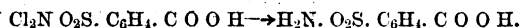


urine was approximately 60 per cent. of the halazone fed, and as no other compound could be isolated, it is probable that halazone is quantitatively converted into *p*-sulphon-anidobenzoic acid in the animal body, with the loss of two atoms of chlorine:



#### *The Stability of Halazone Tablets.*

In our first communication we emphasized the necessity of making tablets containing halazone with perfectly dry materials, using either dry sodium carbonate or borax with common salt. Our later experience has only served to confirm this conclusion, and also to indicate the superior keeping properties of the tablets containing dry borax or soda as compared with those containing sodium bicarbonate or salts containing water of crystallization. The difference is particularly marked at temperatures above 30° C.

The results of an extended series of experiments with halazone itself, and tablets containing it mixed with various salts, are now available. The tablets were made by ourselves from carefully dried material, and preserved in amber-coloured bottles. Their stability was estimated at three temperatures: (a) room temperature varying from 15° to 32° C., (b) 40° ± 2, (c) 50° ± 2. The amount of decomposition of the halazone was estimated by heating known quantities of the mixtures or tablets with potassium iodide in 50 per cent. acetic acid and titrating the liberated iodine with decinormal sodium thiosulphate. The deductions drawn from the experiments are as follows:

1. Halazone itself appears to be indefinitely stable at room temperature, while at 50° not more than 1 per cent. decomposition was noted in sixty days.

2. Halazone (5 per cent.) mixed with either dry borax or dry sodium chloride (95 per cent.) is stable at room temperature, but at 50° suffers about 20 per cent. decomposition in sixty days.

3. Tablets containing halazone (0.004 gram), dry borax (0.008 gram), and sodium chloride (0.088 gram) usually showed less than 2 per cent. and never more than 7 per cent. decomposition in 150 days at room temperature (15°–32°), and equally good results were obtained with similar tablets containing dry sodium carbonate (0.004 gram) in place of borax, while tablets containing sodium bicarbonate (0.004 gram) showed 7 per cent. decomposition. For practical purposes they may be regarded as stable at these temperatures.

At higher temperatures the rate of decomposition was most rapid with the bicarbonate tablets—namely, 76 per cent. decomposition in 115 days at 40°. The tablets with borax showed 35 to 48 per cent. decomposition in 115 days at 40° and 33 to 34 per cent. decomposition in 60 days at 50°. The tablets with sodium carbonate showed 48 per cent. decomposition in 95 days at 40° C.

The practical conclusions drawn from these results are as follows: Halazone tablets prepared from thoroughly dry materials, using sodium chloride with either borax or sodium carbonate and preserved in amber bottles, will maintain their germicidal efficiency at temperatures up to 52° almost unchanged for five months, and should be serviceable for considerably more than a year. Prolonged exposure to temperatures constantly maintained as high as 40° to 50° C. will reduce their efficiency by about one-half in three months.

#### REFERENCE.

<sup>1</sup> BRITISH MEDICAL JOURNAL, May 26th, 1917, p. 683.

## Memoranda:

### MEDICAL, SURGICAL, OBSTETRICAL.

#### PRELIMINARY NOTE ON X-RAY DETECTION OF THE PRESENCE OF CLOTH IN WOUNDS.

The result of some experiments which I have just made appear to me to justify the appearance of this note in advance of a detailed paper which I propose to write when I have finished the set. I am not aware that anything of the kind has hitherto been published.

Many wounds do not heal because of the presence in them of foreign bodies that are as pervious to x rays as, or more so than, the tissues in which they are embedded; it may be that others may wish to avail themselves of a

proceeding likely, as it seems to me, to prove simple and effective in demonstrating their presence.

Having been lately asked to radiograph a leg for the purpose of detecting a piece of reed that was believed to have been in it for eighteen months, I failed, as I expected from my previous efforts in like work. With the aid, however, of bismuth emulsion injected into the sinus I was surprised and pleased to see in a stereo-radiogram—what was quite distinguishable *in situ*—a piece of reed about two inches long and one-eighth of an inch in diameter, and related to a sinus which branched.

This result immediately suggested the possibility of similarly demonstrating the presence of pieces of cloth in fresh wounds or old ones that refused to heal. I find that the texture of pieces of khaki cloth thrust into the interior of a lump of ox liver and similarly treated can be clearly distinguished.

It seems hardly credible that every radiographer who has injected refractory sinuses—there must be few that have not done so—has failed like myself hitherto to stumble on so simple a solution of this question.

