

MAR 15 1919

UNIV. OF MICH. THE

British Medical Journal.

THE JOURNAL OF THE BRITISH MEDICAL ASSOCIATION.

EDITED BY

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ASSISTED BY

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VOLUME II, 1918.

JULY TO DECEMBER.

London :

PRINTED AND PUBLISHED AT THE OFFICE OF THE BRITISH MEDICAL ASSOCIATION,
429, STRAND, W.C.

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READERS in search of a particular subject will find it useful to bear in mind that the references are in several cases distributed under two or more separate but nearly synonymous headings—such, for instance, as Brain and Cerebral; Heart and Cardiac; Liver and Hepatic; Renal and Kidney; Cancer and Carcinoma, Epithelioma, Malignant Disease, New Growth, Sarcoma, etc.; Child and Infant; Bronchocele, Goitre, and Thyroid; Diabetes, Glycosuria and Sugar; Light, Roentgen, Radium, X Rays; Status Lymphaticus and Thymus; Eye, Ophthalmia and Vision; Bicycle and Cycle; Motor and Automobile; Association, Institution, and Society; Paris, France; Berlin, Prussia, Germany; Vienna, Austria, etc. Subjects dealt with under various main headings in the JOURNAL have been set out in alphabetical order under their respective headings—for example, "Correspondence," "Leading Articles," "Reviews," etc. Original Articles are indicated by the letter (O).

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to be no impairment of the senses or of the intellect, but there was great muscular weakness and some tremor when the arms were used.

Practically all the treatment in the case consisted of careful nursing, feeding, and catheterization, all carried out very efficiently by the Queen's nurse of the district.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

PRIMARY SUTURE OF GUNSHOT WOUNDS.

MUCH has recently been written on primary suture of wounds, carried out so successfully by our French *confrères* and by British surgeons at certain casualty clearing stations in France.

Ample statistics prove unquestionably that the number of successful results varies inversely as the delay between the receipt of the wound and the time when the "toilet" operation is carried out. Many observers question the advisability of primary suture if an interval of more than twenty-four hours has elapsed. My own experience, at a base hospital in France, hardly bears this out, for I have found that even as late as thirty-six or forty-eight hours after infliction a considerable number of wounds may safely be subjected to primary suture; hence it appears to be not unreasonable to suggest that a hide-bound time limit should not become established.

Since the commencement of the German offensive a large number of cases have come through to the base unoperated upon. Many of these wounds have been attacked with a similar, though perhaps more thorough, excision procedure than I was accustomed to carry out at a casualty clearing station; wherever possible, without damaging important structures, the *en bloc* method has been adopted. In a large majority of cases the results have justified the step, and in only a small minority has it been necessary to remove stitches to allow escape of discharges.

In not a single case has gas gangrene occurred, or has there been cause for alarm owing to general or local inflammatory complications. In some cases, even where a shell fragment was surrounded by pus, lodged at the end of a dirty wound track, and although the skin around already exhibited some inflammatory changes (redness and oedema), primary suture has succeeded, and the surrounding inflammation has subsided in a remarkable way.

The importance of most careful selection of the type of case warranting primary suture cannot be over-emphasized, and only a very considerable experience of the clinical phenomena and operative technique of excision of war wounds justifies this procedure.

At the base hospitals forced evacuation is unusual, and cases can therefore generally be kept under closest observation until the danger period is passed. This being so, no great harm has been done should the primary suture be unsuccessful; if it succeeds, weeks of painful dressing may be saved, and a speedier return to the fighting line expected.

A point I have not seen mentioned, but one to my mind of great practical importance, is the direction the missile takes in the muscle it penetrates. Where the track is in the line of the muscle fibres a clean excision can be guaranteed, and all necrotic tissue easily removed. On the other hand, if the track is at right angles to the direction of the fibres, especially those of thick long-fibred muscles such as the hamstrings, septic material will be carried far away from the line of the track as the cut fibres retract. Primary suture in the latter type of case is dangerous, and would most probably be followed by far-reaching burrowing spread of sepsis. The former type of wound lends itself well to primary suture.

