

had been blown away. He was given saline hand baths and boracic fomentations. After about six weeks the wound had healed; he was sent to a convalescent hospital for three months and during that time he was given massage and faradism to the muscles of his forearm. On his return to this hospital I operated upon his hand,



making an incision from two inches above the posterior annular ligament to the knuckles. The remaining portion of the extensor tendons were involved in scar tissue, and it was somewhat difficult to dissect them out.

A flap of the tendon of the extensor communis digitorum was brought down from above the ligament, which was not interfered with, and at its distal end was split into three parts and stitched with silk to the cut tendons of the three inner fingers. To prevent the newly constructed tendons becoming adherent to the scar and surrounding tissues thick catgut was wound round each tendon as far

up as the annular ligament, as seen in the accompanying drawing. The wound was then stitched up with salmon gut and the hand placed on a flat splint. Three days after the operation the splint was removed and the patient allowed to move his fingers slightly. A fortnight later faradism was applied to the muscles of the forearm, and it was found that the extensors of the fingers were working well.

The incision healed by first intention, but ten days after the operation a small quantity of pus discharged from one of the stitch holes; this soon stopped, and seems to have had no detrimental effect on the result of the operation, which has been excellent. The patient can now fully extend and flex all his fingers.

For permission to report on this case I am indebted to Mr. S. H. Burton, F.R.C.S., senior surgeon of this hospital, under whose care Pte. J. B. was admitted.

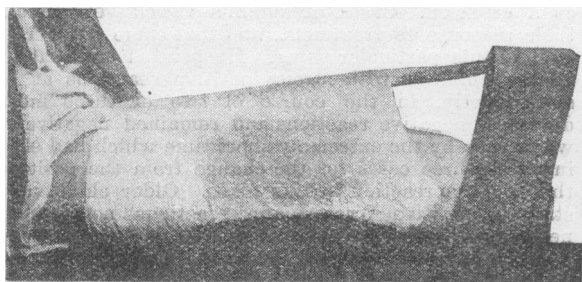
Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

FLEXED KNEE-JOINTS IN BELOW-THE-KNEE STUMPS.

THE most effective method of extending knee-joints that have become flexed and fixed after amputation is shown in the accompanying illustration. It has been used at the Pavilion General Hospital for Limbless Men at Brighton during the past year.

It consists of a plaster-of-Paris saddle with a light pommel, along the back of which a wooden spreader is fixed by enclosure in the plaster bandages. Part of the girth behind the thigh is cut away to admit of the limb being withdrawn upon occasion, though this may not be necessary, as it should be worn continuously.



A Martin's rubber bandage is, when the cast is dry, wound round the stump and the end of the spreader as firmly as the patient will permit. The distal edge of the bandage should encroach on the ends of the stump and the spreader, in order to prevent the bandage slipping upwards.

It should be worn day and night until the joint yields, which it usually does more rapidly and effectively than by

any other method we have tried. The action of the rubber bandage is continuous, and muscle resistance is tired out and defeated, especially at night.

W. A. CHAPPLE, M.D., Ch.B., M.R.C.S., D.P.H.,
Brighton. Major R.A.M.C.

SUPRAORBITAL ZONA.

IN reviewing this subject one is often struck with the more or less casual way it is discussed, orally or in the books. It merits more attention. It is so different a complaint in the child, the young adult, the middle-aged, and the old. In the child and young adult it is seldom at all serious; in the middle-aged it is oftentimes very serious.

The intense pain of the onset, the possible blindness, the constitutional depression and weakness during the attack, the severity of the pain left, which may last for years, the scarring—all make this disease in the middle-aged and old an anxiety.

The following is a case in point:

A. C., a delicate woman aged 44, in April, 1909, had her abundant hair cut rather severely. From that day until a month later she felt the chill of wind through the hair; then severe headaches set in of a neuralgic type all over the head, with a sense of weight on the top; this state continued until the end of October, nearly seven months after the haircutting; the pain then became limited to the left half of the head, and was very intense. In the middle of November a rash appeared on the forehead at the margin of the hair and on the forehead itself; it consisted of small vesicles, which rapidly passed into large bullae, becoming puriform, and breaking down at once, the base showing a necrotic condition. The general health was not good, owing to depression and the weakness from loss of rest due to the intense pain. There was much pain in the eye and down the side of the nose. The necrosed spots were treated with a hot solution of glycothymoline applied on lint, changed every half-hour. In about six hours all the bad spots seemed to have taken on repair and the application was ordered to be continued every two hours for another twelve hours; the subsequent treatment was a simple unguent. During the hot applications the pain much decreased, but as the spots got better the patient complained of haziness of the sight and there was increased tension of the globe. Eserine was at once used, and in two days the tension fell, but there was now some iritis, which under the usual treatment subsided. The subsequent history was uneventful. The scarring is bad, and on the slightest drop in health there is pain in the forehead. I suggested electric vibratory massage over the left side of the head, which gave much relief, and it was applied later to the eyebrow with excellent effect.

