

no attacks of scrotal lymphangitis. The enlarged glands, which were at first thought to be syphilitic, were present in both groins, and extended from the anterior superior spine of the ilium to the pelvis. The largest were approximately the size of a walnut, uniformly enlarged, and neither hard nor soft in consistency. All glands were discrete and no thickened lymphatic cords could be felt. The patient gave a history of a short attack of pain (twenty-four hours), with swelling and tenderness in the right popliteal space, six weeks before admission, which might have been lymphangitis. Examination of the blood, at midnight, showed the presence of the embryos.

These four men had all lived in middle and southern Queensland for considerable periods. They were unable to tell me that similar cases had occurred in the same neighbourhood. Two of the men had lived in the same town—Maryborough—for some years. In the case last described, the patient stated that he had been in a bad plague of mosquitos some years ago, but as he had noticed the presence of the enlarged glands some years before this, it seems very improbable that this was the time of infection.

It would be interesting to know if there are many cases of filarial infection amongst Australian troops who have lived in Queensland.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

THE ADMINISTRATION OF ANAESTHETICS TO SOLDIERS.

LIKE Dr. Arthur Mills of St. Andrews, all anaesthetists will by now have gained much experience in the administration of anaesthetics to soldiers, and all will doubtless endorse his views (see *BRITISH MEDICAL JOURNAL*, September 28th, p. 343) in regard to the difficulty of inducing anaesthesia in the cases falling into the first of his two classes—namely, the young, athletic, nervous, hard-smoking type. I am, however, not in agreement with the opinion that chloroform or its mixtures should never be used to induce anaesthesia in these cases. On the contrary, my experience is that it is possible by means of chloroform, or a mixture of one part of chloroform to two of ether, followed by ether alone, to induce anaesthesia safely and quietly, and without that salivation and mucus secretion, so often seen when ether has been employed from the start. In my experience a preliminary hypodermic injection of morphine and atropine is not always necessary; indeed, it is not used as a routine in my cases. It is largely a question of technique. The practice should be to induce slowly, beginning with a vapour so weak that it is not unpleasant to inhale. The object aimed at is gradually to anaesthetize the nerve terminations of the respiratory mucosa, whereafter any strength of vapour can be presented, without intolerance on the part of the patient. Haste invites trouble and is extremely unpleasant for the patient, whose chances of satisfactory recovery are thereby prejudiced. The open inhaler of my design and described in *Anaesthetics in Dental Surgery* (Coleman and Hilliard), may be used, and upon the first sign of excitement or struggling a change should be made to a Carter Braine's modification of Ormsby's inhaler, not overcharged with ether, beginning with the air valve open, when almost immediately the patient passes quietly into deep anaesthesia.

I entirely agree with Dr. Mills that ethyl chloride is, in suitable cases, a most useful preliminary to ether, but I maintain that my method of using Braine's inhaler and continuing with ether in the same apparatus is even more simple than the practice advocated in Dr. Mills's interesting and instructive article.

HARVEY HILLIARD, M.R.C.S., L.R.C.P., D.P.H.,
Lecturer on Anaesthetics, Charing Cross Hospital
London, S.W.1. Medical School, etc.

AN EIGHT MONTHS' EXTRAUTERINE PREGNANCY.

On the evening of August 13th last I was called to see the patient, a married lady aged 32 years, who was a stranger to me. The history I obtained was that she had had two normal confinements, the last seven years ago. There had

been complete amenorrhoea since the end of December, with the exception of a slight brownish discharge in March, which lasted a few days, and at no time was there any expulsion of decidua. In February she went to a doctor, who treated her for colitis. Making no improvement, she consulted someone in May, who informed her that she was three months pregnant. After this she seems to have improved, although she continued to have frequent attacks of abdominal pain.

On my arrival she complained of frequent pains (pseudo-labour) which were very severe, urgent vomiting, and fainting attacks. On examination, the patient lying on her back, the abdomen was rather full and wide, but the anterior abdominal wall was straight, that is, was not pushed forward at any spot. Both flanks were resonant. In the middle line the percussion note was dull from the pubes to a spot midway between the pubes and umbilicus. In the hypogastrium was felt a small ill-defined swelling; the inability to define this swelling was largely, if not entirely, due to the abdominal tenderness. Per vaginam, Douglas's pouch was occupied by a diffuse swelling which felt like placenta. The posterior lip of the cervix was so incorporated into the swelling in Douglas's pouch that only the anterior lip of the cervix could be defined, and this was not soft. The os uteri, which was represented by a transverse slit, was not patulous. Per rectum, the head of the fetus was felt in Douglas's pouch above the mass which vaginally was considered to be placenta.

