

THE TREATMENT OF ASCITES BY DRAINAGE.

BY

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THE two following cases may be of some interest in showing that an unexpected result may sometimes follow a measure of treatment undertaken as a forlorn hope.

CASE I.—*Hepatic Cirrhosis: Drainage: Recovery.*

A middle-aged estanciero, a "free liver," entered the British Hospital in September, 1917, with great distension of abdomen and anasarca of the lower extremities; the heart sounds were distant and feeble and the pulse 130; there was double basic congestion and dyspnoea with cyanosis; the urine was scanty and full of albumin and the hepatic dullness was almost obliterated. There was an ominous sign of the past—diffuse rupial scars.

To relieve urgent distress paracentesis was immediately performed, and six litres of ascitic fluid drawn off; on deep inspiration the liver could then be palpated beneath the costal margin; it felt as hard as the edge of a table but was not bossed. A mixture of potassium citrate, sodium bicarbonate, and ammonium citrate was given every four hours, along with pill "Baly," thrice a day, compound jalap powder 3j at night, and magnesium sulphate 3j each morning. An exclusive milk diet was prescribed.

Some relief was experienced for a few days, but the urine continued subnormal in quantity (20 to 30 oz. daily); by the tenth day he had filled up again, and general symptoms had reappeared. Tapping was repeated and 7 litres of similar liquid evacuated. A week later things were as bad as before, and as he appeared to be rapidly failing I tapped him with our largest size trocar, and, when some 6 litres of fluid had escaped, I passed a medium size soft rubber (Jacques) catheter, with the round end cut off, through the cannula into the abdomen; the cannula was coaxed out without dislodging the tube, and the latter was secured to the small skin wound by a silkworm-gut suture, a long tube was attached, and drained into a bottle at the side of the bed. A free flow (4 litres) ensued for three days. It ceased on the fourth evening. On the sixth morning the sister reported a marked increase in the output of urine (80 oz. in twenty-four hours). The tube was retained until the twelfth day, but nothing more exuded. The medical treatment was continued all the time; the daily excretion of urine varied from 70 to 90 oz.

Much to our surprise, this gentleman had a rapid convalescence—the pulmonary congestion quickly disappeared, the heart sounds became appreciable, the pulse slowed down gradually to 80, and only a faint trace of albumin remained when he left hospital three weeks later—in a violent hurry to get back to supervise the shearing.

Two months later he returned nominally to report himself, but in reality to place himself in the hands of a tailor for a complete new outfit. He was looking extraordinarily well, with quite a smart figure and debonair manner. I saw him again, a year afterwards, in good condition, before he retired.

CASE II.—*Cardiac Hepatic Block: Incompetence: Ascites: Drainage: Temporary Recovery.*

S. M., aged 50, an Italian, had been treated in hospital six times during the past three years for broken down compensation, irregular action of the heart, orthopnoea, and waterlogged legs and scrotum; the condition was relieved each time by morphine injections, digitalis, purgation, milk diet, and rest of a kind.

In October, 1917, he presented himself with enormous distension of the belly and slight oedema of lower extremities, without any apparent serious cardiac distress, though the heart was, as usual, irregular. He was tapped on the day of admission and 8 litres of ascitic fluid removed. Seven days later he insisted on returning to work (founder). Three weeks afterwards 6 litres were removed, and he disappeared three days later. Ten days afterwards he came again in the same state. As it was futile to attempt to impose reason on such an impossible fellow, I determined this time to do something that would anchor him in bed for some weeks—I tapped him with a large instrument, as in the previous case, and inserted a similar peritoneal drain. The flow ceased on the sixth day, and again it was noted that there was a sudden coincident increase in the daily quantity of urine (to 60 oz.). On the following day when I entered the ward I saw him sitting on the side of his bed; he kept on demanding the withdrawal of the tube, but I refused. After I retired he dressed himself and went out to the garden, and repeated this until the twelfth day, when the sister removed the tube (no liquid had passed since the above note on the sixth day). He left hospital the same afternoon.

Two months later he met one of our male nurses and told him to "tell the doctors that I am hard at work and enjoy my vino the same as ever." A short time after the poor fellow paid us his last visit for myocardial liquidation, without a murmur, and without a trace of ascites.

