

One patient had bronchopneumonia, and two bronchitis, probably bronchopneumonia; and the day of the disease was 8, 25, 14, 14, 25, 6, 15, and 17 respectively. At the time of this experiment no control with a known agglutinating serum was possible.

CONCLUSIONS.

From the above observations it appears that influenza is not produced by Pfeiffer's bacillus, but by some other virus at present unknown, since—

1. The *B. influenzae* is found in only a proportion of the cases. Other workers have, however, recovered it in more than 90 per cent., but streptococci can be found in quite as many.

2. In certain epidemics of influenza it has been found extremely rarely, while in others it has been entirely absent.¹

3. It is found in cases other than influenza.

4. No specific immunity has been demonstrated to follow infection with this organism. Here again, however, others have arrived at a different result, and have found agglutinins to the bacillus in certain cases of influenza, but their presence has been found by no means constant, and they appear more frequently in the first week of the disease than in the later stages.

The observation that the bacillus is pathogenic to animals after intracerebral injections is no proof of an etiological relation with influenza, since in the human disease infection can never be effected by that path; while equally invalid in this respect is the fact that it has been recovered from pleural, arthritic, and meningeal exudates. It is well established that certain organisms—for example, *B. coli communis*—though normally harmless saprophytes, may in certain circumstances become pathogenic; and it is probable, or even certain, that the *B. influenzae* Pfeiffer is one of these. What are the factors producing such a change have not yet been determined.

REFERENCE.

¹ Dopfer et Sacquepée, *Bactériologie*, 1914, p. 527.

PREGNANCY COMPLICATED BY VOLVULUS OF THE PELVIC COLON,

BY

VICTOR BONNEY, M.S., M.D., B.Sc.LOND., F.R.C.S.,
ASSISTANT GYNAECOLOGICAL SURGEON, MIDDLESEX HOSPITAL;
SURGEON TO THE CHELSEA HOSPITAL FOR WOMEN;

AND

E. CHITTENDEN BRIDGES, M.D.DURH.,
CONSULTING PHYSICIAN, MARGARET STREET HOSPITAL FOR
DISEASES OF THE CHEST; VISITING MEDICAL OFFICER,
ST. DUNSTON'S HOSTEL.

THE publication in the BRITISH MEDICAL JOURNAL of December 13th last of Dr. M. Donaldson's interesting case of pregnancy complicated by volvulus, prompts us to place on record another case of the same kind presenting several remarkable features.

In February, 1918, one of us (E. C. B.) was called to see a lady five months pregnant who had symptoms of acute intestinal obstruction. She was very ill, in great pain, and the abdomen was exceedingly distended.

First Operation.

The abdomen was opened in the middle line and an enormous volvulus of the pelvic colon was found, so large that when untwisted the loop of intestine was long enough to reach from the wound to the floor of the room and back again. The bowel was not only greatly distended, but greatly hypertrophied as well. There was an anatomical abnormality whereby the descending colon was continued sessile over the brim of the pelvis and down its side wall to within an inch of the point where the rectum began. The pelvic mesocolon, therefore, had only this length of base from which it spread fanwise to its attachment to the enormous loop of movable pelvic colon, so that the whole loop was, so to speak, pedunculated, and it was at the point of the peduncle that the twist had occurred. At the junction of the colon and the rectum the bowel wall was much thickened and its lumen narrowed, so that a degree of chronic intestinal obstruction must have existed for some time before the acute attack took place, and there was, in fact, a history of symptoms for two years pointing in this direction.

Having untwisted the volvulus, the bowel was incised and emptied of a great quantity of gas and faeculent fluid; but even in its collapsed state it was so large that it was impossible

to return it into the abdomen, and it was necessary to "colostomize" it at the upper end of the wound, the segment left outside the abdomen being thrice the size of a man's fist. The pregnancy was not interfered with, as the patient's state did not permit of a prolongation of the operation.

Second Operation.

There was a good deal of suppuration round the colostomy, and it was several weeks before the exposed portion of the bowel shrank to a reasonable size.

The next problem was to deal with the pregnancy, for the position of the anchored bowel would not permit of the uterus attaining a size much over six months. Consequently, five weeks after the first operation vaginal Caesarean section was performed and a dead six and a half months child was extracted, the fetal head having been perforated first. The patient again made a good recovery except for a slight attack of femoral thrombosis three weeks after the operation.

Third Operation.

Finally, in June, the colostomy being healthy and the uterus involuted, the abdomen was reopened, the anchored bowel freed, the whole loop of still hypertrophied pelvic colon excised, and what was practically the end of the descending colon was joined to the rectum.

Once again the patient did well, and at the present time is in very good health.

Memoranda: MEDICAL, SURGICAL, OBSTETRICAL.

DEATH DUE TO SWALLOWING A DENTAL PLATE.

A WOMAN, aged 40 years, was admitted into Chelsea Infirmary on October 9th, at 4.15 p.m., with the following history:

She had been healthy until three weeks before admission. On September 18th, in the afternoon, whilst eating a potato, she swallowed a dental plate. She drank a cup of tea to wash it down, and then tried to vomit, but could not do so. She felt pain and heaviness in the pit of the stomach, and pain in the back of the chest. She then took about 8 oz. of castor oil in two doses, but could not say whether she passed the plate. She was quite comfortable, took her food fairly well until October 8th, at 5.30 p.m., when she fell down a few stairs; she was picked up by her daughter in a fainting condition, and recovered after taking a drink of water. About half an hour later she complained of feeling faint, and vomited blood (about 10 oz.). She slept quite well that night, but at 6 a.m. on October 9th she again complained of faintness, with a sensation of choking, and then vomited about a pint of blood. She was seen by a doctor at her house, who ordered her removal to the infirmary, where she was admitted at 4.15 p.m. on the same day.



