

*Dangers and Discomfort.*

**Dangers.**—The objections to the method are largely theoretical, and no ill consequences have occurred in the fifty cases I have inflated, nor in any of the many cases of which published records exist. The dangers which may be anticipated are:

1. *Puncture of the Intestine.*—In practice it is found that live gut always gets out of the way, though it is easy to puncture the intestine in a cadaver.
2. *Puncture of veins in the omentum or mesentery with consequent gas embolism or bleeding.* This has not occurred.
3. *Infection of Peritoneum.*—It is unlikely that mere puncture of gut by a fine needle would lead to infection and the carrying in of a punched-out piece of skin is avoided by the use of a sharp needle with an obturator.

**Discomfort.**—About half the patients complain of no discomfort. Pain in the right shoulder, due to the falling down of the liver and drag on the diaphragm, is often felt. It can be minimized by keeping the patient recumbent, and is at once relieved by lowering the head and raising the pelvis. In only two of my patients has it been at all severe. The removal of the gas at the end of the examination is important, as it at once relieves the pain in the shoulder and any discomfort from distension. Several private patients have returned home by train immediately after deflation, and have stated that they were quite comfortable.

The site of injection has been chosen with some care, though in cases with abdominal adhesions it may have to be varied. By puncturing through the rectus muscle one is enabled to determine the proximity of the peritoneum by feeling the posterior layer of the rectus sheath. By choosing a spot below and to the left of the umbilicus the omentum may be avoided.

*Positions for Radiography.*

For various organs different positions must be adopted. The ones which have given most information are as follows:

1. Patient supine: (a) Rays from below; (b) rays from the side.
2. Patient prone: Rays from below.  
This is the most generally useful position for the solid organs and gives a wonderful view with the screen.
3. Patient upright: Rays from behind.  
This position is rarely necessary and is very uncomfortable. It may be used to demonstrate visceroptosis.
4. Patient lying on side: (a) Rays from below; (b) rays from the side.
5. Trendelenburg position. Prone or supine. (For the pelvic organs.)
6. Occasionally other positions—for example, semi-lateral or knee-elbow—may be necessary.

*Results.*

The spleen is readily seen and its size and contour demonstrated. The liver is also easily examined in various profiles and its ligaments become visible. The gall bladder, if enlarged, is seen and calculi are readily shown if opaque. If translucent calculi are present, they are seen as translucent areas within the gall bladder shadow, as they are more translucent than the mucus or bile they displace. The kidneys are seen in their whole extent, though they appear a vertebra lower than normally. The situation of calculi within the organ is clearly made out. Intra-abdominal tumours can be clearly made out and their attachments defined. The female pelvic organs are visible, though at present it is difficult to distinguish between a solid ovarian tumour and a uterine fibroid. Abdominal adhesions are often clearly shown. Tumours of the stomach, colon, and urinary bladder may be demonstrated by combining this method with inflation of the cavity of the organ concerned. The lumbar vertebrae are more distinctly shown than by the ordinary methods and a psoas abscess shows very clearly.

It has been suggested that the diagnosis between sub-phrenic abscess and empyema could be readily cleared up by obtaining the separation of the liver from the diaphragm, and that possibly obscure hernias such as obturator hernia could be accurately diagnosed.

The technical details of the radiography will be dealt with by the radiographers. The accompanying plates were taken by Drs. N. S. Finzi, Dudley Stone, Martin Berry, and H. T. George. I am indebted to my colleagues

at St. Bartholomew's Hospital for the opportunity to inflate many interesting cases.

ABRIDGED BIBLIOGRAPHY.

- Weber, E.: *Fortschritte a. d. Gebiete der Röntgenstrahlen*, 1913, vol. xx, p. 453.  
 Rautenberg, E.: *Deut. med. Woch.*, 1914, No. 24, p. 1205.  
 Goetze, C.: *Muench. med. Woch.*, 1918, No. 46, p. 1275.  
 Stein, A., and Stewart, W. H.: *Ann. of Surg.*, 1919, July, p. 55.  
 Alessandrini, P.: *Il Policlinico*, 1919, p. 641.  
 Faschunbauer, H., and Eisler, F.: *Wien. klin. Woch.*, 1920, No. 39, p. 853.

