

and clinics. With regard to Major Dutch's destructive criticism, that showed the kind of spirit which was the great obstacle to progress; on such lines the profession would find itself fifty years hence where it was to-day. It was evident that many things had got to alter, and the only question was whether the profession should lead or be dragged. It had been asked by what machinery the opinion of the profession could be elicited. The machinery was already available in the shape of the British Medical Association, whose members had only to make their feelings known. But he warned them that unless they united their forces and formulated their policies they would not be taken into account in the legislative changes which would vitally affect the profession.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

ACUTE INTESTINAL OBSTRUCTION DUE TO STRANGULATION THROUGH THE GREAT OMENTUM.

AMONGST the various causes of acute intestinal obstruction strangulation of a portion of bowel through an aperture in the great omentum is given as one, but not many cases are on record. The following case is an instance, and is an example also of an acute abdominal condition impossible to diagnose positively before opening the abdomen.

A man, aged 43, was brought to the King Edward VII Hospital, Cardiff, at about 9 p.m. on June 20th, 1918. He had been seized suddenly with acute pain over the upper part of the abdomen at about 1.10 p.m. the same day, about five minutes after his dinner. He referred the pain particularly to the left half of the epigastric region; it was so severe that he writhed with it and had to go to bed. He was sick soon after and had vomited several times before being brought to the hospital; the vomit was not very foul-smelling. His bowels had been moved as usual in the morning, but not since the attack. He was suffering from severe shock. The tongue was dry and coated; the pulse was 68, the respirations 30, and the temperature 97°. The abdomen was slightly distended, tympanitic in front and slightly dull in the loins; liver dullness was not diminished; the abdomen was rigid all over, but especially in the epigastric region, where it was almost board-like; the left half of the epigastrium was very tender. The patient stated that he used to suffer occasionally from discomfort, but not actual pain, after meals; he had never been jaundiced. From the history, the mode of onset, and the condition of the abdomen we diagnosed perforated gastric or duodenal ulcer, and operation was decided on.

Mr. J. W. Geary Grant, acting assistant surgeon to the hospital, operated at 10 p.m., and I assisted him. The patient was given a hypodermic injection of morphine gr. $\frac{1}{4}$ and atropine gr. $\frac{1}{8}$ prior to the operation, and a mixture of chloroform and ether (1:3), and also pure ether. An incision above the umbilicus was made in the middle line and the linea alba divided. The peritoneum, which was purplish and clearly contained blood, was opened and a large amount of blood-stained fluid escaped; this showed that the condition was not due to perforated gastric ulcer. Thrombosis of the superior mesenteric vessels was first thought of, but the mesentery beyond some congestion was normal. Dark purplish, but not gangrenous, and slightly dilated coils of small intestine were seen. At least six feet of gut or more was found in this condition, at its upper end passing gradually into normal intestine; at the distal end a constriction groove was detected and there was a sharp line of demarcation as regards colour between the healthy and affected parts of the bowel on either side. An aperture was then found in the great omentum near its free margin, and through this the small intestine had prolapsed; the lower margin of the aperture, which was only the free edge of the great omentum, was stretched like a cord over the prolapsed intestine. The stomach, gall bladder, and appendix were normal. The band-like free margin of the aperture was cut between forceps and the ends ligatured—thus the strangulation was relieved. The great omentum, as a whole, was very thin, but nothing further was done

to it. The sanious fluid was let out and the abdomen flushed with hot saline, some of which was left. The abdomen was then closed in layers.

As the patient was in great shock when removed to the ward, continuous saline was given by the rectum, as also a hypodermic injection of pituitrin (1 c.cm.). The saline was continued for two days, and hypodermic strychnine gr. $\frac{1}{32}$, and eserine sulph. gr. $\frac{1}{16}$, administered four times a day for three days. A turpentine enema was given the day after the operation to overcome the abdominal distension, and another the day after that. The bowels moved naturally and freely on the fourth day without having anything by mouth. He is making a progressive recovery, and his general condition is quite satisfactory.

Generally in such cases the great omentum contracts an adhesion to some part of the abdomen, and this adhesion gets stretched to a band which eventually leads to strangulation, but in this instance there was no adhesion between the free margin of the great omentum and any part of the abdomen. The small intestine herniated through an aperture in the great omentum and this caused the strangulation.

I am indebted to Mr. Grant, under whose care the patient is, for permission to publish the case.

J. K. DATTA, M.B., M.R.C.S., L.R.C.P.,
House-Surgeon, King Edward VII Hospital,
Cardiff, Wales.

THE REDUCING BODY IN THE CEREBRO-SPINAL FLUID.

THE paragraph in the JOURNAL of July 6th (p. 15) recalled to my mind that twenty-two years ago I recorded in the JOURNAL of 1896 the amount of copper reduced from Fehling's solution by 10 c.cm. of cerebro-spinal fluid in seven cases of general paralysis. It varied between 12.5 and 22 mg.; the average was 16.75 mg.

In the *Journal of Mental Science*, 1910, I recorded the amount in a further series of cases—in eleven general paralytics, one tabetic, and one case of meningeal syphilis; the average for the thirteen was only 14.6 mg., but in the fluid of one general paralytic none was found—the only case in which I have found it to be absent. The amount in these twelve (excluding the one in which there was none) varied between 8 and 21 mg.

Among seven epileptics—four females and three males—it averaged 19 mg., varying between 14 and 21 mg. In nine cases of dementia praecox it averaged 20.3 mg., varying between 15 and 25.5 mg. In six cases of Korsakoff's syndrome the average was 22 mg., varying between 15 and 29.5 mg. In ten unclassified insane women it averaged 19.8 mg., varying between 14.5 and 25.5 mg. So far as my experience went I found this substance to disappear rapidly from the fluid after death.

JOHN TURNER, M.B., C.M.Aberd.
Brentwood Asylum, Brentwood, Essex.

TETANUS NEONATORUM.