In both cases it is remarkable that the peritoneal exudation ceased a few days after free drainage was established, and that this cessation was followed by a sudden marked increase in the excretion of urine, which suggests that

drainage, by promoting re-establishment of circulation, admits of a temporary discharge of blocked organs from physiological bankruptcy, and that the relief of tension afforded by continued drainage facilitates the diuretic action of the medicines and diet employed.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

TETANUS WITH GENERAL SPASM CURED WITH SERUM.

THIS case is reported because instances of general spasm due to tetanus are not very commonly cured by serum, and because the cure was probably made possible by the toxin being absorbed in a diluted form from the surface of an ulcer, so that at no time was the concentration of toxin within the nervous system great.

A woman aged 42, healthy, with one child, had been troubled with varicose veins in the left leg for a long period; some six months before coming under observation she knocked her leg and a varicose ulcer developed. This ulcer was treated by a friend supposed to possess "medical knowledge" by the daily application to the ulcerated surface of "fresh green leaves," of what plant I have been unable to ascertain; this treatment was continued until about three weeks before I first saw her, when she was put on some simple home-made ointment. Two days before seeking my advice she noticed some stiffness about the jaw, which gradually increased in severity and was accompanied by pain in the back of the neck.

I first saw her on June 17th, in the evening, when she had well-marked trismus, but no general spasms, and a temperature of only 99° F.; as the mouth contained many septic stumps I was in doubt as to the cause of the trismus. She had general muscular spasms during the night, and on June 18th had well-marked stiffness of the back of the neck, with a temperature of 101° F.

Dr. Benthif saw her with me in consultation, and we agreed to the diagnosis of acute tetanus. She was immediately admitted to the Jersey General Dispensary; I excised the ulcer of the leg with a margin of healthy tissue, swabbing the raw surface with 1 in 20 carbolic acid, and at 10 p.m., whilst the patient was coming round from the anaesthetic, morphine gr. 4 was injected. Spasms were so frequent that it was necessary to give another 4 gr. of morphine at 1.30 a.m. No serum could be obtained on June 18th, but on June 19th, at 10 a.m., the spinal theca was tapped, and, after running off a corresponding quantity of cerebro-spinal fluid, 1,500 units of antitetanic serum were injected; the patient remained fairly quiet till 11 p.m., when morphine gr. 4 was given.

Daily injections of 1,500 units antitetanic serum were given until June 25th, the first three being intrathecal and the rest intramuscular; the patient was meanwhile kept under the influence of morphine. The spasms gradually decreased in frequency and severity until, on June 24th, none occurred; the patient got her first sleep on June 20th, and her first good night on June 26th. On June 27th she was able to open her mouth sufficiently to admit the spout of a feeder, and for the first time to swallow with ease.

A marked serum rash appeared on June 27th, and continued till about June 30th.

On July 6th the wound caused by excision of the ulcer was skin-grafted, and the patient was discharged cured on July 19th.

In this case the neutralization of the toxin by the antitoxin was well shown by the marked mitigation of the spasms which followed the injection. The case illustrates also the danger which may attend the use of popular old-fashioned remedies.

Jersey.

J. W. EVANS, F.R.C.S.

OBSTRUCTED MUCOUS SECRETION.

IN the course of tuberculosis dispensary work one sees a number of children illustrating the vicious effects of defective and disorderly mucous secretion. A typical case would be in the first ten years of life, more or less a mouth-breather, generally anaemic, somewhat underweight, with some cervical or submaxillary glandular enlargement, a varying amount of retraction of the chest, superficial thoracic veins overfull, and almost always a tumid or tympanitic abdomen. There is a history of restless nights, often with delirium, and of cough which is relieved by vomiting; appetite is fickle or absent at breakfast-time, and there is almost always mention of colicky pains in the epigastrium. The child's general condition improves as the day advances, and the appetite is frequently ravenous late in the day. School attendance aggravates the signs and symptoms, and exclusion is generally followed by speedy improvement. Deafness with