For a very considerable time it has been customary to perform primary suture on penetrating joint cases at the base, and I have now before me notes on 22 such cases recently operated on by me. In this series (mostly knees) healing by first intention took place in 19, while 3 were unsuccessful. In 11 of the cases there was damage to bone.

My object is to advocate the consideration of primary suture of selected wounds, even though the cleansing

operation has not been done until as late as thirty-six to forty-eight hours after the receipt of the wound. If the effort is doomed to failure little harm will be done provided the surgeon in charge of the case is fully alive to the possibilities of non-success, and loses no time in removing stitches. To my mind it is safer in these late cases to use an antiseptic. For this reason, after having procured absolute haemostasis, I swab the whole surface of the apparently healthy tissue left after wound excision with mercury biniodide in spirit (1 in 1,000), mop up excess with a dry swab, and then lightly bipp the surfaces. I use no buried sutures, and generally leave in a rubber tissue drain for twenty-four hours.

JOHN EVERIDGE, Major R.A.M.C.(T.),
In charge Surgical Division, — General Hospital.

DOUBLE RUPTURE OF THE URETHRA DUE TO GUNSHOT INJURY.

PRIVATE A. McM. was admitted into a casualty clearing station on February 22nd, 1918, with a machine-gun bullet wound of the right buttock. The wound of exit was situated in the left inguinal region, and the left spermatic cord was completely divided; the left testicle had been blown out of its bed and was hanging from the wound by the loose tissue of the scrotal tunics. The relative position of the wounds of entry and exit and the bruising of the perineum and the region of the symphysis pubis at once suggested the possibility of damage to the urethra. The patient had not passed urine since the receipt of the wound some four and a half hours previously; an attempt to pass a catheter into the bladder failed and provoked haemorrhage from the urethra.

The patient was placed in the lithotomy position and an incision made in the perineum; the right pubic and ischial rami bounding the pelvic outlet on that side were found to be severely comminuted, and a number of loose fragments of bone were removed. The triangular ligament on the right side was disorganized and the fibres of the right levator ani and the right side of the prostate gland were visible in the depth of the wound. The extravasated blood was washed and sponged away, and two complete ruptures of the urethra were found; the more anterior was situated near the lower border of the symphysis, where the corpus spongiosum merged into the bulb, the more posterior about an inch further back near the junction of the prostatic and membranous portions of the urethra. Suprapubic cystotomy was performed and two end-to-end unions of the urethra made over a catheter introduced through the external urinary meatus into the bladder. The fascia of Colles was brought together by catgut and a glove drain introduced into the perineal pouch. The skin was then sutured and a drain left in the bladder.

The patient was placed on internal urinary antiseptic medication, and all went well for three days; but the temperature rose, and, in spite of the removal of the catheter, still remained high. An anaesthetic was administered and the wound examined; this was found to have "fouled"; the edges of the anterior rupture had again separated, but the posterior junction was still holding. Two Carrel's tubes were introduced into the right side of the cave of Retzius from above and two from below, and Carrel's treatment vigorously instituted.

The case is incomplete, as my inquiries have failed to obtain any account of the patient after he was prematurely evacuated from the clearing station, but his general condition a week after the injury, before he was sent to the base, did not suggest the prospect of a fatal termination. Doubtless, protracted treatment must have been in store for him at the hands of those entrusted with his subsequent surgical care.

The position of the anterior wound in relation to the wound of entry and exit pointed to its direct causation by the missile, but the mechanism of the production of the posterior rupture is less clear; most probably it was due to a spicule of bone which had transfixed the tube, but which was not evident at the time of operation, or the rupture of this posterior and more fixed portion of the urethra may have been in some way connected with its attachment to the triangular ligament, which was destroyed by the missile in its flight.