I may add that the diagnosis was verified by operation on August 15th, which the patient did not survive.

London, W.

A. T. NASH, M.D., R.U.I.

A CASE OF STATUS EPILEPTICUS.

STATUS EPILEPTICUS is the climax of epilepsy. In rare instances a patient, the subject of epileptic fits, has a series of fits rapidly following one another, which may last a few hours or a day or two, and never recovers consciousness in the intervals between them. The heart beats rapidly, respirations are quick, twitchings occur in the intervals of the convulsions, the temperature is high, and the patient dies collapsed.

On August 13th I had occasion to examine a man, aged 25, who had been the subject for many years of epileptic fits, and during the examination he had a typical epileptic seizure. The next day I was called to see him at his home, and was informed that he had had several fits during the night, but that there were periods of consciousness between the fits, when he seemed quite normal. Since early morning the fits had become more numerous and severe, without any conscious interval. I found him quite unconscious, slightly cyanosed, with rapid pulse, quickened respirations, and sweating profusely. The temperature was 102.5°. Convulsions would last for about a minute and be followed by relief, save for a few twitchings, but he never regained consciousness. The reflexes were absent, and he frequently passed urine into the bed, but not faeces. Each day he became weaker, and the temperature kept creeping up until, on the morning of August 18th, it was 104.3°. He was extremely collapsed; the abdomen had become distended and tympanitic. He began to vomit faecal matter, and died an hour later.

The case seems to be of interest on account of its rarity, sudden onset, its duration—nearly five days—and in the manner of its close. The patient, previous to August 13th, had enjoyed freedom from fits for four months, but had recently been working hard as a carter, and conceivably this might have been the predisposing cause of his last attack. His bowels were not moved during the illness, and this might have been the cause of the faecal vomiting. As a rule, in status epilepticus the reflexes are absent for a short period after a fit, but soon reappear. In this case they were constantly absent, probably owing to the rapidity with which one convulsion followed the other. Neither the inhalation of amyl nitrite, nor the injection hypodermically of atropine sulphate or hyoscine, seemed to control the convulsions.

Wrexham.

A. LLOYD DAVIES, M.B.

MAJOR EUGENE WILSON CALDWELL, of the United States Medical Reserve Corps, who died recently from the results of burns by x rays, left estate valued at more than £30,000 to Columbia University.

general on May 7th, 1888, and retired in 1892. He had a long list of war services. He served in the Crimean war at Eupatoria, in H.M.S. *Spiteful* at the bombardment of Kimburn and at the capture of Sebastopol, receiving the Crimean medal, with the clasp for Sebastopol, and the Turkish war medal. He next served with the marines in China, from 1857 to 1861, when he was present at the capture of Canton, the Taku forts, and Peking, at the unsuccessful attack on the Peiho forts, and in the actions of Sinho, Tongku, Chanchiawan, and Palikao, gaining the China medal with three clasps, being promoted to staff surgeon, and mentioned in dispatches. In the Abyssinian war of 1868 he was senior medical officer of H.M.S. *Octavia*, the flagship, and received the medal. In the Egyptian war of 1882 he served in the flagship, H.M.S. *Alexandra*, at the bombardment of the forts of Alexandria, when he got the medal with a clasp, the Khedive's bronze star, and the C.B. He subsequently filled the posts of deputy-inspector-general at Plymouth hospital from 1884 to 1886, and at Malta from 1886 to 1888, and of inspector-general at Haslar from 1888 till his retirement in 1892. He was created K.C.B. at the Coronation in 1911.

THE LATE DEVEREUX MARSHALL.—A Fleet Surgeon writes: The death of Staff Surgeon Marshall, R.N.V.R., will bring a feeling of bereavement to his former messmates. In my twenty or more years in the navy I have never met any man who so completely won the esteem and the really genuine affection of every one in his ship. It was to Marshall that we naturally turned when down on our luck. The depth and genuineness of his religious convictions influenced his whole life; he was a tender-hearted doctor; he loved his life at sea; he was father and mother to every youngster on board, and he had a very real influence on all who knew him. On that ghastly night following the landing at Gallipoli, he heard that an attempt was to be made to evacuate the wounded from the *River Clyde*. She was, at the time, under musketry fire from both sides, and the noise of it was not comforting, but though he had been at work continuously for eighteen hours and was quite exhausted he at once volunteered to go—and went.

Universities and Colleges.

UNIVERSITY OF LONDON.

