

## Memoranda:

### MEDICAL, SURGICAL, OBSTETRICAL.

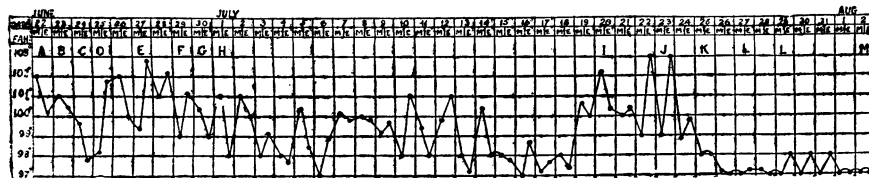
#### CEREBRO-SPINAL MENINGITIS TREATED WITH AUTOGENOUS VACCINE.

GEORGE L., aged 16, was admitted into Hitchin Rural District Isolation Hospital on June 22nd. He had been ill for one day, and on admission was very ill with delirium, severe pain and tenderness in the neck and head, retraction and rigidity of the neck.

During this and the following nine days lumbar puncture was performed six times, cerebro-spinal fluid drawn off, and serum injected. Urotropin was also given by the mouth. A pure culture of the meningococcus was obtained from the fluid. After a time he began to have haematuria and the urotropin was stopped.

For seventeen days after this the patient improved. Then his condition got worse and the temperature went up. Lumbar puncture was performed again, and more serum injected, but no marked improvement took place.

An autogenous vaccine was then kindly prepared for me by Captain Allan of the Lister Institute. As the patient's



A, Lumbar puncture, no fluid; 10 p.m., morphine gr.  $\frac{1}{2}$ . B, Morphine gr.  $\frac{1}{2}$  at 5 a.m.; in the afternoon, lumbar puncture, 20 c.cm. fluid withdrawn, 10 c.cm. serum injected. C, Morphine gr.  $\frac{1}{2}$  in the morning. D, Lumbar puncture, 30 c.cm. fluid withdrawn, 15 c.cm. serum injected. E, Lumbar puncture, 40 c.cm. fluid withdrawn, 15 c.cm. serum injected. F, Lumbar puncture, 20 c.cm. fluid withdrawn. G, Strychnine gr.  $\frac{1}{32}$  at 2 a.m. H, Lumbar puncture, 40 c.cm. fluid withdrawn, 15 c.cm. serum injected; perspiring. I, Lumbar puncture, 10 c.cm. fluid withdrawn, 10 c.cm. serum injected. J, K, Vaccine, 50 million. L, Vaccine, 100 million. M, Vaccine, 50 million.

condition was rapidly getting worse,  $\frac{1}{2}$  c.cm. of the vaccine containing 50 million was injected. This was followed by four other doses as shown by the chart.

After the second dose the patient made an uninterrupted recovery and was discharged quite well after ten weeks in hospital.

Those who watched this case had no doubt that the vaccine turned the scale.

Letchworth.

NORMAN MACFADYEN, M.B., D.P.H.

#### TREATMENT OF ANKYLOSIS OF THE ELBOW-JOINT.

SIR ROBERT JONES, in his book on *Injuries to Joints* (pages 100 and 101), lays down, I think, a rather too hard and fast line of treatment to be adopted in cases of injury to the elbow-joint, when ankylosis is likely to result—namely, that the angle of flexion of the forearm should be a little more than a right angle, say 100 degrees, and that the hand be supinated so that the palm faces upwards—that is, complete supination.

The angle of flexion will be generally accepted, but complete or nearly complete supination of the hand is, I contend, inadvisable in many cases in times of peace, and in a much larger proportion of cases in war time, when multiple injuries to joints and wounds necessitating multiple amputations are common. The question of supination or pronation, or rather the amount of supination or pronation, which should be aimed at becomes a question of much complexity and importance, and each case must be treated on its merits. The following case is a good example:

A. B. was very seriously wounded, and after about two years of unremitting care by the surgical and nursing staff he unexpectedly recovered, but with the loss of his right leg at the hip-joint, with bony ankylosis of his right elbow-joint, and the loss of his left hand at the wrist. A. B. is legally inclined and is right-handed. Present condition: Forearm flexed to an angle of 115 degrees and the hand is neither supinated nor pronated, the thumb faces directly upwards.