tinnitus and conjunctivitis are frequent accompaniments. The child often suffers from headache, which is a very real one when a child complains of it. In such a case with such a history one concludes that the signs and symptoms are those of toxæmia caused by a change in the physical and chemical conditions of the mucous secretions. All the conditions are suitable for multiple infections in great variety and producing various clinical manifestations. Many of the numerous cases sent to the dispensary labelled as tuberculous peritonitis (commonly called "consumptive bowels") are of this character and origin. Much worry is occasionally caused by premature labelling, but by seeing all such cases the tuberculous can be separated. The von Pirquet test and careful examination of the weight (marked loss is more common and less quickly made up in the tuberculous) can generally be depended upon to help in the exclusion of tuberculosis. The respiratory passages must suffer in course of time from the mixed infection however constituted; and the chronic catarrh will not refuse admission to the tubercle bacillus in favourable circumstances. The returns for 1920 may be expected to show a number of cases of "rapid consumption" in patients whose nasopharyngeal obstruction had given good opportunity to the influenza infection to settle down and diminish the patients' powers of resistance. Many of these children exhibit chronic eye infection, evidently of similar causation; and chronic because the initial trouble had not been recognized and treated. As to treatment, removal of the obstruction and prevention thereby of the retention and subsequent infection of the mucous secretions must be the counsel of perfection, and the earlier done the better. Open air schools will help much in the prophylaxis and should be universal.

Newport (Mon.).

J. LEWIS THOMAS.

Reports of Societies.

ACUTE RHEUMATISM IN CHILDREN.

At the meeting of the Medical Society of London on November 22nd a study of an outbreak of acute rheumatism in children under 12 years of age was brought forward by Dr. F. J. POYNTON jointly with Dr. D. H. PATERSON and Dr. J. C. SPENCE.

The object of the communication was to direct attention to the gravity of acute rheumatism in childhood by recording the results of a severe outbreak which occurred in the twelve months extending from July, 1919, to June, 1920, at the Hospital for Sick Children, Great Ormond Street. It was thought that such a record might be the forerunner of a much more extensive research on national lines in the future.

All the rheumatic cases admitted to the wards of the hospital during the twelve months were included in the series. They numbered 172—104 females and 68 males. The age incidence for the first attacks rose sharply from the second to the seventh year, and then fell to the twelfth. An hereditary factor was present in 40 per cent. The seasonal incidence, calculated from the earliest symptoms of illness, showed the maximum was reached in December, 1919, the minimum in March, 1920. November and December, 1919, and April, 1920, were bad months, and reference to the official meteorological reports showed that November was exceedingly cold with frequent snow and hail and all December was rainy, whereas March, 1920, was unusually mild. An exacerbation occurred in April, 1920, which was throughout wet and unsettled.

The serious results of the outbreak were put forward in two analyses—the first the results on leaving the hospital, the second the results when a revision of the cases had been made in September, 1920. The results on leaving hospital were as follows: 15 deaths, 17 complete invalids, 70 organic cardiac lesions, 70 recoveries. The second analysis showed that 7 more had died (raising the mortality to 22), the invalids had increased to 31, and compensation of the heart had been damaged by recurrent rheumatism in 12.

The economic aspect of this outbreak was interesting. In the hospital there were 100 medical beds, which were practically always filled, and the average stay of a medical case in hospital was twenty-eight days. The cost per bed per week was almost exactly £2 9s. If the 172 cases of rheumatism were looked upon as one case, that case would have monopolized a bed in hospital for 10,252 days—that is, between twenty-eight

and twenty-nine years. All the hundred beds would have been occupied for fifteen weeks. The mere cost in money was £4,589. These cases occupied a bed on an average for sixty days. It was obvious how much the work of the institution as a hospital for acute cases was hampered, and the need for an auxiliary hospital in the country was urgent.

Out of the 172 cases 84 were first attacks, the rest recurrent. The chief manifestations in these first attacks were—in 33 chorea only, in 9 arthritis only, and in 5 heart disease only. The remaining 37 showed combinations of these manifestations. From this it was evident that chorea was the most frequent solitary lesion in rheumatism.

In an analysis of the entire series of 172 cases it was found that chorea occurred in 104 cases. The rheumatic origin of chorea was clearly shown from the following figures:

Sixty-seven had chorea and other rheumatic manifestations, 37 were examples of chorea only, but, of these, 6 had a family history of rheumatism and 11 suffered from tonsillitis so frequently that enucleation had to be done. On the other hand, 12 cases in the 172 had been admitted for active rheumatic heart disease and arthritis who in previous years had suffered from chorea only. How little association existed between chorea and fright was conclusively demonstrated by the air raids. From July, 1913, to June, 1914, there were 77 cases of chorea in 1,147 admissions (that is, about 6.5 per cent.); from January to December, 1917 (a year of severe air raids), 63 cases of chorea in 1,036 admissions (that is, under 6 per cent.); from July, 1919, to June, 1920, 104 cases of chorea in 1,292 admissions (that is, over 8 per cent.). The age incidence of chorea in this series coincided precisely with the curves for the whole series of rheumatic cases.