FIG. 1.—Dental plate showing attachment which pierced oesophagus into aorta (two-thirds actual size).
A, Gold attachment of plate.

On admission the patient looked very pale, anaemic, was rather restless, respirations were rapid, her pulse being almost imperceptible at the wrist. She was given 1 c.cm. of pituitary extract (intramuscularly) and one pint of saline per rectum. She returned most of the saline mixed with blood. She then stated she felt faint, and had an attack of haematemesis, vomiting about 10 oz. of blood. Abdominal examination showed nothing except dilated stomach, with tenderness in the pyloric region. A haemic murmur could be heard all over the heart region, and the lungs showed evidence of emphysema and chronic bronchitis.

The patient rapidly became worse, and died at 5.15 p.m., complaining of choking sensation and the desire, but inability, to vomit.

A post-mortem examination was performed by order of the coroner on October 11th, and the following was found:

The body was well nourished. There was no evidence of violence except a slight discoloration of the skin over the left tibia. The mouth was normal; on opening the oesophagus a dental plate was found lodged 5 in. from the back of the pharynx, at the level of the arch of the aorta where the trachea divides. An attachment of the plate had pierced the left antero-lateral surface of the oesophagus and made its way into the aorta, just below the origin of the left common carotid artery. There was a bean-shaped ulcer (1 in. by ½ in.) on each side of the oesophagus where the margins of the plate had rubbed against the mucous membrane. There was also dilatation of the oesophagus. There was a large clot, easily detachable from the posterior wall of the aorta. The heart was fatty

but there were no abnormalities in the valves. There was an *ante-mortem* clot in the right auricle. The stomach was distended, and contained two pints of blood with shreds of mucous membrane. The whole of the intestines was filled with blood. The remaining organs of the body showed signs of acute anaemia with slight fatty changes. The lungs were emphysematous, and there was oedema of both bases.

Death was due to loss of blood from the aorta, passing into the oesophagus through a communication between oesophagus and aorta, produced by an attachment of dental plate ulcerating through the lateral wall of the oesophagus into the aorta.

I am indebted to the medical superintendent, Dr. E. T. Holland, for permission to publish this case.

VICTOR FELDMAN, M.R.C.S.,
Assistant Medical Officer.

Chelsea Infirmary.

Reports of Societies.

MULTIPLE EXOSTOSES.

At a meeting of the Medical Society of London held on December 7th, the President, Mr. V. WARREN LOW, being in the chair, Professor ARTHUR KEITH read a paper on the true nature of multiple exostoses, in which he said that he had had opportunities of studying the *x-ray* records of four cases of multiple exostoses, and from his study had come to the conclusion that the disease should be definitely removed from the category of tumours and placed among the disorders of growth, under the name—suggested by Mr. Morley Roberts—"diaphysal aclasis." The exostoses which attract the clinician's attention to the presence of this disease in patients are merely secondary results which mask one of the most remarkable of all disorders of growth. His attention had been drawn to the nature of the underlying condition by certain *x-ray* plates which were taken in France by Captain J. A. Annan in the spring of 1918, and sent to England to be added to the War Office Collection in the Royal College of Surgeons. They had been taken from a private in a labour battalion, aged 20, who had been diagnosed in the 3rd Canadian General Hospital as suffering from multiple exostoses, and subsequently discharged as unfit. The lower ends of the shafts of this man's femora and the upper and lower ends of the shafts of his tibiae represented an arrest of bone development of a peculiar kind, one which was to be anticipated if John Hunter's teaching concerning the growth of bones was correct. John Hunter was the first to perceive that the shafts of long bones grew by a double process: in the first process new bone is laid down at the extremities of the shaft, in the diaphysal lines; in the second, which Hunter named the "modelling process," the cancellous bone laid down in the diaphysal line is rebuilt, trimmed, and gradually converted into an architectural part of the shaft. In diaphysal aclasis the pruning or modelling process is arrested; hence between the properly formed part of the shaft and the epiphysal end there is interposed an irregular cylinder of imperfectly modelled bone, on the surface of which there are usually several outgrowths. Further investigation of the first case showed that the diaphysal ends of all the bones of the body manifested a similar disturbance of growth, the disturbance being greatest at the lines where growth is most vigorous and most prolonged.

For the *x-ray* plates of a second case Professor Keith was indebted to Captain Lionel West, who forwarded them to the War Office Collection early in the present year. They were taken in Prees Heath Military Hospital from a soldier, aged 26, 5 ft. in height. The *x-ray* plates showed the same growth disturbance at the diaphysal ends of all the long bones. As in the first case, the inequality of growth between the bones of the forearm had led to a dislocation of the proximal end of the radius. The plates of the third case, a soldier aged 29, in Fulham Military Hospital, were taken and sent to the War Office Collection by Dr. Florence Stoney. In the first and second cases only imperfect family histories could be obtained. In Dr. Florence Stoney's case one brother and four maternal uncles were affected with the same disorder. It was probable that there was a family history showing a Mendelian hereditary incidence in the majority of cases. For full records of a fourth case Professor Keith was indebted to Mr. W. Rowley Bristow. This case, that of a girl aged 16, was particularly valuable, because Mr.

Bristow had obtained two sets of *x-ray* plates, the second taken ten months after the first, and in such a way that the one set was strictly comparable to the other. By a close comparison of the two sets of plates it had been possible to work out the exact nature of the growth changes which had taken place in a period of ten months. The changes thus observed were totally different from those which occur at the diaphysal ends in normal growth. For the fifth case he was indebted to his colleague, Professor Shattock, who brought to his notice a case of multiple exostoses, represented in the museum of St. Thomas's Hospital by the bones of the upper and lower extremities. Although the disease was not uncommon, the case preserved in St. Thomas's Hospital Museum—that of a short adult man of unknown age, but probably well over 30, who committed suicide by throwing himself in front of a railway train—was the only skeletal representation of the disease in London. Professor Keith was thus able to check his interpretations of the *x-ray* plates by a study of actual specimens of the disease.