Double rupture of the urethra must be a very rare gunshot injury, and still more rare as an injury under

peace conditions; the case therefore seems worthy of record as a contribution, imperfect though it may be, to the surgery of the male urethra.

GORDON TAYLOR, M.S.Lond., F.R.C.S.Eng.,
Major R.A.M.C.(T.C.),
Senior Assistant Surgeon, Middlesex Hospital.

TUBAL TWIN PREGNANCY.

I HAVE read with interest the description of the case of tubal twin pregnancy narrated by Mr. Gordon Taylor in the JOURNAL of June 29th.

There is in the museum of the Royal College of Surgeons of England a specimen of tubal twin pregnancy which I removed some years ago and presented to the College. In this specimen there are two fetuses occupying the same amniotic sac, and attached by separate umbilical cords to the placenta. In other words, it is an example of uniovular tubal twin pregnancy. Binovular tubal twin pregnancy also occurs, and examples are recorded.

It is not clear from the description of Mr. Taylor's specimen whether the place of insertion of the umbilical cords had been noted; in other words, whether his specimen is uniovular or binovular. The latter would appear to be the more common.

May I add that triplets have also been observed in the tube.

London, W.

F. J. McCANN.

Reviews.

MEDICINE AT THE FRONT.

THE little book, *Medical Service at the Front*,¹ is written by two officers of the Canadian Army Medical Corps, Lieut.-Colonel J. McCOMBE and Captain A. F. MENZIES. It is designed to reveal the procedure by which the sick and wounded are cared for in the battle area. The book has the flavour of the field. It is redolent of blood and sweat, petrol, horses, and the mephitic atmosphere of the underground. It is done with much skill, and its impression is made by close attention to the smallest details, by which a vivid picture is created.

The book contains an opening word by Surgeon-General J. T. FOTHERINGHAM, the initials of whose name, it may be noted, are incorrectly given. "Gentle reader," he begins with grave courtesy, "for this great war makes most participants who survive it gentle, and particularly those engaged in repairing its ravages in the bodies and minds of its victims." His single page is written with the feeling which comes to one who has seen with his eyes and handled with his hands the things of which he writes. One may well ask why it is that a like gentleness has not been instilled into the hearts of the enemy. Their condemnation lies in that.

War is so new a thing to this generation that the authors have found it necessary to describe the military formations by which the business of war is carried on, and even a civilian reader would derive profit from the precise account which is given. Correspondents at the front would do well to descend occasionally from their high ecstasy, and give some solidity to their writing by a like description of the background to the daily life of the army.

But in this book there is more than description. There is a consideration of various methods which may be employed for effecting a given purpose, and reasons are assigned for following one course or the other. Shall there be a divisional or corps advanced dressing station? Shall the stretcher-bearers proceed by continuous carry or by relay? Shall a regimental medical officer remain in his dressing station during an advance or go over with the troops? To what extent shall surgery be carried in the aid posts? These are a few of the many similar problems that are considered. The answer invariably depends upon circumstances against which no forethought can completely provide, and the action taken in any given case must depend upon the quality of the personnel. One medical officer with a genius for his work will save lives by extensive surgical procedure in his aid post. Another will serve best by contenting himself with much less inter-

ference. The lesson is that intelligence cannot be replaced by machinery, and that experience is worse than useless if it dulls the mind to a perception of the factor which is new. What a man did at Ypres with success may be a failure on the Somme. In the early years of the war the practice in the Boer war was remembered with complacent satisfaction, and probably in South Africa there were men who relied fondly upon an experience acquired in the Crimea or the Indian Mutiny.

This book concerns itself for the main part with divisional arrangements, but as the army has begun to think in terms of corps rather than of divisions, a chapter is added on the medical service in the corps, and also a chapter upon casualty clearing stations which are traditionally on the lines of communication. Although the methods described and the illustrations given are drawn from the Canadian Corps, they apply also to the English army, as the practice is identical. Indeed, for many years the C.A.M.C. has modelled itself on the R.A.M.C. To the newer armies, especially to the American, the book will prove a trustworthy guide.