I WAS interested in Dr. Renton's case reported in the BRITISH MEDICAL JOURNAL of June 29th, 1918. It reminded me of a similar case which was in my care at the Fulham Infirmary about 1905. A male child 11 days old was admitted for fits, and although I have no notes by me, my recollection of the case is good. There was a condition of epileptiform convulsions of a severe type, with considerable rigidity of the jaw which should have suggested tetanus but did not. Feeding was impossible, and the fits were not affected by hot or cold baths or packs, by bromides or morphine, and I well remember their persistence even while I administered chloroform. The fits increased in violence and frequency until death. Being unsatisfied, I obtained permission for a *post-mortem* examination; I expected to find some head injury or perhaps cortical haemorrhages to explain the case. I found nothing of the sort, but noticed a red inflammatory zone round the umbilicus (which had separated), and oozing from a small broken area of skin at the umbilicus base was a little watery fluid. In Gram-stained smears from this slightly purulent liquid I was able easily to detect typical drumstick tetanus bacilli, and Dr. C. T. Parsons, the superintendent, was able to confirm my view.

In commenting upon the uncommon cause of this accidental death, the coroner, Dr. Oddie, remarked upon its medical interest and importance. Of course I could not

say whether the bacilli were conveyed to the umbilical region at the time of birth in the ligature used or upon infected scissors.

London, W.

CHARLES RUSS, M.B.Lond.,
M.R.C.S., L.R.C.P.

Rebels.

TWILIGHT SLEEP.

DR. W. O. GREENWOOD¹ and Dr. C. WEBB-JOHNSON² have made two interesting additions to the growing literature of what is popularly called "twilight sleep," both founded on personal experience and both enthusiastic as to the value of the method, although they adopt different terms for the expression of their enthusiasm.

Dr. Greenwood's book contains a quietly reasoned account of the history and literature, and a useful and practical discussion of his own 200 cases; it may be recommended to any doctor who wishes to begin the use of the method in his own practice. His chapter on technique is most helpful. He is a loyal adherent of the "amnesia" as opposed to "analgesia" school. Of the results on the mother he says: "Probably the most striking after-effect on the mother is the remarkable absence of shock and exhaustion. In long, tedious cases which have occupied anything from twenty-four to forty-eight hours or more it is no exaggeration to say that the results are little short of spectacular." He had three cases of mitral lesion and three of marked albuminuria. He met with *post-partum* haemorrhage in three instances, all in patients who had previously so suffered. He had three cases of artificial respiration for the child, in each of which the cause was an ordinary obstetric complication. He gives illustrative case reports and a useful bibliography.

Dr. Webb-Johnson's book reveals a different atmosphere, and almost seems addressed to a different class of reader; it is certainly more distinctly propagandist. Possibly owing to the difference of the conditions under which work has to be done in the East he has adopted a system of standard dosage. He also gives illustrative cases and appends typical charts. We are indebted to his book for a new translation of "vitium cordis" as "twists of the cord."

THE UNITED STATES DISPENSATORY.

WE have before us for review the twentieth edition of that monumental work of reference, *The Dispensatory of the United States of America*,³ which first appeared eighty-five years ago. The present edition is an immense volume of 2132 pages, and consists for the most part of articles on official and unofficial preparations arranged in alphabetical order. While the number of pages has been doubled since 1833, the amount of reading matter has been nearly quadrupled by increasing the size of the page and decreasing the size of the type. The twentieth edition follows the plan of the nineteenth, which appeared eleven years ago, and was reviewed in our issue of September 21st, 1907. The preface records the loss which American pharmacy has suffered through the death of Professor Joseph P. Remington, since 1880 one of the editors of the *Dispensatory*, who passed away whilst this edition was in the press. During the last ten years the advances in the pharmaceutical and medical sciences have been so great that a most extensive revision has been needed, and the work has been almost entirely rewritten. For the thorough performance of this task the staff of editors was doubled, and six names now appear on the title-page. The present edition is based on the ninth revision of the *United States Pharmacopoeia* and the *British Pharmacopoeia*, 1914. The original editors defined the objects of a dispensatory as "to present an account of

medicinal substances in the state in which they are brought into the shops, and to teach the modes in which they are prepared for use." In the standard form which it has now reached the official part of the *United States Dispensatory* may be looked upon as a commentary upon the *United States* and *British Pharmacopoeias*, expanded to include reference to such preparations of the *French Codex* and the *German Pharmacopoeia* as are generally used in the United States. The main body of the work is divided into three parts. Part I, occupying over 1,200 pages in double columns, contains a discussion of all the remedies recognized by either of the two pharmacopoeias used by English-speaking people. Part II consists of 452 pages of smaller type and deals with non-official drugs and preparations—that is to say, remedies which, though not recognized in the pharmacopoeias, yet by reason of their use in domestic or professional medicine, their toxic properties, their history, or the probability that they may prove valuable in the future, call for notice in an encyclopaedic work of this sort. An exhaustive description of all these substances is not attempted, but the aim has been to give in Parts I and II at least the essential facts and a key to the literature of almost everything used in medicine. The 168 pages of Part III are devoted to the tests and reagents of the two pharmacopoeias, weights and measures, and an abstract of the national formulary of the American Pharmaceutical Association. A copious index fills the last 168 pages. Since the numbering of pages is consecutive throughout the three parts, reference from the index is easy. The volume, as a whole, is a wonderful achievement—at the same time comprehensive and practical—and its usefulness to the practitioner and the pharmacist is unquestionable. The high price will, however, we fear, place it beyond the means of most of those who would wish that their bookshelves might groan under its weight.

WAR SURGERY.