**Memoranda:**

**MEDICAL, SURGICAL, OBSTETRICAL.**

**A CASE OF ENCEPHALITIS LETHARGICA.**

SINCE this disease is likely to become more prevalent, I think it is desirable that notes of cases should be carefully taken and recorded, with a view to analysis for diagnostic purposes. In my notes of the following case I regret the absence of the results of lumbar puncture, and of blood examination. In other recorded cases, however, these examinations have not disclosed much that is important. The urine showed nothing unusual.

A muscular man, aged 49, of good health and habits, saw double on May 11th. He consulted me on May 12th solely on account of this symptom. Otherwise he felt quite well. Examination showed binocular diplopia on looking downwards. Pupil reflexes, the extrinsic ocular muscles, and patellar reflexes, were normal. A report from an eye hospital on May 13th stated that there was "paresis of the superior oblique."

I was informed on May 14th that he was not so well, and was weak, very silent, and somewhat changed in manner and appearance. I visited him on May 15th and insisted on his going to bed. Temperature: Morning, 102.4°; evening, 101.4°. Pulse: Morning, 120; evening, 98. Respirations: Morning, 20; evening, 26. Binocular diplopia present; ptosis left eyelid; sweating very general; flexibilitas cerea; Kernig and Babinski signs positive. Ocular conjunctiva congested; pupillary reactions to light and accommodation positive but sluggish. Mask-like face.

May 16th: General condition as on preceding day. Drowsy, but easily aroused. The following day a high enema was found necessary; still drowsy. On May 18th he was perspiring freely; tache cérébrale present; disappearance of diplopia.

May 19th: Tache cérébrale. Intellect clear; can recall with unexpected accuracy, having regard to his stuporous appearance, the date and circumstances of his first feeling ill. He can close his eyelids, but cannot open them. If I initiate the act for him by gently lifting the lids, he can complete the opening; this I repeatedly confirmed.

May 20th: Enema given for constipation; general symptoms as on the previous day, but more lethargic. Sweating of face (especially over chin) and of hands. General wasting of whole body and also of face. Digital pressure over the intercostal spaces in mid-axillary line, both sides, elicits pain. Similarly there is tenderness to digital pressure over the lateral branches of the posterior rami of the thoracic nerves, at a short distance from the vertebral spines.

May 21st: Sweating general, especially profuse over beard area. The next day ptosis of left eyelid more noticeable; no nystagmus, rotatory muscles of eyes acting normally.

May 23rd: Sweating freely, great wasting. No longer ptosis of left lid. Tongue, which hitherto was very dry and not easy to see (owing to inability to open the mouth satisfactorily), moister and better projected. Sweating on the chin area greater than on any other part of the face.

May 24th: Sweating freely. Incontinence of urine. Slight ptosis of right lid; lagophthalmos.

The following day the bowels, hitherto much confined, moved naturally. Opening and closing of eyelids is under voluntary control. Since May 19th he has been unable to open his eyelids without my initiating the action for him.

May 26th: Bowels moved naturally. Slight ptosis of right eyelid, as yesterday; recession of right eye. Opening and closing of lids under voluntary control. Pulse very weak. For the first time since illness cough is present. On examination of the lungs, hitherto repeatedly negative, there is dullness and bronchophony at right vertebral border and left base. Patellar, epigastric, cremasteric reflexes, hitherto present, now abolished. Babinski's sign negative; Kernig's sign present, as hitherto. Notable epigastric distension; great prostration, wasting, and sweating. Tache cérébrale, present since the eighth day (May 18th), is now faint, and comes and goes slowly. Sweating over beard area not so marked. Buttocks very red. Complaints of pain in left wrist—no signs. First interosseal and thenar eminences much wasted on both sides. Voice very low and indistinct. Pupils "half-way"; light reflex abolished; slight twitching at angles of mouth. Intellect clear; he made all arrangements for his funeral. Had a "bad turn" at midnight, no convulsion. Death in state of coma on May 27th (the seventeenth day). Temperature before death 106°. The temperature from May 15th onwards had varied between 100° and 103°, and had been almost invariably higher in the morning than in the evening.

