

he said, were aggravated many times during the day and once or twice at night while asleep, by any sudden turning of the leg outwards. His troubles were annoying rather than disabling.

He had been examined with great thoroughness and treated at several hospitals in an endeavour to diagnose his condition, which was suspected to be obturator hernia, but clinical methods had failed to bring about an accurate diagnosis, and his symptoms were unrelieved.

I decided that the obturator foramen should be explored, and adopted the following method of approach as causing the least disturbance to tissues and structures.

An oblique incision was made parallel to and just above the inner end of Poupart's ligament, exposing the external abdominal ring and the attachment of the external oblique aponeurosis to Poupart's ligament. The aponeurosis was incised in the line of the skin incision and the upper part retracted. The spermatic cord was also drawn upwards out of the way and the external iliac vein and the femoral ring defined. With deep retractors the peritoneum was pushed upwards from the pubic bone, when, about one inch behind the femoral ring, could be seen and felt the obturator foramen, through which the obturator nerve disappeared into the thigh after running along the wall of the true pelvis in a conspicuous manner.

The sac of the hernia was drawn from the foramen without difficulty and its obliteration was assured by this approach.

The above method is eminently suited for this class of case, but would not be recommended for strangulated obturator hernia, because it could not be diagnosed clinically with certainty as the origin of the mischief. Such an abdominal catastrophe would call for laparotomy in order to elucidate and treat the cause.

PERFORATED DUODENAL ULCER IN A MAN OF 83: OPERATION: RECOVERY.

BY

HERBERT H. BROWN, M.D., F.R.C.S.,
SURGEON TO THE EAST SUFFOLK HOSPITAL.

In each of the two successful cases of operation for perforated gastric ulcer recorded by Captain E. Huntley, R.A.M.C., in the JOURNAL of July 12th, the operation was performed within a few hours of the perforation, and he emphasizes the importance of operation at the earliest possible moment.

The following case was remarkable from the fact that the perforation occurred when the patient was more than 80 years of age, and I attribute the successful result mainly to the fact that I was able to see him soon after the occurrence, and operate within a few hours.

He was a fairly healthy old man and active for his years. On June 30th he was suddenly seized with very severe pain in the upper part of the abdomen, and vomited almost immediately, bringing up nearly two pints of fluid material. When I saw him, about 6 p.m., he was suffering great pain; the abdomen was very rigid but not much distended, and the liver dullness had not disappeared. I gave morphine gr. $\frac{1}{2}$ and arranged for his transfer to a nursing home.

On opening the abdomen at 9 p.m. only a few bubbles of gas escaped; there was a moderate amount of greenish fluid in the upper part of the abdomen, but no peritonitis. There was no fluid in the pouch of Douglas. A perforation was immediately evident on the anterior surface of the duodenum close to the pylorus. The edges were indurated, and apparently the ulcer was of some duration. It was closed with two layers of sutures, and posterior gastro-jejunostomy performed. A pint of food was introduced into the jejunum before the first row of sutures was completed. A drainage tube was left in the wound, extending to the site of the ulcer, but no other drainage seemed necessary. The tube was removed after forty-eight hours, and the patient made an uninterrupted recovery. I started feeding him with peptonized milk within twenty-four hours of the operation.

Captain Huntley mentions that in neither of his cases was irrigation of the abdomen performed, and expresses the opinion that in early cases irrigation may possibly do more harm than good. I would go much further than this. I believe that in no case, early or late, should the abdomen be irrigated, and that this applies to all forms of septic peritonitis.

In the early days of operation for perforations irrigation was the rule, but since it has become the general custom to mop out the superfluous fluid, drain the pouch of Douglas, and sit the patient up in the Fowler position, the prognosis has become far more favourable. This has been attributed to the shock, so called, of flushing the abdomen, to the diffusion of the septic material, etc.; but flushing the abdomen does not in itself cause any perceptible shock.

In cases of ruptured pregnant tubes the abdomen, which is full of blood, may be flushed out with large quantities of normal saline solution with only beneficial results.

I think the explanation is simple. With the onset of peritonitis an inflammatory reaction in the serous membrane is set up, the vessels are engorged, serum is poured out in quantities into the peritoneal cavity highly charged with leucocytes, which attack the deleterious organisms, and the result of the combat is the lymph and purulent fluid which are so evident. The osmotic current is from the circulation to the peritoneal cavity, and only to a moderate extent are toxins absorbed back into the circulation. But when we replace this fluid with normal saline we leave in the abdomen a large quantity of fluid highly charged with toxins which it has dissolved, and this fluid is rapidly absorbed into the circulation, carrying the toxins with it.

Memoranda: MEDICAL, SURGICAL, OBSTETRICAL.