NEIL MACLEOD, M.D. Edin.,  
Radiologist, Shanghai General Hospital.

## Reports of Societies.

### DISCUSSION ON SCOPOLAMINE-MORPHINE NARCOSIS IN CHILDBIRTH (PAINLESS CHILDBIRTH).

A MEETING of the Section of Obstetrics and Gynaecology of the Royal Society of Medicine was held on December 6th, the President, Captain G. F. BLACKER, being in the chair. The discussion was opened by the reading of the papers forming the report of a committee appointed to investigate the effects of scopolamine-morphine narcosis. The Committee consisted of Dr. Fairbairn, Dr. T. G. Stevens, Dr. C. Hubert Roberts, Dr. Herbert Williamson, and Dr. Eardley Holland, but the last named was unable to take part owing to his absence on active service. The observations were carried out independently. A standard solution of scopolamine was employed, the initial dose being morphine gr.  $\frac{1}{4}$ , and scopolamine gr.  $\frac{1}{15}$ ; subsequent doses consisted of scopolamine gr.  $\frac{1}{15}$ . The patient was isolated during labour, and, as far as possible, precautions were taken to avoid sensory impulses. The cases were selected by the officer in charge of the ward, and the patients were preferably to be primiparae in whom no complications were anticipated. Two charts were drawn up for use in the labour room, and at each injection observations were recorded, the results of which appear in the papers.

#### *Report from St. Bartholomew's Hospital.*

This report (read by Captain HERBERT WILLIAMSON) was on 20 cases only. Careful precautions were taken to avoid any disturbance to the patient.

**Dosage.**—The initial dose of morphine gr.  $\frac{1}{4}$  and scopolamine gr.  $\frac{1}{15}$ , was given when the cervix was dilated sufficiently to admit a finger and, as a rule, when the pains were recurring regularly at intervals of not less than a quarter of an hour. One hour after the administration of the initial dose,  $\frac{1}{15}$  gr. of scopolamine was given, and twenty minutes later an object with which the patient was not familiar was shown to her. From this point onwards the memory test alone was employed; it was considered a safe, but not an absolutely reliable guide, for there were instances in which apperception was present throughout, but amnesia was complete. It was the best guide to dosage, but demanded considerable experience and powers of close observation in the administrator. Its value was diminished by the necessity of arousing the patient each time it was applied. Two alternative tests had been suggested—Babinski's reflex and the pupillary pain reflex. These were tried in all cases, but were found of little value.

**Effect on Uterine Contractions.**—If the pains of the first stage were good before the administration was commenced little effect was produced; if they were weak, injection of the drugs sometimes led to their entire cessation. Experience at St. Bartholomew's Hospital confirmed that reached by Gauss—that in uterine inertia, scopolamine morphine narcosis should be avoided, for

army and settled in practice in Montreal, and in the following year took the degrees of M.D., C.M. at McGill University. He was for some years surgeon of the 3rd Victoria Rifles, and saw service with that regiment during the Fenian outbreak. Shortly afterwards he was promoted to be a medical staff officer of the militia of Canada.

In 1869 Dr. Girdwood was appointed lecturer in practical chemistry in the Faculty of Medicine, McGill University; in 1872 he became professor of practical chemistry, and two years later professor of chemistry. When he retired from this chair in 1902 he was named Emeritus Professor of Chemistry. He was surgeon to the Montreal Dispensary and to the General Hospital, and later became consulting surgeon to these institutions, and to the Children's Memorial Hospital. He was also consulting physician in the x-ray department of the Royal Victoria Hospital, Montreal, and chief medical officer of the Canadian Pacific Railway. Dr. Girdwood occupied a number of other important positions, among them the presidency of the Roentgen Society of America, and the vice-presidency of the Canadian Branch of the Society of Chemical Industry. He was a Fellow of the Chemical Society and of the Chemical Institute of Great Britain. He was also one of the original Fellows of the Royal Society of Canada, which was organized in 1882.

Dr. Girdwood will be remembered as a conspicuous figure among the scientific men of Canada during the last quarter of the nineteenth century—an example of the all-round scientist that will become rarer in this age of specialization; for, though fundamentally a chemist, he had a sound knowledge of medicine, surgery, medical jurisprudence, botany, physics, and microscopical technique, including photomicrography. The Rodgers and Girdwood method of detecting strychnine was devised by Dr. Girdwood and Dr. Rodgers of London, and it was Dr. Girdwood also who first applied reagents for the detection of forgeries, counterfeits, and the identification of handwriting. He was one of the first to apply the stereoscopic principles to x-ray prints.

