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CONTAINING

CURRENT NOTES ON THE WORK OF THE ASSOCIATION

REPORTS OF CONFERENCES

MEETINGS OF BRANCHES AND DIVISIONS

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examination by external palpation the foetus could be felt lying just clear of the pelvic brim, with the resistant plane of the back well in front of the left flank of the mother, and in my opinion it was probably a right occipito anterior. Per vaginam I found a thin trickle of blood issuing from the os, which was soft and boggy to the finger, while the canal was somewhat patulous. Through the os the characteristic stringy feel of placental tissue was unmistakable. As the labour had not begun I did not feel justified in trying to diagnose the precise variety of *placenta praevia* I was dealing with. In view of the dangerous condition of the patient, I strongly advised her friends to have her sent to a hospital; but in spite of my insistence the woman refused to leave home. I plugged the os and vagina tightly with antiseptic gauze and waited for some hours for labour pains to set in, but the uterus remained quiescent. She was kept in bed for a week, with daily renewal of the packing, and the haemorrhage had practically ceased by the end of the second day.

Late on March 27th I was called in great urgency: there had been a sudden gush of blood, and labour had immediately set in with extreme precipitancy, the pains following each other almost without interval, and she complained of great pain. I covered the distance to the house within a quarter of an hour, and, on my arrival, I was astonished and gratified to hear the cries of the newborn child as I entered the bedroom. There had been a fair amount of haemorrhage, but it was not excessive. The child was a healthy male, and weighed about six pounds. On examination the placenta was found in the uterus closely adherent all round the fully dilated os. The uterus contracted to the usual manipulations, but blood still flowed freely. With some difficulty the placenta was stripped from the uterine wall, and after a hot douche and an injection of pituitrin the discharge became normal. The after-history has been without incident.

An examination of the after-birth explains the manner of the child's delivery. Evidently the case was one of *placenta praevia centralis*, with a somewhat meagre covering of placental tissue near the insertion of the cord. Owing to the extreme pressure of the head directly upon the central part of the weakened placenta it had given way, and a rent was made sufficiently large to permit the passage of the child. So far as I know, such an occurrence is unique, and it suggests a method of dealing with cranial presentations that is direct and simple. In most of my cases of complete *placenta praevia* the part covering the os was membranous. The commonly accepted methods in such circumstances is to turn the child, and bring down a leg to act as a plug, making pressure over the fundus of the uterus to drive it well down into the pelvis. But in suitable circumstances—for instance, where there is a normal outlet, with a medium-sized child—even with a transverse presentation a cranial delivery might be essayed with the possibility of greater safety to mother and child. In version cases there is frequent delay with the after-coming head owing to the mass of the placenta acting as a partial barrier and the anxiety of the accoucheur to deliver before full dilatation in order to get a living baby. Often the child dies simply because of the prolonged second stage of labour, and I suggest that an imitation of Nature's rare method, as exemplified in my latest case, is worthy of serious consideration. However suitable Caesarean section may be for the institutional treatment of *placenta praevia*, it will be some considerable time before the general practitioner will be in a position to get his patients to consent to undergo the operation in all cases. And there is still a considerable body of opinion in general practice which inclines to less heroic measures.

The placenta was shown exactly as it appeared after delivery. The extent to which it was adherent was plainly evident by the ragged surface consequent upon its forcible detachment from the wall of the uterus. Otherwise it was perfectly normal in shape and size and in the insertion of the cord.

THE first appointments in the faculty of medicine of the proposed Columbia University Medical Centre, New York, are Dr. Allen O. Whipple, of the Presbyterian Hospital staff, as professor of surgery and director of the surgical service; Dr. Walter W. Palmer, Johns Hopkins University, as Bard professor of medicine and director of the medical service; and Dr. Herbert B. Wilcox, as Carpenter professor of diseases of children.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

ANTITETANUS SERUM: ANAPHYLAXIS.