DISEASES OF THE STOMACH, INTESTINES, AND PANCREAS.

THE third edition of Professor KEMP's *Diseases of the Stomach and Intestines*² contains a section of a hundred pages on diseases of the pancreas, and is a bulky volume weighing five and a half pounds. The diseases of the liver might just as appropriately have been added, but this would necessarily have further increased the size, and rendered it even more unwieldy. The work is encyclopaedic in its way, and mentions an enormous number of diseases, giving accounts of typhoid and paratyphoid fever, of Brill's disease, and of obesity, which perhaps hardly come within the scope of the subject matter. It of course conveys a great deal of information, and the author's indebtedness to other writers is freely acknowledged. It is intended for the general practitioner who is unable "to take a clinical course in gastro-enterology," and on this account there are numerous illustrations, especially of x-ray results and of gastro-intestinal lavage, for example, of the author's well-known recurrent rectal irrigators. Among the sixteen figures illustrating gastric lavage there are two impressive pictures of a patient undergoing lavage through the nostril at the hands of four nurses, two being detailed to control the arms and legs, while the other two look after the tube and the fluid. There is an up-to-date account of Sir Arbuthnot Lane's views on intestinal stasis, with which the author is not entirely in accord, for during his fourteen years' service as enterologist to the Manhattan State Hospital for the Insane, with its 4,600 beds, he has never heard of suicide from this cause, and he does not advocate Lane's radical procedures except in rare instances of progressive obturation or of cancer. In the section on infections by the colon bacillus the author states that he has not been successful in the treatment of bacilluria by alkalis, and has obtained his best results with sodium benzoate and hexamine. The work is painstaking, and though not attractive must in fairness be admitted to be a source of reference on the subjects treated.

SANATORIUM LIFE FROM BEHIND THE SCENES.

UNDER the military title of *The Battle with Tuberculosis, and How to Win It*,³ Dr. McDougall King, of Denver, Colorado, has set forth his experiences as a patient at sanatoriums and health resorts for the guidance of fellow sufferers undergoing similar courses of treatment.

Throughout the work he makes use of the military metaphor, the enemy being represented by the germ. In turn he shows how the outposts of ordinary precaution too often fail to check the advance, and how the lines of communication, represented by the lymphatic channels, are invaded until the first resistance is met with in the lymphatic glands. The means whereby the home forces may be strengthened, and further advance checked, are

¹ *Medical Service at the Front*. By Lieut.-Colonel John McCombe, C.A.M.C., and Captain A. F. Menzies, M.C., C.A.M.C. Philadelphia and New York: Lea and Febiger. 1918. (4½ x 5½, pp. 128; 24 figures. 1.25 doIs.)

² *Diseases of the Stomach, Intestines, and Pancreas*. By Robert Coleman Kemp, M.D., Professor of Gastro-Intestinal Diseases at the Fordham University Medical School. Third edition. Philadelphia and London: W. B. Saunders Co. 1917. (Roy. 8vo, pp. 1096; 438 figures. 30s. net.)

³ *The Battle with Tuberculosis, and How to Win It*. A book for the Patient and his Friends. By Dr. McDougall King, M.B. Philadelphia and London: J. B. Lippincott Co. 1917. (Cr. 8vo, pp. 258. 6s. net.)

backed by the British Medical Association, the point would soon be settled; one must remember this is not a fight for money—it is a fight for the sick and ignorant.—I am, etc.,

Bodicote, Banbury, July 2nd.

F. B. JUDGE BALDWIN.

MILK SUBSTITUTES.