By the death of Dr. JAMES HOLMES MORRISON the British Medical Association has lost an old and loyal member. Dr. Morrison was a native of Dunning, a village in Perthshire, where he was born seventy-five years ago. He took the diplomas of L.F.P.S.Glas. in 1865 and L.R.C.P.Edin. in 1866, proceeded to the degree of M.D. in 1869, and subsequently obtained the Fellowship of the Royal College of Surgeons of Edinburgh in 1884. For many years he practised in Perth and at one time held many local appointments, and in addition was Surgeon-Captain of the 4th V.B. Royal Highlanders. Dr. Morrison joined the British Medical Association in 1875 and was one of the prime movers in the formation of the Perthshire Branch in 1883, when the members of the old Perthshire Medical Association petitioned the Council to be recognized as a Branch of the British Medical Association. He was a regular attendant at the annual meetings of the Association. Some years ago he removed to practise in London, afterwards settling in Dover, where he actively worked down to the time of his death. He was a well known freemason, a captain of the National Reserves at Dover, and took a keen interest in all public affairs.

LIEUT.-COLONEL WILLIAM DICK, R.A.M.C.(retired), died very suddenly at Ealing on November 12th. He was born on April 6th, 1856, educated at Edinburgh University, where he graduated M.B. and C.M. with honours in 1877, also taking the diploma of L.R.C.P.Edin. in the same year, and subsequently studied in Paris. He also took the F.R.C.S.Edin. in 1884, and the D.P.H.Victoria in 1889. Entering the army as surgeon on February 4th, 1882, he became surgeon-major on February 4th, 1894, and lieutenant-colonel on February 4th, 1902, retiring on April 6th, 1911. He served in the Sudan campaign of 1885, being present at the battle of Abu Klea, and receiving the medal and star. For nine years he was assistant professor and afterwards professor of military surgery at the Army Medical School, Netley, and was in charge of the surgical division of the Royal Victoria Hospital, Netley, during the South African war. Last year he served for some time as president of the Recruiting Medical Board at Bury, till failing health caused him to resign.

DR. T. S. SPROULE, who died suddenly at Markdale, Ontario, on November 10th, was a member of the Canadian Senate, and from November, 1911, to December, 1915, Speaker of the House of Commons. He was generally recognized as leader of the Orange Party, and was Grand Master of the Loyal Orange Association of British America. He was of Irish parentage, and was born on October 25th, 1843, in the province of Ontario. Dr. Sproule graduated in medicine from the Victoria University, Toronto, in 1868, and, after practising for a few years in other places, finally settled at Markdale.

## Medical News.

THE library and offices of the Royal Society of Medicine will be closed on December 24th, 25th, and 26th.

THE Home Secretary has appointed Dr. A. H. Norris, Chief Inspector of Reformatory and Industrial Schools, to be chairman of the Juvenile Organizations Committee.

THE Royal Dental Hospital has received a donation of 100 guineas from Messrs. Barnato Brothers in memory of the late Mrs. Kate Joel.

AT University College, Gower Street, on Tuesday next, at 5.15 p.m., Major Sir Filippo de Filippi, K.C.I.E., will deliver a public lecture, illustrated by lantern slides, on the sanitary services of the Italian army.

THE Minister of Pensions has appointed Captain Herbert Lund, Senior Surgeon to the Salford Royal Hospital, and Dr. J. H. Taylor (Salford) to be medical referees for the Manchester and Salford districts respectively.

AT the meeting of the Royal Statistical Society to be held on December 18th at 5.15 p.m., at the Surveyors' Institution, 12, Great George Street, S.W., Sir R. Henry Rew will read a paper on the prospects of the world's food supplies after the war.

THE Vice-Chancellor of the University of Cambridge has received from Mrs. King, of Worthing, an offer of £1,000 5 per cent. war stock for the purpose of founding in the university a scholarship for research work on fevers, in memory of her daughter, a member of a voluntary aid detachment, who died of cerebro-spinal meningitis while on active service.

AT the last meeting of the Royal Microscopical Society a report was presented on biological work (with slides) compiled from letters received from Dr. A. E. Lechmere, lecturer in mycology in the University of Bristol, and Mr. Michael S. Pease, B.A.Cantab., both of whom are interned in Ruhleben camp.