A MAN, aged 24, who was wounded in August, 1918, is under the impression that he received several doses of antitetanus serum, two while at the casualty clearing station, and two more after reaching England. He was hit in the face severely, and underwent several plastic operations. The wounds are now healed.

On June 2nd, 1921, as the result of a motor-bicycle accident, he sustained multiple lacerated wounds of the right hand; the wounds were very dirty, with much crushing of tissue and grinding in of dirt from the road. I dressed him in the morning, and told him to return for a prophylactic dose of antitetanic serum. This was given (500 U.S.A. units) subcutaneously over the right rectus abdominis muscle at 2.45 p.m. After walking three-quarters of a mile the patient very suddenly felt faint and vision became dim; after another quarter of a mile he collapsed unconscious near his lodgings. He was carried home by the police, having been unconscious for about twenty minutes. When he arrived home he "felt very sleepy and exhausted"; at about 4 p.m. he vomited, and did so at intervals until 6 p.m. I had been out in the country and only saw the patient at 6.15 p.m. I found him very collapsed and breathing heavily, and pulseless. I carried him upstairs to his bed, the foot of which I raised and "blocked" on chairs. Hot-water bottles were applied in each axilla, and he was given a cup of hot tea with sugar, and a stimulant mixture was ordered. The condition rapidly improved, but later, when he attempted to get out of bed to pass water, he fainted again, falling heavily and cutting his forehead; when I saw him at 9 p.m. he had been lifted back to bed and his pulse was palpable, though very poor and of extremely low tension. There was an urticarial rash on the abdomen and chest. At 10.45 p.m., when he reached a nursing home in an ambulance, his condition was much improved; the pulse was 100. He had a fair night, and next day, though he felt limp, was otherwise normal. He was discharged from the nursing home on June 6th.

R. SALISBURY WOODS, M.D., B.Ch.
Cambridge.

Reports of Societies.

BIRTH CONTROL.

A MEETING of the London Association of the Medical Women's Federation was held on June 21st, with Mrs. FLEMING, M.D., in the chair. The subject for discussion—birth control—was opened by Dr. ELIZABETH WILKS, who strongly advocated State birth control as the only practical method of preventing the renewal of the race principally from the worst stocks. She pointed out that to-day the classes superior in intelligence and capacity practised individual birth control (not always from sufficiently justifiable motives), whereas the less intelligent and the degraded had neither the prudence nor the initiative to take any measures for limiting their offspring. Dr. Wilks thought that with a scheme of State birth control the unfit could be segregated and prevented from reproduction, but that this should be done in a manner more efficient than had been attempted by the Act for the care of the mentally deficient, which failed owing to the insufficient number of homes for maintaining defectives. On the other hand, by such means as changes in the marriage and divorce laws an increased birth rate among the fit should be indirectly promoted.

Mrs. SCHARLIEB stated that in over forty years' experience she had found that artificial limitation of birth damaged a woman's nervous system. The thwarting of any natural process eventually caused damage. Limitation of the family was not necessary—even in the poorest classes—in the interests of the wife. It removed the fear of consequences from the husband, and hence encouraged too frequent sexual intercourse. Mankind was already oversexed, she considered, and unbridled sex passions were

Compare the conditions of a hysterectomy in hospital with the conditions of many a confinement in a single apartment house in a lower working-class district. In hospital you have a clean bed, clean sheets, patient bathed, skin sterilized, wound closed, sterilized dressings, clean garments, and lastly skilled assistance. In the other case you find a bed which has been slept on by the husband, wife, or one or two children; it has frequently been soaked with urine, the sheets are dirty, and the patient's garments soiled; she has not had a bath. Instead of sterile dressings you have a few old rags or the discharges are allowed to soak into a nightdress which is not changed for days. Lastly, there is no skilled assistance. No surgeon would undertake a hysterectomy under these conditions, and yet the practitioner has frequently to give an anaesthetic, apply forceps, and deliver the patient. To say that under such conditions the only cause of infection is the examining finger is absurd. If proper antiseptic precautions have been taken there should be no more risk in introducing the finger into the vagina than into an abdominal wound.