Drugs are of no avail in removing the after neuralgia, which I have known patients to suffer from for years, but I venture to think that in electric vibratory massage we have a means of giving great relief if not producing cure.

Bodicote.

F. B. JUDGE BALDWIN.

AN EARLY SIGN OF HEART INCOMPETENCE.

CLINICALLY, one is often thankful for small hints, and the earlier the sign of impending trouble the greater should be its value. For this reason I think pitting of the heels is worth looking for when we might expect but fail to find oedema over the tibia or dorsum of the foot. Slight pitting of heels appears from my observations to be very common in elderly adults, but when it is marked, and the pulse pressure is found to be, perhaps, 100 or 110 only, then the heart is not doing its work as it should. The other factors in blood pressure, apart from inefficient action of the heart, should of course be taken into consideration, and lowered arterial tonus, if uncompensated by more vigorous heart action, might account for a tendency to oedema not primarily cardiac. It is only suggested that this sign may be of use where more obvious indications of a faulty circulation have not yet appeared.

Fouriesburg, O.F.S.

FRANK ELVY.

THE American Red Cross Society has established a general dispensary and hospital, with a children's clinic, in Jerusalem, and has taken over two orphan asylums with four hundred children.

Colonel Harrison leaves a widow and one son; his eldest son was killed on July 30th, 1916, in the battle of the Somme. The funeral took place with military honours at Brompton Cemetery on November 8th. Among those who attended were the chief officer Home Forces Anti-gas Department, the deputy director Chemical Warfare Department, the commandant of the R.A.M. College (Sir David Bruce), and the officer commanding Queen Alexandra Military Hospital, Millbank.

The Superintendent of the Anti-gas Department (Lieut.-Colonel H. S. RAPER, R.E., D.Sc., M.B.) writes of Harrison: His untimely death removes one who would certainly have come to take a very high place in the chemical world, and it is a great calamity that his services will not be available when the time for reconstruction comes. He was held in great personal esteem and affection by the officers and men under his command. To his consummate ability and readiness to give the benefit of his advice and assistance was joined a devotion to duty which was far above the ordinary. Those who served under him will always hold as a cherished memory his shining example.

Dr. ALFRED COX writes: The death of Colonel E. F. Harrison is a great blow to all who knew him. When he joined as a private we felt it was just the thing he would feel bound to do; but mingled with our admiration for his pluck was regret for the apparent waste of a good man. But when we found that the War Office had recognized his great gifts and put him in a position where he could use them, we rejoiced, for we knew he would "make good." It was a great pleasure to see his rapid advancement. He has gone at the moment of that victory which in his own sphere he did so much to secure, and mingled with our bitter regrets at his loss is a feeling that it is not an unfitting end for one so devoted to duty. Harrison was a man who without any effort impressed everyone he met, for his sterling character, his directness, his modesty, his knowledge of his speciality, above all his thoroughness, were obvious. I met him first nearly twenty years ago, when he was with a well known firm of chemists in the North of England, lost sight of him for a few years, and was delighted to renew our acquaintance when I came to London and found he was a successful man with a unique position in his own profession, and was doing the analytical work in connexion with the Association's *Secret Remedies*. I saw a good deal of him in connexion with our evidence before the Select Committee of the House of Commons on "Patent Medicines," where he was our chief witness, and it was manifest that the scientific scrupulousness with which he had prepared his case and the transparent honesty with which he presented it made a deep impression on the committee. As a witness he was cool, careful, candid, yet very acute, and, above all, master of his subject. He withstood most successfully a searching cross-examination, which extended over three sessions, and it was undoubtedly largely due to his evidence that the committee came to such definite conclusions, and issued such a strong report. He is a great loss to the Association and to his profession. I cannot refrain from adding a word of sympathy with the Pharmaceutical Society, of which in various capacities he was so distinguished a member. It must be a great consolation to them that they did not, as so frequently happens, wait until after his death to show how they valued him, but on many occasions gave evidence of their appreciation of a good man and sound scientist, always ready to serve the profession in which he was an outstanding figure.