The leading symptoms in this case were: (1) Binocular diplopia the first symptom; "mask face"; ptosis of variable extent. (2) The entire absence of pain. (3) Lethargy and *flexibilitas cerea*. (4) Profuse sweating and rapid wasting. (5) Constipation, until towards the end. (6) Pyrexia moderate in range, but of the *inverted type*; at the end, hyperpyrexia. (7) Notwithstanding the lethargy, the patient was at all times easily aroused, and responded to questions with surprising accuracy and quite rationally.

In conclusion, I wish again to allude to the very strange symptom of his being able to close, but not (without help) to open, his eyes during the great part of his illness. There had been no influenza in his home.

J. J. HANLEY, M.R.C.S., L.R.C.P.Lond.,

Motherwell.

M.D.Boston.

#### HYDATIDIFORM MOLE: PERFORATION OF UTERUS.

E. J., a single woman, 27 years of age, was admitted to hospital on September 20th, 1920; she gave a history of profuse and continuous "flooding," beginning when a menstrual period was due and lasting for four weeks. After the "flooding" had been going on for a fortnight her abdomen began to swell, and she experienced severe and continuous hypogastric pain. Her monthly periods had been previously quite regular and there was nothing in her history to suggest pregnancy either past or present.

On examination the patient was found to be very anaemic; she was still "losing" considerably. The abdomen was distended, tender and rigid, and the lower half was dull on percussion. The rigidity prevented effective palpation. Vaginal examination was difficult and unsatisfactory, but the cervix was found to be soft and the os closed. The breasts were not enlarged and there was no uterine souffle. On account of the acute abdominal signs it was decided to operate at once. When the abdomen was opened the peritoneal cavity was found to contain a very large quantity of clotted blood. The uterus was enlarged and resembled exactly that of a six-months pregnancy. No bleeding point could be found until the uterus was turned forward out of the wound, when a small, almost pinhole, perforation was discovered on the posterior wall; immediately around the perforation the uterine wall was very thin and soft. Hysterectomy was performed and the abdomen closed as quickly as possible. The operation was well borne and recovery has been uneventful. When the uterus was cut open after the operation it was found to be completely filled by a large hydatidiform mole. The uterine wall was greatly thinned in places and particularly so around the point of perforation.

The interesting features of the case seem to be (1) the extremely rapid development and (2) the difficulty or impossibility of making a correct diagnosis prior to operation.

London, S.E.

R. C. HARKNESS, F.R.C.S.Eng.

#### A CASE OF GONORRHOEAL MASTITIS.

We were consulted on June 30th, 1920, by a married woman, who stated that she was seven months pregnant, and had knocked her breast six or seven weeks previously; the breast had become swollen, and "burst" a fortnight ago.

On examination we found a swelling the size and shape of a tea bun occupying the upper and outer quadrant of the breast. It was of india-rubber consistence, and thin pus was escaping from two sinuses, separated by a narrow bridge of tissue about 1½ in. from the nipple. A smear was taken of the pus. To our surprise it was found to contain gonococci; the pus cells were packed with typical Gram-negative diplococci. Two days later we severed the bridge of tissue between the sinuses and freely opened the tumour. At the same time we found that the patient was suffering from acute urethritis and vaginitis, with a copious purulent discharge, which also contained very numerous pus cells packed with Gram-negative diplococci. She assured us that the urethritis and vaginitis, which had a sharp onset, were of not more than two or three weeks' duration. As the free opening, followed by constant fomentation, had no obvious effect, we gave her, at five-day intervals, four subcutaneous injections (5 million each) of a gonococcal stock vaccine. With this treatment the discharge from the breast ceased, the wound healed, and the lump rapidly retrogressed. Active local treatment of the genital area was also carried out. The husband denied ever having had gonorrhoea, and presented no symptoms.

We conclude that we were dealing with a case of primary gonorrhoeal mastitis with a urethritis and vaginitis secondary to it. As we can find no record of gonorrhoea affecting the breast we think the case worthy of note.

London, E.

W. H. F. OXLEY,  
J. DUNDAS

## Reports of Societies.

### DECAPSULATION OF THE KIDNEY.

A MEETING of the Urological Section of the Royal Society of Medicine was held on October 28th, with Sir PETER FREYER, President of the Section, in the chair. A paper was read by Sir THOMAS HORDER on decapsulation of the kidney (printed in full at p. 727), and Mr. VICTOR BONNEY described a new operation for fixation of the kidney. The PRESIDENT, in opening the discussion on decapsulation, congratulated the Section on the excellence of the paper given at this the first meeting of the Section.