THE book on military surgery,⁴ by Dr. MAUCLAIRE of the Charité Hospital, Paris, contains in its twenty-four chapters a comprehensive account of the present position of war surgery in France. Chapters on the general treatment of war wounds, and on traumatic and operative shock, are followed by a discussion of the various infections—for example, erysipelas, hospital gangrene, septicaemia, gas gangrene, and tetanus. Later chapters deal with the localization and removal of projectiles; with wounds of muscles, tendons, veins, arteries, and nerves; with gunshot fractures of the bones and wounds of joints, and with wounds of the head, brain, neck, spine, cord, chest, pleura, lung, abdomen, face, and the genito-urinary organs, and special attention is given to injuries of the mediastinum, pericardium, heart, diaphragm, liver, and spleen. There are chapters also on trench feet, frost-bite, amputations, and prosthetic apparatus. As examples from this very extensive list, we have selected two common injuries occurring in the war, namely, gunshot fractures of the femur and wounds of the knee-joint. In writing of the treatment of fractures of the lower extremities, especially of the femur, for which so many forms of apparatus have been devised, the author condemns the use of simple plaster appliances to maintain reduction, radiography having proved the inefficacy of the method. He, however, considers it quite good as a means of maintaining more or less immobility during transport. He describes many forms of apparatus for the treatment of fracture of the thigh, for example, the double inclined plane, extension apparatus with weights or elastic bands, metallic frames, suspension with extension, Thomas's splint (so largely employed and so highly valued in both the British and Italian armies), ambulatory apparatus, and so on, but insists on the necessity of frequent radiographic examination, to control the results whatever form of appliance is used. The author divides wounds of joints into two great classes—those with slight and those with severe bone injury. He claims that in the first class the classical treatment should, as the result of experience in this war, be modified. Provided the case comes under observation within twenty-four hours after the receipt of the injury,

¹ *Scopolamine-Morphine: Semi-Narcosis during Labour*. By Wm. Osborne Greenwood, M.D. Leeds, B.S.Lond. London: H. Frowde, and Hodder and Stoughton. 1918. (Cr. 8vo, pp. xi + 120. 6s. net.)

² *Painless Childbirth in Twilight Sleep in the East*. By Cecil Webb-Johnson, M.B., Ch.B., Captain R.A.M.C.(T.F.). Calcutta: Butterworth and Co. (India), Limited. 1918. (Demy 8vo, pp. 123. Rs. 4 net.)

³ *The Dispensatory of the United States of America*. Edited by J. P. Remington, Ph.M., F.C.S., H. C. Wood, Jun., M.D., S. P. Sadler, Ph.D., L.L.D., C. H. LaWall, Ph.M., H. Kraemer, Ph.G., Ph.D., J. F. Anderson, M.D. Philadelphia and London: J. B. Lippincott Co. 1918. (Sup. roy. 8vo, pp. 2132. £2 10s. net.)

⁴ *Chirurgie de Guerre, Chirurgie d'Urgence, Chirurgie Réparatrice et Orthopédique*. By Dr. Maucclair, Chirurgien de la Charité, Professeur agrégé à la Faculté de Médecine de Paris, etc. Paris: J. B. Baillière et Fils. 1918. (Med. 8vo, pp. 532; 316 figures. Fr. 16.)

reduced to pay which barely suffices for the needs of his family in England, and such unavoidable expenses as insurance premiums and pension fund subscriptions. For his own expenses there will probably remain absolutely nothing. If he is fortunate enough to have any private means or savings, he may keep out of debt for a time, but it is unlikely that he can do so through four years of war. In most instances he is entirely cut off from his family, and cannot get any leave to England. He runs the risk of death, wounds, and disease. Not improbably he is employed in uninteresting work of a routine nature, and gets completely out of touch with the curative side of medicine—a very severe handicap when he resumes his civil career.

The unrecalled men remain in full enjoyment of such "plums" as the civil side of the service affords, since there are no rivals in the field. Financially speaking, they are "on velvet." Their domestic life continues its normal course, without the added expense of two establishments. They are engaged in the same interesting and varied professional work as in pre-war times.

There would be little profit in drawing attention to these matters if they were an inevitable consequence of war, and therefore irremediable; it cannot, however, be argued that the gradual transfer of a hundred or two of civil medical officers to military service and their replacement by an equivalent number of those recalled early in the war is an administrative feat which must baffle the Government of India for the entire duration of the war.

The present position is most unsatisfactory not only to the recalled but also to the unrecalled, who feel that they are denied all opportunity of seeing active service. Hitherto the official attitude has been "sympathetic-apathetic," if I may so term it, but the time has now come when appropriate action is urgently called for. An authoritative pronouncement that this action will be taken, and the interest of those who have up to now borne the heat and burden of the day duly considered, would be welcomed throughout the entire service.—I am, etc.,

July 12th.

"I.M.S."

THE ABUSE OF DRAINAGE TUBES.

SIR,—In the JOURNAL of June 29th (p. 718) Mr. Frank Hathaway has an interesting article on the abuse of drainage tubes.

After at least six years' experience of soft rubber drainage (dental dam) it is possible to emphasize the great advantages of its use. Mr. Hathaway might have gone further and pointed out the dangers of rubber tubing in producing necrosis of bone, secondary haemorrhage, and, when used in the abdomen, faecal fistula. With rubber tubing there is a constant elastic pressure exerted on the neighbouring parts, which is bound to produce pressure necrosis. Rubber tubing must be more uncomfortable for this reason than the adaptable soft material. Rubber tubing rarely drains along the centre—it is by capillarity between the tube and the soft parts; soft rubber drains by capillarity between the folds as well as the adjacent structures. They are painless and effective. In civil practice the commonest suppurative condition to treat is acute suppurative appendicitis. My practice is to make a gridiron incision, wall off the peritoneum with gauze, open the abscess and swab up the pus, remove the appendix, and drain with soft rubber, never making any counter openings unless, later, one is needed. In the last six years 135 suppurative cases have so been treated personally, and the mortality from all causes amounted to 12—about 8.8 per cent. The insertion of soft rubber to any depth in the pelvis is not so easy as rubber tubing, but the effect on the drainage and on the comfort to the patient is great.

After removal of tuberculous cervical glands, the soft rubber can be arranged so that portions may be placed at likely spots for lymph accumulation, and the drain brought out posterior to the sterno-mastoid in the hair region, while the anterior wound is sewn up.

In suppurating intermuscular wounds, such as are produced by war injuries, and septic compound fractures, Mr. Hathaway will find active and passive movements an asset in the way pus is pumped to the surface, just as, in the abdomen, getting the patients to move about early is helpful in any drainage.