ENLARGEMENT OF ADRENAL IN STARVATION. WHILE working as a prisoner of war behind the German lines in a prisoners' hospital laager it fell to my lot to carry out several autopsies on British and allied soldiers who died in the laager. Many batches of prisoners arrived from neighbouring working parties, where they had been systematically underfed, and had been worked until they were physically prostrated. From each batch some members died a very short time after admission. I was greatly impressed, in carrying out autopsies on these emaciated cases, by the size of the adrenal glands. In a series of eight cases of death from underfeeding the adrenals were definitely enlarged, almost to half as large again as normal, and the enlargement seemed, from naked-eye appearance, to be mostly in the cortex. Unfortunately there were no facilities for microscopy.

It would appear that the adrenals had hypertrophied to counteract the low blood pressure produced through insufficient nourishment. Perhaps this observation may lead others who have occasion to examine *post mortem* cases of extreme emaciation to pay special attention to the adrenal glands.

CHARLES H. C. BYRNE,
Queen Alexandra Military Hospital,
Millbank, London, S.W.1.

Captain R.A.M.C.

IODINE IN VARICELLA.

ONE of the worst effects of chicken-pox is the scarring, particularly on the face. These scars are invariably caused by the pocks becoming secondarily infected; irritation is set up, and the patient cannot refrain from scratching, with the result that a permanent scar is formed, and the course of the disease greatly prolonged.

For some time past I have made it a rule to treat all these cases with iodine. From the first I give instructions that every vesicle shall be painted twice, or at least once, a day with tincture of iodine, applied with a small camel-hair brush. The result fully justifies the slight trouble involved, for not only is secondary infection prevented, but (perhaps in consequence) the itching, which in some cases is so intolerable, is almost entirely prevented; the pocks heal more quickly; the duration of the disease, and so the infectious period, is materially shortened; and scarring is entirely absent if the treatment is conscientiously carried out.

I always advise that not more skin than possible be painted, only the vesicles themselves; I have not seen irritation set up even in cases with a large number of pocks.

Cheam, Surrey. CHARLES CORBEN, M.D., F.R.C.S.E.

COLLOSOL MANGANESE IN ANAEMIA.

FOR the last two years I have been using injections of collosol manganese (1.0 c.cm.) in cases of anaemia in which the patient had a definite intolerance of iron. The results have been exceedingly good and the improvement in the women's general health marked. In several of the cases I commenced the manganese treatment for the relief of boils from which the patient suffered, and found that as

the boils or pustular eruptions disappeared the anaemia rapidly improved. I have tried it also in other cases in which a great tendency to constipation contraindicated the use of iron, and in these instances the results were equally good.

London, W.

E. B. TURNER, F.R.C.S.

RUPTURE OF OVARIAN CYST DURING PREGNANCY: OVARIOTOMY: PREGNANCY NOT INTERFERED WITH.

On March 3rd, 1919, I was called to see, in consultation with Dr. McArthur, of Gardenstown, Mrs. T., aged 39, an 8-para.

She had had amenorrhoea for eight months and considered herself pregnant, but during the whole of the pregnancy she had been much bigger than in her previous pregnancies. About eight weeks before I saw her she had been seized with acute pain in the right side, after which the abdomen had rapidly become more distended. It was now so distended that she could not walk about and had been lying in bed for over a week.

Examination of the abdomen revealed free fluid, but nothing more could be made out. The heart seemed to be quite normal and she was passing a normal quantity of urine which was free from albumin.

I decided to tap the abdomen to relieve the extreme distension, and withdrew 16 gallons of fluid which had all the appearances of ovarian cyst fluid. The uterus could now be felt lying well to the left side of the abdomen and apparently about the size of an eight months' pregnancy. Occupying the whole of the right half of the abdomen was a cystic swelling which could not be displaced.

A week later she was removed to hospital, and I operated on her on March 13th through a right pararectal incision. The tumour was a large multilocular cyst of the left ovary, the pedicle being twisted and lying compressed between the uterus and the promontory of the sacrum; a rent was discovered in its outer wall where it had evidently ruptured. The cyst and contents remaining after removal weighed 17 lb.

The patient made an absolutely uneventful recovery, in spite of the fact that the news of her husband's death had to be broken to her on the sixth day. On April 18th she was delivered naturally of a full-time living child after a short labour of three or four hours. The child weighed 7 $\frac{1}{4}$ lb.