In this position he is able to write as he did before the wound, to reach and take hold of things on a table, to feed himself fairly well, to complete the toilet after the bowels

have acted, to manipulate the mechanism of his leg placed on the outside of the thigh piece. Though he has lost his right leg and left hand he is able to grasp a crutch or stick, bearing the weight on the palm of the hand—an important matter during the early stages of recovery. He cannot do his hair or button his collar.

A. B. and I are agreed that the usefulness of his right hand would have been very seriously curtailed had it been supinated. In writing, about 30 degrees of pronation can be obtained by abducting and carrying the arm forward, with rotation inwards.

Why should any one who is right-handed and whose only disability is ankylosis of the right elbow have to learn to write and to do shorthand with the left hand and at the same time be disabled for typewriting?

Streatham, S. W.

J. F. STEEDMAN, F.R.C.S. Eng.

#### SUCCESSFUL CAESAREAN SECTION FOR ECLAMPSIA.

I WAS much interested in Dr. E. W. G. Masterman's account of his case of Caesarean section for eclampsia, in the *JOURNAL* of September 28th, and venture to add a similar case to the records of this form of treatment.

On February 24th, 1913, in the early hours of the morning, I was called to a primipara pregnant eight months, said to be suffering from suffocation. On arrival I found her unconscious, and in a continued series of eclamptic fits, with hardly a minute's interval; labour had not begun, and there was no dilatation. I sent the husband for chloroform, which I administered, whilst he returned to the hospital for an ambulance. She was removed to the Carshalton and District Hospital under the anaesthetic, and put at once on the table. My colleagues Dr. Gripper and Dr. Passmore had arrived to assist.

I performed abdominal Caesarean section and delivered a dead baby; after removing the afterbirth and membranes I sewed up in the usual way. As the pelvis was normal, though the woman was very small in stature, I did not remove the tubes. The patient made an uninterrupted recovery, had no more fits, and left the hospital on March 27th, 1913.

I have since attended her in two ordinary confinements. I came to the conclusion that Caesarean section was very suitable treatment for eclampsia, and shall certainly perform it again in similar circumstances. I also think that it is called for in *ante-partum* haemorrhage in the latter months of pregnancy when there is little or no dilatation. I endorse Dr. Masterman's remarks and agree that the operation is quite straightforward, but decidedly consider that it is one of the major abdominal operations.

Wallington, Surrey.

A. Z. C. CRESSY, M.R.C.S., etc.

#### SOME USES OF MENTHOL.

SOME years ago I suggested that the vapour given off from crystals of menthol might be tried instead of various sprays, and would be more convenient, as they could be carried about in the pocket. The crystals should be ground and kept in a tin box in the waistcoat pocket, so as to be ready for use when the nasal respiration becomes difficult and troublesome. All that is required is to wet the fore or little finger so as to get a small quantity of menthol to adhere to it, and then rub the inside of the nostril as far only as the edge of the cartilage. After this a forced nasal expiration should be made so as to get rid of any loose crystals, and in about a minute the air passage will feel quite free. There is little or no reaction as a rule.

Ground menthol is also particularly useful in the treatment of inflamed sebaceous follicles; it should be rubbed in with a damp finger, and the inflammation will subside in from twenty-four to forty-eight hours.

In nasopharyngeal irritation strong peppermint lozenges I found in my own case particularly useful.

Bexhill-on-Sea.

F. P. ATKINSON.

DR. WALTER FREDERICK DE WATTEVILLE, who had practised at Kingussie, N.B., for thirty-five years, died on October 3rd, aged 60. He was a native of Berne, Switzerland, and received his medical education at Edinburgh University. He took the diplomas of L.R.C.P. and S. Edin. in 1882, and graduated M.B., C.M. Edin. in 1883, taking the M.D. with commendation in 1902. He took great interest in the open-air treatment of tuberculosis, and was medical director at the Grampian Sanatorium for Open-air Treatment of Phthisis. He also held the appointments of assistant medical officer of health for the Badenoch district, visiting physician to the District Infectious Diseases Hospital, and medical officer to the Post Office. Dr. De Watteville was a member of the Inverness Division of the British Medical Association and of the Medico-Chirurgical Societies of Edinburgh and Aberdeen.