The following awards have been made:

St. Mary's Hospital Medical School.—University Scholarship: Mr. R. Y. Paton (£52 10s.). Open Scholarships: Mr. R. M. Fry (£100), Mr. D. Levi (£50). Palmer Scholarships: Mr. R. W. Scarff (£25). Epsom Scholarship: Mr. J. A. Walker (£52 10s.).
University College Hospital Medical School.—The two Goldsmid Entrance Exhibitions have been awarded to Mr. H. Spibey and Miss J. K. Gatty.

London Hospital Medical College.—The "Price" and Entrance Scholarships in Science (£100 and £50) have been divided between Messrs. G. N. Golden, J. H. Andre, and K. W. Todd.

UNIVERSITY OF GLASGOW.

The following degrees were conferred on October 7th:

M.B., Ch.B.—*J. Nicol, †Elizabeth C. Loudon, †A. S. Strachan, †R. P. Smith, W. J. S. Cameron, A. C. Connolly, J. S. McL. Grey, Janet W. Hepburn, H. J. Hollis, J. P. Kilty, P. McDiarmid, Mary J. Macdonald, Maud E. D. Mackinnon, A. W. McRorie, Margaret G. McVey, I. L. Oluwole, Vida J. Perry, Marjory M. Scanlan, J. C. Vaughan, H. Wands, W. Young.

The Brunton Memorial Prize of £10, awarded to the most distinguished graduate in Medicine of the year, has been divided between Mr. J. Nicol and Mr. J. G. Harrower.

* With honours. † With commendation.

DR. JOHN DAVID WALTHER of St. Leonards left £34,226; **Dr. C. E. Glascott**, for thirty-five years honorary surgeon to the Royal Eye Hospital, Manchester, £18,621; **Dr. Richard Walter Owen Withers** of Weston Rhyn, Salop, £18,200; **Mr. H. Betham Robinson**, senior surgeon to St. Thomas's Hospital, £11,195; **Dr. Frederick Roberts**, £10,374; and **Dr. H. Macnaughton-Jones** £5,971.

The Council of National Defence of the United States has enlarged the scope of the Volunteer Medical Service Corps, making eligible for it all practitioners, including women, holding a degree in medicine from a legally chartered medical school, provided that he or she is not already commissioned in the Government service. It is estimated that more than 60 per cent. of medical practitioners will be required to remain at home continuing their ordinary professional work and caring for industrial workers.

Medical News.

A MEETING of the medical profession of the Home Counties has been arranged by the Metropolitan Counties Branch of the British Medical Association, to be held in the Toplady Hall (Whitefield's), Tottenham Court Road, on Tuesday next, October 15th, at 4 o'clock, when a discussion on the proposed Ministry of Health in its relation to the health of the people and the future of the medical profession will be opened by Dr. M. G. Biggs, president of the Branch, Major-General Sir Bertrand Dawson, G.C.V.O., and Dr. H. B. Brackenbury. At the close of the discussion resolutions, the terms of which were printed in the SUPPLEMENT last week, will be submitted to the meeting. It is hoped that all medical men and women will make an effort to attend.

THE annual general meeting of the Auxiliary Royal Army Medical Corps Funds will be held at 11, Chandos Street, W.1, on Friday, October 25th, at 4 p.m.

THE Royal Sanitary Institute will hold a discussion at the College of Technology, Manchester, on October 18th, at 6.30 p.m., on welfare work in factories and workshops, under the chairmanship of Dr. Philip Boobbyer, M.O.H. Nottingham.

THE Ingleby Lectures for 1918 before the University of Birmingham will be given by Dr. Peter Thompson, Professor of Anatomy in the University, on Thursdays, October 17th and 24th, at 4 p.m. The subject is "Some problems in embryology."

DR. MAGNAN, the distinguished French psychiatrist, left £1,000 to the Paris Academy of Medicine, to be applied to the foundation of a triennial prize for the best work on mental medicine.

THE annual meeting of the National Association of Insurance Committees will be held at the house of the Hearts of Oak Benefit Society, London, on Thursday and Friday next. Papers will be read, and a number of motions will be submitted by the executive council. One of them expresses the hope that substantial agreement may be obtained by the Ministry of Reconstruction in regard to the establishment of a Ministry of Health, and calls for immediate introduction of a bill as an urgent war measure. Another deplores the unsatisfactory housing conditions from which many tuberculous cases are taken to sanatoriums and to which they return. Still another motion favours the inclusion of maternity services within the range of medical benefit.