I have reported this because of the following features: (1) The rapid growth of the cyst during pregnancy; the abdomen had not been noticeably big prior to this pregnancy. (2) The spontaneous rupture, which is comparatively rare; M'Kerron found it to occur in only 2.3 per cent. of the cases which he collected. (3) The enormous size of the cyst and the huge quantity of free fluid in the abdomen. (4) The very satisfactory result, inasmuch as the pregnancy was unaffected by (a) the torsion and compression of the pedicle, (b) the rupture of the cyst, and (c) the operation.

Banff.

W. MANSON FERGUSSON.

PEDICULI OF THE EYELASHES.

The following note may be of some interest to students of parasitic skin diseases.

L. N. T., aged 2 years, was brought to my consulting room with a maternal statement that insects were crawling on her eyelashes. On careful examination with a lens I could see on the upper eyelashes of the left eye a number of "nits" and three or four pediculi in active movement. With some difficulty I removed a couple of small parasites which under the microscope proved to be a male and female specimen of *Pediculus capitis*. The hair was quite free from infection, and all knowledge of disease there was denied, but I strongly suspected that there had been a "spring cleaning," and that one or two ova had fallen on to the lashes, become adherent, and provided the colony I discovered.

A weak nysol solution and ung. hyd. ammon. dil. soon destroyed both parasites and ova.

Hove.

A. A. HILL, M.D.

LIQUID PARAFFIN FOR DISINFECTING NEEDLES AND SYRINGES.

Liquid paraffin (B.P.), which boils at 360° C., is very convenient for disinfecting needles and syringes used for

exploring purposes, for withdrawing blood, and for giving intramuscular injections, etc.

A simple method is to heat the upper part of a test tube three-quarters full of liquid paraffin until currents appear (indicating a temperature of about 150° C.) or rather longer, draw the heated fluid at once into the syringe until it comes into contact with the whole of its interior, and then eject it.

The advantages are the rapidity and simplicity with which complete sterilization can be effected at the bedside and the absence of deleterious effect on the needle, which, if always disinfected and cleaned in this way, never rusts, but remains patent and useful as long as it can be kept sufficiently sharp. The method is particularly useful for needles and syringes for giving intramuscular injections of mercurial cream.

Caution is needed in heating the paraffin, or it may spurt; but this is easily avoided if care be taken to move the test tube up and down in the flame whilst heating. An experience of this means of disinfection extending over six years has convinced me of its utility.

Bath.

RUPERT WATERHOUSE, M.D., M.R.C.P.

Reports of Societies.

THE OXFORD OPHTHALMOLOGICAL CONGRESS.

The annual meeting of the Oxford Ophthalmological Congress was held on July 10th and 11th. Members were lodged in Keble College; the scientific proceedings took place in the Department of Human Anatomy of the University (kindly lent for the purpose by Professor Arthur Thomson), where technical and commercial museums were also arranged. The programme opened on July 10th with an address of welcome by the Master, Mr. SYDNEY STEPHENSON. Major WALTER H. KIEP, R.A.M.C., read a paper on the ocular complications of dysentery, and Major EDGAR H. SMITH, R.A.M.C., a paper on quinine amaurosis, which were both well discussed by the members present. Dr. WILLIAM MCLEAN of New York described his further experimental studies in intraocular pressure and tonometry, and exhibited his latest model tonometer. A discussion on preventive ophthalmology was introduced by Colonel J. HERBERT PARSONS, C.B.E., consulting ophthalmic surgeon to the forces. Colonel Parsons pointed out that the scope of his subject dealt with the prevention of damage (a) to the individual and (b) to others: (a) included many subjects, such as prevention of damage to the eyes from accidents, defective illumination, deleterious rays and organisms, and the prevention of damage to health from headache, accident, fatigue, etc.; (b) included regulations for the prevention of the transference of contagious disease and rules for navy, army, air force, mercantile marine, railways, motor industry, cinemas, and so forth. The problems of preventive ophthalmology constituted a question of collective action, and were of particular value at the moment, when projects of reconstruction were to the fore. In connexion with the prevention of accidents to the eyes in factories, there was urgent need of a scale of awards for compensation founded upon scientific principles. The formulation of regulations for the public services demanded (1) a widening of the basis of education of ophthalmologists, (2) co-operation between ophthalmologists and other experts, and (3) improvement in the methods of examination of candidates and the selection of examiners. A good discussion followed the address, after which the Doyne Memorial Medal was presented to Colonel Parsons by the Deputy Master, Mr. Philip H. Adams. In the afternoon members and their friends were entertained to tea in the gardens of Trinity College by Mr. D. N. Nagel, M.A., and Miss Nagel. In the evening, after the annual dinner of the Congress in the hall of Keble College, when some seventy members and visitors were present, the annual general meeting of the Congress was held. It was determined, on the motion of Mr. J. B. STORY, to make representations to the General Medical Council in support of those recently preferred to that body by the Council of British Ophthalmologists concerning the instruction and examination of medical students

but the main principles are simple. Either the future of medical practice must be moulded by intelligent prevision, or it will shape itself on chaotic lines by a process of evolution. We need a statesman who will consider the needs of the people, and also will listen to the voice of the profession as a whole, who will act as our pioneer in still unexplored regions of preventive and clinical medicine.—I am, etc.,

Loughborough, June 29th.