PLANS and photographs of a surgical airplane designed by MM. Nemirowski and Tilmant were exhibited recently to the Paris Academy of Medicine by Dr. Walther, who said that the inventors had been guided in their researches by the late Professor Pozzi. The airplane can carry a surgical squad of three, a complete radiological installation comprising a table for operation under the x ray, with sterilized apparatus, instruments, dressings, and blouses in sufficient quantity for the performance of eight urgent operations. The material for the first "aéro-chir" has been constructed, and the airplane for which it is intended—a modified bombardment machine—is ready. On the initiative of Dr. Stepinski, Director of the Polish Medical Service, a committee has been formed to offer the French army a first group of machines of the kind, to be called "The Pozzi squadron."

Universities and Colleges.

UNIVERSITY OF LONDON.

A MEETING of the Senate was held on October 23rd. The regulations for external students in the Faculty of Medicine were amended by fixing the fee to be paid by candidates for the M.D. degree at 20 guineas for the first entry in any one of the six branches of the examination, and at 10 guineas for the examination in any second branch.

Sir Bertrand E. Dawson, G.C.V.O., C.B., has been elected Dean of the Faculty of Medicine for 1918-20.

SOCIETY OF APOTHECARIES OF LONDON.

THE following candidates have been approved in the subjects indicated:

SURGERY.—*M. Girgis, *O. Halstead, †W. H. Haupt, *D. Menzies, *G. E. Spero, *T. C. Stephen.

MEDICINE.—*M. Ibrahim, *T. A. Jordan.

FORENSIC MEDICINE.—C. R. Corfield, I. R. Florence, H. B. Hyde, G. F. Smith, T. C. Stephen, J. L. Walker.

MIDWIFERY.—G. M. Beaven, C. R. Corfield, H. D. L. Jones, S. H. Robinson.

* Section I.

† Section II.

The diploma of the Society has been granted to Messrs. O. Halstead, W. H. Haupt, and T. C. Stephen.

Medical News.

AMONG those elected to the council of the Royal Society at the anniversary meeting were Colonel Sir W. B. Leishman, C.B., Dr. W. H. R. Rivers, and Professor E. H. Starling.

THE next quarterly meeting of the Medico-Psychological Association will be held at 11, Chandos Street, London, W., on November 26th. The report of the Lunacy Subcommittee will be read and its adoption moved. A paper on the interdependence of the sympathetic and central nervous systems will be contributed by Dr. David Orr and Lieut.-Colonel R. G. Rows, R.A.M.C.

IN a paper read on October 15th before the Swedish Medical Society, Dr. A. Josefson, in charge of Provisoriska Sjukhuset and the organizer of the Stockholm tuberculosis dispensary system, outlined the measures he considered most essential for combating the epidemic of influenza. As illustrating the conditions obtaining in Stockholm he cited the case of a gas inspector who found in a working man's home father, mother, and one child dead in their beds and three other small children alive but terrified and helpless. Dr. Josefson's scheme was an elaborate dispensary system devoted solely to the epidemic. He would have all workers in it compulsorily insured against sickness without cost to themselves. To the dispensary as a centre cases requiring assistance would be referred by doctors and others, and at it a staff of doctors, nurses, and other workers would be available for attendance on the sick in their own homes. In the choice of workers preference should be given to persons who had previously had the disease. Sisters of Mercy and other voluntary workers could be enrolled, and funds provided to supply milk and the necessities of life to the destitute. An important function of the head of the dispensary would be instruction of his staff to avoid infection by the use of face masks and other measures.

A MEETING of the London Association of Medical Women was held at the Medical Society of London on November 5th, Lady Barrett, the President, being in the chair. The President introduced the subject for discussion—"The retention of 40 D and allied subjects"—and read the report of the subcommittee of the Federation of Medical Women which has been considering the subject. A discussion followed, in which Miss Aldrich-Blake, Dr. Thornett-Johnson, Dr. Helen Chambers, Dr. Fairfield, Dr. Roberts, Dr. Rawlins, and others joined. The discussion was adjourned, the date to be fixed later.

LORD BURNHAM has accepted the post of trustee of the Royal Dental Hospital, Leicester Square, in conjunction with Lord Kinnaird and Mr. F. A. Bevan, in place of the late Mr. Richard Winch. The hospital has received a donation of £300 from Queen Alexandra's Special List.

A NEW grade of medical officer with the title of Surgeon-Major-General has been established in the Italian navy. It is equivalent to the rank of Rear-Admiral (Sottammiraglio). A corresponding rank with the title of Brigadier-General was recently established in the medical service of the army.