A clue to the true nature of multiple exostoses (diaphysal aclasis) was given by noting its incidence on the skeleton. Bones formed on a membranous basis, such as those of the face and vault of the skull, were not affected. Nor were bones formed in cartilage, such as the epiphyses of long bones, the vertebrae, sternum, carpal or tarsal bones. It was only where these two processes—membrane formation and cartilage formation—came into juxtaposition in the formation of bones that this peculiar disorder of growth occurred. Hence the disturbance was most marked at the growing ends of diaphyses of long bones, and was most emphatically marked where growth was greatest. In the upper extremity the proximal end of the humerus and the distal ends of the radius and ulna showed a much greater growth disturbance than the shafts which end at the elbow-joint. In the lower extremity growth was greatest at the diaphysal ends directed towards the knee, and there the disturbance was greatest; but as there was also a considerable growth at the proximal end of the shaft of the femur and at the distal ends of the tibia and fibula, these parts also exhibited ample evidence of the disease. The growing margins of the os innominatum and scapula, particularly the vertebral border of the latter bone showed irregular formation with the production of exostoses. The clavicles showed a disturbance at both extremities; in the ribs the alterations occurred at the growing costo-chondral junctions. At all these sites two different kinds of bone formation are in progress; as bone is laid down within the growth disc (epiphysal line) in cartilage, a covering of fibroblastic bone is being deposited by the growing margin of the overlying periosteum. We had been so in the habit of concentrating our attention on the process of ossification which takes place in the cartilaginous growth disc that we had left out of sight the equally important growth processes which go on in the ferrule of periosteum which surrounds the growth disc, consequently we were not prepared to encounter a dislocation in the harmony with which these two processes ought to proceed in health. In achondroplasia the arrest of growth was a partial cessation or a retardation of the growth process which goes on within the cartilaginous disc; in diaphysal aclasis the arrest or retardation lay in the growing edge of the periosteal ferrule. Hence it came about that large areas of cartilage-formed bone laid down at the ends of the shafts of long bones were left exposed. A comparison of plates taken from subjects showing different degrees of disorder in the growth and architecture of bones made one quite certain that this arrest of periosteal formation was not permanent, but temporary. The modelling process, which is attended by the deposition of periosteal bone, went on for years after all growth in length had ceased.

Although the chief lesion lay in a delay in the extension of the periosteal ferrule which surrounds every cartilaginous growth disc, yet it was legitimate to infer that there was also a definite disorder in the growth disc itself. The exact nature of that disorder could only be revealed by a study of the microscopic appearances of the growing ends at various stages of the disease. As seen in *x-ray* plates, the growth discs of the shafts of long bones had the same irregular notched appearance as in late rickets, to which disease diaphysal aclasis presented several points of resemblance. In normal development

HOME AMBULANCES.

SIR,—I enclose a cutting from the *Western Mail*, December 20th, in which it is stated that the Order of St. John in Wales, through its new Priory, "intends organizing an ambulance transport service so that every village would have its motor ambulance."

I understood by your interesting leading article which appeared in an October issue, on Red Cross work in peace, that the conjoint body of the Red Cross Society and the Order of St. John were going to do such work. Now, Sir, I would like to know, in the public interest, if that arrangement has come to an end, or has the conjoint body ceased to exist? I am personally interested in the matter, because my friend Dr. Powell (Newcastle Emlyn) pointed out some time ago in the *Cardigan and Tivy-Side Advertiser* the urgent need of an ambulance transport in the district, and was supported in his appeal by the president of the county branch of the British Red Cross Society, Lady Webley-Parry-Pryse. I have frequently felt the need of such transport in my practice; this feeling is shared by all my colleagues in the district, and I am sure I am expressing their opinion when I say that I would like this matter definitely cleared up.—I am, etc.,

T. J. JENKINS,

Honorary Secretary, Vale of Tivy Medical Society; Coroner for the Cardigan District of the County of Cardigan.

December 20th.

. We regret that we are not able wholly to solve our correspondent's difficulties. The Joint Peace Committee of the British Red Cross Society and the Order of St. John was formed some months ago in order that the co-operation between the two bodies which had been so successful in war might continue in peace and any rivalry or overlapping be avoided. The policy of the Home Service Ambulance Committee is for the present to leave the large cities to provide for themselves, but to furnish ambulances for the use of country districts. In pursuance of this policy the Committee two or three months ago allotted two cars each to Anglesey, Brecknockshire, and Cardiganshire, one to Pembrokeshire, and four to Glamorganshire; two cars were allotted to Monmouthshire. It rather looks, therefore, as if the local centre or "Priory" of the Order of St. John in Wales were presenting another instance of that duplication of effort which it was hoped the amalgamation of the two central bodies might prevent.

PENSIONS FOR SENIOR MEDICAL OFFICERS, R.N.

SIR,—Elsewhere the British Medical Association, its works and its critics, are to be the subject of discussions. I should be glad if I might be allowed to add a further criticism.

My attention was drawn yesterday to some remarks in the columns of *Truth* bearing on the subject of pensions to senior naval medical officers which are such as to give rise to distinct and serious grievances. It is not my purpose to discuss these grievances, but I am told on the best authority that several letters on the subject have been sent to the BRITISH MEDICAL JOURNAL, and I would ask—I think with good reason—why it should be a lay publication and not our official journal which first takes action in this matter.