J. B. PIKE.

THE NEW R.A.M.C. CONTRACT.

SIR,—I notice in the recent number of your JOURNAL an article intimating that the response of medical men to the War Office appeal for doctors has not been satisfactory.

May I point out that perhaps the authorities have no idea how bitter is the feeling, among Territorial and Special Reserve medical officers, at the difference in treatment recently meted out to them as compared with the temporary R.A.M.C.? Letters have appeared, representations made, but all to no purpose.

If the War Office were to supplement gratuities of all Territorial and S.R. medical officers (and so compensate them for the monetary loss they have suffered by being a Territorial or S.R. instead of a temporary R.A.M.C. officer)—making their gratuities up to a total of, say, £500 for four years' embodied service such as a naval medical officer gets after the same period, or at the same rate as a regular R.A.M.C. gets after eight years' service, it would, I feel sure, help to mitigate some of the sore feeling that is so prevalent at present, and might encourage re-enlistment. I notice you call attention to the disadvantage under which junior officers of the Territorial and Special Reserve R.A.M.C. have served in the war. Why, then, if such disadvantage is recognized is it not made good to them, especially if the Government needs their further help?—I am, etc.,

July 28th. CAPTAIN R.A.M.C.T., LATE SURGEON R.N.

EDINBURGH UNIVERSITY ROLL OF HONOUR AND WAR RECORD.

SIR,—It is proposed to publish a roll of honour and war record of the University of Edinburgh, and a letter asking for information as to war service, promotions, honours, etc., with dates, is being sent to all graduates and to the relatives of the fallen whose addresses are known. The number of medical graduates who have given their lives is very considerable, and it has been found very difficult to obtain the addresses of their relatives. It would be a great favour if this communication could be inserted in your widely circulated journal, so that those interested may become aware of the forthcoming publication, and may communicate particulars to the undersigned—

JOHN E. MACKENZIE, Major,
University of Edinburgh,
July 15th.

Editor.

REPRINTS.

SIR,—I should like to make a suggestion to those of your readers who order reprints of their papers, which would, if adopted, be a great boon to libraries, and at the same time would have very distinct advantages for the authors. Let the author, as early in his career as possible, decide on a convenient size (usually a demy octavo), and when ordering reprints ask the printer, without altering the set of the type, to make his reprints on paper of that size. If the formes are not altered the extra cost will be trifling, and those who receive his reprints from time to time will be able to bind them up into convenient volumes. I frequently receive batches of reprints varying in size from duodecimo to imperial octavo, and it is difficult to classify these varying sizes as one would like, and utterly impossible to make a decent binding of them.—I am, etc.,

J. Y. W. MACALISTER.

The Royal Society of Medicine,
1, Wimpole Street, London, W.1. July 7th.

ACCORDING to *Italia Sanitaria* of Rome the number of officers of the Italian medical services who perished in the war up to January 20th, 1919, was 376. Of these 317 belonged to the army, 10 to the navy, 42 to the Red Cross, 2 to the Order of Malta, 3 to the mercantile marine, and 2 to the colonial service. In addition to these, 216 medical students lost their lives.

Universities and Colleges.

UNIVERSITY OF OXFORD.

DIPLOMA IN OPHTHALMOLOGY.

THE following have satisfied the examiners: H. W. Archer-Hall, E. M. Eaton, V. O'Hea-Cussen, W. H. Kiep, W. C. Souter.

UNIVERSITY OF CAMBRIDGE.

At a congregation held on July 24th the following medical degrees were conferred:

M.B., B.Ch.—E. N. Showell-Rogers, H. L. Cronk.
B.Ch.—F. N. Y. Dyer.

UNIVERSITY OF LONDON.

At a meeting of the Senate held on July 24th the title of Emeritus Professor of Anatomy was conferred upon Professor Sir G. D. Thane, LL.D., F.R.C.S.

The following candidates have been approved at the examinations indicated:

M.D.—*Branch I, Medicine*: F. C. H. Bennett, Dora C. Colebrook, C. Cooke, Annie M. Forster, G. E. Genge-Andrews, *Mary E. Harding, J. S. H. Lewis, H. A. Moody, J. A. Ryle (University medal).

Branch II, Pathology: G. S. Wilson.