It was suggested by the authors that the relative frequency of rheumatism in the female was possibly exaggerated by the fact that in girls the most obvious manifestation (chorea) was three times as frequent as in boys. Possibly the less convincing manifestations in boys might be more often overlooked.

Complications.

Heart disease occurred in 114 cases, of whom 19 had general carditis, 63 mitral disease, 14 aortic and mitral disease, 15 transient dilatation, and 3 persistent rapid heart action. It was impossible to doubt that rheumatism was the actual cause of the heart disease. Arthritis and arthritic and muscular pains occurred in 111 cases. Acute tonsillitis immediately preceded an attack in 22 cases; 38 had enlarged and unhealthy tonsils; in 17 more the tonsils had been enucleated at varying periods before the attacks. It was clear that enucleation of the tonsils, valuable enough in suitable cases, was not a panacea for the disease, seeing that 17 children (one of whom had died) had acute rheumatism in spite of previous operation. There was no evidence of the intestinal origin of the disease. Nodules, as the older clinicians had insisted, were grave warnings. There were 33 cases: 12 died, 15 had become complete invalids, 4 had compensated heart lesions, and 2 were free from heart disease. There were 10 examples of erythema, 7 of purpura, and 6 of epistaxis. Rheumatism was more fatal in boys in the proportion of about nine boys to five girls. Of 12 cases fatal in the first attack 10 were boys. In this outbreak some of the most virulent cases showed no fever, in spite of general carditis.

The authors urged a more organized attempt to control rheumatic heart disease, for the most hopeful point connected with heart disease was its infective origin and the consequent belief that it ought to be—in part at least—preventable.

In the discussion which followed, the President, Sir W. HALE-WHITE, said that he had always reckoned that there was an average of eight cases of heart disease among forty-five adults occupying hospital beds, and that of the eight, six were rheumatic. Years ago there were fatal cases of pyrexia in fairly large numbers; he had not seen these lately, and they appeared to be growing less frequent. One possible reason why enucleation of the tonsil did not always do good was that the enucleation was only partial. The rarity of these cases of acute rheumatism in children in private as compared with hospital practice would form an interesting subject for inquiry.

Dr. A. F. VOELCKER thought that the experience of the authors in having in this small group two cases of nodules which were not accompanied either by endocarditis or pericarditis was a little unusual. In the whole of his

HONOURS.

ORDER OF THE BRITISH EMPIRE.

The following appointments to the Order of the British Empire are announced for services in connexion with the war:

C.B.E. (Civil).—Dr. George C. Hancock, medical supervisor of army contracts at home. Dr. Alfred C. Jordan, for work in connexion with radiology at Queen Alexandra's Hospital. Dr. John S. Low, medical supervisor of army meat contracts in South America. Mr. Wm. M. Mollison, F.R.C.S., for voluntary services at St. Dunstan's. Dr. James Pearce, inspector of various factories manufacturing foodstuffs in the United Kingdom for the consumption of the troops.
O.B.E. (Civil).—Dr. Robert T. Bakewell, anaesthetist to St. John and St. Elizabeth Hospital.

LEGION OF HONOUR.

The President of the French Republic has conferred the Cross of Chevalier of the Legion of Honour upon Mr. R. Atkinson Stoney, F.R.C.S.I., of Dublin, "In recognition of his services with the French army, as Médecin Major, 2ème Classe, in the late war."

Obituary.

ST. BARTHOLOMEW'S men in the middle eighties will learn with regret of the death of Mr. SYLVESTER DAVID WILLARD, M.R.C.S., L.R.C.P., on November 28th at his house in Queen Street, Mayfair, after about ten days' illness with bronchopneumonia supervening on increasingly frequent asthmatic attacks, from which he suffered since the age of one year. His father was a medical man in Albany, New York, where Willard was born in March, 1865, and, though educated at St. Bartholomew's and formerly all his medical life in practice in London, remained an American citizen. After qualification he worked for a year in America, and then returned to London and held several resident appointments, especially at the Cancer Hospital. Starting practice in Victoria Street, he became connected with the Equitable Insurance Company, U.S.A., and later, when he moved to Hertford Street and Queen Street, W., was medical officer, United States Consulate-General, London. He lived with his mother, a well-marked personality whom he much resembled physically and mentally, until her death a year ago at the advanced age of 86. Dr. R. H. King, a close friend for thirty-seven years, writes: "He was a man of distinct personality and of wide sympathies, so that he had a varied acquaintance in all parts of the world. His numerous patients and friends knew that he was interested in their individuality, and always eager to help in difficulties, medical or otherwise. It was this combination of the man of the world and the careful painstaking physician that ensured the confidence of his patients."