AMONG the lectures to be given at the Royal Institution after Christmas are three by Dr. Arthur Keith, Fullerian Professor of Physiology, on the problems of British anthropology; and two by Dr. Leonard Hill, one on the stifling of children's health, and the other on the climatic adaptation of black and white men.

THE Abdulla Company, makers of cigarettes, has again this year produced a war almanac and presented 20,000 copies for sale for the benefit of the British Red Cross Society (1s., post free 1s. 4d.). It consists of a sheet for each month, with an illustration; half of the illustrations are well printed in colours. They all refer to athletics or outdoor sports. Mr. Lionel Edwards has two striking coloured drawings of hunting and polo respectively; Mr. Padday, of yachting, and Mr. Hatherell, a black-and-white sketch of lawn tennis, which gracefully recalls days before the war.

A MEETING of the West London Medico-Chirurgical Society was held at the West London Hospital on December 7th, Dr. A. J. Rice-Oxley in the chair, when papers were read on (1) methods of detecting simulated deafness, by Mr. Richard Lake, (2) methods of detecting simulated blindness, by Mr. Percy Dunn. An interesting discussion followed, members of the R.A.M.C. present stating that these forms of malingering were very uncommon in the British army. The meeting was largely attended, some sixty members and visitors being present.

AN Imperial Decree was issued on June 1st, 1917, constituting a Ministry of Public Health and Social Welfare for Austria. It is to supervise the care of war invalids, to combat war diseases, and to centralize pre-existing, unco-ordinated departments of public health and sociology. It is to have the care also of the dependants of fallen soldiers, infant welfare, housing, and insurance. Though the

medical profession is to be liberally represented, the first Minister, Dr. Baernreither, is not a medical man. One of the most important problems to be solved by the new Ministry is the future of the numerous war hospitals, which have cost much labour and money.

A NEW order regulating the supply and consumption of bread was issued in France on December 5th. Three categories of consumers are recognized. In the first category are included manual workers in heavy trades, agricultural workers, and persons of very small means; males over 16 will be entitled to 600 grams of bread a day (21 oz.), and females over the same age to 500 grams (17½ oz.). In the second category, in which males will be entitled to 400 grams (14 oz.) and females to 300 grams (10½ oz.), are included workers in light trades and persons of small means. Persons in the third category, which includes all other men and women, and children under 16, are entitled to 200 grams a day (7 oz.). The maximum allowance of 600 grams is equal to about 9½ lb. a week, and thus more than a pound higher than the British maximum. The order only applies in certain districts, but in them bread cards, which will be personal and non-transferable, will be issued. The card will entitle the holder to a book of tickets sufficient for a month. Each ticket will entitle the holder to purchase 100 grams of bread. If preferred, a bread ticket may be used to obtain an equivalent amount of flour. There is no exception on the score of health.

WE referred three weeks ago to the proceedings taken by the police against Edward Yeates, F.R.C.S.I., on the charge of wearing military uniform without lawful authority. It was explained that he had been a medical officer in the New Zealand Expeditionary Force and that he denied the validity of a notification in the *New Zealand Gazette* stating that his appointment had been cancelled at his own request. The case was resumed on November 26th, when General G. S. Richardson, commanding the New Zealand forces in the United Kingdom, said that he had nothing to do with the prosecution, which arose out of a dispute with the New Zealand Defence Department, the defendant taking the view that if he discontinued wearing uniform he would prejudice his claim for redress. The magistrate at Bow Street, in giving his decision on December 5th, held that he was bound by the notification in the *New Zealand Gazette*, and asked the defendant to give an undertaking that he would no longer wear uniform. This the defendant declined to do, having engaged for the whole period of the war. The magistrate said that, while recognizing that this was not an instance of an impostor wearing uniform without authority and also the defendant's past services, he must impose a fine of twenty-five guineas and ten guineas costs, or in default imprisonment for thirty-six days. We are informed that the defendant on December 12th gave notice of appeal.

## Letters, Notes, and Answers.

The telegraphic addresses of the BRITISH MEDICAL ASSOCIATION and JOURNAL are:

1. EDITOR of the BRITISH MEDICAL JOURNAL, *Aitiology, Westrand, London*; telephone, 2631, Gerrard.
  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.

Queries, answers, and communications relating to subjects to which special departments of the BRITISH MEDICAL JOURNAL are devoted will be found under their respective headings.

### QUERIES.

S. asks for experiences in the use of cuprase in carcinoma of the stomach, the manner of its use, and the precautions which should be taken.