A thorough use of antiseptics will reduce the number of cases of sepsis arising from the introduction of organisms at the time of delivery, but cannot prevent those which are due to organisms already in the vagina or introduced subsequently.

The blame for these preventable cases lies with the teacher more than with the practitioner. When one sees a man drop a tablet of corrosive sublimate into a basin of hard water and proceed to wash his hands in it with soap, one knows that that man's knowledge of the use of antiseptics is small.

Lest I should be suspected of excusing myself for careless practice, I may say that in the last thirty years I have attended about four thousand cases with one death from puerperal fever, and that was, I think, a case of puerperal scarlet fever, as an attendant was found to be desquamating.

I am, etc.,

Erdington, June 13th.

ROBERT ANDERSON, M.D.

SIR.—Is not the subject of the prevention of puerperal sepsis analogous to war surgery? Aseptic treatment of wounds in the early days of the war produced direful results. Even in an up-to-date lying-in hospital aseptic treatment will sometimes fail. There must always be some risk of carrying up infection with the examining finger; therefore, the essential seems to be that the examiner should be antiseptic. My only use for gloves is that they keep me from being infected. I never boil forceps or other instruments at the house of the patient; I come with them probably sterile (having been boiled at home), and then see to it that they are thoroughly sterile from antiseptics. But more important than all this part of the procedure I deem to be the sewing up of tears, cervical or vaginal. And, perhaps, most important of all is the looking for them. How often one sees a slight rise of temperature promptly come down after lightly touching over a granulating patch on the posterior floor of the vagina with pure phenol. To sum up: Is not it often what we leave undone that is the cause of the trouble?—I am, etc.,

J. C. M.

Universities and Colleges.

UNIVERSITY OF OXFORD.

PROFESSOR C. S. SHERRINGTON, President of the Royal Society, received the honorary degree of D.Sc. at the Encoenia this year. At a congregation held on June 23rd the degree of Doctor of Medicine was conferred on Gerald K. Bowes (Christ Church).

UNIVERSITY OF CAMBRIDGE.

DR. J. A. CROWTHER, of St. John's College, has been appointed by the General Board of Studies to the post of University Lecturer in Physics as applied to Medical Radiology. The appointment is until the end of 1925.

The following candidates have been approved at the examinations indicated:

THIRD M.B., B.C.H.—*Part I. Surgery, Midwifery, and Gynaecology*: G. F. Abercrombie, A. C. Ainsley, F. Allen, S. H. Barnett, C. C. Beney, E. M. Burrell, W. R. Carling, C. N. Carter, A. O. Courtis, D. Crawford, C. Dunscombe, D. D. Evans, L. E. Frazer, H. J. H. Hendley, R. C. Hewitt, B. E. Jerwood, A. V. Johnson, P. B. Kettle, R. B. P. Lansdown, S. Orchard, E. S. Orme, F. A. Phillips, J. H. Porter, W. Shaw, G. W. Theobald, G. I. F. Tweedie, D. C. L. Vey, J. P. Wells, C. E. Whitting, C. H. Whittle, H. L. Willey. *Part II. Medicine, Pathology*, and

Pharmacology: A. C. Ainsley, A. E. Clark-Kennedy, B. K. T. Collins, H. T. Cubbon, E. Donaldson, N. D. Dunscombe, V. N. Fenton, E. A. Fiddian, C. I. C. Gill, W. S. Gross, E. A. H. Grylls, G. Habgood, A. T. Hawley, E. C. Malden, L. B. Maxwell, R. A. Olphert, W. H. Palmer, H. A. A. Pargeter, F. A. Phillips, P. W. Putnam, W. Raffle, A. P. Saint, W. Shaw, T. H. Somerville, E. D. Spackman, H. N. Stafford, R. A. P. Starkie, S. D. Sturtion, G. W. Theobald, G. D. C. Tracy, R. R. Traill, T. S. Wan, C. H. Whittle.