Just now splints and plaster-of-Paris are the curse of the age, and there are thousands of men with stiff joints

and atrophied muscles, the result of such immobilization, who would be infinitely better, and many of them perfect, had active and passive movement been carried out from the earliest date. Just the other day, for example, a patient with a septic wound of the lower and outer part of the humerus was seen by me; the bone was not fractured completely, joint and nerves were intact. He had been treated with a sling for over two months, and no movement. His elbow is now quite stiff and it will take weeks to get complete use back. It is indeed most sad to see these cases. To invent a splint is wonderful; to do without splints and encourage early movement is not wonderful, but infinitely more effective.

If surgeons were only to give soft rubber a good trial they would not resort to tubing except in a few exceptional cases.—I am, etc.,

Edinburgh, July 9th.

J. W. DOWDEN.

THE TREATMENT OF FUNCTIONAL NERVOUS DISORDERS IN THE ARMY.

SIR,—Within the next few months a considerable number of members of the medical profession will be called up to serve with the R.A.M.C. Some will be men of experience attached to the consulting staffs of hospitals in London or the provinces, and many will be anxious, if possible, to do work that has some bearing on the less mechanical aspects of medicine.

Now, the present war has revealed a vast field for useful work in the treatment of those functional neuroses usually classed together under the heading of "shell shock." The War Office has initiated a system for dealing with such patients in special hospitals, under the care of officers specially selected for the purpose. Opportunities for instruction in the branch of medicine are given to those who, like the majority of the profession, are unfamiliar with the treatment of the neuroses.

As a certain number of medical men who are interested in, or have had previous experience in, this work, may be required, they should send in their names to the War Office, as soon as they are called up, stating their wish to undergo a course of training in this branch of medicine.—I am, etc.,

London, July 13th.

H. H.

THE BURDEN OF COSTLY REMEDIES.

SIR,—If the administrative ineptitude of the English portion of the Insurance Commission, resulting in an unfortunate panel practitioner being mulct in the cost of serum supplied to his panel patient, is an indication of the difficulties being experienced in establishing a Ministry of Health on a sound basis one may well despair of seeing the scheme drawn by Sir Bertrand Dawson's masterly hand ever realized.

But officialism, even in the Insurance Commissions, is not ever so. My experience, having paid for serum administered to a panel patient when I was on a county panel under the Scottish Commission, had an opposite result. Not only was I refunded my outlays, but the Commission at once issued regulations placing the various serums at the disposal of Scottish panel practitioners for administration to their panel patients, even, if I remember rightly, refunding the cost of telegraphic orderings.—I am, etc.,

Darlington, July 14th.

ALLAN GRAY.

Universities and Colleges.

UNIVERSITY OF CAMBRIDGE.

THE following medical degrees were conferred on July 13th:

M.B., B.C.—H. Morrison, R. J. Hearn.
B.C.—J. H. E. Moore.

UNIVERSITY OF BRISTOL.

THE following candidates have been approved at the examinations indicated:

FINAL M.B., CH.B.—W. P. Taylor. *Part I Only (including Forensic Medicine and Toxicology)*: F. V. Jacques.
D.P.H.—A. G. Bodman.

UNIVERSITY OF LIVERPOOL.

THE Diploma in Public Health was awarded on July 6th to the following: E. H. T. Cummings, G. H. Darlington, J. Drummond, I. J. Lipkin, H. E. Middlebrooke, K. J. Rustonjee, R. C. Watts.

UNIVERSITY OF BIRMINGHAM.

THE following candidates have been approved at the examinations indicated:

FINAL M.B., Ch.B.—Class II.: Alice M. Chinn, Olive O. Hooper, Mabel E. Prosser, E. E. R. Spurway.

FOURTH M.B., Ch.B. (*Forensic Medicine and Toxicology, Public Health, Therapeutics, and Special Pathology*).—Class I.: Dorothy Chattaway and J. L. Taylor. Class II.: E. F. Brown, Constance B. Challis, Mary D. Gilson, E. G. T. Holden, T. C. McKenzie, Doris E. F. Stanton, and Honor M. Willis. Passed in *Therapeutics, Public Health, Forensic Medicine, and Toxicology*: E. N. J. Brett. Completed examination: Margaret A. Williams (*Forensic Medicine and Toxicology*).

THIRD M.B., Ch.B. (*General Pathology and Bacteriology, and Materia Medica and Practical Pharmacy*).—Class I.: W. S. Adams, Doris I. Bosworth, H. Donovan, Olive M. C. Southall, Kathleen M. Tillyard, and Hilda S. Walker. Class II.: Ada V. V. Allen, W. A. Bryce, Edith E. A. Cooke, A. Epstein, Gladys M. Evans, Agnes M. Frew, B. Molloy, H. T. Roper-Hall, and Mary B. Stone. Passed in *Materia Medica and Pharmacy*: Edith M. Ainscow and E. Lowe.

For the Queen's scholarship (third year) H. Donovan and Kathleen M. Tillyard were equal; that for the fourth year has been awarded to Dorothy Chattaway.

UNIVERSITY OF EDINBURGH.

GRADUATION CEREMONY.

At the graduation ceremony, on July 11th, Professor Sir Richard Lodge read a list of military honours gained by members of the University in the service of their country. In 1917 graduates or alumni of the University had obtained 2 D.C.M.'s, 3 D.S.O.'s, 74 M.C.'s, 30 D.S.O.'s, 15 C.M.G.'s, 5 C.B.'s; and in 1918, so far as the year had gone, they had won 2 D.C.M.'s, 3 D.S.O.'s, 89 M.C.'s, 40 D.S.O.'s, 15 C.M.G.'s (including two professors), 6 C.B.'s, and 2 Victoria Crosses (including a nephew of Professor Wallace). Fully a score of women graduates and alumni had joined the Q.M.A.A.C., and a number of graduates had been made Knight Commanders and Members of the Order of the British Empire, including one lady, who was one of the Prime Minister's secretaries.

