Where gastro-jejunostomy was performed *per se* the ideal opening, after due allowance had been made for normal contraction, should approximately equal the transverse diameter of the jejunum. It was a simple mechanical fact that the jejunum could not carry away more contents than its normal lumen when comfortably distended would admit. For the purpose of emptying the stomach the very large opening so frequently made was obviously unnecessary. The normal outlet of the stomach when the pylorus was fully dilated was exactly the size of the duodenum. It would seem reasonable to copy this principle. The farther they got away from Nature's standard the more likely they were to fall into error.

Sir WILLIAM DE COURCY WHEELER (Dublin) said that most surgeons would be guided in the management of gastric and duodenal lesions by judgement based on their own capabilities and the results of personal experience. He agreed with Mr. Herbert Paterson that no complicated surgery was justified in the case of duodenal ulcer. Perforation and haemorrhage had alone to be considered, and every ulcer, when possible, should be inverted or covered with a piece of omentum; when bleeding was part of the history, excision, cauterization, or the picking up and ligature of the vessels round the ulcerated area should be practised in addition to gastro-enterostomy. The speaker feared cancer following gastric ulcer, but in his experience the pendulum of surgical opinion had swung too much over in this direction; Mr. Herbert Paterson had, he thought, gone to the other extreme. He had had several cases come back years after gastro-enterostomy for ulcer with inoperable cancer. In his hands resection had given better results than excision, but resection was only necessary in a limited number of cases. Gastro-enterostomy was futile as a palliative operation and two-stage operations were seldom necessary. It was most important to empty the stomach before operation when resection was contemplated. Fatalities had occurred by regurgitation of fluid into the mouth during the application of the clamps when this elementary detail had been omitted. Judgement was the keynote to success, and he refused to be bound by those who insisted, on the one hand, that gastro-enterostomy was sufficient in all cases, or, on the other hand, by those who argued partial gastrectomy as a routine. The sleeve resection which he had advocated on a former occasion did not give as good ultimate results as might have been expected.

Dr. H. BRUCE (Toronto) said that gastro-jejunostomy was the most satisfactory operation. He feared the mortality that would take place if gastrectomy were performed by every surgeon.

Professor D. P. D. WILKIE (Edinburgh) pointed out that time was the surest test of the value of any method or procedure. The fact that after more than forty years the operation of gastro-enterostomy remained the recognized procedure for duodenal ulcer was the strongest proof of its worth as an operation. The problem resolved itself into two questions: first, did the operation give lasting relief or cure for either duodenal or gastric ulcer or for both in a large percentage of cases? and secondly, did it entail unfortunate sequels in any appreciable number of cases? He believed that this operation would remain the method of choice in all post-pyloric ulcers. It was seen at its best in cases of duodenal ulcer with some stenosis, and here they might anticipate 90 per cent. of satisfactory results. Where the duodenal ulcer was associated with a small hypertonic stomach and no stenosis the benefits of the operation were much less certain, and in this class of case medicine found its legitimate field. Where haemorrhage from a large posterior duodenal ulcer was the indication the results were still less certain, and permanent relief was not conferred in more than 60 per cent. of cases. Where there was an active florid gastric ulcer of the lesser curve gastro-enterostomy, although by no means useless, was insufficient for cure in too large a percentage of cases to be considered the operation of choice. The success of partial gastrectomy had given it a vogue which he felt sure would not outlast the test of time. Local excision of the ulcer, and the treatment by cautery combined with gastro-enterostomy, although less dramatic in their performance and in their immediate results, were, in his opinion, more logical operations. He did not wonder that a certain aftermath of poor results from gastro-jejunostomy occurred, considering the number of times this operation had been performed by all kinds of surgeons. Most of the bad results were unquestionably due to bad surgery. Either the case was unsuitable, the operation was indifferently performed, a coincident gastric ulcer was overlooked, the after-treatment was neglected, or infective foci were left untreated. Jejunal ulcer and bilious vomiting occurred occasionally in the practice of all surgeons. He believed that persistent hyperacidity was the deciding factor in the etiology of jejunal ulcer, and careful antacid treatment for some months after the operation was the surest safeguard against it. In all cases in which hyperacidity had been a feature prior to operation alkalis and belladonna should be given for some weeks thereafter. Where care in after-treatment was exercised, this complication would not appear in more than 2 per cent. of cases.

