

## CONCLUSIONS.

The conclusions suggested by this clinical analysis may be summarized as follows:

1. The overwhelming evidence in favour of careful antenatal examination, particularly in primigravidae and in multiparous women with an unsatisfactory previous obstetric history.

2. The importance of careful routine measurement of the pelvic outlet, which may be contracted in spite of a normal superior strait, and is thus a deformity specially liable to be overlooked.

3. The grave danger entailed by non-observance of elementary rules with regard to the application of forceps through an incompletely dilated cervix or in the presence of marked disparity in the relative sizes of head and pelvis.

4. The necessity when moderate forceps traction fails of recognizing the nature and degree of obstruction and of determining whether vaginal delivery of a living child is possible or not.

5. The remarkable capacity on the part of Nature, if given time, to overcome considerable disproportion by moulding of the head, and the realization that the condition of mother or child, rather than the actual number of hours passed in labour, should constitute the indication for assisting delivery.

## DISCUSSION.

Dr. BETHEL SOLOMONS (Dublin) did not quite understand what treatment had been given to those patients who had died. He personally had a very decided preference for pubiotomy or lower segment Caesarean section to craniotomy on a living child.

Mr. R. H. PARAMORE (Rugby) referred to his experience in cases of pubiotomy.

Professor FLETCHER SHAW (Manchester) regretted that this very important paper had been crowded into the end of a long morning's work. It was most unfortunate that time could not be given to its discussion, and he urged that this subject should be fully dealt with at the meeting next year at Cardiff.

Professor McILROY supported Professor Shaw's proposal, and the PRESIDENT (Dr. Haig Ferguson) agreed that the suggestion should be made in the right quarter.

## Memoranda:

## MEDICAL, SURGICAL, OBSTETRICAL.

## FORMALIN POISONING: RECOVERY.

As poisoning by formalin is a rare accident, according to the textbooks of toxicology, the following details of a case of poisoning may be of general interest.

On September 5th I was called to see a boy, aged 7, who was showing symptoms of poisoning after drinking some disinfectant. Arriving at the house about fifteen minutes after the poison had been swallowed, I found that the patient had entered a room which was being disinfected by a workman by orders of the local sanitary authority; seeing a bottle on the floor containing a liquid which he took to be lemonade, he drank the remainder of the contents of the bottle, amounting to possibly half an ounce of the liquid.

I found the boy somewhat collapsed, though quite sensible; he complained of a burning pain in his throat and epigastrium. His pulse was rapid and weak; he had vomited once, bringing up a quantity of clear, greenish fluid, and he was gasping for breath. The nature of the disinfectant was unknown to the workman, who had gone away to inquire as to its composition. I smelt the vomited matter and at once detected that pungent odour so familiar to those who have frequented a dissecting room; I decided that the poison must be formalin. This conclusion was subsequently confirmed by the workman on his return, the disinfectant being commercial formalin, a 40 per cent. solution of formaldehyde in water.

The treatment I adopted was washing out the patient's stomach through the siphon tube; I then introduced a quantity of very dilute solution of ammonia, which was left in the stomach. The latter procedure was an attempt to produce the well known reaction by which ammonia and formaldehyde unite to produce the condensation product hexamethylene-tetramine, more familiarly known as urotropine or hexamine, a harmless compound. I also caused the patient to be put to bed with hot bottles and gave instructions for the administration of demulcents. The child

now appeared fairly comfortable. On the following day the patient was in his usual health except that he complained of slight pain in the throat on swallowing; he has since made an uneventful recovery.

From a study of the literature available, it appears that one ounce of commercial formalin has proved fatal for an adult. From what I was told the quantity swallowed by the boy would probably have been a fatal dose for a child of the patient's age.

Kettering.

G. H. MARCH, M.B., Ch.B. (Vict.).

## A CASE OF SIMPLE CLEFT STERNUM.

CLEFT sternum is a sufficiently rare condition to justify a record of the following example.