DR. A. DESBOROUGH CLARK, of Hove, died recently, after an illness of six days, from pneumonia following a cold contracted whilst visiting patients. He was 53 years of age, and, after receiving his medical education at St. Bartholomew's Hospital, took the Scottish triple qualification in 1894. He was medical officer to the Metropolitan Police seaside home and a member of the Brighton Medico-Chirurgical Society. He took great interest in the work of the British Medical Association and was a member of the Executive Committee of the Brighton Division. He had been in partnership with Dr. A. H. Dodd for twenty-five years and was highly respected and esteemed by all his colleagues in the town. He had been churchwarden to the Hove Parish Church, and the Vicar of Hove, in conducting a memorial service, voiced most eloquently the feeling of all when he spoke of the high and unselfish character of their late colleague.

WE regret to record that Sir EDGCOMBE VENNING, F.R.C.S., late of the 1st Life Guards, died at Falmouth on November 17th, aged 83. He was born on April 20th, 1837, the son of J. M. Venning, Esq., educated at St. George's Hospital, and took the M.R.C.S. diploma in 1858, the L.R.C.P. Lond. in 1862, and the F.R.C.S. in 1867. After filling the posts of house-surgeon and surgical registrar at St. George's he took a commission as assistant surgeon in the 1st Life Guards on April 14th, 1863, and served in that regiment for fifteen years. Subsequently he engaged in private practice in the west end of London. He was knighted at the close of 1905, his knighthood being among the honours conferred by King Edward VII in connexion with the recent resignation of Mr. Balfour's Ministry. Sir Edgcombe Venning was medical attendant to Mr. Balfour on various occasions when he was Prime Minister.

By the death of Miss MARY GUY a well known personality has passed away from the social and medical life of Edinburgh. For twenty-six years Miss Guy has held a unique position in connexion with the antituberculosis movement. She had been lady superintendent of the Royal Victoria Hospital since its foundation in 1894, and had played an important part in its progressive development. She was the daughter of Dr. William Guy, of Norwich, and sister of Mr. William Guy, F.R.C.S., Dean of the Dental Hospital and School, Edinburgh. After receiving her training at the Royal Infirmary, Edinburgh, she became assistant superintendent there. While holding that post, she was invited in 1894 by the committee of the Royal Victoria Hospital to direct the nursing in that institution—the first sanatorium in Scotland for the treatment of tuberculosis. Miss Guy was an acknowledged authority on everything pertaining to the care of tuberculous patients. At the outbreak of war, when the Royal Victoria Hospital came under Red Cross administration, Miss Guy continued in chief charge. For her services she was awarded the Royal Red Cross of the First Class.

Universities and Colleges.

UNIVERSITY OF OXFORD.

The following have been appointed examiners for medical degrees in 1921 and 1922:

Organic Chemistry: Mr. F. D. Chattaway. Human Anatomy: Mr. F. G. Parsons. Human Physiology: Dr. J. G. Priestley. Materia Medica and Pharmacology: Dr. W. E. Dixon. Pathology: Professor G. Dreyer. Forensic Medicine and Public Health: Dr. B. H. Spilsbury. Medicine: Dr. E. F. Buzzard. Surgery: Mr. J. Howell Evans. Obstetrics: Dr. A. Donald.

UNIVERSITY OF CAMBRIDGE.

At the congregation to be held on Wednesday, December 8th, the following Grace, having received the sanction of the Council, will be offered to the Senate: "That the statute for women students proposed in Report A of the Syndicate on the Relation of Women Students to the University be approved." If this Grace is rejected the recommendations contained in Report B of the Syndicate will be brought forward at a later congregation (see BRITISH MEDICAL JOURNAL, August 21st, 1920, p. 284).

At a congregation held on November 26th the degree of Doctor of Medicine was conferred upon G. L. Attwater and G. Hoffmann.