Branch III, Mental Diseases: M. Culpin, C. W. Forsyth, T. O. Graves.

Branch IV, Midwifery and Diseases of Women: J. A. Ferrière, J. J. Jhirad, M. H. Oldershaw, V. J. E. C. del S. Perez y Marzan, C. G. Richardson.

M.S.—*Branch I, Surgery*: W. B. Gabriel, L. G. Phillips.

* Qualified for University medal.

ST. BARTHOLOMEW'S HOSPITAL AND COLLEGE.

The following have been appointed demonstrators in the subjects indicated:—*Practical Surgery*: W. Girling Ball, F.R.C.S., and J. E. H. Roberts, M.B., B.S., F.R.C.S. *Operative Surgery*: Sir C. Gordon Watson, F.R.C.S. *Midwifery*: M. Donaldson, M.B., B.Ch., F.R.C.S. *Biology*: W. A. Cunningham, M.A., Ph.D. *Chemistry*: J. H. Johnston, M.Sc., F.I.C. *Anatomy*: J. L. Shellshar, M.B., Ch.M. (senior demonstrator); R. A. Ramsay, M.Ch., F.R.C.S., H. E. Griffiths, M.B., F.R.C.S.; J. B. Hume, M.R.C.S. *Physiology*: J. Trevan, M.B., B.Sc., M.R.C.P. (senior demonstrator); N. B. Dreyer, B.A., and R. Hilton, B.A. *Pathology*: R. G. Canti, M.B., B.Ch.; T. Jockes, M.B., and E. G. D. Murray, M.A.

T. H. G. Shore, M.D., M.R.C.P., has been elected curator of the museum.

UNIVERSITY OF DUBLIN.

THE following degrees were conferred on July 4th:

M.D.—J. V. Cope, G. P. Elford (*in absentia*), Evelyn Fisher, E. O. Marks, F. J. Smith, A. G. Varian, Hilda M. Varian, A. H. Watson, M.B., B.Ch., B.A.O.—A. E. Aidin, C. G. Ambrose, F. J. G. Battersby, C. D. Brink, J. C. J. Callanan, P. Casey, J. H. Coolican, F. J. Dymoke, G. FitzM. Keating, A. G. D. Magee, L. J. Nugent, J. S. Quin, C. J. Quinlan, Gertrude Rice, Mary C. Sheppard, A. H. Thompson, H. B. van der Merwe, V. G. Walker, T. J. R. Warren.

UNIVERSITY OF SHEFFIELD.

THE following candidates have been approved at the examination indicated:

FINAL M.B., CH.B.—W. Collins, R. E. Ford, B. H. Greaves, Dorothy E. Mathews, R. E. Pleasance, F. Roper, L. Samuels, F. L. Smith, Alice White.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

AN ordinary Council was held on July 24th, when Sir George Makins, G.C.M.G., President, was in the chair.

H.R.H. The Prince of Wales.—The President reported that the Prince of Wales had consented to become an Honorary Fellow of the College; he was therefore elected. The President stated that His Royal Highness hoped on his return from Canada towards the end of the year to attend at the College to receive the diploma.

His Royal Highness the Duke of Connaught, Colonel-in-Chief of the Royal Army Medical Corps, had also consented to become an Honorary Fellow, and was duly elected.

Diploma of Membership.—Diplomas were granted to seventy-eight candidates found qualified at the recent examinations.

LONDON SCHOOL OF TROPICAL MEDICINE.

THE following candidates have been approved at the examination held at the termination of the sixtieth session:

*W. H. W. Cheyne (Duncan and Lalcaas medals), *J. I. Connor, *G. S. Glass, *R. D. Fitzgerald (Straits Settlements Medical Service), *Surgeon Lieutenant Commander T. C. Patterson, R.N., Captain W. C. Spackman, I.M.S., P. A. Dalal, A. C. Price, Captain H. N. Stafford, R.A.M.C., J. T. Smeall, Miss Y. H. Hooshoo, Miss S. A. Finch, Miss A. Bramson, N. B. Watch, H. C. Gilmore, S. Foskett, J. W. Schaffr, J. P. Tibbles, Miss E. Warren, B. Mountain, B. B. Jareja, C. Farrell, A. R. Neckles, J. A. Lilley.

* With distinction.

Obituary.

W. H. PEILE, M.D., D.P.H.

MANY old students of University College Hospital will hear with regret the news of the death of William Hall Peile, son of the late Sir James Peile of the India Office, which took place at Sidmouth on July 14th. Having spent some years at Cambridge and taken his Arts degree there, he joined the hospital at a rather later age than the majority of students. He was most thorough and careful in his work, and after obtaining the diplomas of M.R.C.S. and L.R.C.P. in 1897 he held the resident posts of house-physician, house-surgeon, and senior obstetric assistant. He later took the degree of M.D. at Dublin University and the D.P.H. of the English Royal Colleges.