Sir D'ARCY POWER gave a summary of his experience of decapsulation. He confessed that at first he had been disappointed in the results obtained, his original series of operations having been performed on middle-aged and elderly patients. The cases upon which Sir Thomas Horder had asked him to operate were of a younger class and the results had been far better. With regard to the operation itself, there was little to be said; no particular difficulties had been encountered.

Mr. FRANK KIDD reported the results of four cases of decapsulation. Of these one had been permanently cured, two markedly relieved, and one temporarily improved, but subsequently suffered a relapse. He had not yet made up his mind as to what type of case was most suitable for operation. He operated with the patient lying on his face, and stripped the kidneys while in position without any dislocation. It was doubtful how decapsulation acted, but he suggested that to some extent it was a question of drainage; the lymphatics of the kidney run from the capsule towards the hilum, and decapsulation might well remedy a block in lymphatic drainage.

Dr. LEWIS SMITH said that it was most important to discover the right type of case for decapsulation. In one of his more severe cases changes in the fundus oculi were found, yet it had undoubtedly improved. He thought that nephritis accompanied by considerable oedema, but without marked cardio-vascular changes, was the most likely to benefit from operation. It must always be borne in mind that sometimes this very type of case got well apart from any particular treatment, and it might sometimes happen that improvement would occur, not on account of, but in spite of, decapsulation.

Sir NESTOR TIRARD suggested that in the two cases reported by Sir Thomas Horder with a low blood pressure there may well have been cardio-vascular changes. Mr. GWYNNE WILLIAMS reported two cases which had benefited by decapsulation; marked improvement had occurred in the excretion as the result. Dr. GEOFFREY EVANS said that it was most important to obtain more than a clinical picture of the type of case suitable for decapsulation. He suggested that, as it was an easy matter to remove a small fragment of renal tissue at the time of operation, it would be highly advantageous to add histological to clinical data.

Dr. GEORGE GRAHAM put forward a plea for the chemical investigation of these cases. It was particularly desirable to test the following: diastase in the urine, urea in the blood, and urea concentration. The addition of this knowledge would be most valuable in helping to arrive at a decision as to suitable cases for operation.

The PRESIDENT closed the discussion by reference to a case in which he had performed decapsulation. The operation had been followed by a rapid increase in the amount of urine passed, but the improvement was temporary, the patient's life being prolonged only six weeks.

### PATHOLOGICAL DISLOCATION OF THE ATLAS.

At the first ordinary meeting of the session of the Liverpool Medical Institution, held on October 28th, Mr. F. STRONG HEANEY reported a case of pathological dislocation forward of the atlas, and showed skiagrams illustrating the position of the bones before and after postural treatment.

The patient was a boy of 19. The symptoms on which the diagnosis had been made were occipital pain, rigidity of the neck muscles with prominence immediately beneath the occiput, and difficulty in deglutition. The cause of dislocation was obviously tuberculous disease, which had caused yielding of the atlo-axial connexions. An antero-posterior skiagram taken

respected, and would have made his mark had he been able to remain in the service. During the Chinese campaign he suffered severely from dysentery, and the New Zealand campaign had an injurious effect on his health, though after that he had a long spell of home service. When it again became necessary for him to serve abroad the medical board had to advise him to retire. In his retirement at Newton Abbot he retained his interest in surgery and medicine, and was always ready to discuss recent advances and developments; though he never practised after his retirement he was an omnivorous reader and kept himself well acquainted with the progress of science and practice. He was a fine classical scholar and found recreation in the great writers of the past. He was the soul of honour and integrity, and throughout his life was a living example of probity and of what an English gentleman ought to be. The present Director-General, Sir John Goodwin, K.C.B., is his son.

## Universities and Colleges.

### UNIVERSITY OF OXFORD.

#### Radcliffe Prize, 1921.

THIS prize, which is of the value of £50, will be awarded by the Master and Fellows of University College upon the report of the examiners, provided a sufficiently deserving memoir be submitted for adjudication, for a memoir, or papers, embodying research in any branch of medical science comprised under the following heads: Human anatomy, physiology, pharmacology, pathology, medicine, surgery, obstetrics, gynaecology, forensic medicine, hygiene.