Moreover there is an idea in the service, whether right or wrong I cannot say, that when these questions are brought to the notice of the British Medical Association the matter is first referred to the authorities before any action or even discussion is allowed. Nor is this the first occasion on which the Naval Medical Service has felt that the British Medical Association takes but little interest in its welfare.

Sixteen years ago it was my privilege to try and enlist the sympathies of the British Medical Association in behalf of the service. I remember that *Truth* took up the question then. Although I have lived to see more reforms than I adumbrated then, I do not find that we have to thank the British Medical Association for any of them. My letters on that occasion were allowed to be twisted into a personal attack on the then medical director-general, and, in the absence of any editorial attempt to deal with matters on a useful basis, I saw no use in continuing the discussion.

I am not now, let me point out, making any personal attack, but I am venturing to criticize a corporate body (corporate bodies are notoriously without conscience or feelings)—to wit, the British Medical Association. In justice to this body and to the medical service of the navy I hope you will publish this letter, and thus add one more to the critics to be answered and possibly confounded.—I am, etc.,

GERALD SICHEL,
Late Surgeon R.N.

Sevenoaks, Dec. 12th.

. The British Medical Association has taken action in the matter of pensions to senior naval medical officers, as Dr. Sichel could have seen, in a Current Note printed in the SUPPLEMENT of November 15th last. He is aware that a variety of letters on this subject were published in the JOURNAL during the weeks following the announcement (in our issue of July 26th) of the new rates of pay. These letters were considered by the Naval and Military Committee along with the communications received by it. The action taken was explained in a paragraph published last week (p. 824).

There is no foundation for the suggestion in Dr. Sichel's third paragraph that matters brought to the notice of the British Medical Association are referred to the authorities before action or even discussion is allowed. We have heard a similar statement before, but do not know how the myth originated. The other statement in this paragraph is an example of the proverbial shortness of memory for benefits received. The action of the British Medical Association in the interests of medical officers R.N. goes back to 1874. What was then done led, after a series of memorials and deputations, to the issue by the Admiralty of a new Warrant, which induced a naval medical officer of the period to declare that his brother officers "would never forget what is due to the British Medical Association for what it has done during the eventful years 1874-75." The Warrant seems to have produced content at the time; but various causes of discontent arose later. In respect of one of these, which would have involved a burking of the findings of a commission appointed to consider the affairs of the medical department, the Association was prepared to take action, but the Admiralty eventually issued new regulations which at the time were considered satisfactory. Later on, when it was obvious that the changes had not rendered the medical service of the Royal Navy popular, the Association again took action and forwarded a detailed memorandum to the Admiralty in July, 1914. The matter remained in suspense during the war, but early this year a special subcommittee was set up to deal with it. As to his fourth paragraph, the correspondence published in these columns in 1903 is on record, and Dr. Sichel's grievance can be judged by any reader who cares to consult the volume.

Universities and Colleges.

UNIVERSITY OF OXFORD.

At a congregation held on December 17th the following medical degrees were conferred:

D.M.—O. Newcomb.
B.M.—W. T. Collier, B. G. von B. Mellé.

The following candidates have been approved at the examinations indicated:

SECOND M.B.—*Materia Medica and Pharmacology*: C. C. H. Chavasse, H. K. Denham, W. E. Hayes, W. S. Tunbridge.
Pathology: T. H. Cathrall, C. C. H. Chavasse, W. E. Hayes, J. G. Johnstone, M. H. MacKeith.
Forensic Medicine and Public Health: H. E. A. Bolgero, I. Harris, D. B. Panw.
Medicine, Surgery, and Midwifery: W. T. Collier, B. G. von G. Mellé.

D.P.H.—*Part I*: H. M. Agnau, J. I. Baeza, J. N. L. Blamey, G. K. Bowes, J. G. Browne, C. H. Carleton, A. P. Ford, F. W. Hamilton, G. T. Hebert, H. C. Jennings, M. M. Khan, T. McKibbin, S. C. Morgan, H. Smith, K. E. Tapper, H. Vallow, C. H. Watner.
Part II: A. G. Auld, J. I. Baeza, G. K. Bowes, M. M. Khan, T. McKibbin, S. C. Morgan, K. C. Tapper, H. Vallow.

UNIVERSITY OF CAMBRIDGE.

At a congregation held on December 19th the following medical degrees were conferred:

M.D.—A. N. Drury, R. L. Mackenzie Wallis.
M.B., B.Ch.—D. S. Page, M. S. Thomson.
M.B.—R. St. L. Brockman, S. D. Kilner.

UNIVERSITY OF LONDON.

At a meeting of the Senate on December 17th Dr. S. Russell Wells was elected Vice-Chancellor in succession to Sir Cooper Perry, who resigned the office in view of his appointment as principal officer.

Professor W. Bulloch, F.R.S., was appointed the first occupant of the newly established chair of bacteriology founded by the Goldsmiths' Company, and tenable at the London Hospital Medical College.

The following candidates have been approved at the examinations indicated:

M.D.—BRANCH I (*Medicine*): R. A. Bennett, W. S. George, R. H. Simpson, Sibyll I. Welsh.

BRANCH II (*Pathology*): L. M. Moody.

BRANCH V (*State Medicine*): C. S. van Renen Harwood, R. D. Passey.

M.S.—BRANCH I (*Surgery*): H. B. Kent, Raghunath Dadoba Shirvalkar, E. G. Slesinger (University medal).

UNIVERSITY OF LIVERPOOL.

