

This is preferably an ambulatory splint. When used in bed the patient should be supported on a bed rest. No sling should be allowed.

In the treatment of fracture of the shaft of the humerus the extension pull by a scarf to the iron below the elbow is very good and firm. It does not pinch the arm as in the ordinary bent Thomas arm splint. The scarf should be adjusted daily for the first two weeks at least.

If a radiogram in the standing position shows any portion of the humerus to be out of line in an antero-posterior or side view, it is often possible to correct the deformity by arranging that a bandage or scarf should pull the displaced bone in the right direction, using one or both side wires as fixed points.

I should not use this splint for fractures of the surgical neck of the humerus, as I have found they do well by putting a pad in the axilla and bandaging the arm to the chest wall. Early massage and passive movement, of course, are essential.

It is important that the shoulder ring in this splint should be as nearly as possible the right size, as either extreme is very uncomfortable. In the splint, as now made, the ring is a fair average size, and will fit almost any adult. The smaller one for children is more difficult to average, and probably a third smaller size may be required.

It is possible to use this splint for fractures of the forearm in selected cases. It will maintain the desired supinated position, and the elbow-joint will not become stiff. By using the adjustment for length it is possible to get slight extension of the bones of the forearm. At any place required a small piece of Gooch splinting can be slipped in to assist in steadying or straightening the fracture.

It is for fractured elbows in particular that the splint will find its chief use. I do not accept a radiogram in one direction of any fracture. It may not show the fracture at all, or the fracture may look perfectly straight one way and be crooked in the other direction.

LEUCINE: ITS OCCURRENCE AND SIGNIFICANCE IN THE URINE.

BY
RICHARD W. ALLEN, M.D.LOND.,
LONDON.

PHYSIOLOGICAL and pathological chemists alike agree that leucine occurs very rarely in the urine of healthy people, and that its presence is indicative of serious disturbance in the digestive system, and especially in the performance of the liver functions. Leucine is found commonly in cases of acute yellow atrophy, less frequently in acute phosphorus poisoning, and in isolated cases only of icterus gravis, advanced cirrhosis, advanced heart disease with disorder of the liver, pernicious anaemia, leucocythaemia, and erysipelas. It has been reported in one case of severe diabetes and as associated with cystinuria.

The following case raises serious doubts in my mind as to whether it may not be a much more common phenomenon, and one at times devoid of such grave significance as one would gather from the literature.

A lady, aged 24, had lived most of her life in America, had not had malaria or indeed any severe illness at all till six weeks after her arrival in England in June, 1917, when she was confined to bed for over a month with well marked jaundice. The temperature was 101° F. during the first week, but subsequently subnormal. Recovery was apparently complete by the end of September, 1917. From Christmas, 1918, to April, 1919, she suffered from a very bad cold, of which she still has traces. For the past seven months she has had numerous severe headaches relieved by violent sickness, usually in the evening; the vomit appears never to have been bile-stained. For the past three weeks she has awakened daily with a headache more or less severe, and was sick daily for the first two weeks; this has been checked by a milk diet. Ten days ago the motions became clay-coloured, and remained so for two or three days, during which time she was slightly but definitely jaundiced. Her periods and bowels are, as a rule, free and regular.

When I saw her first she looked pale, thin, and anaemic, but showed no trace of jaundice. She complained of a feeling of weight and constriction in the epigastrium and of slight headache, but of no other pains. Physical examination revealed nothing abnormal in the chest or abdomen beyond slight tenderness to pressure over the gall bladder; the liver and

spleen appeared of normal size. A thorough blood examination was quite satisfactory, a Wassermann test and its more sensitive "Stern" modification were very definitely negative. The motions were very dark brown and no abnormal constituents were detected. A catheter specimen of the urine, examined within two hours of passage, was normal in colour and specific gravity, amphoteric to litmus, contained no sugar, albumin, blood, casts, bile salts or acids; a few *B. coli* and staphylococci were present. Crystals of phosphates, uric acid, or urates were absent, but well-defined crystals of leucine were present in great numbers, unaccompanied by any of tyrosin; that they were leucine was confirmed in the usual manner. On re-examining the urine a few hours later, to my great surprise, I failed to find any crystals of leucine, and considerable concentration of the urine failed to effect their deposition. Repetition of these experiments on two other occasions has given the same result—namely, copious crystals within two hours of passage of the urine, complete disappearance a few hours later.

The only explanation I could see of this phenomenon was that not only was the liver permitting the passage of leucine but also of the proteolytic ferment which normally splits up the leucine in the body. The correctness of this view I was able to confirm with a specimen of leucine kindly given me by the Medical Research Committee.