The prize is open to all graduates of the university who have proceeded, or are proceeding to a medical degree in the university. Candidates, at the date of application, shall not be Radcliffe Fellows; but the provision that candidates shall not have exceeded twelve years from the date of passing the last examination for the degree of B.A. is upon this occasion so far suspended as to enable any graduate, who was eligible during the years of the war (1915, 1917, 1919) to be eligible for the next ensuing award (1921).

Candidates are required to send in their memoirs to the Assistant Registrar on or before Wednesday, December 1st, 1920. No memoir for which any university prize has been already awarded can be admitted to competition, nor may the prize be awarded more than once to the same candidate. Saturday, March 19th, 1921, is the intended date of the award.

### UNIVERSITY OF LONDON.

A MEETING of the Senate was held on October 20th, when, as has already been recorded in these columns, it was resolved to accept (subject to certain conditions) the Government's offer of a site in Bloomsbury.

The thanks of the Senate were accorded to the executors and trustees of the will of the late Sir William Dunn for a gift of £2,000, to be expended upon one of the subjects which would have been embraced by the Institute of Medical Sciences, which the university had projected, but which it was not found practicable to establish.

Dr. Edwin Deller was appointed Academic Registrar in succession to Mr. P. J. Hartog, and a resolution was passed recording the Senate's high appreciation of Mr. Hartog's great services, and congratulating him on his appointment as Vice-Chancellor of the University of Dacca.

The following were recognized as teachers of medicine of the university at the institutions indicated:

*Westminster Hospital Medical School.*—Dr. A. Abrahams, Dr. A. W. Stott, and Dr. A. B. Woodwark.

*London Hospital Medical College.*—Drs. J. Parkinson and R. A. Rowlands.

*London School of Medicine for Women.*—Dr. H. H. C. Gregory.

It was resolved that the regulations for internal students in the Faculty of Medicine be amended so as to provide that certificates of having passed the first and second examinations for medical degrees shall not be issued except to qualified students applying for such certificates.

The course of lectures on experimental studies in vegetable physiology and vegetable electricity, announced to be given during the first term by Professor A. D. Waller, F.R.S., and Mr. J. C. Waller, has been postponed.

Mr. H. J. Waring, C.B.E., has been elected Dean of the Faculty of Medicine for the period 1920-22.

### UNIVERSITY OF MANCHESTER.

PROFESSOR ARCHIBALD DONALD has been appointed Professor of Clinical Obstetrics and Gynaecology, Dr. W. E. Fothergill Professor of Systematic Obstetrics and Gynaecology, and Dr. E. N. Ramsbottom Assistant Lecturer in Practical Bacteriology and Microscopy.

### ROYAL FACULTY OF PHYSICIANS AND SURGEONS OF GLASGOW.

THE annual meeting of the Royal Faculty of Physicians and Surgeons of Glasgow took place on Monday, November 1st.

Among the office-bearers appointed were the following: President, Dr. A. Freeland Fergus; Visitor, Dr. W. G. Dun; Treasurer, Mr. George McIntyre; Honorary Librarian, Dr. E. H. L. Oliphant; Councillors: the President, the Visitor, the Treasurer, the Honorary Librarian, Dr. James A. Adams (Representative to the General Medical Council), Mr. J. McGregor Robertson, Mr. J. Forbes Webster, Mr. R. M. Buchanan, Dr. Ebenezer Duncan, Dr. W. R. Jack, Mr. Henry Rutherford, and Dr. A. K. Chalmers.

## The Services.

### HONOURS.

THE following decorations have been conferred upon the officers mentioned in recognition of valuable services rendered in connexion with the war:

*C.B.E. (Military):* Lieut.-Colonel Horace Samson Roch, C.M.G., D.S.O., R.A.M.C. (South Russia).

*O.B.E. (Military):* Temporary Captain (acting Major) Hugh George Hobson, M.C., R.A.M.C. (Black Sea), acting Major William Anderson, R.A.M.C. (Salonica).

*M.B.E. (Military):* Senior Assistant Surgeon and Major Richard Corridon, I.M.D. (France), Senior Assistant Surgeon and Major Charles W. E. Kerr, I.M.D. (Mesopotamia), Senior Assistant Surgeon and Major William C. Durham, I.M.D. (India), Senior Assistant Surgeon and Major Christopher A. Farmer, I.M.D. (India), Senior Assistant Surgeon and Lieutenant Charles R. Cox, I.M.D. (India).