Post-operative vomiting of bile was almost always due to the opening in the mesocolon being too small. Where access through the mesocolon was restricted it was preferable to perform the anterior operation with a lateral anastomosis of the limbs of the loop, a procedure which, with some, had an undeservedly bad reputation. If the patient suffered from gastric flatulence with occasional bilious vomiting prior to operation, and no stenosis but rather a dilated duodenum was found, a duodeno-jejunostomy in addition to gastro-jejunostomy would ensure post-operative freedom from vomiting. Persistent bilious vomiting did not occur in more than 3 per cent. of cases, and in most of these could be cured by a second anastomotic operation. The operation of gastro-duodenostomy was on physiological grounds preferable to gastro-jejunostomy in cases of duodenal ulcer. In male subjects, however, it was usually difficult to perform, and, in his experience, whilst the ultimate results were excellent, the convalescence was less smooth and the immediate effects less striking.

Mr. HERBERT J. PATERSON, in reply, said that on the whole the results of gastro-jejunostomy were eminently satisfactory; the mortality rate need not be greater than 1 per cent. He asked whether, on the supposition that 5 per cent. of the failures after gastro-jejunostomy could be cured by partial gastrectomy (an assumption which he declined to admit), it was justifiable, having regard to the small number of failures, to submit the remaining 95 per cent. of their patients to such a severe operation as partial gastrectomy, with its necessarily greater mortality rate. Surely the wiser course was to perform gastro-jejunostomy in the first instance, and to reserve more severe procedures for cases in which the simpler operation had been tried and had failed?

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

STOVAINE IN OTO-RHINO-LARYNGOLOGY.

For about a year I have been testing stovaine as a local anaesthetic for operations on the nose, throat, and ear, in accordance with the request of the Cocaine Research Committee. On the whole it has proved very satisfactory indeed.

In fifty cases of cauterization with the electric wire anaesthesia with 5 per cent. stovaine was employed. The operation was quite painless; the drug produced less vaso-constriction than cocaine; there were practically no systemic effects and no toxic symptoms, and there were less after-effects than with cocaine, which gives a certain feeling of "cold" afterwards. For cauterization stovaine had all the good qualities of cocaine without the bad ones.

In fifteen turbinal operations 10 per cent. stovaine was employed. The operation was painless, but there was more bleeding than with cocaine, though this could be controlled by mixing with adrenaline. There were no toxic effects, but the patient was more apprehensive, cocaine tending to diminish the dread of the operation. Thus stovaine, though quite satisfactory for these cases, was less so than cocaine.

In ten septum operations 10 per cent. stovaine was used,

mixed with 1 in 2,000 adrenaline. The mucous membrane anaesthesia was equal to that produced by cocaine, but the deeper bone was more painful. There was more bleeding, but no toxic effects. The "buck-up" effect of cocaine was greatly missed. Stovaine was thus not so satisfactory as cocaine for this major operation on the nose. In operations for nasal polypi and ethmoiditis the effects were just the same as in the septum operation.

Generally, with regard to stovaine anaesthesia in the nose my experience has been that it is perfectly safe and the surface anaesthesia is excellent; it is perhaps better than cocaine for purely mucous membrane work; the anaesthesia is slower and the vaso-constriction less; but it is on the whole not so satisfactory as cocaine for the major operations.

Twenty operations about the mouth and throat were performed under 1 per cent. stovaine. It seemed perfectly safe, there were no toxic effects, and the anaesthesia was good. There was very little vaso-constriction. For these cases it is much preferable to the injection of cocaine; but I do not think it is preferable to novocain, though little if any behind it.

In twelve cases the tonsils were removed under 1 per cent. stovaine. The anaesthesia was good, but there was much more bleeding than with novocain, and it was therefore not so satisfactory for this operation.

As a laryngeal spray for performing minor operations I used a 5 per cent. solution of stovaine, with excellent result in the three cases—one a papilloma and two foreign bodies.

On the whole, therefore, I consider that stovaine should have as big a place in the world of local anaesthetics as cocaine and novocain, more especially in minor throat and nose operations.

FRANCIS MUECKE, C.B.E., F.R.C.S.,
Surgeon, Ear, Nose, and Throat Department, the London Hospital.

THE EPILEPSIES.

Is epilepsy ever really idiopathic? This is a question which has been lurking in a nebulous state in my mind for years past. Recently I have had two cases bearing on this, where the apparently idiopathic condition has proved to be really secondary to a local irritation or lesion.

CASE I.

A young lady, aged 18, had had for two years bad attacks of twitching of the left side of the mouth and nose and indistinct exhausted sensations at irregular intervals, almost always after reading for a long time. Expert investigation of eyes and antrum gave negative results. The antrum was investigated, as I had detected signs of pain on pressure of the second left upper bicuspid. A skiagram of the upper jaw showed a thickening of the root of this tooth. On extraction it was found to have a slight exostosis, and there was some chronic inflammation of the periosteum and pulp. The tooth was extracted over twelve months ago, and there has been no recurrence of the attacks; the patient is healthy in every way.