### LETTERS, NOTES, ETC.

THE Court of Criminal appeal, on December 10th and 11th, heard the appeals of Dr. G. H. Bishop and B. G. Grantway against their conviction at the Central Criminal Court of being concerned in a conspiracy to defeat the provisions of

the Military Service Acts by enabling persons liable to military service to avoid that liability. The appeals were dismissed.

### "COLLOSOL COCAINE."

MR. L. STROUD (Crookes Collosols, Ltd.) writes: On p. 744 of your issue of December 1st you publish a letter from the Secretary, Medical Research Committee, with reference to the above preparation, which infers that my letter appearing in your issue of November 24th may "be misunderstood as indicating that the Medical Research Committee or any members of their staff undertake the examination of proprietary remedies at the request of the makers." No reason is given for such inference, nor can any such inference be read into my remarks. As a fact the examination was undertaken at the instigation of Dr. Dale, whose request for samples and information to assist him was conveyed in a letter addressed by Dr. Dale to me personally.

The distinction between the undertaking of the examination of "proprietary" remedies at the request of the makers and at the request of Dr. Dale may be of import, but the following comment, indicating that Crookes Collosols, Limited, used information of a confidential nature "to publish their own statement in such a manner that any part of it could even mistakenly be attributed to" Dr. Dale, contains an unwarranted imputation, and also assumes an ambiguity which is inconsistent with phraseological interpretation. Our sole object in writing the letter you published on November 24th was to take the earliest opportunity of rectifying an error into which we had been led, and we trust that you will allow us space to make public all errors which bacteriological or clinical test prove to have been made in mere laboratory experiment and preparation. May we take this opportunity of stating that clinical tests by eminent authorities show that collosol quinine has no effect upon the parasite of malaria? Other failures we shall readily report, but no evidence has been supplied us yet to override the published reports on collosol cocaine by Professors Hewlett and Simpson and Dr. John Eyre, nor the reports received on clinical results.

Since the secretary of the Medical Research Committee refers your readers to the article by Drs. Barger and Dale and Miss Durham on collosol cocaine which appeared in the *Lancet* on December 1st, I would add that a reply has been sent to that journal.

### A BOGUS DOCTOR.

WALTER HENRY RANKIN was sentenced by the Recorder, at the Central Criminal Court, on December 11th, to eighteen months' hard labour on the charge of obtaining £10 16s. by false pretences from Dr. Duncan of Homerton, and of causing false entries to be made in the register of deaths. The prisoner, who held no medical qualifications, had posed as a medical man, and in that capacity practised for a period as locum tenent to a doctor in the North of London. He subsequently set up in practice on his own account. On his arrest he was found to be in possession of two forged medical diplomas. The prisoner was stated to have acted several times as ship's surgeon on liners under the pretence that he was a Canadian medical man.

### CONFIRMATION OF A RADIOGRAPHIC DIAGNOSIS.

MR. GEORGE GUNN, M.D., F.R.C.S.E. (Neston, Cheshire), writes: A man, aged 65, has had trouble at the root of the right lung for some time, considered to be due to fibroid tuberculous growth, though frequent examinations of the sputum were always negative. Dr. Thurstan Holland of Liverpool, who was asked to take a radiograph of the chest, reported that there was a very definite shadow around the root of the lung, spreading upwards along the main bronchus of the upper lobe. From the position, outline, and density of this shadow Dr. Holland came to the conclusion that there was a neoplasm present. A fortnight ago the patient had a violent attack of coughing and brought up a small hard mass about the size of a kidney bean. The Clinical Research Association report: "This is a portion of a new growth having the structure of carcinoma. It is composed of branching epithelial ingrowths and papillary outgrowths; it looks as if it must have originated in squamous epithelium."

### VINCENT'S ANGINA AMONG THE TROOPS IN FRANCE.

#### A Correction.

WE regret that, owing to a clerical error, the name of the writer of the article on this subject (BRITISH MEDICAL JOURNAL, November 24th, p. 685) was incorrectly printed. The author is Captain R. C. Dooty, R.A.M.C.

### SCALE OF CHARGES FOR ADVERTISEMENTS IN THE BRITISH MEDICAL JOURNAL.

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Advertisements should be delivered, addressed to the Manager, 429, Strand, London, not later than the first post on Wednesday morning preceding publication, and, if not paid for at the time, should be accompanied by a reference.

NOTE.—It is against the rules of the Post Office to receive *postes restantes* letters addressed either in initials or numbers.