THE following candidates have been approved at the examinations indicated:

FINAL M.B. AND CH.B.—*Part I. Pathology*: O. A. Akjaly, W. J. Birchall, Doris Brown, W. E. A. Burton, Doris M. Cassidy, A. C. Crawford, Susan H. Gilchrist, W. S. Gilmour, J. Goldberg, S. B. Herd, Isabel E. Imison, E. W. Johnson, J. M. Jones, Florence M. Lampert, J. F. C. McColl, R. F. J. Martin, M. Newman, G. W. Phillips, Kathleen M. Platt, J. H. Pottinger, A. McK. Reid, Gladys Rutherford, J. C. Twomey, S. V. Unsworth, D. O. Williams, Josephine M. Wilson.

Part II. Forensic Medicine, Toxicology, and Public Health: W. H. Evans, M. H. Finegan, R. O. Jones, R. M. Jones, T. M. Jones, M. K. el Khadem, I. G. H. Potter, G. R. Wadsworth.

* Distinction in Pathology.

† Distinction in Forensic Medicine and Toxicology.

‡ Distinction in Public Health.

The Diploma in Tropical Medicine has been awarded to the following:

C. H. Bowle-Evans, R. M. Burnie, Joan M. F. Drake, W. J. Fraser, R. M. Gordon, C. F. Krige, I. L. Oluwole, W. C. Sowers, Mary G. Thompson, C. J. Young.

UNIVERSITY OF MANCHESTER.

THE following candidates have been approved at the examinations indicated:

FINAL M.B. AND CH.B.—Mary E. Boullen, Elizabeth C. Davies, J. B. Higgins, F. S. Horrocks, E. R. Ormerod, E. Pigott, Doris M. R. Tomkin. *Obstetrics*: F. G. Hamnett, F. N. Leing. *Medicine*: F. G. Hamnett. *Forensic Medicine*: S. Almond, F. H. Anderson, Martha F. Barritt, Dorothy M. L. Dyson, E. Jones, A. Maude, E. R. Ormerod, J. S. Robinson, Constance Snowden, G. Talbot, H. W. Taylor.

* Distinction in Medicine and Surgery.

UNIVERSITY OF EDINBURGH.

GRADUATION CEREMONY.

THE usual graduation ceremony which marks the beginning of the Christmas vacation was held on December 19th, when the Principal, Sir Alfred Ewing, K.C.B., conferred eighty-seven degrees, including the M.D. on nineteen, the M.B., B.Ch. on forty-nine, and the diploma in tropical medicine and hygiene on one.

At the close of the ceremony the Principal gave a short address, in which he said that the term had been crowded and strenuous, difficult for students, teachers, and even administrators. Never before had the rooms of the University been so crowded, and never before had the University been compelled to shut the door in the face of candidates whose only fault was that they had been too late in applying. It was satisfactory to find a spirit of real earnest work; men and women had come back to the University with maturer minds and a determination to get the best out of themselves and the University. Moreover, there had been a splendid resurrection of the social life of the University, both intellectual and athletic. The University was passing through a period of mental reconstruction very stimulating, but not without its special dangers and inconveniences. In every line of activity the world was calling for men and women with the higher education the University could give.

The following degrees were conferred:

M.D.—C. E. Blair, A. S. Bremner, W. F. Christie (Major R.A.M.C.), Mary O. Fergusson, J. Geoghegan (Captain R.A.M.C.), D. A. R. Haddon, S. H. Hall, A. Hosking, S. Jackson, W. P. S. Johnson, J. H. Kerr, Muriel H. Kerr, W. M'Farlane, W. K. M'Intyre, D. M'Kelvey, M.C. (Captain R.A.M.C.), R. Morison, W. T. Patterson, K. Simpson (Captain R.A.M.C.), F. H. Stewart (acting Lieutenant-Colonel I.M.S.).

* Commended for thesis.

† Highly commended for thesis.

M.B., B.Ch.—Ahmed Fahmi Abbassi, G. S. Bainbridge, L. van R. Becker, Gladys A. Boyd, J. G. L. Brown, D. A. Cadman, Margaret S. Caskie, N. H. G. Cloete, A. Y. P. Cochrane, W. H. Critien, Dorothy G. Davidson, I. A. W. Davison, H. J. A. Dingwall, H. R. Dodson, N. M'O. Dott, Evelyn W. A. Dunderdale, A. R. Erskine, Millicent Fox, Gurdial Singh Gill, Alice M. Graham, J. A. Hennessy, W. A. Hennessy, R. A. S. Hoyte, A. Joe, R. N. Johnson, J. I. Kuit, J. Learmont, A. R. M'Lean, Jane S. M'Phail, W. M. MacPhail, A. M. MacRae, D. A. Miller, L. E. Miller, Helen

Morison, Georgia I. B. Nichol, E. G. H. Payne, D. Rankin, E. A. Renner, W. B. Ross, Janet C. Ruger, Muriel Sellers, A. H. Shennan, A. M. Simson, S. Stein, H. W. Y. Taylor, T. R. R. Todd, Vera C. Veitch, G. R. S. Wallis, D. T. Watt.

D.T.M. and H.—F. G. Macnaughton.

The Whiteside Bruce Bursary was conferred upon E. R. Boyd.

† First class honours.

‡ Second class honours.

UNIVERSITY COURT.

At the meeting of the University Court on December 15th it was announced that a number of ordinances had been approved by Order in Council, including that for the foundation of the Chair of Psychiatry, and it was announced that Dr. G. M. Robertson, physician-superintendent of the Royal Asylum, Morningside, and lecturer on mental diseases in the University, whose nomination to the chair was announced some time ago, would formally assume his duties on January 1st, 1920.

Mr. F. E. Burton, M.B., was appointed lecturer on applied anatomy, and Dr. David Lees, with the concurrence of the city of Edinburgh, lecturer on venereal diseases. A post-graduate course in economic entomology has been instituted. It was reported that Dr. John Aitken, F.R.S., of Falkirk, an engineer who gave particular attention to colour and colour sensation and to the counting of dust particles, had left to the University such parts of his scientific apparatus as the University might select.