CASE II.

A married woman, aged about 46, with one grown-up daughter, two years ago had a severe and prolonged attack of multiple peripheral neuritis, beginning with symptoms simulating acute bulbar paralysis. She is abstemious and a careful liver in every way. The paralytic symptoms gradually disappeared under treatment. The main active drugs given were an alkaline mixture containing potassium iodide and bromide, with a little free iodine (iodide, iodate, and free iodine were formed in the stomach). There were no signs, stigmata, or any suspicion of specific disease. The daughter is perfectly healthy and normal, and above the average in mental development. Since this patient lost the symptoms of peripheral neuritis she has had frequent attacks of what appears to be typical petit mal, and once I had an opportunity of seeing her in a typical grand mal fit. She always has an aura, referred to the epigastrium, just preceding the fit. She is not unconscious in these fits, but in a sort of semi-delirious state (except in the one grand mal attack).

These two cases give me my peg on which to hang my question—Is epilepsy ever *really* idiopathic?

Flackwell Heath, Bucks. G. D. PARKER.

Reviews.

EARLY SCIENCE IN OXFORD.

OXFORD is fortunate indeed in the ability and enthusiasm of Dr. R. T. GUNTHER, Fellow of Magdalen College, whose *Early Science in Oxford*[1] forms a valuable and generously illustrated record of the great men of the past. The first instalment, on chemistry, was reviewed in our columns five years ago (1921, ii, 708), and we were then warned that the issue of the remaining parts must await a longer list of subscribers. Fortunately this appears to have been effected, for last year Volumes III and IV appeared, "printed for the subscribers," and now a further volume, *Early Medical and Biological Science*, extracted from *Early Science in Oxford*, has been brought out without plates at the request of friends, who have expressed regret that the cost of the complete work puts it beyond the reach of a large number of students for whom it was written. This additional volume, which reproduces the earlier pages of Volume III, deals first with medicine in two chapters (early and in the seventeenth century and after), and then with anatomy, physiology, zoology, and geology; although it does not contain the beautiful plates of the original, it is illustrated by 47 figures, several of them occupying the whole page, and is of special interest to students of medical history.

The original statutes of the University (*circa* 1325) accorded an honourable status to physic and reckoned those skilled in medicine as more learned than others, since they are entrusted with the "cure of the sick, the perils of death, and the ordering of life," and it is therefore directed that great care must be exercised that only competent persons be allowed to practise or incept in that faculty. The first known lecturer on medicine at Oxford was Nicholas Tynchewyke or Tingewick (*obiit* 1324), who is not noticed in the *Dictionary of National Biography*, but cured Edward I of his illnesses; it is also recorded that he rode forty miles to see an old woman who cured jaundice by administering the lice of sheep bruised and compounded with honey and water (hydromel), and gave her a sum of money for instructing him in the cure. It is interesting to learn that John of Gaddesden prophetically gave urea as a diuretic some centuries before its usually recognized discovery. The debt of medicine to Robert Boyle, which is perhaps hardly recognized to its full extent, is shown to crop up in unexpected directions, such as his advocacy of simple remedies instead of elaborate mixtures and the invention of the ammoniated quinine which so many patients who have suffered from influenza have cause to remember. There is much about blood transfusion at Oxford in the time of Lower, and, as is usual in these volumes, the reader finds new data. In the first half of the nineteenth century medicine was in a state of suspended animation, and in spite of a latitude in the choice of subjects, ranging from the botany of Virgil to a knowledge of volcanoes, allowed to candidates for the D.M. degree, there were not forty men on the books of all the colleges who had the right to put B.M. or D.M. after their names. The history of the Ashmolean Museum, which is finely represented in the frontispiece to the fourth volume, is set out in Volume III; its contents were given to the University by Elias Ashmole, "Mercuriophilus," who in turn had received its rarities from John Tradescant, junior (1608-62), though not without much trouble with his widow.