THREE Chadwick Lectures, illustrated by the epidiascope, on "The Story of a New Disease," are being delivered by Dr. F. G. Crookshank, at 5 p.m., on Thursdays, October 10th, 17th, and 24th, at the rooms of the Medical Society of London, Chandos Street, Cavendish Square, W.1. The first lecture dealt with (a) Chadwick and the study of epidemiology, (b) The Heine-Medin conception and synthesis, (c) Some Early English and Continental epidemics; Dr. W. H. Hamer took the chair. The second lecture will deal with (a) The "nervous feavour" of Thomas Wellis, (b) Spinal typhoid, (c) Epidemic encephalitis; Sir Richard Douglas Powell will take the chair. The third lecture will deal with (a) Raphania, (b) Botulism, (c) The theory of the Heine-Medin disease; Sir William J. Collins will take the chair.

THE Local Government Board in a leaflet dated October 2nd states that cases have occurred in which applications for the grant of exemption to a duly qualified medical practitioner have been made to the ordinary tribunals. Local and appeal tribunals are reminded that such applications must be made direct to the Medical Tribunal for England and Wales, at 429, Strand, W.C.2, specially appointed for the purpose; and if an application is made to an ordinary tribunal, it should be returned to the applicant with an explanation. Each practitioner is notified by the Ministry of National Service when his case comes under consideration as to the time within which an application for exemption may be made, and the application cannot be lodged until the notification has been received. A special form of application has been prepared for the use of medical practitioners which may be obtained by them from the Medical Tribunal at 429, Strand, W.C.2.

AN exhibition to illustrate women's work in war time was opened at the Whitechapel Art Gallery on October 9th. It has been arranged by the Women's Work Subcommittee of the Imperial War Museum, and we understand that some of the exhibits, notably a number of personal memorials of the late Dr. Elsie Inglis, are likely to find

a permanent place in that collection. Every phase of women's work is represented, including munition making and aircraft construction, but the work of the military hospitals and dressing stations occupies the major space and is illustrated chiefly by photographs and by small plaster models, extremely well executed, as well as by a display of the decorations which are open to women in the nursing services. The industrial exhibits include various kinds of protective garments for women engaged upon work which is dangerous either on account of machinery or the nature of the substances with which they have to deal.

At a meeting held at the Mansion House, London, three months ago, a London Memorial Fund was inaugurated for the purpose of establishing a chair of medicine in the University of Belgrade in memory of the late Dr. Elsie Inglis. The Serbian Minister of Education, M. Trifounovitch, recently said, addressing the Committee of the London Units of the Scottish Women's Hospitals: "Ladies, your friendship is, believe me, a great support in our advance towards our goal, towards the victory of Right, which will enable us to unite, to return to our ruined homes and to develop in peace, for we are a peace-loving people." It is hoped that the Fund may be complete by the time the victorious Serbs re-enter their capital, Belgrade. Of the £12,000 needed, more than £2,500 have been promised or subscribed. Further contributions should be sent to the Elsie Inglis London Memorial Fund, 66, Victoria Street, London, S.W.1. The joint treasurers are the Countess of Selborne and Miss Teresa Gosse.

The opening meeting of the thirty-seventh session of the West London Medico-Chirurgical Society was held at the West London Hospital on October 4th, when the retiring president, Dr. A. J. Rice-Oxley, inducted his successor, Lieutenant-Colonel E. M. Wilson, C.B., C.M.G., D.S.O., R.A.M.C., who presented to Dr. Rice-Oxley the Keetley Memorial Medal, and expressed the appreciation of the society for his work during the past session. Lieutenant-Colonel E. M. Wilson then delivered the presidential address on Ancient Physic. Beginning with trephining in the Stone Age, "to allow the escape of the evil spirit," he traced the development of medical art through the Chaldean and Egyptian epochs. Owing to the prohibition of the study of anatomy at this era, clinical knowledge made greater advances than surgical methods. It was doubtful whether Egyptian surgeons removed cataracts, although they probably operated for pterygium and pannus, whilst prescriptions for eye lotions and salves were frequent. The rudiments of public health were discoverable in the Mosaic Law, the connexion between mice and plague being indicated. Chinese and Indian medicine were then reviewed, the Hindus claiming that Hippocrates derived his knowledge from India. The change from superstition to rationalism was initiated by Pythagoras into Greek medicine. A vote of thanks to the president for his address was proposed by Major McAdam Eccles, seconded by Dr. Clippingdale, and carried by acclamation.

Letters, Notes, and Answers.