The Services.

DEPUTY INSPECTOR-GENERAL EDWARD J. SHAROOD, R.N. ret., has been awarded a Greenwich Hospital pension of £50 a year, with effect from October 15th, in the vacancy created by the death of Deputy Inspector-General James Long Sweetnam.

DEATHS IN SERVICES.

LIEUT.-COLONEL THOMAS HOWARD FOULKES, Madras Medical Service, Administrative Medical Officer of the Kohat Brigade, was shot dead in his bungalow at Kohat, on the North-West Frontier of India, on November 15th. His wife was badly wounded at the same time, and was carried off by the murderers, but subsequently released. He was born at Coonoor, in the Nilgiri Hills, Southern India, on April 2nd, 1870. He was educated at St. Bartholomew's Hospital, took the M.R.C.S. and L.R.C.P. Lond. in 1892, and entered the I.M.S. on July 29th, 1893, becoming lieutenant-colonel after twenty years' service. He took the F.R.C.S. in 1905, and the M.R.C.P. Lond. in 1912. After six years in military employment, he took civil employ in the province of Madras as a district medical and sanitary officer in 1899. In July, 1908, he was appointed in that capacity to Vizagapatam, where he was also superintendent of the medical school and lunatic asylum. In June, 1912, he was appointed Durbar Surgeon of Mysore State, and during the war reverted again to the army. He had served in Burma, in small campaigns, in 1894-96; on the north-west frontier in the Tirah campaign of 1897-98, in the Bara Valley operations (medal with clasp); and in China in 1900 (medal), as well as in the recent war. He received the C.I.E. on January 23rd last, and the Star of Nepal a few days before his death.

A casualty list published on November 15th gave the name of Captain Charles Marsh Gozney, M.C., R.A.M.C. (T.F.), as previously reported missing, believed killed, now reported as killed in action. He was educated at Leeds, where he graduated M.B. and Ch.B. in 1914. He took a commission as lieutenant in the 1st West Riding (Leeds) Casualty Clearing Station on January 1st, 1915, and was promoted to captain on July 1st, 1915. He had served with the 1/15th battalion of the London Regiment in France and received the Military Cross on August 16th, 1917. The report does not mention the place or date of death.

Medical News.

DR. WILLIAM GIBSON, of Campbeltown, Argyllshire, has retired at the age of 97. He graduated M.D. at the University of Edinburgh in 1854, and he has been a member of the British Medical Association for more than fifty years.

THE memorial in Sir Patrick Dun's Hospital, Dublin, to past students who fell in the war will be unveiled on Wednesday, December 8th, 1920, at 5 o'clock p.m. The Lord Chancellor of Ireland, Major-General Sir William Hickie, K.C.B., Lieut.-Colonel Sir Walter Buchanan, M.D., K.C.I.E., and the Chaplains to the Hospital will take part in the ceremony. All old Dun's men and their friends are cordially invited. The memorial consists of a large brass tablet bearing thirty names of past students who served in the war and were killed or died on service prior to the date of armistice; also the endowment of a memorial bed. The memorial has been subscribed for entirely by their comrades who also served in the war and were past or present students of the hospital—417 altogether. The honorary secretary of the memorial fund is Dr. Henry C. Drury.

DR. KATHARINE R. DRINKWATER, wife of Dr. H. Drinkwater of Wrexham, has been placed on the Commission of the Peace for the County of Denbigh.

UNDER the direction of Dr. M. Calot a course of practical instruction in orthopaedics will be given, as in previous years, at the clinic at 69, Quai d'Orsay, Paris, from January 17th to 24th, 1921. The course, which will be held in the afternoons, will deal with congenital and acquired deformities, and with the treatment of surgical tuberculosis, and of fractures. The fee is 140 francs.

THE fund for increasing the clinical facilities for the medical education of women at the Royal Free Hospital, inaugurated at the luncheon given by 100 representative women to 100 representative men last October, now amounts to £27,000. A generous gift of £1,000 has recently been received from Sir Dorabji Tata of Bombay. Owing to various alterations at the hospital, it will be possible shortly to put into force the policy of providing beds for patients who can afford to pay for their maintenance; it is hoped to open twenty-three such beds about the middle of January. Contributions to the appeal fund should be sent to Sir Francis Layland-Barrett, Bt., M.P., Royal Free Hospital, W.C.1.