The following were the recipients of degrees:

M.D.—A. J. Anderson, R. B. Barnettson, *R. Donaldson, W. B. Drummond, R. Gardner, J. W. Keighley, †A. L. Krogh, A. L. J. Linn, W. J. Porteous, †H. D. Robb.

M.B., Ch.B.—Lal Singh Anand, Dorothea I. Baird, I. A. Beckles, Z. J. de Beer, †W. T. Benson, C. Blake, S. Boodoosingh, G. B. Brewster, H. J. Brink, G. Buchanan, R. E. J. Burns, R. T. Carr, J. A. L. Cook, J. H. Crawford, †Xavier Maya Das, E. D. D. Dickson, Jean D. Don, J. K. van Oosterzee Duminy, G. W. C. Dunlop, J. Edelstein, D. Fergusson, M. J. Gibson, Hassan Ali El Girby, F. Gunaratna, Sukumar Dutta Gupta, W. H. Herberg, L. C. D. Hermitte, N. Hirschman, F. Holmes, H. M. Jacobs, J. T. Johnston, A. Klenerman, D. A. Knight, D. C. Lamont, R. H. S. Langeveld, J. Bell Liggins, Teong Kye Lwin, W. M. McAlister, R. B. MacGregor, N. Macleod, J. McNabb, J. M. Macnerson, R. C. B. Macrae, Mary P. Mair, †M. Melvin, G. H. Middleton, J. C. B. Mitchell, J. S. Moroka, T. B. Moyes, A. J. Myburh, †H. J. Parish, H. S. Percival, J. Rauch, Gertrude M. V. Richardson, Dorothy A. Robertson, J. H. L. Shapiro, C. Simpson, F. W. Simson, D. W. Sinclair, Janet S. Smith, Mul Raj Soni, Marguerite R. Stirling, May L. Walker, R. Wallace, U. G. Williams.

* Commended for thesis. † Highly commended for thesis.

‡ With first class honours. § With second class honours.

The following awards were made:—Ettles Scholarship: W. T. Benson. Beane Prize in Anatomy and Surgery: J. K. van Oosterzee Duminy. Mount Scholarship in the Practice of Physic: H. R. Goldberg. Conan Doyle Prize: H. M. Jacobs. James Scott Scholarship in Midwifery: E. J. Burns. Scottish Association for Medical Education of women Prize: Marguerite R. Stirling. Dorothy Gilfillan Memorial Prize: Joyce C. B. Mitchell. Pattison Prize in Clinical Surgery: R. L. Galloway. Cunningham Memorial Medal and Prize in Anatomy: R. G. McIntyre (*in absentia*). Whiteside Bruce Bursary: Jessie Elees.

Many of the recipients of degrees were in khaki and one of them wore the decoration of D.S.O. and the Military Cross. The Ettles prizeman was a surgeon-probationer R.N.V.R. Miss May L. Walker, who received the degrees of M.B., Ch.B., also holds the M.A. and B.Sc. degrees, and is said to be the first woman to hold all three.

UNIVERSITY OF ABERDEEN.

THE graduation ceremony on July 9th was presided over by the Chancellor, the Duke of Richmond and Gordon. It was stated that the total number of graduates of the university, alumni, students, and members of the teaching staff who were not graduates, now on service for their country was 2,679.

The following were among the degrees conferred:

M.D.—Captain A. W. Hendry R.A.M.C.(T.C.).

M.B., Ch.B.—*G. S. Escoffery, †Agnes L. Semple, J. Alexander, W. Buchan, W. A. Coutts, †J. A. Dawson, †A. M. Dukan, Isabella Ferguson, A. C. Hill, Mabel G. Lawson, R. D. Lockhart, A. McEnzie, J. W. Mann, J. Morrison, A. C. Paterson, J. A. Ross, J. C. Sleight, Sophia K. G. Stuart, Gwendolen J. E. Wilson.

D.P.H.—Staff Surgeon A. Reah, R.N.

* With first class honours. † With second class honours.

‡ Passed fourth examination with distinction.

§ Passed fourth examination with much distinction.

The Lizars medal in anatomy has been awarded to Annie Thain and G. O. Thornton (equal). The John Murray medal and scholarship, awarded to the most distinguished graduate for M.B. in 1918, has been conferred upon G. S. Escoffery (Kingston, Jamaica).

UNIVERSITY OF DUBLIN.

TRINITY COLLEGE.

Diploma in Gynaecology and Obstetrics.—The Board and Council have decreed: (1) That a Diploma in Gynaecology and Obstetrics be established, and that the examination for this diploma be open to all registered medical practitioners who, after the date of registration, have taken out a prescribed course at Trinity College and at the Rotunda Hospital or other hospital recognized for the purpose by the Board and Council of Trinity College. (2) That the course of study shall extend over one year. That six months' residence in Trinity College and six months' residence at the Rotunda Hospital be required. (3) That instruction be given during the year's course in practice of midwifery, practice of gynaecology, anatomy of the female pelvis, elementary embryology, pathology of the female organs, and antenatal pathology. (4) That the examination for the diploma be in the same subjects.

The arrangements for the curriculum have been made by Trinity College jointly with the Rotunda Hospital.

School of Physic.

The following candidates have been approved at the examinations indicated:

FINAL MEDICAL, PART I.—*Medical Jurisprudence and Hygiene: Materia Medica and Therapeutics: Pathology*: *J. S. Quin, *T. D. Gordon, *H. Cohen, *W. T. Micks, *H. A. Burridge, C. J. de V. Shortt, W. J. A. Russell, Eileen H. Dowse, C. J. L. Brock, W. B. Fox, *J. Laverty, R. E. Murphy, Jessie Gilbert, Olive Baile. *Medical Jurisprudence and Hygiene: Materia Medica and Therapeutics*: J. A. Acheson, S. R. Hill, G. FitzM. Keatinge, F. W. Robertson.