Never of robust constitution, his health prevented him from gaining the position in the profession to which his ability entitled him, and he was induced to spend several years cruising in various parts of the world. Finally he married and settled at Sidmouth, where as medical officer of health he devoted himself to improving the sanitation of this lovely little seaside resort. Some workmen's dwellings erected by the local council on his advice remain as evidence of his work. Peile's health, unfortunately, broke down, and he was obliged a few years ago to relinquish this post. He contributed some interesting articles to the medical journals. Those who had the privilege of knowing him have lost a staunch friend and one whom they will always remember as a true type of a cultured English gentleman.

CAPTAIN CLEMENT PERRONET SELLS, M.C., R.A.M.C.(T.F.), died at the Royal Air Force Hospital, Swanage, on July 4th, aged 29. He was the son of the late Vincent Perronet Sells, of Highfield, Oxford; and was educated at Oxford and at Middlesex Hospital, taking the diplomas of M.R.C.S. and L.R.C.P. Lond. in 1916. He joined the R.A.M.C.(T.F.) on August 23rd, 1916, was attached to the R.A.F. from April 1st, 1918, and received the Military Cross on June 3rd, 1918.

DR. THOMAS ADDIS EMMET of New York, who died on March 1st, was born on May 29th, 1828, in Charlottesville, Virginia. He was the son of John Patten Emmet, professor of chemistry and *materia medica* in the University of Virginia. He graduated at the Jefferson Medical College, Philadelphia, in 1850, and after many years' service as assistant became surgeon-in-chief to the Women's Hospital in 1861, an appointment which he held till 1872. He was the author of *The Principles and Practice of Gynaecology*, which went through several editions. Dr. Emmet was a great collector of American prints and autographs and extra-illustrated books. One of his collections was sold for £30,000, another for £14,400. He left a fortune amounting to £200,000.

PROFESSOR HERMANN OPPENHEIM, the well known neurologist, who died recently at Berlin, was born in that city in 1858. He studied medicine at Goettingen, Bonn, and Berlin, where he came under the influence of Westphal. He became assistant in the neurological clinic of the Charité in 1883; in 1886 he qualified as *privat-docent*, and in 1893 became professor. He published papers on traumatic neuroses, syphilitic diseases of the central nervous system, tumours of the brain, encephalitis, and cerebral abscess in the *Charité Annalen*, *Virchow's Archiv*, and the *Zeitschrift für Nervenheilkunde*. He was also the author of a textbook on nervous diseases published in 1894, well known in its time; a second edition appeared in 1898.

MAGNUS GUSTAF RETZIUS, the famous Swedish anatomist, died at Stockholm on July 21st, aged 77. He was the son of another distinguished anatomist, Anders Retzius, and was born at Stockholm in 1842. After studying at Upsala and Stockholm he graduated at Lund in 1871. In 1877 he was appointed extraordinary professor of histology in the Carolina Institute of Stockholm, becoming ordinary professor in 1889. He resigned in 1900, and devoted the rest of his life to research. In the pursuit of knowledge he travelled widely in Europe and America, and by his work in anatomy and anthropology won many distinctions,

including the Monthyon prize of the Institute of France. He published his results in monographs on the organ of hearing in bony fishes (1872); the anatomy of the nervous system and the connective tissue (in collaboration with Axel Key (1875-1876); on Finnish skulls (1898); the organ of hearing in vertebrates (1881-1884); on the macroscopic anatomy of the human brain (1896); on old Swedish skulls (1899), and kindred subjects. The last of a series of handsome and beautifully illustrated folios appeared in 1914. Retzius was a Fellow of the Royal Societies of London and Edinburgh, the American Philosophical Society, the Académie des Sciences of Paris, and many other learned bodies.

The Services.

MENTIONED IN DISPATCHES.

IN a special Supplement to the *London Gazette*, issued on July 28th, General Sir C. C. Monro, Commander-in-Chief, India, relates particulars of the part played by India in the various operations in the recent war. The list of those mentioned for particular services, appearing as an appendix to the dispatch, include six members of the A.M.S. and R.A.M.C., four officers of the I.M.S., and two Indian medical practitioners.

Major-General P. Hehir, C.B., C.M.G., I.M.S., was reported as wounded in the casualty list published on July 8th, presumably on the Indian frontier. This is the first instance throughout the war of a medical officer of this rank being wounded.

Lieutenant Hari Das, I.M.S. (temp.), attached 1/9th Gurkhas, is reported as wounded, in the casualty list of July 26th.