UNIVERSITY OF ST. ANDREWS.

THE following candidates have been approved at the examinations indicated:

THIRD M.B., CH.B.—*Pathology*: G. G. Buchanan, Nona S. Lesslie, Isabel M. Mansie. *Materia Medica and Therapeutics*: G. G. Buchanan.

SECOND D.P.H.—*Sanitary Law and Vital Statistics, and Sanitation and Epidemiology*: D. Dempster, F. L. Keith.

ROYAL COLLEGE OF SURGEONS OF EDINBURGH.

THE following gentlemen, having passed the requisite examinations, have been admitted Fellows:

J. R. Anderson, M. H. Barton, C. O. Bodman, C. S. Brown, A. H. Budler, A. Campbell, N. S. Carruthers, P. J. Chissell, F. Crooks, W. Crosse, A. B. Danby, W. Everett, A. H. Gibson, H. R. W. Husband, Karam Chand Jaidka, H. V. Lamb, J. B. McDiarmid, G. M'ullan, W. Martin, L. May, V. P. Norman, C. H. G. Pochin, W. Sowerby, G. Sparrow, M.C., D. C. Suttie, M. G. Sutton, Rustom Navroji Vakil, D. B. Walker, N. G. Sutton.

The Services.

SPECIALIST PAY IN THE R.A.M.C.

THE Director-General of the Army Medical Service in his address—which was published in the JOURNAL of October 11th—made the first public announcement with regard to the new rates of pay for specialist appointments in the R.A.M.C. In the past a limited number of such appointments have carried additional pay at the rate of 2s. 6d. a day, such appointments being limited to captains and majors. Sir John Goodwin gave an account of the revised rates which would come into force when the corps again settled down to the more or less normal conditions of peace.

In our issue of December 13th we printed a brief note announcing that sanction had been given by Royal Warrant to the issue of revised rates of additional pay and charge pay for officers of the Royal Army Medical Corps. The conditions and rates are published in full in Army Order No. 411 of 1919. This states that, with effect from January 1st, 1920, the following alterations will be made in the Pay Warrant dated December 1st, 1914. Additional pay within a limit of 5s. a day will, as from the beginning of next year, be issuable to officers not above the rank of lieutenant-colonel, while acting as specialist, in a post considered by the Army Council to merit the grant of additional pay, according to subjects or groups of subjects as under.

At the rate of 5s. a day:

Operative Surgery, advanced.
Medicine.
Ophthalmology.
Gynaecology and Midwifery.
Dermatology, including Venereal Disease.

At the rate of 2s. 6d. a day:

Otology, Laryngology, and Rhinology.
Radiology.
Anaesthetics.
Mental Diseases.
Hygiene.
Pathology.
Subjects, other than above, at the discretion of the Army Council.

Officers granted temporary higher rank while holding appointments in the services of hygiene and pathology will not be eligible for additional pay as specialists while holding such temporary rank.

The new rates certainly mark an advance in the right direction, and it is an important point that officers may now hold specialist appointments and draw the pay for them up to the rank of full Colonel—that is to say, Lieutenant-Colonels are no longer excluded. The number of subjects is increased, and the specialist pay in several of them is doubled.

Charge Pay.

The new scale of hospital charge pay, in substitution for Article 361 (a) of the Royal Pay Warrant of 1914, was announced in the JOURNAL of December 13th last, at p. 800. It is further laid down that an officer graded as a specialist appointed to the charge of a medical or surgical division of a general hospital may be allowed to retain his additional pay and to draw the rate of charge pay laid down for a divisional officer, provided that the total of the additional and charge pay so drawn does not exceed the rate of charge pay drawn by the officer in charge of the hospital. With this exception charge pay and additional charge pay as specialist will not be issuable concurrently.

The Royal Warrant governing all the above changes is dated November 27th, 1919.

The names of Lieut.-Colonel T. H. Foulkes and Major (temporary Lieut.-Colonel) I. M. Macrae, of the Indian Medical Service, have been brought to the notice of the Secretary of State for War for gallant and distinguished services rendered in connexion with the military operations at Aden from September 1st to December 31st, 1918.

Obituary.

J. I. B. BERKART, M.D., M.R.C.P.,
London.

DR. BERKART, who died on December 9th, was educated at University College, London, where he was a pupil of Sir William Jenner; he graduated M.D. at the University of Würzburg in 1871, and took the diploma of M.R.C.P. Lond. in the following year. He was for some time physician to the City of London Hospital for Diseases of the Chest.

His monograph on asthma was a well known work, and has often been referred to, containing, as it did, a critical survey of the different views which had been put forward in regard to the pathogenesis of the disease. The theory adopted by the author, however, found very little favour, seeing that it did not attribute the respiratory embarrassment to bronchial spasm, but to the presence of viscid exudate in the larger bronchi.

He had for some years, moreover, laboured at the subject of gout, in the same critical spirit, though only fragments of this work were published from time to time in the BRITISH MEDICAL JOURNAL and the *Lancet*. After Ebstein, he was the first to describe accurately, and to figure, the histological structure of intraosseous tophi, the details of which are not, even now, as generally known as they might be. These observations showed that the deposition of urate is not the initial, but a later event in the production of the lesions.

Dr. Berkart was a physician of studious habit and retiring disposition. He ever held fast to the highest standard of medical ethics, and remained a close student of medical literature to the end of his career.

FREDERIC SKAIFE, L.R.C.P., M.R.C.S.,
Chichester.

