of pneumonia in the left lung, and he sank rapidly, and died on the morning of November 3rd, exactly four weeks from the date on which (as I think) he was infected by the bite on his thumb.

I am of course aware that this may have been in the nature of a pure coincidence, but the date and method of the onset are strongly suggestive of the bacilli having gained a direct entrance to the blood or lymph stream.

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