The subject was a healthy girl, aged 11, with an uneventful medical history. Though the deformity was noticed at birth, particular attention was not drawn to it until the girl was examined at a school clinic, and doubt was then expressed as to whether she was fit to play games owing to the risk of a blow on the chest.

In the anterior wall of the thorax there is a marked depression due to complete absence of the presternum. The ends of the clavicles are separated by a gap of about two inches during expiration, which increases to two and a half inches on inspiration. The cleft extends down as far as the fifth costal cartilage, the ends of the upper four costal cartilages on each side being connected by a fibrous or cartilaginous strip. The cleft narrows as it approaches the fifth costal cartilage, where the two halves of the metasternum become joined by a band of strong fibrous tissue—from the fifth to the seventh costal cartilage. A xiphisternum could not be felt.

There is a slightly asymmetrical appearance of the chest, but measurement does not confirm this, both sides being equal and no kyphosis or scoliosis being present. In the depression formed by the absence of the sternum the pulsation of the aorta is very marked. The heart is normal in size and position and no cardiac murmurs are audible.

During coughing or forcible expiration the anterior edges of each lung herniate through the cleft; this produces an alarming swelling on the front of the chest. This condition gives rise to no discomfort to the child except if pressure is applied, such as would be present if the sternum were complete.

D. M. Greig<sup>1</sup> has collected from the literature twenty cases of simple cleft sternum. Six of these cases had concomitant anomalies. In the case here described no other abnormalities could be detected, apart from an unusual amount of extension at the elbow.

I am indebted to Mr. E. Cyril Dobie, senior honorary surgeon to the Chester Royal Infirmary, for permission to publish this case.

W. GRIFFITH LOVE,

M.B., Ch.B. Ed.,

Late Senior House-Surgeon, Chester Royal Infirmary.

## ACUTE PULMONARY OEDEMA: RECOVERY.

DURING the last few months several cases of acute pulmonary oedema have been reported, and therefore the following details of an instance of recovery following an attack seem worthy of record.

A man, aged 60, was seen at the end of June, 1927, on account of an attack of follicular tonsillitis which responded rapidly to treatment. He did not feel ill "in himself," and remained at work. During the night of July 12th I was called to see him. He was sitting in a chair very cyanosed, breathing rapidly and with great difficulty, and expectorating large quantities of blood-stained froth. His chest was full of moist râles and the heart sounds were very weak. His pulse was 140 and thready. The attack had come on about a quarter of an hour previously, following sudden diarrhoea. He was given 1/100 grain of atropine sulphate and 1/60 grain of strychnine hypodermically at once, and propped up in bed with hot-water bottles to his feet. He improved and was then given hypodermic injections of 1/12 grain of heroin and 1/100 grain of atropine sulphate. In about half an hour his breathing became more comfortable and the frothy expectoration almost ceased; he slept at intervals for the next twelve hours. He was kept under morphine for forty-eight hours, and by that time his chest was quite clear of râles and his pulse rate had fallen to 80.

The attack in this case was probably brought on by distension of the stomach following a heavy meal just before bedtime. The patient's cardio-vascular system and urine showed nothing abnormal. He was quite fit three weeks after the attack and has kept well ever since.

Winchester.

C. B. S. FULLER, M.D., M.R.C.P.

<sup>1</sup> *Edinburgh Medical Journal*, August, 1926.

In his early days he was a keen Alpine climber, and until recently his favourite recreation was long walks over the Derbyshire hills and moors.

A COLLEAGUE writes: By the sudden death of Dr. W. S. Porter the medical profession of Sheffield has lost one of its oldest and most respected members; his loss will be felt most keenly. By common consent he stood for and personified the highest ideals of our profession. A man of wide general culture, the soul of honour, a model of courtesy and kindly consideration for patients and colleagues alike, he possessed in an eminent degree all those qualities of mind and heart which go to make an English gentleman. Those who can look back to the days when he was their chief, and later their colleague, at the Royal Infirmary, think of him with very great affection; and during the later years of his life, after his retirement from the active work of the hospital, his help and advice were often sought by his professional brethren, when difficulties had to be straightened out, or decisions made, with the certain knowledge that the help and advice he gave would be based upon wide experience, sound judgement, and, above all, a disinterested love of truth and right. We revere his memory, and his death recalls to the mind of the writer an epitaph on the tomb of a doctor of old time, whose high character was commemorated on the walls of the cathedral near which he lived, as one "*qui Rem Medicans in hoc clauso et civitate adjacenti per quinquaginta annos probe et feliciter exercuit.*"