As there is no possible error in my observation of the facts, I am impelled to raise these two very important questions: (1) May not leucine be a very much more common constituent of the urine than it is commonly supposed to be, the failure to detect it being due to over-long keeping of the specimens before examination? (2) If this be so, is its presence of such serious import as all the textbooks would lead us to believe?

P.S.—Three weeks after the above was written several examinations failed to demonstrate even a trace of leucine in the urine, and the patient was enjoying normal health except for an occasional slight headache.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

GLIOMA OF CEREBELLUM.

WHILE the following case has some intrinsic interest, it might have had a still more interesting medico-legal aspect as a compensation case.

During the third wave of the influenza epidemic in February, 1919, I was called to see a man, A. B., aged 42, a white lead worker, and found him to be suffering from occipital headache, extending down the back of the neck, vomiting, and furred tongue; the temperature was 101°. It was also noticed that his speech was slurring, slow, and hesitant. After three weeks' rest in bed, under treatment with sodium salicylate, potassium iodide, and aspirin, he seemed to improve somewhat, and walked down to the surgery for his weekly certificate. It was then noticed that he had a staggering gait. There were marked tremors of hands and arms, but no intentional tremors and no nystagmus. The knee-jerks and pupil reflexes were active. He was sent home to bed. The headaches and vomiting became more severe, especially if any attempt was made to stand erect. The bowels were very constipated. The question of lead poisoning was raised by his wife. There was no blue line, no paralysis, and the symptoms were not typical of lead encephalopathy.

He was admitted to the Warrington Infirmary on April 17th. The fundus was examined but there was no optic neuritis. Treatment was of no avail, and he died on May 8th. Although it was thought that he was suffering from an intracranial tumour, no definite diagnosis was made, and, as there was a suspicion on the part of the patient's wife that he had lead poisoning, the case was reported to the coroner. The coroner refused an inquest, and gave a certificate that death was due to "natural causes."

The uncertainty of the cause of death and the possibility of legal action for compensation afforded strong motives for further investigation. The wife was pressed to give permission for a *post-mortem* examination. This was granted, and on May 12th the skull was opened and the following condition found:

Marked flattening of the cerebral convolutions; excess of cerebro-spinal fluid at base of brain. On the posterior aspect of the left hemisphere of the cerebellum was a mass of diffident material which was readily evacuated, leaving a smooth-lined cavity large enough to hold a walnut. The lateral ventricles were greatly dilated.

The opinion of the majority present at the necropsy was that the condition was one of cerebellar abscess, although no source of possible infection could be suggested. There was no sign or history of middle-ear disease.

The diffuent matter and the portion of the cerebellum affected was sent to the laboratory of the Royal College of Physicians, Edinburgh, and Dr. Dawson reported that the condition was one of glioma.

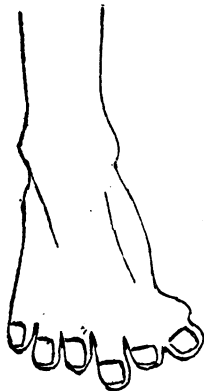
If this case had gone to court without *post-mortem* examination it would have been difficult to establish that there was no lead poisoning, and it is likely that the claimant would have received the benefit of the doubt. There were certainly classical symptoms of an intracranial growth—probably subtentorial—in the headache, vomiting, staggering gait and dysarthria, but there were also marked tremors of hands and arms, and there was no optic neuritis or nystagmus, which are so frequently found in subtentorial growths.

Warrington.

J. S. MANSON, M.D.

A CASE OF DOUBLE HALLUX.

ON June 26th, 1919, my partner, Dr. R. G. Nesbitt, asked me to see a case of double hallux. The patient, a little girl of 5½ years, had six fully developed toes, the sixth an additional hallux which projected at an angle of about 30 degrees from the inner border of the right foot and possessed a common metatarso-phalangeal articulation with that of the true great toe. The additional hallux was broader and longer than the true, the two being united by a web which extended to a point a little below the middle of the distal phalanx. The remaining toes were widely separated, the true second toe projecting beyond all the others, including the two great toes.



Dorsal view of foot.

The web between the two great toes was severed and the bone of the additional toe freed from the surrounding tissue. With bone forceps the proximal phalanx was then cut through obliquely, as near to the metatarso-phalangeal joint as possible, without opening its capsule. Upon removing all superfluous tissue and closing the flaps the inner border of the foot presented a practically normal outline.

It may be of interest to note that the patient had also a congenital deformity of the left thumb, both phalanges being broadened and flattened and curved so that the thumb presented the appearance of the letter S.

St. Just, Cornwall.