PART II.—*Medicine*: A. L. Gregg, P. C. Parr, J. W. Scharff, L. Albertyn, J. G. Bird, S. C. Mitchell, L. J. P. Murphy, W. J. McClintock, D. S. Prentice, E. R. Tivy, C. G. Ambrose, H. D. Merrin, K. McG. Greer, E. J. Lyndon, Margaret Wolfe. *Surgery*: J. W. Scharff, E. F. Wilson, R. M. D. Devereux, E. E. Rollins, W. J. McClintock, Rita Henry, Captain J. E. Jameson, V. M. Syngé, B. D. Merrin. *Midwifery*: Mary C. Sheppard, L. Albertyn, Ethel M. Luce, F. McG. Ferguson, R. M. D. Devereux, E. R. Tivy.

D.P.H. PART I.—*Chemistry: Bacteriology and Pathology: Physics and Meteorology*: Captain J. Beckett, E. O. Bowie. PART II.—*Sanitary Engineering: Hygiene and Epidemiology: Vital Statistics and Public Health Law*: R. A. Keane.

* Passed on high marks.

The following awards have been made: Fitzpatrick Scholarship, H. L. Parker. Medical Scholarships:—*Anatomy and Institutes of Medicine*: E. H. C. Allen. *Botany, Zoology, Chemistry, and Physics*: D. S. Spence. Henry Hutchinson Stewart Scholarships:—*Anatomy and Institutes of Medicine*: A. J. L. Snyman, E. S. Smyth (special for two years). *Botany, Zoology, Chemistry, and Physics*: Dorothy A. Daly. John Mallet Purser Medal, Captain G. H. Davis. Cunningham Medal, Edith F. Wilcock.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

A QUARTERLY Council was held on July 11th, when Sir George Makins, President, was in the chair.

Council Election.—The following four Fellows, elected into the Council on July 4th, took their seats: Sir John Bland-Sutton, Mr. Walter George Spencer, Mr. Ernest William Hey Groves, Mr. John Lynn Thomas.

Lieut.-General Sir Arthur Sloggett was admitted a Fellow of the College.

Diplomas in Public Health.—Six diplomas were granted jointly with the Royal College of Physicians to candidates found qualified at the recent examination.

Election of Lecturers.—The following lecturers were appointed—Hunterian Professors: Arthur Keith, Gordon Taylor, A. J. Walton, David Ligat, T. B. Layton, Alexander Fleming, E. G. Schlesinger. (Professor Keith will deliver six lectures, and the others one each.) Arris and Gale Lecturers: Edred M. Corner, Ernest M. Cowell, John C. Briscoe. Arnott Demonstrator: Arthur Keith.

Election of President and Vice-Presidents.—Sir George Makins was re-elected President for the ensuing year and Mr. W. F. Haslam and Sir John Bland-Sutton were elected Vice-Presidents.

The President reported that, in pursuance of a suggestion which had been made to him, he had taken steps to transmit the following message of greeting to the French nation apropos of the celebration of "France's Day" on July 12th in London and on July 14th in Paris:

From the President and Council of the Royal College of Surgeons of England.

BROTHERS-IN-ARMS WE GREET YOU!

Bound by ancient ties of blood and by the memories of many a gallant contest in the past, to-day we stand as one Nation united in a sacred cause.

We have before us a happy presage from the past. As the united efforts of Pasteur and Lister have laid low the tyranny of disease, so shall France and Britain conquer a tyranny still more remorseless.

Our future brightens, and shall endow Gaul and Briton with a common birthright to remain a splendid heritage for all time.

ROYAL COLLEGES OF PHYSICIANS AND SURGEONS, IRELAND.

THE Reuben Harvey Memorial Prize has been awarded to William Robert Fearon, B.A., B.Sc., for his essay on "The amylolytic properties of urine," and a second prize has been awarded to Dr. Joseph W. Bigger for his essay on "The effects of keeping on the complementary power of guinea-pig serum."

Obituary.

JAMES GREEN, L.R.C.P., M.R.C.S.,
Late Honorary Secretary and Treasurer, Southern Branch,
British Medical Association.

WE regret to have to record the death of Dr. James Green of Mile End, Portsmouth, on July 14th. He had for some time suffered from cardiac symptoms, and had recently been obliged to give up his duties as Honorary Secretary and Treasurer of the Southern Branch, offices which he had held with much success during the last seven years. He received his medical education at the Manchester Royal School of Medicine, and obtained the diploma of M.R.C.S. in 1872, and that of L.R.C.P. in 1873. With regard to his subsequent career, Dr. Ward Cousins, who was President of the Association at its annual meeting at Portsmouth in 1899, when Dr. Green was secretary of the Section of Diseases of Children, tells us that soon after he obtained his diplomas Dr. Green entered into partnership with Mr. Scale, who occupied a very influential place in the social life of Portsmouth. Dr. Green, Dr. Ward Cousins continues, was a very able practitioner and warm-hearted friend, who always enjoyed the complete confidence of the whole profession in the neighbourhood.

Dr. Green had long taken an active interest in the British Medical Association. He was a member of the Central Council, and at one time chairman of the Public Health Committee. He was also an active member of the Medico-Political Committee, of the Poor Law Medical Officers' Subcommittee, and of the Medical Officers of Health Subcommittee. Dr. Green leaves a widow and family of seven sons and one daughter. His second son, Dr. Philip Green, has been a prisoner for some time in Germany. Another son is Temporary Captain E. A. T. Green, R.A.M.C., and a third is Lieutenant R. A. Green, Hampshire Regiment, both of whom have received the Military Cross.

DR. WILLIAM H. SLIMON, for over thirty years a leading practitioner at Clacton-on-Sea, died suddenly of heart failure on June 18th. He was born in Scotland in 1851, the son of a Scottish doctor, and was educated at the University of Glasgow, where he graduated M.B., C.M. in 1870 and M.D. in 1895; in 1883 he took the diploma of L.R.F.P.S.Glasg. He was a vice-president of the East Anglian Branch of the British Medical Association, consulting surgeon to the Cottage Hospital, Clacton-on-Sea, of which he was one of the founders, and consulting physician to the Ogilvie Homes, Clacton-on-Sea. Among his many public activities Dr. Slimon was a justice of the peace for the counties of London and Essex, vice-chairman of the Essex County Appeal Tribunal, and chairman of the Clacton War Pensions Committee. He was in practice in New Cavendish Street as well as at Clacton-on-Sea, and, after an exceptionally heavy day in London, he was about to return to Clacton in the evening, when the fatal seizure occurred. His death is greatly regretted, not only in Clacton, but throughout East Anglia.