DR. ROBERT MUNN GILCHRIST, who had been in practice for forty years at Bolton, died on September 15th, aged 62. He studied medicine at Glasgow University, and graduated M.B., C.M. in 1880. As a member of the Bolton Board of Guardians for fifteen years he rendered valuable services. Early in July, when influenza was epidemic in the district, Dr. Gilchrist became a victim, and this aggravated a heart affection from which he had previously suffered. He leaves a widow and three young sons. Dr. Gilchrist was a member of the Bolton Division of the British Medical Association.

## Universities and Colleges.

### UNIVERSITY OF CAMBRIDGE.

THE following candidates have been approved at the examination indicated:

SANITARY SCIENCE.—Captain A. Grant, R.A.M.C., Joan Hardy, Captain W. A. D. King, R.A.M.C., A. D. MacMahon, Mary H. Routledge, Hilda M. Scarborough, P. Stocks, Shankarlal Vaidya, J. D. Whitfield, Staff Surgeon J. H. Wright, R.N.

### UNIVERSITY OF EDINBURGH.

THE following degrees were among those granted at the graduation ceremony in the M'Ewan Hall of the University of Edinburgh on October 11th:

M.B., CH.B.—Catherine J. Anderson, Gladys C. Carleton, A. B. Grant, Han Hoe Lim, M. Lipschitz, Akinola Maja, M. Sash, E. B. Theunissen.

The Principal in the course of his address referred to the new chairs in therapeutics, tuberculosis, and in French, and mentioned the agreement between the Scottish universities as to the manner in which students should be tested before entering the university. It was hoped that in future at least a large proportion of the students would bring certificates of a proper course passed in the secondary schools. The university now had an important department for the training of disabled and discharged officers; these special courses were now being attended by seventy, and it was certain that this was but the beginning of what was going to be a great piece of work for universities in the immediate future. Enrolments of students were now definitely on the up grade. Compared with the corresponding date last year, there was an increase of 259 men and 64 women matriculated, bringing the total numbers to 1,474, as compared with 1,100 last year at that time. That was a definite indication that the tide had turned. It was particularly in medicine that the increase had taken place, but it was also to a great extent in science, and they now had women entering for such subjects as engineering, agriculture, and forestry. The university finances, Sir Alfred Ewing observed in conclusion, were in an extremely unsatisfactory state. Although they had been practising all the economy they could, they found themselves obliged to find a much larger sum in each year. In future they must expect to meet large expenditure if they were to bring the university into a condition that would fit it to occupy the part it ought to play in the work of reconstruction. They and the other universities would have to make a special appeal to the Treasury for Government aid. Any such appeal would only be successful if the university was able to show that it was receiving large help from non-Government sources.

### UNIVERSITY OF GLASGOW.

THE following candidates have been successful at the examinations indicated:

M.B., CH.B.—*Medical Jurisprudence and Public Health (New Regulations)*.—J. S. Aitken, T. Anderson, A. K. Begg, D. MacC. Blair, A. D. Brown, \*J. G. Coltart, A. C. Connell, J. L. Cowan, R. A. Forsyth, M. F. Gibson, J. A. M. Hall, J. Hewitt, J. Hill, S. H. W. Douglas, M. Lindsey, W. W. Lundie, W. S. McIntyre, P. A. Mackay, M. S. Molema, J. B. Morrison, J. W. Morton, D. J. Nicol, A. G. Petrie, J. Pollock, P. C. Rankin, H. A. Ross, W. Scott, A. Strang, D. M. Watson, R. K. Watt, \*Whitelaw, Christine C. Abernethy, Grace H. Anderson, Marjorie M. Anderson,