BASIL BROWNING, M.B., Ch.B.

INFLAMED APPENDIX IN A HERNIAL SAC.

THE following experience seems worthy of record in connexion with Dr. Bennett's very interesting communication to the BRITISH MEDICAL JOURNAL of July 19th recording a case of appendicitis in a hernial sac.

On April 17th, 1918, I was asked by Dr. Donelan, R.M.O. Richmond District Asylum, to see a multipara, aged 42, who on the previous day had been suddenly seized with pain in the right groin; during the night vomiting set in, and was of progressive type. The bowels had acted in the morning. A small swelling—painful, tense, and very tender—presented in the upper and inner angle of Scarpa's triangle. The tongue was very foul. There was no tenderness nor rigidity above the Poupart line. The pulse was 88, and the temperature 100.2° F. Our pre-operative diagnosis was "strangulated femoral hernia, probably of the Richter type."

On opening the sac we were surprised to find lying within it a swollen appendix, distended with pus. The appendicular vessels were thrombosed. The appendix was clamped and removed. The neck of the sac was then divided, and Gimbernat's ligament cautiously cut; through the enlarged ring the caput caeci was gently coaxed down, and the stump inverted with the usual purse-string suture. The canal was closed by interrupted sutures running from Poupart's ligament to the pectineal fascia. No drainage was employed. The patient made an uneventful recovery.

Dublin.

WM. DOOLIN, M.B., F.R.C.S.I.

Reviews.

A TEXTBOOK OF GYNAECOLOGY.

Diseases of Women, by Ten Teachers,¹ is a companion volume to the textbook of *Midwifery* produced by the same authors nearly two years ago. The writers are all on the staffs of London teaching schools, and the production of the volume has been co-ordinated by Dr. COMYNS BERKELEY, with editorial assistance from Dr. RUSSELL ANDREWS and Dr. J. S. FAIRBAIRN.

While there is proverbial authority for placing but small expectations upon a broth that is the conjoint product of ten cooks, there is no reason why a ten-course dinner, each course cooked by a different cook, should not be a gastronomic triumph. This doctrine may be applied in the realm of scientific literature, and most editors of "team books" cautiously restrict their responsibility to arranging the menu and allocating the various subjects amongst the different collaborators. The editors of the volume under review have, however, again essayed the more difficult plan, and have taken elaborate pains to "overcome the disadvantages of collective authorship." Each author's manuscript has been manifolded and circulated among the other nine, and the whole ten have held frequent meetings to criticize and amend, so that the final result should represent, as far as possible, the considered and common views of all. Evidently some difficulty has been encountered in the attempt to achieve this desired unanimity, as the preface, after indicating that there is more room for divergence of opinion in gynaecology than in a textbook of midwifery, naively expresses the hope that "the student will find it possible to appreciate the reasons for divergence of views, and that he will have no cause for bewilderment or for a feeling of dissatisfaction." After reading this hopeful preliminary it is not surprising to find that this book differs in many respects from its elder sister. Our recollection of the latter is that the different tithes had been so pressed into unanimity that they had been deprived of all the character and personality they must have originally possessed. In this volume the differences of authorship are clearly discernible; and while, as a result, the different sections vary in their lucidity and in their probable acceptability to the student, the work as a whole has more character than its predecessor.

The book is well illustrated and well produced, and is arranged on a scientific plan. After preliminary sections on anatomy, methods of examination, and symptomatology, the subjects of malformations and uterine displacements are discussed. A want of proportion, which is one of the disadvantages inherent in conglomerate authorship, is surely evident here in the devotion of ten pages and eight illustrations to the subject of inversion of the uterus.

The section on infection of the generative system is comprehensive, and includes a useful summary of the Report of the Royal Commission on Venereal Disease, which, the writers hope, may serve to introduce into the study of these diseases from the gynaecological point of view something of the element of preventive medicine. This hope will be universally shared, and the point is one that might advantageously be noted by all teachers of gynaecology. The section on lesions of the reproductive organs is largely concerned with the discussion of tumours. It is followed by sections on extrauterine pregnancy, on urinary disorders, and on the "acute abdomen." Then follows a section on "chronic ill health in women from the psychological aspect, and neurasthenia in relation to pelvic disorders." Finally, gynaecological operations are described with commendable brevity.

The section on chronic ill health in women from the psychological aspect is in large measure a novelty, and although it is far from suited to the palate or digestive powers of the ordinary undergraduate, it will be appreciated by practitioners and specialists. It is in some respects the most outstanding feature of the whole book. Its authorship is clearly stamped on many of its racy paragraphs, and the writer is to be congratulated on a valuable, if rather lengthy, contribution.