DR. C. S. SHERRINGTON, president-elect of the Royal Society, delivered the Huxley lecture of the Birmingham University on November 26th. The subject of the lecture, "The Gateways of Sense," was chosen partly because it was a biological question which Thomas Huxley had illuminated in various of his writings, and one in which he was particularly interested. Beginning with the sense of touch Professor Sherrington passed in review the senses of smell, sight, hearing, pain, heat, and cold. The fact that there was no electrical sense might probably, he thought, account for the relatively late arrival of a knowledge of electricity. While there were certain animals with electrical organs for discharging electric shocks to destroy their prey, there was no hint of an electrical sense, though did man possess it it would be a great advantage to him in many directions.

MR. MARTIN HARPER has devised a method by which he hopes to eliminate eyestrain in connexion with the cinema. He replaces the open spaces in the revolving shutter in front of the projector by minutely perforated blades. Not only is the flickering, which is believed to cause eyestrain, greatly diminished, but the pictures are improved, the lights and shades being brought out with greater emphasis, and a finer stereoscopic effect secured.

IT was stated in the SUPPLEMENT of May 29th, 1920, that the National Council for Combating Venereal Diseases had been invited to dispatch Commissions, under the aegis of the Colonial Office, to the Crown Colonies and Protectorates. Two Commissions, one to go East and one West, have started, and are already at work. A third Commission, of which Mr. Kenneth Walker, F.R.C.S., is the Medical Commissioner, is about to visit the Mediterranean area to investigate the conditions regarding venereal disease at the more important ports. It will leave London on December 10th for a period of four or more weeks.

THE annual meeting of the Birmingham and District General Medical Practitioners' Union was held at the office of the Panel Committee on November 11th. The President (Dr. J. F. Craig) referred to the various activities of such institutions as school clinics, treatment centres for tuberculosis and venereal diseases, infant welfare centres and prematernity clinics; at all

of which work was now done that used to fall to the lot of the general practitioner. It was impossible, he said, to view this gradual extension of officialism without grave misgivings, and it was only by every practitioner doing his best in the way of looking after his patients that the peril of a whole-time medical service could be resisted. He referred to the general apathy of the profession, and deplored the fact that so many were still not members of the British Medical Association. At a later stage Dr. James Neal spoke on the danger which confronted the general practitioner. Dr. Jordan, in an interesting address, gave an exposition of various difficulties encountered in obstetric practice.

IN consequence of allegations brought to the notice of the Ministry of Pensions by a deputation claiming to speak on behalf of ex-service men in Manchester, the Minister requested the Board of Control to institute an inquiry into the conditions at the County Asylum, Prestwich, Manchester. Sir Marriott Cooke and Mr. A. H. Trevor, Commissioners to the Board of Control, conducted the investigation. They were accompanied by Dr. Cunyngnam Brown, Deputy Director-General of Medical Services, Ministry of Pensions. Their report is to the effect that all the allegations are unfounded, but that it is very desirable that facilities should be given to representatives of the three joint associations of ex-service men to visit the asylum periodically and see the service patients.

A RAMEGATE medical practitioner was acquitted, at the Kent Assizes, on November 27th, of a charge of defrauding the Kent Insurance Committee of sums amounting to £22 by making false returns for attendance on panel patients. The case for the defence was that the confusion of insurance accounts was due to loss of memory after a motor accident.

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.

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QUERIES AND ANSWERS.

ASEPTIC CATHETERS.

"ST. B." inquires as to the best means of sterilizing gum-elastic bougies and catheters, and for the name of a good catheter lubricant.

A satisfactory method of sterilizing gum-elastic bougies and catheters is by means of formalin vapour. Various forms of apparatus may be obtained for this purpose. The most convenient receptacle is an air-tight metal box fitted with two or three trays for holding various sizes of sounds and catheters; formalin vapour is generated from small tablets of formaldehyde placed in the box. The instruments are absolutely sterile after six to twelve hours. Although the older forms of gum-elastic catheters were destroyed by boiling, those made by the best French firms may be boiled. Care must be exercised that they be not allowed to cool while in contact with other instruments, or with the sides of the sterilizer, for in such a case the varnish, softened by the heat, will lose its smoothness. A convenient lubricant is prepared by Burroughs, Wellcome and Co., ready for use in tubes, under the name of lubafax.