M.C.H.—J. B. Hunter.

UNIVERSITY OF LONDON.

At a meeting of the Senate, held on June 22nd, Sir Sydney Russell-Wells, M.D., was re-elected Vice-Chancellor for the year 1921-22.

The following were among the grants approved from the Dixon Fund for the year 1921-22:

£50—Mr. F. J. F. Barrington, M.B., B.S., for research on the nervous mechanism of micturition.

£40—Miss G. Z. L. Le Bas, B.Sc., for researches into the part played by lipoids in immunity and bacteriological intoxication.

£50—Professor Karl Pearson, M.A., F.R.S., to defray the cost of the publication of drawings of the sesamoid bones of the knee-joint to be used to illustrate a memoir on the subject now in progress.

The Scholarships Committee reported the appointment for 1921-22 of Mr. E. C. Warner, of Guy's Hospital Medical School, to the University Studentship in Physiology of the value of £50.

VICTORIA UNIVERSITY, MANCHESTER.

THE following candidates have been approved at the examination indicated:

M.D.—B. Browning, T. E. Dickinson, W. H. Kauntze, R. L. Newell, J. A. Panton, H. Platt, D. McK. Sutherland.

UNIVERSITY OF SHEFFIELD.

THE following candidates have been approved at the examination indicated:

FINAL M.B., C.H.B.—May T. Bassett, E. S. Clayton, R. D. S. Inman, R. T. Lee, Elsa F. Paige, R. Platt.

Obituary.

DR. SAMUEL BEATTY, of Pitlochry, died on June 16th in his 61st year. He was a native of Antrim, and was educated at Trinity College, Dublin, and the University of Edinburgh, graduating M.B., C.M.Edin. in 1886. He had practised in Pitlochry for thirty years, having succeeded the late Dr. W. S. Irvine, his former partner. Dr. Beatty showed a warm interest in charitable and philanthropic matters; he was chairman of the Pitlochry School Management Committee, parochial medical officer and public vaccinator for Moulin, certifying factory surgeon, and medical officer to the Post Office. He took great interest in the work of the British Medical Association, and, in addition to having served as President of the Perth Branch, was at the time of his death a member of the Branch Council and the Deputy Representative in the Representative Body.

We regret to announce the death of DR. JOHN DOWNIE, of Bellevue, Wakefield, which took place on June 7th in Driffield Cottage Hospital, from injuries received in a motor cycle accident at Eastburn. Dr. Downie graduated M.B., Ch.B. of Glasgow University in 1900, and had been in practice at Wakefield in conjunction with his brother since shortly before the war. After the outbreak of war he proceeded to France with the Yorkshire Mounted Brigade Field Ambulance R.A.M.C.T., and he was awarded the Russian Order of St. Anne and subsequently the D.S.O., both in recognition of acts of gallantry in the field. The tragic ending to a promising career will be greatly regretted by Dr. Downie's many friends.

DR. HERBERT STANLEY BALLANCE, of Weston-super-Mare, died on June 11th, aged 56. He was educated at King's College, and took the diplomas of M.R.C.S. and L.R.C.P. in 1890, and graduated M.B., B.S. Lond. in 1892 and M.D. in 1894. He held the posts of resident medical officer of the Hospital for Consumption, Brompton, house-surgeon to King's College Hospital, and house-physician to the General Lying-in Hospital, York Road, and at the time of his death was surgeon and surgeon in charge x-ray department of the Weston-super-Mare Hospital. He was a member of the Bristol Division of the British Medical Association and of the Bristol Medico-Chirurgical Society.

Medical News.

THE Admiralty has appointed a committee under the presidency of Surgeon Vice-Admiral Sir Robert Hill, K.C.M.G., Medical Director-General, to inquire into the medical staffs and naval and civilian complements of the R.N. hospitals.