In order to avoid delay, it is particularly requested that ALL letters on the editorial business of the JOURNAL be addressed to the Editor at the Office of the JOURNAL.

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, *Atitology, 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.

CAPTAIN HARVEY BAIRD, M.D., R.A.M.C. (Ham Common), writes: With reference to the inquiry of "Hexamine" as to 10-grain doses of urotropin thrice daily harming the kidneys, I may say that in studying the effect of the drug in general paralysis I gave those doses for long periods to many paralytics, and have never observed any bad effects. My

observations were published in the *Journal of Mental Science*, January, 1913. In this hospital I have given hexamine 10 gr., thrice daily, in several cases with benefit.

DR. PERCY NEWELL (Margate) writes: In reply to "Custos" (BRITISH MEDICAL JOURNAL, October 5th, 1918), a 5 per cent. solution of aluminium acetate is surely too strong for burns. Usually a 1 per cent. solution is used. This is made by adding a drachm of the liq. alumin. acet. of the German Pharmacopoeia (which is 7½ per cent.) to an ounce of water. It is said there is no danger of poisoning from its use, but after some weeks it causes a ligneous hardness of the tissues. Twenty-four hours' immersion in normal saline solution largely removes this.

LETTERS, NOTES, ETC.

THE EXERCISE BLOOD PRESSURE TEST OF MYOCARDIAL EFFICIENCY.—A Correction.

DR. GORDON LAMBERT calls attention to an error in the line explaining the signs used in the charts illustrating his paper on this subject published in the JOURNAL of October 5th (p. 367). The sign at B indicates the pulse—not the diastolic pressure, which is indicated by the sign at C.

A1 AND C3.

DR. BINNIE DUNLOP (London) writes: The Prime Minister well said the other day that we cannot have an A1 empire on a C3 population. Then why aim at reproducing the race mainly from the C3 population? Why ignore that the survival rate (excess of birth over death rate) is limited by the food or trade rate, and that even in the prosperous years before the war it was only about 10 per 1,000 per annum? Alas! few people realize, as Sir James Barr seems to do, that most of the current reform proposals are strongly in the direction of taxing the A and B population to extinction—the population which has maintained the independence and prosperity of the medical profession—in order to enable the least fit C population to bring up families under better conditions. Fortunately for the race, however, there is at least a rapidly growing appreciation, on the part of those who work among the poor, of the direct benefits to women and children of a spacing out of births.

V.A.D. MEDICAL OFFICERS.

"V.A.D. MEDICAL OFFICER" writes to call attention to the lack of recognition of the valuable and arduous services given by medical officers to voluntary aid hospitals for wounded soldiers, and suggests that the British Medical Association should bring this matter to the notice of the war authorities. Our correspondent maintains that every medical officer of an auxiliary hospital should receive recognition according to his length of service, whether paid or unpaid, but voluntary work for a year or longer should be taken into special account. He deprecates the system of giving invidious distinctions to a few only of the many who have loyally performed these duties. In his opinion it is most unjust that while nearly every other war worker has received some sort of badge, the great majority of those who have undertaken the responsible and trying work of treating the wounded in the auxiliary hospitals should be left out in the cold.

LIQUOR CRESOL SAPONATUS (LYSOL, ETC.).

MR. SYDNEY DUNSTAN, F.C.S. (pharmacist to the Royal Victoria Infirmary, Newcastle-upon-Tyne), sends the following formula for making liquor cresol saponatus, which he devised and has had in use for over six years:

Cresol	...	...	...	...	...	50
Linseed oil	...	...	...	...	...	25
Caustic soda	...	...	...	...	...	q.s.
Distilled water to	...	...	...	...	...	100

He finds that this solution if properly made works very satisfactorily, both from a pharmacological and bacteriological point of view. The advantage is that soda is used in place of potash; the cost of the former is 1s. per lb., while that of the latter is 14s. The cost of the liquor in the *British Pharmacopoeia*, 1914, is, he states, approximately 12s. a gallon, and the revised formula published in the *London Gazette* of March 29th, in which linseed oil is used in place of castor oil, a little less. The cost of the formula he gives is 3s. 3d. a gallon. Another great advantage, he adds, is that potash is controlled and difficult to obtain, whereas the soda is not controlled and fairly plentiful.

SCALE OF CHARGES FOR ADVERTISEMENTS IN THE BRITISH MEDICAL JOURNAL.

	£	s.	d.
Seven lines and under	0 6 0
Each additional line	0 0 9
Whole single column	4 0 0
Whole page	12 0 0

An average line contains six words.

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 *postes restant* letters addressed either in initials or numbers.