

but the man appeared to be only partly conscious and to be paralysed in his right limbs; and certainly his right pupil was dilated and fixed and his right plantar response was extensor. After some weeks he began to get about in a halting fashion, and in due course he advanced a claim on the railway company. For various reasons this claim was questioned, and an examination in the presence of several practitioners was arranged. At this examination the patient appeared to make two blunders. First, on request, he promptly protruded his tongue, and this with a pronounced deviation; but the deviation was not toward but away from the paralysed limbs. Secondly, he produced unfailingly a right extensor response, but he did this on the slightest provocation and almost without regard to the site of the stimulus—calf, shin, sole, dorsum, each alike received the characteristic reply. In the first examination the possibility of the man being a malingerer never occurred to me, and the majority of my colleagues at the later consultation concluded that an ingenious patient by the aid of atropine and of some carefully garnered medical knowledge had proved too much for me and for some others equally guileless. Assuming them to be right, I registered a mental note that among the possible causes of an extensor response a place must be found for the deliberate malingerer. Certainly the trick, if once known, is easily repeated, and the experience is worth adding to a list of the circumstances in which an extensor response does not mean organic disease.

REFERENCES.

¹ *Practitioner*, vol. xciii, p. 330. ² *Lancet*, January 10th, 1925; see also *Diseases of the Liver* (Sir Humphry Rolleston), second edition, p. 587. ³ *Medical Society's Transactions*, vol. xlii. ⁴ *Medical Press and Circular*, August 11th, 1915. ⁵ *Lancet*, December 16th, 1911.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

WEBBED HAND WITH ABNORMALITIES OF BONES.

A boy, aged 4, presented webbing of the left hand as to digits 2, 3, 4, and 5. The webs between 3 and 4 and 4 and 5 were complete up to the tip of the nails. That between 2 and 3 was less complete. The palm of the hand appeared long in comparison with the fingers, and only one row of joints distal to the metacarpo-phalangeal joints could be made out. X rays showed that one row of phalanges, presumably the middle, was absent. The ossification centres for the metacarpal of the thumb are abnormal. Usually the shaft and head of this bone are developed from a primary centre, while the base has a secondary centre, appearing about the third year. In this respect therefore, ordinarily, metacarpal 1 differs from metacarpals 2, 3, 4, and 5, and resembles the ossification of a phalanx, a circumstance which has given rise to discussion among anatomists as to whether the thumb consists of three phalanges and no metacarpal or one metacarpal and two phalanges. In the present case metacarpal 1 has a primary centre for the shaft and base, and a secondary for the head. Ossification centres are present for os magnum, unciform, cuneiform, semilunar, trapezium, and lower end of radius. As there was no bony fusion between the individual fingers, separation of the soft parts was performed by Didot's method, in two stages. Digits 4 and 5 were first separated, and afterwards 2, 3, and 4. The anatomical and functional results have been good.



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Ruabon.

A. H. TURNER, M.B., B.S.Lond.

ACUTE INTESTINAL OBSTRUCTION DUE TO A GALL STONE: VOLVULUS OF SMALL INTESTINE ABOVE THE OBSTRUCTION.

Impaction of a gall stone is one of the rare causes of acute intestinal obstruction. As the grouping of the symptoms is frequently unusual, the exact diagnosis is often very difficult. It seems right, therefore, to report the following case, which occurred in the practice of the West London Hospital. I am indebted to Mr. Donald Armour for permission to do so.

A woman, aged 54, was admitted on May 6th, 1925, complaining of abdominal pain. The pain had come on suddenly three days previously, was colicky, and situated round the umbilicus and in the hypogastrium. Vomiting had commenced shortly after the onset of the pain and had been repeated several times daily. The vomit was at first bilious, but had become faeculent. Absolute constipation of faeces and flatus had existed from the onset. She had had occasional attacks, lasting one to two days, of slight epigastric pain, unaccompanied by vomiting, for the past seven years, but no symptoms between the attacks. The abdomen was only moderately distended. Coils of gut were visible through the thin abdominal wall, and there was shifting dullness in both flanks. There was no visible peristalsis, tenderness, or rigidity. No mass was felt on palpation of the abdomen or on rectal examination. Shock was absent, except for slight lowering of the temperature (97° F.) and raising of the pulse rate (100).

I opened the abdomen by a right paramedian incision, its centre opposite the umbilicus. Free serous peritoneal fluid immediately escaped. Distended and congested small intestine was traced to a point 9 inches from the ileo-caecal junction, where a gall stone was found loosely impacted in the gut. The bowel below was pale and collapsed. The loop of ileum immediately above the site of obstruction had undergone axial rotation in a clockwise direction, forming a volvulus with one complete twist, presumably from the irregular muscular movements set up in the intestine by the presence of the gall stone. Owing to the position of the incision examination of the gall-bladder region could not be satisfactorily performed. The wall of the gut at the site of impaction of the stone appeared undamaged and the stone was easily displaced upwards. After unwinding the volvulus this was done, and the stone removed by opening the bowel. The stone was ovoid, 1½ inches long, with a diameter of 1 inch, and tuberculated, except at its narrow pole, which was smooth and presumably had projected into the fistulous communication between the gall bladder and the small intestine, which doubtless existed before the stone escaped to bring about the obstruction. The abdominal wound was then closed with a drainage tube to the site of enterotomy.