DR. J. G. BEASLEY, of Rowley Regis, has been presented with a gold chiming watch on the occasion of his retirement from the posts of medical officer of health and school medical officer. The former post he had held for nearly fifty years. The presentation was made on behalf of the medical men of Old Hill, Cradley Heath, Cradley, Netherton, Halesowen, Blackheath, Quarry Bank, and Rowley Regis, by Dr. T. M. Tibbets. Dr. Beasley, who was prevented by ill health from being present, has addressed a letter of thanks to the subscribers.

IN the circular which has been sent to approved societies by the Ministry of Health sanctioning schemes for additional benefits, the provision of nursing service for members of the societies is mentioned. Lord Cave's committee's report on the voluntary hospitals favours a contribution to the hospitals by the approved societies from the surplus in hand in recognition of the services rendered to their members rather than any scheme of insurance by payment in advance or by compulsory payment afterwards. The Central Council for District Nursing in London is anxious to make it clear that nursing associations—which provide for the nursing of patients in their own homes—may receive contributions from the approved societies either under paragraph 20 of the Act of 1911, or by way of additional benefits out of their surplus. The Central Council has already informed the approved societies which have members resident in London that it is in a position to arrange for adequate nursing for all such members.

JUNE 28TH is the sixth anniversary of the opening of Queen Mary's Convalescent Auxiliary Hospitals at Roehampton for sailors and soldiers who lost limbs in the war; it is hoped that 200 beds may be permanently endowed, so that, with the help of the capitation grant from the Government, the institution may be maintained. Over 41,000 officers and men have needed artificial legs and arms, and over 22,600 new patients have passed through the hospitals at Roehampton since June, 1915. The instructional workshops, which provided training in different trades and commercial classes, have now been closed, as, fortunately, most of the disabled men trained in them have found suitable employment. The hospitals are, however, kept constantly busy with cases readmitted for second limbs and with repairs. Since the beginning of 1918 limb repairs to the number of 16,518 have been dealt with through the post alone, and in the out-patient department frequently fifty to sixty men attend in a day for major or minor repairs to their limbs.

MR. HENRY P. STURGIS, upon his retirement from the chairmanship of the Royal London Ophthalmic Hospital (Moorfields), which he has held for the last twenty-four years, has been presented by members of the committee and medical staff with a handsome silver salver, as an expression of their appreciation of his services.

DR. H. C. MACTIER, M.B.E., Honorary Secretary and Representative in Representative Meetings for eleven years of the South Staffordshire Division, and Honorary Secretary of the Wolverhampton Local Medical and Panel Committees since their commencement, has been presented with a cheque for £108 15s. from the practitioners in the area of the Division as an appreciation of his work as secretary of these bodies and his many other services to the local profession, including that of honorary secretary to the Local Medical War Committee. This is the second time that Dr. Mactier has been the recipient of such a testimonial, as in 1913 he received a cheque for 100 guineas in recognition of his strenuous services during the days of the inception of the Insurance Act.

THE 80th annual meeting of the Medico-Psychological Association of Great Britain and Ireland will be held in London, under the presidency of Dr. C. Hubert Bond, C.B.E., from July 11th to July 15th. The presidential address, which will deal with the position of psychological medicine in the medical and allied services, will be delivered at the house of the Royal Society of Medicine, on Tuesday, July 12th, at 3 p.m. On Wednesday Dr. C. S. Myers, F.R.S., will speak on psychological medicine in relation to industry, and a number of papers will be read; the annual dinner will take place at the Connaught Rooms on the evening of the same day. The dinner will be attended by, among other guests, the Lord Chancellor

and the Minister of Health. On the morning of July 14th papers will be read, and in the afternoon visits will be paid to the Springfield Mental Hospital, Tooting. On Friday, July 15th, papers will be read in the morning, and in the afternoon a visit will be paid, at the invitation of the London Asylums Mental Deficiency Committee, to the mental hospitals at Epsom.