### MENTIONS.

The following further names have been brought to the notice of the Secretary of State for War by Lieut.-General Sir J. L. van Deventer, K.C.B. Commanding-in-Chief British Forces in East Africa, for distinguished services during the operations from May 30th to December, 1917: Lieut.-Colonels A. C. Adderley, D.S.O., R.A.M.C., and T. Smyth, D.S.O., S.A.M.C.; temporary Major (acting Lieut.-Colonel) T. M. R. Leonard, D.S.O., Special List and Medical Service, W.A.F.F.; and Captain (acting Major) A. McW. Green, D.S.O., S.A.M.C.

### FOREIGN DECORATIONS.

The following decorations have been awarded for distinguished services rendered during the course of the campaign:

*By the President of the French Republic.*—Légion d'Honneur *Commandeur*: Lieut.-General Sir T. H. J. C. Goodwin, K.C.B., C.M.G., D.S.O., Director General A.M.S. *Officer*: Honorary Major-General Sir J. Murray Irwin, K.C.M.G., C.B.; Colonel R. J. Blackham, C.B., C.M.G., C.I.E., D.S.O.; Lieut.-Colonel J. P. Decarie, C.A.M.C. *Croix de Guerre*: Lieut.-General Sir C. H. Burtchall, K.C.B., C.M.G.; Major-General J. J. Gerrard, C.B., C.M.G.; Major-General Sir H. N. Thompson, K.C.M.G., C.B., D.S.O. (second award); Captain (acting Major) P. J. Ryan, M.C., R.A.M.C. (third award); Captains Robert Burgess, D.S.O., M.C., R.A.M.C., T.F. (third award), O. G. Donovan, C.A.M.C. (second award) and J. A. A. Pare, M.C., C.A.M.C. (second award); temporary Captains (acting Majors) F. B. Winfield, R.A.M.C. (second award), and T. A. Lawder, R.A.M.C. (third award); temporary Captain F. P. Montgomery, M.C., R.A.M.C. (second award). *Médaille d'Honneur avec Glacettes "en Vermeil"*: Major J. A. Lussier, C.A.M.C.; temporary Captains A. Sandison, R.A.M.C., and A. H. Style, R.A.M.C.

*By the King of Italy.*—Order of the Crown of Italy (*Cavaliere*): Lieutenant Raymond Theodore F. Barnett, R.A.M.C. (T.F.). Silver Medal della Saluta Publica: Colonel John Vincent Forrest, C.B., C.M.G., A.M.S.; Colonel John Charles B. Statham, C.M.G., C.B.E., A.M.S.; Lieut.-Colonel James Currie Robertson, C.M.G., C.I.E., C.B.E., I.M.S.; Lieut.-Colonel John Weir West, C.M.G., R.A.M.C.; Brevet Lieut.-Colonel John Grenville Bell, D.S.O., R.A.M.C.; temporary Captain Wyndham Parker, M.C., R.A.M.C.

*By the Maharajadhiraja of Nepal.*—Order of the Star of Nepal (3rd Class): Lieut.-Colonel (acting Colonel) Thomas Howard Foulkes, C.I.E., I.M.S.; Lieut.-Colonel John W. Grant, I.M.S.

### TERRITORIAL DECORATION.

The announcement published in our issue of October 30th (p. 684) that the Croix de Guerre had been conferred by the President of the French Republic upon Colonel Arthur M. Connell, A.M.S. (ret.), was incorrect. Colonel Connell was awarded the Territorial Decoration.

### DEATHS IN THE SERVICES.

DEPUTY INSPECTOR-GENERAL JAMES LONG SWEETNAM, Royal Navy (retired), died at Hove on October 14th, aged 76. He was educated at Queen's College, Cork, and at the school of the Irish College of Surgeons, and graduated M.D. and M.Ch. Queen's University, Ireland, in 1869. Entering the navy soon after, he rose to the rank of fleet surgeon in 1891, and retired, with an honorary step as D.I.G., on July 18th, 1899. He received a Greenwich Hospital pension on February 15th, 1915.