The patient made an excellent recovery.

London, W.1.

N. ROSS SMITH, F.R.C.S.Eng.

ACUTE APPENDICITIS IN THE AGED.

THE following case seems worth placing on record because of the unusual features which were present.

At 10 a.m. on April 6th I was summoned to a frail old lady, aged 75, who, about twelve hours previously, had been seized with vomiting and abdominal pain which had gradually become more severe in the right iliac region.

When I saw her the physical signs were rigidity of the abdomen and pain and tenderness (this last very marked even on gentle palpation) over the appendix area. The temperature was 99.2°, and the pulse rate 58. Her normal pulse is 60, and her normal temperature 98°. There were no signs of any external hernial strangulation, and the very definite local signs made the diagnosis of acute appendicitis fairly certain.

Dr. Morland Smith saw the patient with me at midday, and agreed with the diagnosis and necessity for immediate laparotomy. This he performed in the early afternoon as soon as the patient had been removed to the Southbourne nursing home.

The appendix was found to be very distended and discoloured and tortuous, with commencing ulceration near its base. The usual operation was performed, the appendix removed, and, as investigation showed nothing abnormal elsewhere in the abdomen or in the pelvis, the wound was closed. Convalescence was uninterrupted and she left the nursing home quite well four weeks later.

The unusual features which make this case interesting were: (1) The pulse rate did not increase, and the rise of temperature was negligible. A marked increase in the pulse frequency is often insisted upon as an indication for operation. Possibly the slow pulse and low degree of fever may be explained by the way aged persons react to a toxæmia. (2) The advanced age of the patient; acute appendicitis is rare in patients over 70. When the local signs are definite, to wait for a marked rise of temperature, or an increase in the pulse rate, or to deem the age of the patient as beyond the probability of an acute appendicitis may lead to grave consequences; in this case delay would certainly have been serious. The happy result obtained was due to the speed of the operation (fortunately the absence of any complication assisted in this, because the patient's frail condition demanded quickness), and the careful nursing the patient received.

Bournemouth.

FREDERICK C. FORSTER.

the study and practice of medicine. This she achieved at the University of Zürich, where she studied from 1868 to 1872. She was granted the degree of M.D. of the university in 1872 on her thesis "Embolie der Hirn-Arterien." After obtaining the doctorate she took a post-graduate clinical course in Vienna for a year, and on her return to England in 1873 was appointed house-surgeon to the Bristol Royal Hospital for Sick Children. When, after the passing of Mr. Russell Gurney's Enabling Act in 1876, the King's and Queen's College of Physicians, Ireland, admitted women to its examinations, Dr. Dunbar, with four other women, obtained the qualification of the college. This entitled her to register her degree and diplomas in the *Medical Register* of the United Kingdom, which she did in 1877.

In 1874 Dr. Walker Dunbar, together with Miss Read and other supporters of the independence of women, had founded the Read Dispensary for Women and Children at Hotwells, Bristol. In addition to being engaged in private practice she interested her friends in a project she had much at heart, and in 1895 succeeded in starting the Bristol Private Hospital for Women and Children in Berkeley Square, Clifton. She continued to serve on the surgical staff of that institution up to the time of her death. She was also for many years medical officer to the Red Lodge Reformatory for Girls, and to the Bristol Training College for Elementary Teachers, now the Department of Education (Women), Bristol University. In 1906 she published an article in the *Bristol Medico-Chirurgical Journal* on "The new theory and prophylactic treatment of puerperal eclampsia."

This wonderful and kindly old lady will be much missed by all who had the good fortune to know her or be under her care. To quote the words of a colleague, "Dr. Dunbar was essentially a pioneer, and to the end of her career she showed as outstanding qualities courage, perseverance, and pluck. She gathered round her, and retained throughout her life, a devoted band of friends and supporters, by whom the news of her sudden death was received with deep regret." Her remains were cremated at Golders Green on August 31st.

WILLIAM ODELL, M.D., F.R.C.S., Torquay.

WE regret to announce the death, on August 21st, of Dr. William Odell, at the age of 74, at his residence in Torquay. Dr. Odell received his medical education at St. Bartholomew's Hospital; he obtained the diplomas M.R.C.S. and L.S.A. in 1872, the F.R.C.S. in 1876, and graduated M.D. Durh. in 1901. After acting as registrar in the ophthalmic department at St. Bartholomew's Hospital and house-surgeon to the Hertford Hospital from 1873 to 1878, he carried on private practice first in Hertford and later in Toronto until 1889, when he took up residence in Torquay. Dr. Odell held the appointments of honorary consulting physician to the Western Hospital for Consumption, honorary consulting surgeon to the Erith House Institute, and honorary physician to the Temple Lodge Home. He was an honorary life member of the St. John Ambulance Association, and as local secretary of the Epsom College Foundation he devoted a considerable amount of time and energy to its support. During the war he was physician to the Western Auxiliary Military Hospital in Torquay. He was an ex-president of the Torquay Medical Society and the Natural History Society.