SIR,—I should be much obliged if you would correct the unfortunate omission of five words in my letter on liquid oatmeal as printed in the JOURNAL on June 29th. The passage should read:

Instructions.—Boil three ounces of fine oatmeal in a pint of water in a double saucepan for at least an hour. Then cool to 140° F., and stir in two or three teaspoonfuls of extract of malt, or of finely ground malt. The jelly-like mass will quickly change to a syrupy liquid. Let it remain for an hour at the same temperature. It is then ready for use and should measure one pint.

—I am, etc.,

Clifton, Bristol, June 30th.

GEORGE PARKER.

Universities and Colleges.

UNIVERSITY OF OXFORD.

THE following candidates have been approved at the examinations indicated:

SECOND M.B.—*Materia Medica and Pharmacology*: I. Harris, B. G. von B. Mellé, K. F. D. Waters.
Pathology.—B. G. von B. Mellé.
Forensic Medicine and Public Health.—E. H. Cluver, J. C. Dixey, S. C. Dyke, C. F. Krige, J. E. B. Morton, T. Patterson, W. V. Robinson, A. E. Thomas, K. F. D. Waters.
Medicine, Surgery, and Midwifery.—E. H. Cluver, S. C. Dyke, T. Patterson, W. V. Robinson, J. J. Savage, K. F. D. Waters, E. A. Woods.

UNIVERSITY OF MANCHESTER.

THE following candidates have been approved at the examinations indicated:

FINAL M.B., CH.B.—T. H. Almond, Sybil Bailey, Mary G. Cardwell, T. Colley, S. E. Critchley, F. L. Heap, J. Mills, Kathleen O'Donnell, Norah H. Schuster, L. J. Schwartz, V. T. Smith, F. L. Whineup.
Obstetrics: J. O'Grady, B. Walley.
Forensic Medicine and Toxicology: Nooman Abdoh, Mary E. Boullen, Elizabeth C. Davies, Kathleen Doyle, Georgiana M. Duthie, Olive M. Gimson, F. G. Hamnett, A. Harris, S. Kelly, J. G. Nolan, J. O'Grady, Olga G. M. Payne, F. L. Pickett, E. Pigott, W. Reikan, A. El H. Sadek, Annie G. Thompson, Doris M. R. Tompkin, B. Walley, Ethel D. Willis, Ruth A. Wilson.
THIRD M.B., CH.B.—*Pharmacology, Therapeutics, and Hygiene*: S. Adler, May Ashburner, F. A. van Coller, Phyllis M. Congdon, J. W. Crawshaw, K. V. Deakin, A. M. El-Aguizy, F. R. Ferguson, Evelyn A. Garnett, J. Harris, G. E. Hayward, Sylvia K. Hickson, J. B. Higgins, F. S. Horrocks, Irma M. C. Jéhansart, F. C. Jones, Mary S. Jones, H. A. Lomax, W. E. Mason, Doris B. Norman, E. R. Ormerod, Emily M. Peach, H. D. Preston, H. Rosenthal, G. Sheehan, Annie E. Somerford, G. Talbot, Doris A. Taylor, G. L. Taylor, H. W. Taylor, Mary I. Turner, R. Williamson.
Hygiene: Martha F. Barritt, Florence M. L. Graham, A. S. Leigh, Bertha Renshaw.
* Awarded distinction.

UNIVERSITY OF LEEDS.

At the congregation on June 29th the following were among the degrees conferred:

M.D.—H. L. Flint, E. W. Reed.
M.B., CH.B.—G. R. Baxter (with second class honours), Jane Bamford, Marion Draper, R. Graham.

UNIVERSITY OF DURHAM.

THE following degrees were conferred at the convocation held on June 25th:

M.D. (*for Practitioners of Fifteen Years' Standing*).—K. C. Edwards, P. A. Storey.
M.B.—Dorothy E. Butcher, C. C. H. Cuff, W. A. Freedman, Mary K. Henegan, W. A. Hewitson, W. A. Jaques, B. Sergeant, W. E. M. Wardill.
B.S.—Dorothy E. Butcher, C. C. H. Cuff, Stephanie P. L. H. T. Daniel, W. A. Freedman, Mary K. Henegan, W. A. Hewitson, W. A. Jaques, B. Sergeant, W. E. M. Wardill.
B.Hy. and D.P.H.—H. M. Leete.