Susan S. Bryce, Annie B. Cameron, Elizabeth P. Cameroun, Edith Chalmers, Mary T. L. Clark, Emily L. Clow, Veronica C. J. Davies, Louise Denil, Edith D. Dobbie, Charlotte A. Douglas, Margaret H. Grant, Helen Hogg, Margaret Logan, Alice M'Elwee, Alice M'Glashan, Evelyn O. MacD. MacGregor, Ellen T. MacKenzie, Annie I. O. MacLardy, Margaret E. MacLaran, Caroline J. MacLennan, Agnes H. Macwhirter, Georgina Murdoch, Margaret M. Paterson, Louisa E. Pigeon, Katherine O. Robertson, Margaret N. Robertson, Eliza D. Sandison, Catriona Sinclair, Elaine B. S. Stocquart, Muriel A. Stowe, Jean B. Thomson, Marion Thomson, Helen B. Wilson. (*Old Regulations*).—J. Connal, J. B. O'Neill.

\* With distinction.

### ROYAL COLLEGE OF SURGEONS OF ENGLAND.

A quarterly Council was held on October 10th, when Sir George Makins, President, was in the chair.

*Roll of Fellows*.—A report was submitted by the Library Committee upon the Librarian's services in preparing a roll of the Fellows, for which he had written about 1,410 lives up to the present time.

*Jenks Scholarship*.—Mr. Thomas Haines Sims was nominated as the twenty-sixth Jenks scholar.

*Ministry of Health*.—A letter (July 26th) from the Medical Secretary of the British Medical Association was read, reporting the resolution unanimously passed by the Annual Representative Meeting of the Association on July 25th, asking for the co-operation of the Royal Colleges in formulating a scheme for the establishment of a Ministry of Health. It was agreed that the co-operation of the College should be given.

*Bradshaw Lecture*.—The Bradshaw Lecture will be given by Mr. D'Arcy Power on November 14th, at 5 p.m. The subject is cancer of the tongue.

## Medical News.

ON October 12th—the third anniversary of the execution of Nurse Cavell by the German military authorities in Belgium—Queen Alexandra opened the Cavell Memorial Home at Norwich and unveiled a bust. Queen Alexandra said that it was most fitting that the county to which Nurse Cavell belonged should have instituted the home, which would be the mother house of similar institutions throughout the empire.

FOUNDER'S DAY at the National Hospital for the Paralysed and Epileptic, Queen Square, Bloomsbury, W.C., will be celebrated on Monday, November 4th. The proceedings will begin with a short service in the hospital chapel at 3 o'clock, when the Master of the Temple will give an address.

AT the first scientific meeting of the Zoological Society of London for the present session Professor H. M. Lefroy will read a paper, illustrated by lantern slides, on the wheat weevil in Australia, which has done so much damage to the stores of the Wheat Commission. The meeting will be held on Tuesday next at 5.30 p.m. at the offices of the society, Regent's Park.

PROFESSOR SELSKAR M. GUNN, one of the associate directors of the American Commission for the Prevention of Tuberculosis in France (the Rockefeller Foundation), will give a lecture, illustrated by lantern slides, at the annual meeting of the National Association for the Prevention of Consumption and other Forms of Tuberculosis, on Tuesday, October 29th, at 4 p.m., at 20, Hanover Square, W.1. He will show the methods the Commission is using in France. Tickets of admission can be obtained from the secretary of the N.A.P.C., 20, Hanover Square, W.1.

PROFESSOR HENRI L. JOLY will give a course of three public lectures in English on France's share in the progress of science, at University College, London. The first lecture, on October 22nd, will deal with mathematics, astronomy, and physical science; the second, on October 29th, with chemistry and the natural sciences; and the third, on November 5th, with biology and the medical sciences. The lectures, which will be given at 5 p.m. on each day, will be open to the public without fee or ticket.

THE total number of students of medicine enrolled in the five universities of Switzerland in the summer semester of 1918 was 1,725. They were distributed as follows: Bale, 220 (174 Swiss, of whom 15 were women, and 46 foreign, of whom 4 were women); Berne, 385 (242 Swiss, of whom 29 were women, and 143 foreign, of whom 16 were women); Geneva, 381 (163 Swiss, of whom 16 were women, and 218 foreign, of whom 58 were women); Lausanne, 225 (159 Swiss, of whom 13 were women, and 66 foreign, of whom 16 were women); Zurich, 504 (350 Swiss, of whom 56 were women, and 154 foreign, of whom 16 were women).