Dr. NEWCOME WHITELOW BOURNS died on October 2nd at Wincanton, after an illness of nine months. He was born at Carriock-on-Shannon in 1852, and received his medical education at St. Bartholomew's Hospital. He took the diploma of M.R.C.S. in 1879, that of L.R.C.P.Ed. in 1880, and the degree of M.D.Brux. in the same year. At St. Bartholomew's Hospital Bourns learnt from the senior anaesthetist, Mills, the administration in sequence of nitrous oxide, ether, and chloroform, which he adopted in hospital and private work with great success and with remarkable safety to patients. After settling in South Kensington he was appointed anaesthetist to the Cancer Hospital, and in 1887 became the first regular anaesthetist to Westminster Hospital. With these duties he combined private practice, and his competence and pleasing manner were highly appreciated by his many patients. On retiring he joined some long-standing friends in Somersetshire, where in the Blackmore Vale he had scope for his hobbies, particularly gardening and shooting. An unfortunate motor accident laid him by for a year, but he recovered to enjoy life again.

## Universities and Colleges.

### UNIVERSITY OF LONDON. MATRICULATION EXAMINATION.

At the September matriculation examination of the University of London 48 passed in the first division and 413 in the second division; in addition 25 took the supplementary certificate in Latin.

### UNIVERSITY COLLEGE.

A public lecture, with cinematograph illustrations, on the static reflexes of Magnus—"How animals get right-way-up and keep so"—will be delivered by Professor Arthur J. Hall, M.D., on Tuesday next, October 18th, at 5 p.m. The chair will be taken by Dr. F. M. R. Walshe. The lecture will be given in the Physiology Theatre (entrance: Gower Street). It is open to the public without fee or ticket.

### KING'S COLLEGE.

Dr. Duncan MacCallum Blair, lately lecturer on regional anatomy in the University of Glasgow, has been appointed Professor of Anatomy at King's College, London, in succession to Professor E. Barclay-Smith, retired. Professor MacCallum Blair gave an inaugural lecture at King's College last week entitled "The Brothers Hunter—a landmark in anatomy." His main thesis was that the abiding lessons of Hunterian anatomy were twofold: first, theirs was a living anatomy—form was studied in an effort to elucidate function; secondly, John and William Hunter gained their knowledge of form and function by repeated direct observation and careful experiment in both human and comparative anatomy. They established anatomy as an

experimental science. When the Hunterian principles had dropped out of sight then anatomy had suffered; if it was to remain a living progressive science it must be pursued in the spirit of the brothers Hunter.

## Medical News.

DR. DOROTHY C. LOGAN ("Miss Mona McLennan") succeeded in swimming across the Channel from Cap Gris-Nez to Folkestone during the night of October 10th, her time being 13 hours 10 minutes, which establishes a "record" for women Channel swimmers. The shortest time in the case of men swimmers is 11 hours 5 minutes, which was taken by G. Michel in September, 1926. Dr. Logan graduated M.B., B.S.Lond. in 1912, and proceeded M.D. in 1915. She holds appointments at King's College Hospital, the London Temperance Hospital, and the Mothers' Hospital at Clapton, and is a member of the British Medical Association.

The annual meeting of Fellows and Members of the Royal College of Surgeons will be held at Lincoln's Inn Fields on Thursday, November 17th, at 3 p.m.