Volume IV is appropriately introduced by the Vice-Chancellor, who is also the Warden of Wadham, in a few words on the early association of his college with the Royal Society which grew out of the Philosophical Society of Oxford, the subject of this attractive volume. The Minutes of the Oxford Society for 1683 to 1690, reproduced from the manuscript in the Ashmolean Museum, are here

[1] *Early Science in Oxford*, vol. iii, Part I, *The Biological Sciences;* Part II, *The Biological Collections*. (Demy 8vo, pp. xii+564; 64 plates, 72 figures); vol. iv, *The Philosophical Society*. (Demy 8vo, pp. viii+259; 4 illustrations.) By R. T. Gunther. Oxford: Printed for the Subscribers. 1925. *Early Medical and Biological Science* extracted from *Early Science in Oxford*. By R. T. Gunther, M.A., LL.D., F.L.S. London: Humphrey Milford, Oxford University Press. 1926. (Demy 8vo, pp. 246; 47 figures. 7s 6d. net.)

KING'S HONORARY PHYSICIAN.

HIS MAJESTY has approved the appointment of Lieutenant-General Sir Matthew H. G. Fell, K.C.B., C.M.G., Director-General, Army Medical Services, to be Honorary Physician to the King, with effect from June 3rd, 1926, in the place of the late Lieutenant-General Sir William Lieshman, K.C.B., K.C.M.G., F.R.S.

EXCHANGE OF NAVAL MEDICAL OFFICERS.

ADMIRALTY Fleet Order No. 2607 states that a surgeon-commander R.N., is required for service as senior medical officer, Flinders Naval Depot, in exchange for a surgeon-commander, Royal Australian Navy. The depot hospital includes a theatre where all major surgical operations are undertaken, and the officer will be required to be an operating surgeon. The appointment will carry assisted passages for wife and children, and the Australian authorities state that information as to the prospects of obtaining a house can be communicated later. Early application should be made for this appointment through the usual Service channels. The position of officers lent for service in the R.A.N. is in all respects equivalent to that of officers who serve continuously in the Royal Navy, with whom they will be considered equally for promotion and appointment.

Medical News.

DR. ANDREW BALFOUR, Director of the London School of Hygiene and Tropical Medicine, will attend the fiftieth anniversary celebration of Johns Hopkins University, Baltimore, next month, and deliver an address at the formal opening of the new building of the School of Hygiene and Public Health of that university.

THE opening function of the winter session at the Middlesex Hospital Medical School will take place at the Queen's Hall, Langham Place, on Friday, October 1st, at 3 p.m. Professor T. Yeates will deliver the introductory address, after which the Archbishop of Canterbury will distribute the prizes. The annual dinner of past and present students of the school will be held the same evening, at 7.30, at the Savoy Hotel, with Mr. Victor Bonney in the chair.

THE annual prize distribution at St. George's Hospital Medical School will be held on October 1st, at 3 p.m., in the board room of the hospital, when the inaugural address, entitled "Doctors and the public," will be delivered by Dr. E. Graham Little, M.P. The annual dinner will be held at the Hyde Park Hotel at 7.45 on the same day, with the Right Hon. C. C. Craig, M.P., in the chair.

AT the opening of the winter session of the London (Royal Free Hospital) School of Medicine for Women, Hunter Street, W.C., on Friday, October 1st, at 3.30 p.m., the introductory address will be given by Sir Walter Fletcher, K.B.E., M.D., F.R.S., Secretary of the Medical Research Council.

AT the opening of the eighty-fifth session of the School of Pharmacy of the Pharmaceutical Society of Great Britain on Wednesday, October 6th, at 3 p.m., the inaugural sessional address will be delivered by Dr. James F. Tocher, of the University of Aberdeen.

AN autumn course of lectures at the Hospital for Sick Children, Great Ormond Street, W.C.1, will commence on Thursday, October 7th, at 4 p.m., when Dr. Cockayne will deal with "Rickets as it is seen to-day."

A NEW course of post-graduate study at the National Hospital, Queen Square, Bloomsbury, will be held from October 4th to November 26th. It will consist of out-patient clinics, clinical lectures and demonstrations, lectures on the anatomy and physiology of the nervous system, demonstrations on the pathology of nervous system, and clinical demonstrations on methods of examination. The fee for the course, including the pathology demonstrations, is £5 5s., and for those holding perpetual tickets £3 3s.

A COURSE of post-graduate lectures will be given at Ancoats Hospital, Manchester, on Thursdays at 4.15 p.m., beginning on September 30th, when Mr. Harry Platt commences a series of six lectures on the treatment of common injuries. Three lectures on tonsillectomy will be given by Mr. F. Holt Diggle on November 11th, 18th, and 25th. There is no fee for the course, and all medical graduates are cordially invited. Tea will be served at 3.45 p.m.