By the death on October 23rd of Mr. Frederic Skaife, in his 70th year, Chichester and district lost one of its most popular medical practitioners. He studied medicine at St. Bartholomew's, and after taking the diplomas of L.S.A. and L.R.C.P.E. in 1871 and M.R.C.S. in 1872, he for a short time held resident appointments in Carlisle, Penrith, and Wigton; but his life's work was done in Chichester, where he started practice in 1879, and retired only in March of this year. During the whole of that time he was on the surgical staff of the Royal West Sussex Hospital, where his work was held in great repute. In private practice, on account of his experience and skill, he was highly esteemed. Equally attentive to rich and poor, he established a remarkable hold on the affections of all who knew him. He was a keen sportsman, his chief recreation being hunting. As a follower of hounds he was a fearless rider, and was considered one of the finest of horsemen. Genial, courteous, straightforward, of good

presence and attractive personality, he was a fine type of an English gentleman.

Like so many others, Mr. Skaife had his sorrows in connexion with the great war. Both his sons were officers in the old army, and both went to France with the Expeditionary Force. Within a short time both were reported killed. Subsequently it was found that the younger son was wounded and a prisoner in German hands; he was repatriated in 1918. Notwithstanding his great sorrows and anxieties Mr. Skaife kept bravely on as usual, and did much war work. He is survived by his widow and by his younger son already mentioned—Lieut.-Colonel E. C. Skaife, O.B.E., Royal Welsh Fusiliers.

WE regret to announce the death of Dr. R. FRANCIS CRAGGS, which took place at Newcastle-upon-Tyne on December 6th. He was born at Newcastle in 1869, and was the son of the late Joseph Craggs of that city. He studied medicine at Newcastle, and graduated M.B. and B.S. at the University of Durham in 1890, and proceeded M.D. in 1893. Though chiefly engaged in general practice in Newcastle, which he commenced in 1894, he was also for many years ophthalmic surgeon to the Hospital for Sick Children, and surgeon to the Throat and Ear Hospital, Newcastle-on-Tyne. He was a keen antiquary and philatelist, and was for some time vice-president of the North of England Philatelic Society. Dr. Craggs had for some years suffered from severe heart disease, and this was much accentuated by his self-sacrificing work during the war, when practically all the doctors of the district were on military service. He is survived by his widow and two sons. The funeral service was held on December 9th at St. George's Church, Jesmond, with which he had been closely associated, and on the following Sunday the Vicar of that parish paid a tribute to his zeal and earnestness. The interment took place at St. Andrew's cemetery in the presence of a large gathering.

Medical News.

DR. ADAM FULTON has been appointed a Justice of the Peace for the city of Nottingham.

DR. ADDISON, the Minister of Health, has appointed Mr. A. L. Lowe, C.B.E., and Miss Alice L. Wallace to be members of the Advisory Committee on the Welfare of the Blind.

THE discussion on the various aspects of tuberculosis as affecting child life will be continued at a further joint meeting of the Tuberculosis Society and the Association of School Medical Officers to be held on Monday, January 12th, 1920, at the rooms of the Medical Society of London, 11, Chandos Street, W., at 7.30 p.m. Lieut.-Colonel F. W. Higgs, C.B.E., Dr. Letitia Fairfield, C.B.E., Dr. Jane Walker, and Dr. Watt are expected to take part in the discussion.

THE Medical Research Committee has issued an important report on the ultimate results of the treatment of syphilis with arsenical compounds, to which we hope to refer more at length in an early issue; but it will be interesting now to note that the observations confirm the overwhelming importance of diagnosis and treatment in the primary stage before the Wassermann reaction becomes positive, and afford no evidence that the administration of mercury, after a course of arsenical treatment, has any effect in preventing relapse.

THE Royal Statistical Society has presented to the Prime Minister a petition signed by a large number of persons of experience in statistics, and also on behalf of many learned bodies, some of the most important county and municipal authorities and chambers of commerce, asking that a Royal Commission or Parliamentary Committee should be appointed forthwith to inquire into the existing methods of the collection and presentation of public statistics, and to report on the means of improvement. A number of instances are given, relating chiefly to trade and commerce, in which statistics are either not available or very imperfect. It is said that there is a lack of co-operation between the different departments, defective supervision of the collection of statistics in some cases, and the employment, especially for census purposes, of persons ill paid and insufficiently educated, and therefore not interested in the collection.

DR. T. BARRETT HEGGS, medical officer of health of the North-East Kent United Districts, has been appointed by the Government of Mesopotamia to be Medical Officer of Health of the City of Baghdad and will leave England for this appointment in March next. For the past ten years Dr. Heggs has been M.O.H. of these districts of Kent, medical superintendent of his districts' joint isolation hospital, local tuberculosis officer, medical inspector of school children, M.O. to school clinics and infant welfare centres, certifying factory surgeon for Sheppey, and M.O.H. to a portion of the Port of Faversham, and also medical superintendent of Keycol Sanatorium (the first municipal sanatorium to be built in Kent). During the war, while serving in Mesopotamia, Dr. Heggs was appointed by the army to be Medical Officer of Health of Baghdad in August, 1918, till demobilized early this year.

WE learn that an important amalgamation of French journals devoted to obstetrics and gynaecology has been arranged, and that Messrs. Masson are about to begin to issue a new periodical—*Gynécologie et Obstétrique*—to replace the *Annales de Gynécologie et d'Obstétrique*, the *Bulletin de la Société Obstétricale*, *La Revue de Gynécologie* (Pozzi), *Les Archives Mensuelles d'Obstétrique et de Gynécologie* (de Bar and J. L. Faure), and *Les Annales d'Obstétrique et de Gynécologie* (Hartmann, Couvelaire, and Pinard).