The Chadwick Trustees announce that the second annual Malcolm Morris memorial lecture will be given by Dr. W. G. Savage in the Hastings Hall of the British Medical Association's House, Tavistock Square, on October 17th at 5.15 p.m. Dr. Savage has chosen food poisoning for his subject. On October 27th Mr. W. Hales, curator of the Chelsea Physic Garden, will give a Chadwick lecture on tropical vegetation and some of its uses to man; Major H. Barnes will lecture twice in November on the history of housing, and early in December Professor Lelean will give a dissertation on the mind and health.

The thirty-ninth Congress and Health Exhibition of the Royal Sanitary Institute will be held at Plymouth from July 16th to 21st, 1928, under the presidency of Viscount Astor. At the meeting of the Royal Sanitary Institute on Friday, October 28th, in the council chamber, Town Hall, Newcastle-on-Tyne, discussions will take place on the influence of overcrowding upon tuberculosis, with special reference to the new housing schemes; on the new Factories Bill, and on the smoke problem on Tyneside. The chair will be taken at 4.30 p.m. by Dr. Charles Porter.

The Lancashire and Cheshire Society for the Permanent Care of the Feeble-Minded will hold its annual meeting in the Manchester Town Hall at 3.30 p.m. on Friday next, October 21st. Persons interested are invited to attend.

The West Riding Association of Graduates of the University of Edinburgh will hold its annual general meeting at the Great Northern Station Hotel, Leeds, on Friday, November 4th, at 6.30. It will be followed by the annual dinner, at which Professor Edwin Bramwell, M.D., professor of clinical medicine in the University of Edinburgh, will be the guest of the society. Further particulars can be obtained from the honorary secretary, 33, Manor Row, Bradford.

At a meeting of the Royal Microscopical Society at 20 Hanover Square, on October 19th, at 8 p.m., Dr. A. J. Grove will describe a simply made hot plate for flattening paraffin sections. A paper on stereoscopic vision with the microscope will be read by Dr. Oskar Heimstadt, and Professor Paul Vonwiller will discuss the application to living organisms of microscopy with incident light.

A MEETING of the Society of Superintendents of Tuberculosis Institutions will be held at 122, Harley Street, on Friday, October 21st, at 3 p.m. Dr. J. Gravesen, of Copenhagen, will speak on the surgical treatment of tuberculosis of the pleura, and Dr. Kennon Dunham, Cincinnati, will read a paper on various types of tuberculous lesions, as seen upon an x-ray plate, in the child and the adult, with lantern illustrations.

The courses of lectures at the Royal Institution during November and December will commence on November 1st, at 5.15 p.m., with the annual course of three Tyndall lectures, which will be delivered by Sir John Herbert Parsons on the subject of Light and Sight. On November 22nd will be given the first of four lectures by Sir William Bragg on a year's work in x-ray crystal analysis. The Christmas lectures for juveniles will be delivered by Professor E. N. da C. Andrade on "Engines," commencing on December 29th at 3 p.m.

The St. Thomas's Hospital old students' dinner will be held on Friday, October 28th, at 7.30 for 8 o'clock, at St. Thomas's House, Lambeth Palace Road—the new residential club for students which was opened by the Archbishop of Canterbury last April. The chair will be taken by Sir Charles Ballance, consulting surgeon to the hospital.