Major Arthur Shepherd, R.A.M.C., died on July 19th. He was educated at Aberdeen, where he graduated M.B. and B.Ch. in 1907, and entered the army as lieutenant on February 4th, 1908, becoming captain in 1911 and major in 1920.

Temporary Captain K. H. Contractor, M.B., I.M.S., was accidentally killed on July 27th. He took a temporary commission in the I.M.S. on September 22nd, 1916, and was promoted to captain after a year's service.

WM. HEINEMANN (MEDICAL BOOKS), LTD., announce for early publication a work on *Gout, Its Etiology, Pathology, Course, and Treatment*, by Dr. L. J. Llewellyn, with a section on ocular disease by Mr. W. M. Beaumont.

## Medical News.

THE following members of the medical profession are among the mayors elected on November 9th; Dr. E. A. Farr, J.P. (Andover), Alderman W. E. St. L. Finny (Kingston), Alderman A. J. Rice-Oxley, C.B.E. (Kensington), re-elected, Dr. J. B. Smith (Hertford), and Dr. J. E. Thomas (Bangor).

THE Minister of Health has appointed Drs. F. J. Blackley (Bristol), F. B. Thornton (Reigate), R. T. Worthington (Lowestoft), and E. Parry Evans (Llantwit Vardre, Wales) as Regional Medical Officers of the Ministry, to fill vacancies.

THE annual dinner of the Cambridge Graduates' Club of St. Bartholomew's Hospital will take place on Tuesday, November 16th, at 7.15 for 7.30 p.m., at Frascati's Restaurant, with Dr. P. Horton-Smith Hartley, C.V.O., in the chair.

AT the annual general meeting of Fellows and Members of the Royal College of Surgeons of England, to be held on November 18th, resolutions will be moved on behalf of the Society of Members (1) affirming the desirability of admitting members to direct representation on the council in order that the constitution of the council shall be in keeping with modern ideas of true representation, and (2) requesting the President and Council to nominate at least two members in general practice to represent the interests of general practitioners in the management of college affairs. The honorary secretary of the Society of Members of the Royal College of Surgeons of England is Dr. Sidney C. Lawrence, 61, Wellington Road, Bush Hill Park, Enfield.

PROFESSOR SANARELLI, director of the Institute of Hygiene of the University of Rome, and editor of *Annali d'Igiene*, and Dr. Nicola Badaloni, a well-known writer on social medicine, have recently been made Roman senators.

A LECTURE under the auspices of the Eugenics Education Society will be given by the Dean of St. Paul's on Tuesday, November 16th, at 5.30 p.m., at the Wigmore Hall, Wigmore Street, on "Eugenics and Religion."

AT the second anniversary meeting of the Vocal Therapy Society, held on November 11th, Sir Frederick Mott gave an address on "The influence of music on body and mind." The society exists for the benefit of ex-service men, and aims at the restoration of health through speech, song, and correct breathing.

ON his departure from Batley, Yorks, Dr. J. A. E. Stuart, who has practised for nearly forty years in the district, has received a presentation from his friends as a mark of their esteem and appreciation of his services.

THE sanitation number of the *Tropical Diseases Bulletin* dated October 15th, 1920, contains abstracts and critical notes of recent British and foreign literature dealing with prevention of disease, conservancy, water, milk, vaccination, rat destruction, and disinfection. With the close of the current volume (the sixteenth) in December, the "sanitation numbers" will be published as "sanitation supplements," and will be obtainable from the bureau at 23, Endsleigh Gardens, N.W.1, at a subscription price of 7s. 6d. per annum, post free; they will form an independent volume of 150 to 200 pages, with index.

SURGEON COMMANDER DIGBY BELL, R.N., will lecture on recreation in the navy during the war, and its application to civil life, on Friday, November 19th, at the Town Hall, Deptford. The Mayor will take the chair. The lecture is an outcome of Commander Bell's address to the Royal Society of Medicine on a scheme for national physical education. Tickets (1s.) may be obtained from Dr. Rosa Ford, 21, Jerningham Road, New Cross, S.E.14.

THE next award of the Alvarenga Prize of the College of Physicians of Philadelphia, value 250 dols., will be made on July 14th, 1921, if an essay on any subject in medicine deemed worthy of the prize is received by the secretary of the college on or before May 1st, 1921. The essay must be sent without signature, but accompanied by a motto.