Dr. Odell was elected a member of the British Medical Association as long ago as 1874. He was the Representative of the Torquay Division in the Representative Body from 1904 to 1909, where he was a great favourite, and held office as chairman of the Division, 1906-07. When his death became known, a special meeting of the executive committee of the Division was held and a vote of condolence sent to his widow. Members of the Division attended the funeral and a wreath was sent. Dr. William Odell was a fine example of all that was best in "the old school of family practitioner"—kindly, courteous, dignified; the friend of all his patients; holding fast to good traditions and old ways of life.

Medical News.

THE annual dinner of past and present students of University College Hospital will be held at the Hotel Cecil, Strand, on Friday, October 16th, at 7.30 p.m., with Dr. Herbert Spencer in the chair. Tickets, price 12s. 6d. (not including wine), may be obtained from the honorary secretaries, Mr. Gwynne Williams, F.R.C.S., or Dr. T. R. Elliott, F.R.S., University College Hospital Medical School.

THE annual dinner of past and present students of St. Mary's Hospital Medical School will take place at the Connaught Rooms, Great Queen Street, W.C., on Monday, October 5th, at 7.30 p.m., with Mr. Leslie Paton, F.R.C.S., in the chair. The honorary secretary is Dr. Hope Gosse.

THE inaugural address at the Westminster Hospital Medical School will be given on Thursday, October 1st, at 3 p.m., in the board room of the hospital, by Professor E. A. Gardner, Litt.D., Vice-Chancellor of the University of London, who will subsequently unveil in the hospital laboratories a tablet commemorating Mr. A. J. H. Carlill's endowment of pathological research work.

THE Fellowship of Medicine announces that an intensive course in general medicine, surgery, and the special departments will be given at the Westminster Hospital from September 21st for two weeks. The fee is 3 guineas, or 2 guineas for either week. The Brompton Hospital will start a fortnight's course in diseases of the chest on September 21st. On Wednesday, September 23rd, and for the following three Wednesdays, Dr. Heald will give special demonstrations at the Royal Free Hospital, at 5.30, on treatment by electrotherapy. Full particulars and syllabuses of the courses, together with the Fellowship programme, may be obtained from the secretary, 1, Wimpole Street, W.1.

A TWO weeks' course in cardiology will be held daily from 10 a.m. to 4 p.m. at the National Hospital for Diseases of the Heart, Westmoreland Street, W.1, from October 5th to 16th, the fee being 7 guineas. The course will include lectures and clinical work, with pathological demonstrations and instruction in the use of the electro-cardiograph, polygraph, and sphygmomanometer. Admission will be by special tickets which may be obtained from the dean at the hospital. Early application is advisable.

THE American Association of Obstetricians, Gynecologists, and Abdominal Surgeons will hold its thirty-eighth annual meeting at Hot Springs, Virginia, during the latter part of next week. On Wednesday, September 16th, there will be discussions on appendicitis, placenta praevia, mechanics of labour, and on preparation and treatment in labour. On September 17th, discussions on preventive treatment in obstetrical practice, on fibroid tumours, and on malignancy, will be followed by the annual address of the President, Dr. Asa B. Davis. The last day, September 18th, will be devoted to the reading of independent papers.

DURING the Leicester Home Life Exhibition which is to be held from September 16th to 26th a series of health talks has been arranged by the Leicestershire and Leicester Insurance Committees. The subjects to be dealt with include the production of clean milk, smoke abatement, dental hygiene, housing, education and health, prevention of tuberculosis, and infant welfare.

DR. H. A. A. NICHOLLS, C.M.G., was presented on July 31st with an address, a piece of plate, and a purse of sovereigns, on the occasion of his retirement from the appointment of Principal Medical Officer of Dominica. For the last forty-eight years Dr. Nicholls has been officially connected with the Leeward Isles and Dominica, and for four years acted as Governor of the latter.

ARRANGEMENTS are now being completed for the sixth congress of the Far Eastern Association of Tropical Medicine which is to be held in Tokyo from October 11th to 31st; more than 500 delegates are expected. There will be an exhibition illustrating the medical history of Japan, and a demonstration of home-made medical and surgical instruments, medicinal plants, and parasitological exhibits.

THE First London (City of London) Sanitary Company was formed in 1908, and on the outbreak of the war consisted of two officers and fifty-nine other ranks; when it was dispersed in May, 1918, it had eighty officers and over 1,500 other ranks serving overseas. The history of the company has now been compiled, and contains an unusually interesting account of the actual work during the war. Various illustrations, and the inclusion of many references to the lighter side of sanitary section work, commend the book to a wider circulation than among the actual members of the section. The price of the book is 2s. 6d. (post free), and it may be obtained from the editor, Mr. George W. Foster, "The Laurels," North Kelsey, Lincoln.