THE opening lecture of the series arranged by the Fellowship of Medicine on practical hints on medicine, surgery, and the specialties will be given by Sir Humphry Rolleston at the Medical Society's House, 11, Chandos Street, Cavendish Square, W., on Monday, October 17th, at 5 o'clock. The following demonstrations have been arranged by the Fellowship. On October 19th, 4 p.m., Mr. Davenport, Central London Ophthalmic Hospital; October 20th, 3 p.m., Mr. Attwater, Mr. Ainsworth-Davis, Mr. Coyte, and Mr. Loughnane, All Saints' Hospital; October 21st, 3 p.m., Dr. Bernard Myers, Royal Waterloo Hospital; all these lectures and demonstrations are open to members of the medical profession, without fee. An all-day course in diseases of children has been arranged from October 17th to 29th by the staffs of the Paddington Green Hospital and the Victoria Hospital for Children. On October 17th a two weeks' course in gynaecology will be given at the Chelsea Hospital for Women. From October 24th to November 5th a series of demonstrations on the diagnosis and treatment of diseases of the eye will be given by the staff of the Royal Eye Hospital, Southwark, at 3 p.m. A two months' comprehensive course is in progress at the National Hospital, Queen Square, of which any part may be taken separately. The following courses will take place during November: two practitioners' courses, Hampstead General Hospital, October 31st to November 12th, and London Temperance Hospital, November 21st to December 3rd; medicine, surgery, and gynaecology at the Royal Waterloo Hospital, November 14th to December 3rd; diseases of the chest at the Brompton Hospital, November 7th to 12th; neurology at the West End Hospital for Nervous Diseases, November 21st to December 17th; urology at St. Peter's Hospital, November 14th to 26th; proctology at St. Mark's Hospital, November 28th to December 3rd; and venereal diseases, October 31st to November 26th, at the London Lock Hospital. Syllabuses, etc., may be had from the Secretary of the Fellowship of Medicine, 1, Wimpole Street, W.1.

STARTING on October 25th lectures and demonstrations will be given at the Royal Northern Hospital on Tuesday afternoons, at 3.15 p.m. There will also be an intensive course in the afternoons during the week, November 21st to 25th; the subjects to be dealt with include: the epilepsies, tuberculosis of the genito-urinary tract, ringworm, recent work on the acute specific fevers, head injuries, failed forceps cases, and acute ear infections. Both courses are free to medical practitioners. Details will appear in our Diary column each week, and further information may be obtained from the dean, Royal Northern Hospital, Holloway, N.7.

THE Hunterian Society of London will hold two general discussions before Christmas. The first, on the legal perils of the doctor, will take place on Monday, November 7th, at 9 p.m., in Cutlers' Hall. The second, on backache, will follow a dinner at Simpson's Restaurant, Cheapside, on December 5th.

THE Society of Public Analysts will hold a meeting on November 2nd at St. Mary's Hospital, Paddington, by invitation of the Pathological Institution there.

THE Liverpool Annual Medical Service will be held in Liverpool Cathedral on Sunday, October 16th, at 3 p.m. The Bishop of Chester will be the preacher, and the Lord Mayor and Lady Mayoress will attend; the collection will be given to the Royal Medical Benevolent Fund. The service has been held each year since the beginning of the century (with the exception of one year during the war). Tickets for the part of the cathedral reserved for the profession may be obtained from the honorary secretary, Dr. John Owen, 13, Rodney Street, Liverpool.

THE council of the Royal Institute of Public Health, in co-operation with Alpine Sports, Ltd., has arranged a tour for medical practitioners and their relatives to visit the principal Swiss stations for the treatment of tuberculosis, during the Christmas holidays. The party will leave London on Sunday, December 18th, and visit Zürich, Chur, Arosa, Davos, and St. Moritz. Christmas Day will be spent at Maloja, and other places to be visited include Milan, Montana, and Leysin. It is estimated that the inclusive cost of the tour will be about £23 second class rail, or £28 first class. Further information may be obtained from the honorary secretaries, the Royal Institute of Public Health, 37, Russell Square, W.C.1.

THE Master's Day dinner of the Society of Apothecaries of London was held in the hall of the Society at Blackfriars on October 11th, the Master, Dr. R. Whiteside Statham, J.P., taking the chair. In proposing the first toast of the evening, "The Health of the Master," the Senior Warden, Lieut.-Colonel C. T. Samman, referred to the distinguished connexion of the Statham family with the Society, a point to which the Master subsequently returned. The toast of "The Royal Colleges" was proposed by the Master in a humorous speech; Dr. Sidney Phillips, replying for the Royal College of Physicians, referred to its present situation in space as the centre of a circle of continuous motion, while Mr. F. J. Steward

responded for the Royal College of Surgeons. The toast of "The Guests" was in the capable hands of the Junior Warden, Dr. H. J. Iloft. Sir James Berry, President of the Royal Society of Medicine, replied, gently twitting his fellow guest, Sir Henry Curtis-Bennett, K.C., who, after satisfactorily establishing the claim of the legal profession to the appellation "learned," commented on the sympathy for humanity in distress which resulted from the work of both the medical and legal professions. Admiration was generally expressed at the great improvement in the appearance of the handsome hall of the society, as the result of recent cleaning and restoration measures.