AT a banquet of the Plumbers' Company, given to meet the Lord Mayor and Sheriffs, on November 1st, the Master of the Company, Dr. F. J. Waldo, His Majesty's City Coroner, alluded to the antiquity of the Plumbers' Company, whose Royal Charter dates from 1612, and whose ordinances, dated 1365, provide that it shall be certified "by the best and most skilled men in the trade that he (the plumber) knows how, well and lawfully, to work so that the trade may not be scandalized, or the commonalty damaged and deceived by folks who do not know their trade." In replying to the toast of the

Plumbers' Company and Public Health, Dr. Waldo described the services rendered by the company during war in connexion with the making of munitions, and pointed out the desirability of co-operation between medical officers of London on the one hand and educated responsible sanitary plumbers on the other. Professor H. R. Kenwood also replied to the toast.

AMONG the six names chosen out of 177 at the fifth quinquennial election to the American Hall of Fame is that of William Thomas Greene Morton, the discoverer of ether as an anaesthetic. Morton practised as a dentist, and ether was first used when he extracted a painful tooth on September 30th, 1846; it was first used for a surgical operation on October 16th, 1846. The operation, which was performed by Dr. John C. Warren at the Massachusetts General Hospital, was for congenital vascular tumour of the neck in a young man. There is a public monument to Morton in Mount Auburn Cemetery, Boston, and his name is among the fifty-three distinguished sons of Massachusetts inscribed round the base of the dome of the Chamber of Representatives.

THE twenty-ninth French Congress of Surgery will be held at Strasbourg on the second Monday in October, 1921. Professor Jules Boeckel of Strasbourg has been elected president, Dr. Hartmann vice-president, and Drs. Maclaure and Bérard members of committee. The questions to be discussed are (1) treatment of epilepsy following wounds of the skull, introduced by Drs. Billet and Lenormant; (2) serum and vaccine treatment of osteo-articular affections, introduced by Grégoire and Debrey; (3) remote results of treatment of cancer of the breast, introduced by Drs. Forgues and Walther.

THE American Physiological Society has arranged to publish a quarterly journal with the title *Physiological Reviews*. It will contain articles, usually five in each issue, dealing with the recent literature of some subject in physiology, using the term in a broad sense to include biochemistry, biophysics, experimental pharmacology, and experimental pathology. The managing director is Dr. D. R. Hooker, Johns Hopkins Medical School, and the annual subscription outside North America is 6.50 dols. The first number will appear in January.

DURING 1919 there were 833 cases of plague in Egypt among the native population, with 445 deaths, and 44 cases among the foreign population, with 28 deaths.

## Letters, Notes, and Answers.

As, owing to printing difficulties, the JOURNAL must be sent to press earlier than hitherto, it is essential that communications intended for the current issue should be received by the first post on Tuesday, and lengthy documents on Monday.

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, *Aitology*, *Westrand*, London; telephone, 2630, Gerrard.

2. FINANCIAL SECRETARY AND BUSINESS MANAGER (Advertisements, etc.), *Articulate*, *Westrand*, London; telephone, 2630, Gerrard.

3. MEDICAL SECRETARY, *Medisecra*, *Westrand*, London; telephone, 2630, Gerrard. The address of the Irish Office of the British Medical Association is 16, South Frederick Street, Dublin (telegrams: *Bacillus*, Dublin; telephone, 4737, Dublin), and of the Scottish Office, 6, Rutland Square, Edinburgh (telegrams: *Associate*, Edinburgh; telephone, 4361, Central).

### QUERIES AND ANSWERS.

"M.B. EDIN." asks for suggestions as to the treatment of a patient who has a permanent cystotomy. There is a sinus about three inches long, with a painful point about one inch from the surface, which causes frequent very painful spasmodic contractions of the bladder and prevents the patient from going about.

"PINELAND."—Gould's *Practitioner's Medical Dictionary*, published by H. K. Lewis, and Dorland's *Illustrated Medical Dictionary*, published by the W. B. Saunders Company, are comprehensive reference books. *Hoblyn's Dictionary of Medical Terms*, published by G. Bell and Sons, also gives the derivations of medical and scientific words. *Black's Medical*