DR. LEWIS STEPHENS LYNE LIDDELL, of Bury, Lancashire, died on June 30th, 1918, at Llanfairfechan, after some months of illness, aged 46. Dr. Liddell graduated M.B. and C.M. Edin. in 1897, and after being house-surgeon at Bolton Infirmary, and in private practice, took over the practice of the late Dr. Charles McLaren in Bury in 1909. He was the last surviving son of the late Mr. John Liddell of Pinkie Hill House, Inveresk, by his wife, a daughter of the late Mr. Lewis Stephens Lyne. In addition to his private practice, Dr. Liddell held the appointments of vaccination officer and medical officer to the guardians of the Union of Bury. His patients of all degrees had a great regard for him—a regard gained not only by sound professional knowledge and a high ideal of professional practice, but also by his kindness and his keen interest in those whom he attended.

SIR ROBERT BREDON, K.C.M.G., whose death is announced from Peking, was born in February, 1846, at Portadown, Ireland, where his father, Dr. Alexander Bredon, resided. Robert Bredon graduated at Trinity College, Dublin, passed out first at Netley for the Army Medical Staff in 1867, and was appointed to the 97th Regiment. On retiring from the army in 1873 he entered the Imperial

Maritime Customs, China, of which he became Deputy and afterwards acting Inspector-General. In 1910 he was appointed to the Chinese Board of Customs, but retired in deference to the wishes of the British Government. During the Boxer rising he took part in the defence of the Legations, and received the war medal and clasp. He had been the recipient of a number of foreign orders.

The Services.

AUXILIARY R.A.M.C. FUNDS.

THE usual quarterly meeting of the committee was held at 11, Chandos Street, London, on July 12th, when Major Maclean was in the chair, and several members, including Major-General T. H. Goodwin, Director General Medical Services, the Honorary Treasurer, and the Honorary Secretary, were present.

From the Benevolent Branch, for the relief of children of officers of the Auxiliary R.A.M.C. who died as a result of the present war, grants were made in three cases, to the amount of £176.

Grants from the Relief Branch, for the relief of the widows and orphans of the rank and file of the Auxiliary R.A.M.C., were also made.

Subscriptions and applications for relief from either Branch should be made to the Honorary Secretary, Auxiliary R.A.M.C. Funds, 11, Chandos Street, Cavendish Square, W.1.

EXCHANGE.

CAPTAIN R.A.M.C., Yorkshire—shooting, fishing, hunting with hounds—wishes to take Fellowship, seeks exchange with officer in Ireland; medical centre or near. Address, No. 2750, BRITISH MEDICAL JOURNAL Office, 429, Strand, W.C.2.

Medical News.

DR. J. C. UTHOFF has been promoted to be a Knight of Grace of the Order of St. John of Jerusalem.

IN the Parliamentary Notes in last week's JOURNAL was printed the statement by Sir Auckland Geddes with regard to new definitions for the medical grading for older men. This statement has now been issued to tribunals by the Local Government Board and the Scottish Office in a Memorandum, R. 218.

THE Principal of the Royal Institute of Public Health, Colonel W. R. Smith, M.D., having been elected Sheriff of the City of London, the treasurer of the institute invites Fellows and Members to contribute to the fund which has been formed to present Colonel Smith with his chain of office.

AN influential committee has been elected to advance the project of endowing a bed in the Royal City of Dublin Hospital in memory of the late Lieut.-Colonel Henry Moore, R.A.M.C. Mr. G. Jameson Johnston, F.R.C.S.I., 13, Lower Fitzwilliam Street, Dublin, is the honorary treasurer.

A MEETING of the Royal Sanitary Institute will be held in the Town Hall, Ipswich, on Saturday, July 27th, at 11 a.m., when a discussion on housing will be opened by Sir Henry Tanner, and a discussion on the provision of maternity homes by Dr. A. M. N. Pringle, M.O.H. Ipswich.

THE Council of Epsom College announces that there will be a vacancy for an entrance Salomons scholarship of £50 at the beginning of the Michaelmas term. The candidate must show an adequate standard of education for his age, and his financial condition must be such as to make it impossible or difficult to obtain an education at the college without the help of the scholarship. Applications should be sent to the secretary, at the office of the College, 37, Soho Square, W.1., by July 29th.

THE medical practitioners of co. Derry have recently fixed a scale of fees for the medical examination of applicants for insurance policies. The minimum fee for any sum of £500 and under was fixed at £1 1s., and £2 2s. for any sum over £500. The doctors of the county have pledged themselves to adhere to the fees they have unanimously fixed, and expect that neighbouring doctors will also insist on these fees, particularly in cases in which applicants are taken into other areas to be examined with the object of getting the work done at cheaper rates.

A MEETING of the Central Committee for the State Registration of Nurses was held in the Council Room of the British Medical Association, 429, Strand, on July 6th with Dr. T. W. H. Garstang in the chair. Reports were received from the honorary secretaries and the Executive Committee. Upon the recommendation of the Executive Committee the request for representation of the Irish Nursing Board, approved by the Royal College of Surgeons

in Ireland, was agreed to. Various amendments to the Nurses' Registration Bill were agreed to. Resolutions were approved recording the opinion that registration of trained nurses should be carried out by an independent nursing council, constituted by Act of Parliament, and dissociated from any one organization of nurses, such as the College of Nursing, and protesting against a clause recently inserted in the bill drafted by the College of Nursing, which provides for the registration of specialists other than male and mental nurses.