¹ *Diseases of Women. By Ten Teachers*; under the direction of Comyns Berkeley, M.A., M.D., M.C.Cantab., F.R.C.P.Lond. Edited by Comyns Berkeley, H. Russell Andrews, and J. S. Fairbairn. London: Edward Arnold. 1919. (Med. 8vo, pp. xii + 650; 238 figures, 8 plates. 30s. net.)

The Services.

TERRITORIAL DECORATION.

THE Territorial Decoration has been conferred upon the following officers:

R.A.M.C.(T.F.).—Colonel A. E. L. Wear, C.M.G.; Lieut.-Colonels E. B. Dowsett, D.S.O., A. C. Gullan, J. A. Masters, J. H. Stephen, D.S.O., C. R. Browne, A. R. Tweedie; Major (Brevet Lieut.-Colonel) R. Griffith; Major (acting Lieut.-Colonel) H. B. Roderick; Major (temporary Lieut.-Colonel) E. W. St. Vincent-Ryan; Majors S. W. Plummer, J. Bruce, C. R. White, A. Ehrmann, W. T. Blackledge, F. W. Johnson, F. Gracie, O.B.E., E. J. T. Cory, A. Price, A. Bird, F. W. Kendle (attached to R.F.A.); Captain (acting Major) W. H. Brailey; Captain W. J. Rice.

Territorial Force Reserve.—Surgeon-Majors A. W. Cuff (attached to 3rd West Riding Brigade, R.F.A.), A. R. Stoddart (attached to 5th Battalion West Yorkshire Regiment); Majors R. Starkey-Smith and J. E. Molson, attached to R.A.M.C.

Universities and Colleges.

UNIVERSITY OF LONDON.

A MEETING of the Senate was held on July 23rd.

Recognized Teachers.—The following were recognized as teachers of the University in the subjects indicated:—King's College: Dr. C. D. Da Fano (Physiology-Histology). St. Thomas's Hospital Medical School: Dr. Henry P. Newsholme (Hygiene). Westminster Hospital Medical School: Dr. Hildred Carrill (Clinical Medicine), Mr. Rupert Farrant, M.C. (Clinical Surgery). Guy's Hospital Medical School: Mr. Harold W. Barber (Dermatology). Middlesex Hospital Medical School: Dr. Ernest L. Kennaway (Pathological Chemistry), Dr. Charles Porter (Hygiene), Dr. Sidney Russ (Physics). St. Mary's Hospital Medical School: Dr. A. William Bourne (Midwifery), Mr. John A. H. Brincker (Hygiene), Mr. John H. Chaldecott (Anaesthetics). London School of Tropical Medicine: Mr. John Gordon Thomson (Protozoology). Lister Institute of Preventive Medicine: Mr. Arthur W. Bacot (Medical Entomology). Hospital for Sick Children: Mr. H. Tyrrell Gray (Surgery). National Hospital for the Paralyzed and Epileptic: Mr. Percy Sargent.

Professors.—The title of Professor of the University in the subjects indicated has been conferred upon the following teachers: Mr. Leonard Stanley Dudgeon, St. Thomas's Hospital Medical School (Pathology). Dr. Hubert Matland Turnbull, London Hospital Medical College (Morbidity Anatomy). Dr. C. H. Browning, Middlesex Hospital Medical School (Bacteriology). Dr. A. E. Boycott (Graham Professor), University College Hospital Medical School (Pathology). Dr. R. T. Leiper, London School of Tropical Medicine (Helminthology). The title of Assistant Professor of Physiology at King's College has been conferred upon Dr. Otto Rosenheim.

Examiners at the first and second examinations for medical degrees in the session 1919-20.—Anatomy: Professor J. E. S. Frazer, St. Mary's Hospital Medical School (Chairman), and Professor W. Wright, London Hospital Medical College, together with the external examiner, Mr. A. Macphail, and one vacancy. Pharmacology: Dr. E. Mellanby, King's College for Women, and Mr. P. P. Laidlaw, Guy's Hospital Medical School, together with the external examiners, Professor H. J. Campbell and Dr. F. Ransom. Physiology: Dr. J. Mellanby, St. Thomas's Hospital Medical School (Chairman), and Professor F. A. Bainbridge, St. Bartholomew's Hospital Medical School, together with the external examiners, Professor E. H. Starling and Professor J. S. Macdonald.

D.Sc.—The D.Sc. degree in physiology has been conferred upon Ernest W. H. Cruickshank (University College) for a thesis entitled: (1) The production and utilization of glycogen in normal and diabetic animals, and (2) The digestion and absorption of protein and fat in normal and depancreatized animals.