The following candidates have been approved at the examination indicated:

THIRD M.B. (*Materia Medica, Pharmacology and Pharmacy, Public Health, Medical Jurisprudence, Pathology and Elementary Bacteriology*).—A. G. Weston, R. C. Brown, T. H. R. Anderson, P. C. Arnold, N. R. Beattie, S. W. Davidson, M. J. Erdberg, A. S. Graham, Mary L. Griffiths, Kate Gray, Dorothy Holmes, G. Hurrell, Edith C. M. Jones, M. A. R. Mansoor, T. N. V. Potts, May Raw, J. Silverston, H. R. Smith, J. Stonehouse, A. Woodman, Kathleen M. W. Watts.

* With second class honours.

UNIVERSITY OF GLASGOW.

Commemoration Ceremony.

A SERVICE in commemoration of past benefactors and of graduates and students who have fallen in the war, held in the Bute Hall of Glasgow University on June 26th, was attended by a large number of the general public. The Vice-Chancellor in the course of his address said: "As is fitting in this hour of the nation's trial, we lift our hearts in thankfulness for the courage and devotion of our graduates and students who have given their lives for the cause of right and freedom. The memory of their fortitude has become our glory, their high example our incentive to nobler endeavour in the time to come."

A graduation ceremony followed, when the following degrees were conferred:

M.D.—T. S. Macaulay (with distinction), T. Baxter.

The Bellahouston gold medal for eminent merit in thesis for the M.D. degree has been awarded to Dr. R. T. Leiper, D.Sc., and the Ashier Asher gold medal for laryngology and rhinology to Mr. John Pollock.

SOCIETY OF APOTHECARIES OF LONDON.

THE following candidates have been approved in the subjects indicated:

Surgery.—†G. H. Fitzgerald, †H. M. Waller.
Medicine.—*†W. E. P. Briggs, †N. Cheua, †D. A. Dyer, †G. H. Fitzgerald, *F. W. Kemp.
Forensic Medicine.—H. Carter, F. W. Kemp.
Midwifery.—W. E. P. Briggs, J. F. E. Burns, J. Gorsky, F. W. Kemp, E. H. Musgrove.
* Section I. † Section II.

The diploma of the Society has been granted to Messrs W. E. P. Briggs, D. A. Dyer, G. H. Fitzgerald, and H. M. Waller.

Obituary.

It is with great regret that we record the death, at the age of 66, of Dr. CHARLES PARKER, of Gosforth, Cumberland, on June 22nd, after a painful illness of three months. Dr. Parker was born at Chatham in 1851, was educated at Ipswich Grammar School and Wellington College, and matriculated at Edinburgh University in 1869, where he graduated M.B. and C.M. in 1873. He took the M.D. and F.R.C.S. Edin. in 1884. After visiting the principal medical schools of London, Paris, and Vienna, he settled in practice in Dumfriesshire in 1875. In 1876 he married the eldest daughter of Dr. John Smith, dental surgeon to the Edinburgh Royal Infirmary. In 1877 he moved to Gosforth, where he speedily obtained an extensive practice. His scant leisure was devoted to antiquarian research, and he soon became the authority on the antiquities of the district, and was in 1885 elected a Fellow of the Scottish Antiquarian Society. He was for many years a member of the council of the Cumberland and Westmorland Antiquarian Society and contributed many papers to its *Transactions*, the latest in the volume just published being in collaboration with Mr. W. G. Collingwood, F.S.A., on the ancient Runic Cross in Gosforth Churchyard. He also published essays on the Runic Crosses of Gosforth; the Ancient Crosses of Gosforth, Cumberland (1896); the Gosforth District (1904); and Shelagh, Olaf Cuaran's Daughter (1909). He took an active part in the public work of the district, being especially interested in the church and the schools, and in 1883 was appointed J.P. for the county of Cumberland. The Chairman of the Whitehaven Justices at their first meeting after his death paid a warm tribute to his memory, stating that "he was highly respected wherever he was known, that he was the friend of every one, the enemy of none." He leaves behind him a widow, one daughter, and three sons. The daughter's husband is a lieutenant on active service, his eldest son served through the East African campaign, the second son is a Commander R.N., and the youngest is a captain in the R.A.M.C. serving in France.