THE late Miss Grace Ross Cadell, surgeon to the Edinburgh Hospital for Women and Children, who left £47,000, bequeathed £2,000 free of income tax to the Edinburgh Hospital for Women and Children and Hospice, to endow a bed in the Maternity Department in memory of her mother, £100 to the Leith Hospital, £1,000 to the Queen's nurses in Scotland, and £300 to the Leith Branch of the Queen's nurses. She made bequests to her four foster children which, in certain eventualities, may be given in respect of the girls to help the medical education of women in the University of Edinburgh, and in the case of the boys to the Edinburgh Medical Department. The residue of the estate is to be divided equally between the Edinburgh Hospital for Women and Children and Hospice and the University of Edinburgh to help in the medical education of women.

THE National Physical Laboratory has made arrangements after consultation with the department of Scientific and Industrial Research, and in conjunction with the British Chemical Wares Manufacturers' Association, and the British Laboratory Ware Association, for testing scientific glass ware on a more comprehensive scale than hitherto. The work done will include volumetric tests on graduated vessels of all kinds, tests on the resistance of vessels to chemical action, on filter paper, porcelain ware, etc. The tests will be of two grades: Class A, the examination of vessels of the highest accuracy, which will be carried out at the laboratory at Teddington; and Class B, the examination of vessels intended to possess only commercial accuracy, a work which it is hoped may eventually be done locally. The fees charged range from sixpence for a pipette with one mark, to five shillings for capacity test of gas burettes and tubes at five points. A paper of instruction as to the manner of sending scientific glass ware for testing can be obtained on application to the Director, National Physical Laboratory, Teddington, Middlesex.

Letters, Notes, and Answers.

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.

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, *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 AND ANSWERS.

ALON asks for the experience of any one who has used an auto-wheel attachment to a bicycle, more especially in wet and windy weather, and in mounting moderate gradients.

BIMAR asks for suggestions for the treatment of the headache so often complained of by men who have been gassed. In the cases he has seen the headache was chiefly vertical, was very severe, and got worse as the day went on, and was aggravated by brain work. He asks if it is circulatory or neurotic in origin.

LETTERS, NOTES, ETC.

STUDENTS AND KHAKI.

EX-COMBATANT writes: The medical student who joined up in 1914 and is now back to qualify—bereft of his uniform—is still open to base insults in the street. We keep applying to the War Office for permission to wear uniform (even to travel in or for occasional use), but the same icy reply always comes back: "I am directed to inform you, etc., that your request cannot be granted, etc., etc." We get no

seniority on our return to the army when we have qualified, and receive no consideration as far as our feelings are concerned for our past services. We spend our own money to qualify, and are grabbed as a matter of course again when qualified. When we look around and observe the numbers of men who with no previous army service are put into khaki to do their job, often with high honorary rank, it makes our blood boil to think that we are deemed unworthy to wear uniform.

"HEALTH RESORTS OF THE BRITISH ISLANDS."

THE editor (42, Elvaston Place, S.W. 7) of the book published some time ago with this title, finding it difficult owing to war conditions to get into touch with the original contributors, asks that those writers, and others representing health resorts, will as soon as possible send to him for a revised edition notes on changes of importance during the past six years.

COLLOIDAL MANGANESE IN SEBORRHOEIC ECZEMA.

DR. WILLIAM HABGOOD (Sutton) writes: This is one case only, but to me so striking as to seem worthy of report. A girl, 9 years of age, was brought to the School Clinic of the Surrey Education Committee in March, 1917, with seborrhoeic eczema affecting the whole of the head, eyebrows, and ears. Masses of crust covered the scalp, and their removal disclosed pitted and inflamed surfaces. The eruption was complicated with impetigo on the face, neck, and shoulders. Her mother stated that the condition had existed for two years in spite of private and hospital medical treatment. The patient attended regularly this school clinic up to April, 1918; and, although at times the local applications used produced some temporary amelioration, at the end of the year she was in the same miserable condition.

On reading in your issue of April 20th, 1918, Sir Malcolm Morris's communication, I obtained the paper by Mr. J. E. R. McDonagh in the *Medical Press and Circular* of December 5th, 1917, and, following his practice, I, on May 7th, injected 1 c.cm. of intramine into the gluteal muscle. Seven days later an injection of 2 c.cm. of colloidal manganese was given, and the same dose repeated on two occasions at weekly intervals. By June 4th the skin was normal in appearance for the first time since the onset of the eruption three years ago. The skin remains clear up to the present time.

DRUGS IN INFLUENZA.

DR. E. B. FFENNEL (Southbourne) writes: During fourteen years' colliery practice I attended a great many cases of influenza, both epidemic and otherwise, and almost invariably put the patients on large doses of sp. or liq. ammon. arom. with in nearly every case very marked benefit. Often a simple mixture of this with sodium bicarbonate, and infusion of gentian or quassia was the only medicine required. To this day I dose my own family and myself with it when suspicious symptoms occur.

MEDICAL SICKNESS AND ACCIDENT SOCIETY.

OLD MEMBER writes: As one of the oldest members, may I also raise my urgent protest against the action of the members at the general meeting on May 3rd? I can hardly think that either they or the Committee can have seriously weighed the matter or they would not in such an apparently offhand and peremptory way have decided to deprive the old members of their last, and probably in some cases only, benefits during long membership at a time when the funds are in a sound condition. Many who, like myself, took an active part in founding the society, and have since worked hard in its interests, now find ourselves in the false position of having persuaded friends to join, pointing out as one of the advantages the bonus at 65. Had we old members, many of us living hundreds of miles from town, had a suspicion (we were hardly likely to have it) that our interests would be ignored and we be deprived of our rights, we should have found it quite impossible to defend them, largely on account of war contingencies, and that, too, at a time when we may be prematurely broken down in health by the extra work and strain involved, and almost broken in pocket by the increased expenses. Within my own personal knowledge I could cite instances in which this action, if carried out, will not only cause great injustice but will be cruel in its effects upon members and their dependants.

SCALE OF CHARGES FOR ADVERTISEMENTS IN THE BRITISH MEDICAL JOURNAL.

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Seven lines and under	0 6 0
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All remittances by Post Office Orders must be made payable to the British Medical Association at the General Post Office, London. No responsibility will be accepted for any such remittance not so safeguarded.

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.