THE Vernin Repression Society will hold a dinner at the Connaught Rooms, Great Queen Street, W.C., on January 9th, 1920, to celebrate the success of its efforts to induce the Government to legislate for the suppression of rats and mice. The chair will be taken by Lord Aberconway. The council of the society includes men of science, and one of its aims is to encourage scientific research.

THE subject for the next award of the Liddle Triennial Prize is "The etiology of influenza." Essays, distinguished by a motto or device, must be received by the Dean of the London Hospital Medical School (from whom further particulars can be obtained) not later than June 30th, 1920. The object of the prize, which is of the value of £120, is to encourage original observation and investigation. No award will be made if, in the opinion of the examiners, the essays have not attained a sufficiently high standard of excellence.

AN association of the medical press of Japan has recently been established. The first meeting was held on August 11th.

Letters, Notes, and Answers.

ORIGINAL ARTICLES and LETTERS forwarded for publication are understood to be offered to the BRITISH MEDICAL JOURNAL alone unless the contrary be stated.

CORRESPONDENTS who wish notice to be taken of their communications should authenticate them with their names—of course not necessarily for publication.

AUTHORS desiring reprints of their articles published in the BRITISH MEDICAL JOURNAL are requested to communicate with the Office, 429, Strand, W.C.2, on receipt of proof.

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, *Attitology, 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.

LETTERS, NOTES, ETC.

MEDICAL FEES.

"JUSTITIA" writes: Is it not time for the fee for police calls to be raised? The medical man is still practically obliged to attend during the day any such case whatever he may be engaged in at the moment—often at great inconvenience to himself—for a fee of 3s. 6d., which is the pre-war fee. I ought also to mention that the Metropolitan Water Board only pay 10s. a year for medical attendance and medicine for each of their employees, who are mostly older men; and, worse still, the Hospital Saturday Fund only pay 3s. 6d. for a month's attendance and medicine on each of their applicants.

"DAMAGED GOODS" ON THE FILM.

EUGENE BRIEUX's play *Les Avariés* was written in 1901. It shows the tragedy of a home riddled with syphilis, and is therefore in line with Ibsen's *Ghosts*. An English translation

was made by John Pollock, under the title of *Damaged Goods*, and private performances were given in London in 1913. The play was afterwards licensed by the Lord Chamberlain, and when produced by Mr. J. B. Fagan in 1917 it ran for 250 performances. A film version has now been prepared by the W. and F. Film Service, Limited, and a private representation was given on December 16th at Terry's Theatre. The film has been produced in this country by British actors and actresses. We understand that the Censor of Films has so far refused to pass it for representation in public, yet it is a powerful piece of moral propaganda, and there has been an evident effort to avoid what is merely revolting. After the performance Father Bernard Vaughan gave it as his opinion that *Damaged Goods* was a most impressive film that would inculcate a great warning to unthinking young people. He said that the cinematograph had come to stay, and those who exhibited it had a great opportunity to take a share in educating the masses upwards. Mr. J. A. Seddon, M.P., who agreed with this point of view, was probably not far wrong when he said that 90 per cent. of the population were more influenced by visual than by oral education. Considering the sort of stuff that is shown daily and nightly to millions of people of this country at cinematograph theatres, we find it difficult to understand on what grounds the licensing authority withholds permission for public representation of this artistic and most serious production.

SEVERE ANAPHYLAXIS: RECOVERY.

DR. A. ESTCOURT-OSWALD (Colchester) writes: I am glad to see an account of Captain W. T. Munro's case of anaphylaxis recorded in the BRITISH MEDICAL JOURNAL of November 22nd, 1919, p. 668. Captain Munro mentions that it is not possible to produce anaphylaxis in an animal while it is under the influence of ether. This raises an interesting question: was the recovery in this case due to any antianaphylactic action of the chloroform, or purely to its antispasmodic action?

One other point. Captain Munro has hardly done himself justice in his account of the case. I was present at the time and I have never seen a man so near death and yet recover. Had it not been for Captain Munro's extremely prompt and plucky treatment the case must have ended fatally.

AN IMBECILE'S MEMORY.

DR. A. N. HAIG (Yeovil) writes: Apropos of Dr. Pereira Gray's note on "An imbecile's memory" in the BRITISH MEDICAL JOURNAL of December 6th, p. 762, the following extract from *Memories Grave and Gay*, by John Kerr, LL.D., late Chief Inspector of Schools for Scotland, may be of interest:

"The abnormal development of one sense or faculty, as in some sort a compensation for the absence of others, is well known. I have seen two very striking examples of this in the same asylum. One was a boy, and the other a girl, both completely blind, and both largely imbecile. . . . The girl, who was 8 or 9 years of age, was an inmate for several years, but was ultimately sent home as hopelessly unteachable, and yet she had the remarkable faculty of being able to tell instantly on what day of the week any date that could be mentioned would fall. Three or four years ago, when the Lord High Commissioner and his suite visited the asylum, I gave each of them a separate card of all the months of the year. To every date they mentioned the girl gave at once the day of the week on which it fell. I tried her with the dates of the three preceding years, with the same result. She made only one slip, and immediately corrected herself. She has not been taught, for the best of all reasons, that the teacher has not the slightest idea how she does it. When asked how she does it, she replies, apparently in the most brainless tone, 'I don't know.'"

I am reminded that the late Professor Stephenson of Aberdeen used often to say that to be able to guess the time correctly was the mark of an imbecile.

VACANCIES.

NOTIFICATIONS of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found at pages 36, 37, 39, 40, and 41 of our advertisement columns, and advertisements as to partnerships, assistantships, and locum tenencies at pages 38 and 39.

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NOTE.—It is against the rules of the Post Office to receive *poste restante* letters addressed either in initials or numbers.