A COURSE of twelve lectures will be given on Sunday afternoons, commencing October 3rd, at 3.30, at The Guildhouse, Eccleston Square, S.W.1, on the contribution of science to human life. Sir Richard Gregory (editor of *Nature*) will speak on the worth of science at the first meeting, and Dr. Bernard Hollander on the sound and unsound mind at the second. Sir George Newman will lecture on the contribution of medical science to human life, on December 5th. Further information may be obtained from the honorary secretary to the Guildhouse Advisory Board, 2, Rosslyn Mansions, Goldhurst Terrace, N.W.6.

DR. JOHN RUDD LEESON, J.P., senior consulting physician to St. John's Hospital, Twickenham, is the Charter Mayor of the newly incorporated Borough of Twickenham, and as such attended the celebrations on September 22nd.

AT the meeting of the Society for the Study of Inebriety, to be held in the rooms of the Medical Society of London, 11, Chandos Street, Cavendish Square, on Tuesday, October 12th, at 4 p.m., Dr. J. D. Rolleston will read a paper on alcoholism in classical antiquity.

THE Biochemical Society has arranged the following provisional programme of meetings for the session 1926–27: Saturday, October 9th, Cambridge; Monday, November 8th, St. Thomas's Hospital, S.E.1; Monday, December 6th, Imperial College, S.W.7; Monday, February 7th, 1927, Lister Institute, S.W.1; Friday, March 18th, University College, W.C.1.

A COURSE of practical demonstrations on deep x-ray therapy in the treatment of tumours at the Beaujon Hospital, Paris, will begin on October 5th, and continue on following Tuesdays; while on Friday mornings from October 8th another course on electrical diagnosis and treatment will be given at Dr. Aubourg's laboratory. Further information may be obtained from Dr. Aubourg at the Beaujon Hospital. The demonstrations (which will be delivered in English, if desired) are free to practitioners and students.

THE People's League of Health will be represented at the conference convened by the International Union against Tuberculosis, to be held in Washington, U.S.A., from September 30th to October 3rd, by the following members of its medical council: Sir Robert Philip, Sir John Lynn-Thomas, Professor S. Lyle Cummins, and Dr. Edward Hope.

POPULAR talks on travel, science, and invention will be given in October and November, with experimental demonstrations or lantern slide illustrations, in aid of King Edward's Hospital Fund for London. The series, which commences with "Seeing by wireless," by Mr. H. L. Baird, at the Royal Institute of British Architects, on October 7th, at 5 p.m., will include talks on subjects as diverse as aviation, artificial production of the human voice, liquid air, the Sahara, and refrigeration. Tickets, price 2s. 6d. and 5s., or serial tickets 12s. 6d., may be obtained from the Secretary, King Edward's Hospital Fund for London, 7, Walbrook, E.C.4, or at the doors.

THE Council of Epsom College is about to award one of the Leopold Salomons Entrance Scholarships of £50 a year which were established "as a slight recognition of the splendid work of the medical profession carried on during the war." Candidates must be sons of legally qualified members of the medical profession and be unable to enter Epsom College without the help of this scholarship. They must have reached 11 years of age and be under 14 on January 1st last, and show a standard of education adequate for their age. Forms of application and full particulars will be supplied by the Secretary of the College, 49, Bedford Square, W.C.1, where applications must be sent not later than the morning of October 6th. The Council will also shortly award a special St. Anne's Home scholarship of £52 a year, tenable for about five years, to the orphan daughter of a medical man who was in independent practice in England or Wales for not less than five years. Only those are eligible as candidates who were fully 10 years of age and not over 12 years of age on May 1st last. Forms of application can be obtained from the Secretary.

THE first all-Russian ophthalmological congress will be held at Moscow from September 27th to 30th.

THE first German congress for combating tobacco smoking by young persons was held at Düsseldorf from August 7th to 9th, when papers were read on physical exercise and smoking, and smoking among the youth of the working classes. The use of tobacco by children in Holland has recently grown to an alarming extent. A recent investigation has shown that smoking is practised by 30 per cent. of boys aged 6, by 50 per cent. of boys between 9 and 10, and by 88 per cent. of those over 11 years of age.

A CHAIR for the history of medicine has recently been founded at the University of Louvain, with Dr. Tricot-Royer, president of the International Society of the History of Medicine, as its first occupant.

DR. MAURICE FAURE, President of the Société Médicale du Littoral Mediterranéen, informs us that his society has organized a visit of doctors from different countries to the French Riviera for the purpose of acquainting them with the therapeutic resources of that region. The journey will take place between December 15th and 24th, and will include visits to Hyères, St. Raphaël, Cannes, Grasse, Venice, Nice, Beaulieu, Mentone, Monte Carlo, and Monaco. The programme and full particulars can be obtained from the Office Français du Tourisme, 56, Haymarket, London, S.W.1.