THE United States Secretary for War has authorized Surgeon-General Gorgas to establish an army school of nursing for the training of women for service in military hospitals.

THE National League for Health, Maternity, and Child Welfare, 4, Tavistock Square, W.C.1, has prepared leaflets and posters dealing with the dangers due to body vermin, and setting forth the best practical methods for counteracting them. Specimen copies will be forwarded on application to the secretary. The leaflet entitled "How to prevent the spread of epidemics by insects in war time" has been approved by the trustees of the Natural History Museum.

Medical News.

THE Royal Medical Benevolent Fund Guild among its many useful activities undertakes the training of girls to be self-supporting or to assist their mothers. The committee is very anxious that efforts in this direction should not slacken; but the Training Fund is in debt, and in the hope of putting it in funds again a garden party is to be held at the Royal Botanic Gardens, Regent's Park, on the afternoon of Tuesday, July 16th, at which a number of well-known artists will appear. Tickets of admission can be obtained through the usual agents, and from a number of ladies interested in the fund.

Sir Frederick Taylor and Sir Alfred Pearce Gould have been appointed to serve on the Officers' Pensions Appeal Tribunal.

Brevet Colonel R. Heard, I.M.S., has been appointed an Honorary Surgeon to His Excellency the Viceroy of India.

Major John Orton, R.A.M.C.T., and Dr. H. J. Thornton have been appointed justices of the peace for the city of Coventry and the county of Middlesex respectively.

THE annual meeting of the Medico-Psychological Association of Great Britain and Ireland will take place in Edinburgh on July 23rd and 24th, under the presidency of Lieut.-Colonel John Keay, R.A.M.C.

THE degree of M.D. (*honoris causâ*) has been conferred by the National University of Ireland upon Colonel R. J. Blackham, C.M.G., C.I.E., D.S.O., who is now serving as D.D.M.S. of an army corps in France.

THE New York Chapter of Hadassah, the Women's Zionist organization, is forming a medical unit for Palestine. It will consist of fifty-one doctors and nurses, and will be a foundation for a large and permanent system of medical relief work which will be conducted on a basis of assistance to all in need of it, irrespective of race or religion.

A STEADY rise in the frequency of strangulated hernia and intestinal obstruction in Germany is attributed to food shortage. In a hospital in Lübeck there were only 11 such cases in 1913 and 1914. In 1915 they rose to 34, and in 1916 to 45. In the first seven months of 1917 they totalled 50. The causes of this abrupt rise are thought to be loss of subcutaneous and mesenteric fat and, in the case of volvulus, the abnormal distension of the gut by vegetable foods.

THE close medical supervision of workers in munition factories has had the very satisfactory result that the cases of T.N.T. poisoning, which numbered 169 from October, 1916, to March, 1917, fell to forty-two in the corresponding six months of 1917-18. Factory medical officers have now been authorized to permit continuous employment of persons upon T.N.T. work, which will have the effect of halving the number of workers coming into actual contact with this explosive.

THE Germans in continuation of their policy of ruthlessness have torpedoed the *Llandovery Castle*, a hospital ship in the service of the Canadian Government. The ship being homeward bound from Canada had no sick or wounded on board; she had a crew of 164 officers and men, 80 members of the Canadian Army Medical Corps, and 14 nursing sisters. Of this total only 24 in a single boat have been saved. The usual excuses that the boat carried combatant units and munitions are being made by the Germans, but, as is absolutely clear, without any particle of justification.