The courses set forth will be recognized as advanced lectures which a candidate at the B.Sc. honours examination may name for part of his practical examination.

The M.S. Degree.—Branches for internal and external students have been instituted in (1) ophthalmology, and (2) laryngology, otology, and rhinology.

ST. THOMAS'S HOSPITAL.

The following scholarships have been awarded:

Entrance Science Scholarships 1919-20: 1st, T. V. Pearce, £150; 2nd, E. G. L. Walker, £60. Arts Scholarship: M. W. P. Hudson, £15 15s. Musgrave Scholarship: J. F. Hackwood, £35. William Tite Scholarship: E. G. Housden, £25.

ROYAL COLLEGE OF PHYSICIANS OF EDINBURGH.

At an extraordinary meeting on August 8th, when the President, Sir Robert Philip, was in the chair, it was announced that H.R.H. the Prince of Wales had graciously signified his willingness to accept the Honorary Fellowship of the College. He was accordingly elected Honorary Fellow by acclamation.

AN association for the study and teaching of anthropological sciences has recently been established at Liège.

Medical News.

DR. SAMUEL OSBORN has been elected Master of the Society of Apothecaries.

DR. WILLIAM ALEXANDER, lecturer on clinical surgery in the University of Liverpool, left £59,371.

In the year 1918 there were 1,471 students in the University of Lima, of whom 567 belonged to the medical faculty.

COLONEL A. H. TUBBY, C.B., C.M.G., surgeon to Westminster Hospital, has been elected Prime Warden of the Blacksmiths' Company of the City of London.

A MEETING of representatives of organizations in Scandinavian countries to combat tuberculosis has been held at Stockholm to form a general union, to be called Nordisk Forening mod Tuberkulose, to undertake a systematic warfare against the disease. The Iceland Medical Society has been invited to join in the movement.

THE seventh Congress of the Spanish Association for the Advancement of the Sciences will be held at Bilbao in September (7th to 12th). There will be eight sections, one of which is assigned to medical science; the president of this section will be Professor Teófilo Hernando, of the University of Madrid. The French Association for the Advancement of Science and the Universities of Oporto and Coimbra will be represented. Corresponding bodies in Great Britain and Italy have been invited to send delegates.

DURING the war the Automobile Association, with a view to assisting discharged soldiers to obtain employment as motor drivers, invited such men to register at the association's offices particulars of their qualifications, etc. A large number of drivers have been found suitable employment, but many still remain on the books of the bureau. Applications should be addressed to the Drivers' Department, A.A. and M.U., Farnham House, Whitcomb Street, W.C.2.

IN the *China Medical Journal* for May, 1919, Drs. Frank W. Schofield and H. C. Cynn of Seoul publish a brief report on the pandemic of influenza in Korea. The disease made its appearance in September, 1918, and is thought to have come from Europe by way of Siberia. The disease spread from north to south along the line of the Southern Manchurian Railway. The first cases seen by the authors in Seoul occurred in the later part of September; before the middle of October the epidemic was at its height. The insanitary conditions of life powerfully aided the spread of the infection. It is impossible as yet to estimate the number of cases or deaths, as accurate information has not been received from the Japanese authorities, but it is believed that between a quarter and a half of the population were affected. Most of the schools were closed owing to the high case rate among pupils and teachers.

FOUR of the leading physicians of Spain have recently shown their zeal for the sanitary betterment of their country in a highly practical manner. They are Dr. Cortezo, former minister and president of the Royal Academy of Medicine and editor of *El Siglo Médico*; Dr. F. Rodriguez, former minister and journalist; Dr. Recasens, one of the leading gynaecologists of Spain and obstetrician to the Queen, and Dr. Juarros, a distinguished specialist in mental disease. They undertook a missionary expedition through Spain, travelling from town to town wherever there was urgent need for hygienic reform, and preaching the gospel of sanitation in public places. Their success in arousing the interest of the people was great, and their example has since been followed by a number of other volunteer health missionaries.

THE New York Association for the Advancement of Medical Education and Medical Science is a new foundation of which Dr. Wendell Phillips, surgeon to the Bellevue Hospital, is president. Before the war Dr. Phillips had planned an institution that should rival the great post-graduate schools of Vienna and Berlin and make New York one of the leading centres of medical teaching in the world. The movement, which was interrupted by the war, is now in active progress. The special aims of the foundation are to improve methods of instruction, to utilize the large clinical material of New York, to bring about a working affiliation of the medical schools, hospitals, and laboratories for educational purposes, and to secure funds to meet the financial requirements of medical education and investigation. It is estimated that £10,000,000 will be required, and an organized effort to raise the money is being made throughout the United States.