Medical News.

AN organization of medical practitioners has been formed in New York to start a movement to raise £10,000,000 for the purpose of making New York the medical centre of the world.

DR. HENRY STRONG, J.P., of Worthing, some time of Croydon, left £47,750. He directed that his property should be divided into twenty parts, six of which are to be given to Epsom College, two to the Croydon General Hospital, and the remainder, subject to a few personal legacies, to various charitable institutions.

THE Summer School of Civics and Eugenics at Cambridge will be opened by Viscount Haldane on Saturday evening, August 2nd. The address of the Secretary of the School is, University Arts School, Bene't Street, Cambridge.

LAST week Major-General Sir Robert Jones, C.B., entertained a large party of friends to dinner at the Savoy Hotel, London, to meet King Manuel. The occasion was the approaching cessation, owing to the declaration of peace, of King Manuel's active share in the work of the military orthopaedic department. Various speakers—Sir Robert Jones, Sir Arthur Stanley, Lieut.-General Goodwin, Sir Harold Stiles, Lord Knutsford, and Sir Robert Hudson, chairman of the Joint Finance Committee of the British Red Cross Society and the Order of St. John—bore testimony to the value of the work done by King Manuel in influencing public opinion, by acting as liaison officer between the orthopaedic department and the Joint War Committee, and by his own personal labours at the Shepherd's Bush Military Orthopaedic Hospital. In replying, King Manuel spoke in the warmest terms of Sir Robert Jones and thanked all those with whom he had been associated in work for the disabled man during the last four years.

FLEET SURGEON ALFRED T. CORRIE, R.N., has been elected a governor of St. Bartholomew's Hospital, London.

AT the matriculation examination of the University of London in June, 226 candidates passed in the first division and 1,188 in the second division.

THE KING, on the occasion of his visit to the Guildhall on July 29th, knighted Dr. W. R. Smith, one of the Sheriffs of London.

THE Wellcome Historical Medical Museum will be closed for cleaning and redecoration from August 9th until the end of September.

THE King of Italy has appointed Dr. A. F. Cameron to be a Chevalier of the Order of the Crown of Italy in recognition of valuable services rendered during the war.

THE special course of instruction in the surgical dyspepsias will be repeated at the London Hospital Medical College by Mr. A. J. Walton, assistant surgeon to the hospital. The lectures, to which members of the profession will be admitted on presentation of their cards, will be given on Mondays and Fridays at 4.30 p.m., commencing on August 1st.

BEFORE his death on the field of honour, M. Albert Gauthier-Villars had decided to publish an annual calendar of the scientific world. It was intended to replace the German *Minerva*, and the title was to have been *Universitatum et eminentium scholarum index generalis*. The work is to appear under the direction of Professor R. de Montessus de XX Ballore of Paris.

THE annual report of the Imperial Cancer Research Fund shows that the work of the laboratory during the past year has been a continuation of the programme laid down at the beginning of the war. Sustained effort on a subject divorced from the immediate national interest became increasingly difficult as the war approached its culmination, the main efforts of the staff being concentrated on war problems. But there is a promise of a return to the special work of the laboratory during the coming year. Dr. Bullock has returned from the army, and Dr. H. A. Drew has become a regular member of the staff. A report on the special war work is being prepared by the director, Dr. J. A. Murray, and will shortly be issued. The treasurer, Sir Watson Cheyne, observes that as the scientific staff is now nearly at full strength, and it is confidently expected that researches will be energetically resumed, it is necessary that the fund should be generously supported by the public. Owing to the heavy death rate from malignant disease it must surely, he says, be to the interest of the community that the fund should not be starved.

ON the invitation of the Rumanian Government a mission consisting of representatives of all the faculties of the French Universities and of the Collège de France went recently to Bukarest. The object is to reorganize teaching in accordance with French methods. The president of the mission is M. Lucien Poincaré, vice-rector of the University of Paris, and among the members is Dr. Balthazard, professor of forensic medicine in the faculty. A medical society on the model of the Société médicale des hôpitaux de Paris has recently been founded at Bukarest. Its proceedings will be published in French. Professor Nanu-Muscel, the first president, in his opening address paid a warm tribute to the work done for Rumania by French doctors.

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, *Artiology, 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.

QUERIES AND ANSWERS.

INCOME TAX.

"TAXIBUS" inquires as to the legitimacy of deducting the cost of an additional motor car for income tax purposes.