THE Royal Sanitary Institute, 90, Buckingham Palace Road, London, S.W.1, announces that men discharged from the navy or army on account of wounds, disease, or other disablement contracted during naval or military service, may enter for the institute's course of lectures and examinations at half fees, provided that their disability is not such as to prevent them carrying out the duties of the office to which the examination applies. Sailors' or soldiers' widows whose husbands have been killed or have died during the present war, and wives whose husbands have been permanently disabled during the present war, are admitted to the courses of lectures and examinations at two-thirds of the ordinary fees.

THE annual meeting of the British Orthopaedic Association will be held on Friday, July 26th, and Saturday, July 27th, at the rooms of the Medical Society of London, 11, Chandos Street, W.1. On the morning of the first day the President of the Association, Mr. E. Muirhead Little, F.R.C.S., will deliver an address; this will be followed by a discussion on the indications, technique, and end results of tendon transplantation in gunshot injuries of nerves, to be opened by Captain T. P. McMurray, R.A.M.C., of

Liverpool. On the second day Mr. D. M. Aitken, F.R.C.S., will open a discussion on the Abbott treatment of scoliosis. The programme on both days will include short communications from other members of the association.

A REVIEW of the housing question as it is likely to present itself at the close of the war, drawn up by a special panel of the Reconstruction Committee appointed by that Ministry, has been issued. It has long been known to every one who gave any attention to the subject that the condition as to rural housing is most unsatisfactory and that it is one of the factors which have driven men from the land in the past. But it is something to have it now officially stated that if this country is to be self-supporting in the matter of food, or approach that condition, there must be a very considerable increase in the number of men working on the land. As to the number of houses that will eventually be required the report does not go further than to register its opinion that the lowest number of houses which should have been built this year, had the war ended last year, was 300,000. It advises that the state should provide the cost of the building, and should own the houses for a period of, say, five years after the war, at the end of which time prices might be expected to have attained a normal level. During this transitional period it is proposed that the local authority should act as agents of the state, and that at the end of the period the ownership of the houses should be transferred to them at a price to be settled. The estimate for the provision of 300,000 houses is £100,000,000, of which the state would have eventually to find one-quarter.

Letters, Notes, and Answers.

The postal address of the BRITISH MEDICAL ASSOCIATION and BRITISH MEDICAL JOURNAL is 429, Strand, London, W.C.2. The telegraphic addresses are:

1. EDITOR of the BRITISH MEDICAL JOURNAL, *Atiology, 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.

LETTERS, NOTES, ETC.

THE "MEDICAL DIRECTORY."

THE Editors of the *Medical Directory* inform us that the annual circular has been sent to every member of the profession, and that prompt return of the circular will help them considerably. If any practitioner who has not received a copy will communicate with them at 7, Great Marlborough Street, London, W.1, a duplicate will be forwarded.

WHITE FLOUR.

A CORRESPONDENT in Northumberland sends us as a curiosity the following letter he recently received from a panel patient whom he has been attending for the past twenty-two months:

"I have decided to have another doctor. With your medical attention I find no fault, but I am not satisfied that you did all you might have done in assisting me in my effort to obtain white flour, therefore I have concluded that there is no other course open to me but to get some one who will help me in such matters as this."

THE appointment of certifying factory surgeon for East Nottingham is vacant.

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 *poste restante* letters addressed either in initials or numbers.

THE
British Medical Journal.

THE JOURNAL OF THE BRITISH MEDICAL ASSOCIATION.

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CONTAINING

PROCEEDINGS OF COUNCIL

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NAVAL AND MILITARY APPOINTMENTS

Etc.

VOLUME II. 1918.

London :

PRINTED AND PUBLISHED AT THE OFFICE OF THE BRITISH MEDICAL ASSOCIATION,
429, STRAND, W.C.

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