THE annual general meeting of the Federation of Medical and Allied Societies was held at 11, Chaudos Street, London, W.1, on Tuesday, June 28th. In the unavoidable absence of the President (Sir Berkely Moynihan) the Vice-President (Sir Malcolm Morris) delivered an address. The annual report of the Executive Council was received and adopted. The president, vice-president, the honorary treasurers and auditor were reappointed for the ensuing year, and thirty societies were elected to representation on the Executive Council. The result of the ballot for a representative of individual members was declared in favour of Dr. Ford Anderson.

WE are glad to see that the rather wide claims that have been made at several clinics in Germany for the intensive x-ray treatment of cancer are to be subjected to investigation. We stated some time ago that Dr. C. C. Anderson, the Manchester Royal Infirmary scholar, was to go to Erlangen to observe the treatment there used. The West London Hospital at Hammersmith has recently announced that it has imported an apparatus from Dr. Wintz's clinic at Erlangen, and that it is proposed to make the results public. It will not, however, be possible to draw any trustworthy conclusions until after the elapse of a considerable period.

THE retirement of Dr. F. J. Stevens from the post of medical officer of health for Camberwell, announced in our issue of June 18th, will take place as from March 31st, 1922.

THE annual meeting of the school medical group of the Society of Medical Officers of Health was held in Birmingham on May 28th, with the President (Dr. G. A. Auden) in the chair. Correspondence from the British Medical Association, inquiring the policy of the group regarding recognized holidays for school medical inspectors, was read and considered, and after full discussion the following resolution was passed: "That where practicable all school medical officers and assistant school medical officers shall have the usual school holidays, and in any case shall have a minimum of four weeks' holiday." It was pointed out, in the course of the discussion, that in most towns the medical inspectors had the usual holidays, and that this was found beneficial to the efficiency of the medical and nursing staffs.

LIEUT.-COLONEL HENRY SMITH, C.I.E., I.M.S., gave an address to the Ophthalmological Society of Pittsburgh, Pennsylvania, on May 20th.

At a meeting of the Association de la Presse Médicale Française, on June 4th, Dr. Le Sourd (*Gazette des Hôpitaux*), was elected President, Dr. R. Cruchet (*Journal de Médecine de Bordeaux*) and Dr. Loeper (*Progrès Médical*) Vice-Presidents, Dr. Pierra (*Revue de Gynécologie*), General Secretary, and Dr. G. Baillière (*Paris Médical*), Treasurer.

DURING April four cases of rabies occurred in Holland, one in the Province of Groningen and three in the Province of Drenthe.

DURING March 444 cases of plague occurred in Java, all of which were fatal.

THE triennial International Congress of Urology will be held at Paris from July 5th to 7th, with Professor Legueu as president. Papers will be read by, among others, Mr. Hurry Fenwick, Dr. Langdon Brown, Mr. Frank Kidd, and many distinguished French, Italian, and American urologists. An exhibition of instruments and appliances will be held and visits will be made to the hospitals, where special operations will be performed. There will be a reception at the Hôtel de Ville and other social functions. At the conclusion of the congress tours to the battlefields have been arranged.

A MONUMENT in memory of the great French chemist, Adolphe Wurtz, will be unveiled at Strasbourg on July 5th.

DR. W. W. CORT and Dr. E. L. AUGUSTINE of Baltimore, with Dr. J. E. ACHERT, Kansas State Agricultural School, have been sent by the International Health Board of the Rockefeller Foundation to Trinidad to study hookworm disease there.

AN invitation to attend the clinical course of lectures and demonstrations on heliotherapy, to be given at Leysin from August 16th to 20th by Dr. A. Rollier and his assistants, will be sent to any medical man or woman expecting to be in Switzerland, on application to Dr. Rollier, Leysin, Switzerland.