** The deduction is not permissible unless the old car is scrapped or sold, because the purchase of a second car is an outlay of further capital on the practice. If our correspondent's intention is to retain the old car for a limited period only, we suggest that when that car is sold the one now purchased might be regarded as having been a replacement of the old car, and a deduction claimed for income tax purposes in the year of sale. The practice, which appears to be growing, of retaining an old car for emergency purposes when a new car is purchased, gives additional weight to the hardship imposed on members of the medical profession by their legal inability to claim the anticipatory allowance for wear and tear that is accorded to business men and manufacturers, and it is hoped that this very legitimate grievance will not survive the forthcoming reorganization of the income tax.

LETTERS, NOTES, ETC.

MEDICAL ASPECTS OF PROHIBITION.

DR. H. N. ROBSON (Bournemouth) writes: Many doctors now realize that hereditary disease can cause instability of mind that leads to peculiar or extreme views and actions. May not this be the probable origin of some of the rabid socialists, conscientious objectors, drug-takers, and prohibitionists who seem mentally incapable of sleeping in the middle of the road? The Anglo-Saxon races for years put down all laws for the prevention of venereal diseases and now produce most of the prohibitionists; is this cause followed by effect? Perhaps doctors in asylums and alienists might favour your readers with some observations on the subject which would be interesting to sociologists.

WAR MEDALS AND HOME SERVICE.

"1914 CROCK" writes: I should like to dot the i's and cross the t's of "A. M.'s" letter on medals, which applies to all branches of the service. The most iniquitous thing is that the conscript, who was hauled into the service shortly before the armistice, and who spent only one day before the armistice at some cushy overseas base, where even the air-Hun troubled not, is to be given the Service Medal, but no ribbon is to be worn by the men who volunteered for general service in 1914, and who, having broken down on the East Coast through air-raids, tip-and-run bombardments, bad billets, etc., were afterwards relegated to Home Service for the duration. Apart from sentiment, this treatment is likely to affect recruiting for the new Territorial Force, as, judging from remarks heard on all sides, most people will "wait to be fetched" next time.

PENSIONS MEDICAL BOARDS.

"P." writes: The interesting article in the JOURNAL of July 12th raises many points in connexion with the medical department of the Pensions Ministry. Attention might have been drawn to other matters. In the first place, too much stress cannot be laid on the necessity for decentralization wherever it is at all possible.

One of the most essential things is for each area or regional officer to have an advisory board consisting of the leading consulting medical men practising in those parts; they should meet at frequent and regular intervals, and the selection of medical officers should be entirely in their hands; this would mean that only the most suitable and best experienced men would sit on the boards, and this would give confidence to the general public as well as do justice to the pensioners up for examination. Further, in every large city there should be boards of appeal, consisting of consultants only, who would deal with cases sent to them by the ordinary boards for an opinion or in case of appeal by the individual or perhaps higher authority.

Then, again, the question of granting a gratuity should be made use of in settlement of all claims where the applicant is willing to accept this method.

As to the selection of medical officers for the boards, it is stated that only medical men are to be accepted for Ireland, Scotland, or Wales, who are of those nationalities; if that be so, the same rule should apply to England, and preference be given to Englishmen.

In the case of establishment of hospitals under the Pensions Ministry, there are many hospitals now being closed by the army authorities which might well be taken over as going concerns.

MEDICAL FEES.

"MOUNTAINEER" writes: Dr. Geoffrey Price is perfectly right, and the British Medical Association should take a definite lead in this matter. Even with 50 per cent. increase of fees we shall not be so well off as we were before the war, as our salaries of chauffeur, dispenser, servants, drug bill, petrol, to say nothing of income tax, have so largely increased. Another matter is that for panel work "mileage" should be modified to meet the nature of the district. Personally I live in a very hilly country, and would rather motor four miles on a flat road than one here.

APPLIED PHYSIOLOGY.

DR. JOHN HADDON (Hawick) writes: The abstract of Professor Starling's lectures on the feeding of nations (given in the BRITISH MEDICAL JOURNAL of June 21st) may be taken as giving the most up-to-date views. He said that, "although man's first care had always been to provide his daily bread, the science of 'diabetics' was of comparatively recent origin." It may seem presumptuous on my part to venture to criticize Professor Starling's views as to food, but no man in the profession can have had more personal experience as to the physiological action of different foods than I, and I feel sure that we can have no science of diabetics until we know the physiological action, as well as the chemical constitution, of the common articles of diet. Calories are supposed to depend on the chemical constitution of a dietary, but they give no clue to the physiological action of any food. When we have a true science of diabetics we will be able to prescribe a diet as easily as we can now prescribe drugs, and with more beneficial and lasting results. Hippocrates said, the aim of the physician should be to find out a diet suitable to the sick, but it seems to me to be the duty of the State to find out a diet that will prevent disease, which it ought now to be able to do, seeing we have got a Ministry of Health. Professor Starling