THE Grand Council of the British Empire Cancer Campaign, at its meeting on October 10th, made a grant of £500 to St. Mark's Hospital, London, for the continuation of special investigations into cases of cancer. Reports were received on the progress of the organization of the United Lancashire and Cheshire appeal for funds further to develop cancer research at special research centres at Liverpool, Manchester, and Chester. The High Commissioner for Australia (Sir Granville Ryrie, K.C.M.G.) was elected a member of the Grand Council as the representative of the University of Sydney Cancer Research Committee, which is affiliated to the campaign. It was reported that the Governor of Queensland (Sir John Goodwin), had become a patron of the Cancer Campaign Committee being formed in that State, and that the Federal and State Governments had each given £5,000 to the fund.

DR. ARTHUR HASTINGS BOSTOCK has been chosen as the Mayor of Chichester for the ensuing year. He was a member of the City Council some years ago, but not at the present time, so that his choice to be mayor is all the greater compliment. He is surgeon to the Royal Sussex Hospital at Chichester, for which a centenary extension scheme is in contemplation. Dr. Bostock, who was once house physician to St. Bartholomew's Hospital, served as a civil surgeon in South Africa in 1900, and was attached to the R.A.M.C. in France during the war. His father, also a medical man, was twice mayor (1884 and 1891).

PROFESSOR H. R. KENWOOD, C.M.G., who recently retired from the office of medical officer of health for Stoke Newington after thirty-three years' service, was entertained on October 8th by the members and officers of the council and friends at a complimentary dinner and was presented with an illuminated address.

DR. W. PRINGLE MORGAN, who recently retired after forty-one years of practice at Seaford, has been presented at a public meeting with an inscribed silver salver. Mrs. Morgan received a tortoiseshell toilet set, Miss Morgan a gold wristlet watch, and a joint gift to Dr. and Mrs. Morgan consisted of a silver tea service. Dr. Morgan was president of the Sussex Branch of the British Medical Association in 1925.

THE programme of the congress known as the Journées Médicales d'Egypte, which is to be held at Cairo from December 15th to 24th, will include a variety of discussions on diseases in temperate and tropical countries. There will be sixteen sections—namely, ophthalmology, medicine, surgery, bacteriology, urology, gastro-enterology, hygiene, pharmacy, parasitology, dermatology, oto-rhino-laryngology, pediatrics, obstetrics, neurology, tuberculosis, and veterinary medicine. Papers will be read on alimentary troubles in infancy; heliotherapy in pulmonary tuberculosis; the treatment of diabetes; the blood groups in biology and medicine; liver abscess; the serology and prophylaxis of leprosy; malaria; trachoma; and Malta fever. The languages of the congress will be English, French, German, Italian, and Arabic. An international exhibition is being arranged, and among the excursions is a visit to Luxor and Assouan. Further details of the congress, and the special facilities available for travel, may be obtained from the general secretary, Dr. Zeitoun, 32, Rue Gay-Lussac, Paris, V.

THIS week's issue of the *Autocar* is greatly enlarged and contains a stand-to-stand guide to the cars now on view at the Olympia Motor Show. Advance details are given of all the new models for 1928, together with plans showing the position of every exhibit and a price classification of cars.

PROFESSOR T. SHENNAN, of Aberdeen University, has prepared a new edition of his book, *Post Mortems and Morbid Anatomy*, which has been out of print for some time. It will be published during October by Messrs. Faber and Gwyer. The book has been enlarged to make it a textbook of special pathology as well as a manual for use in the post-mortem room.

MESSRS. J. AND A. CHURCHILL announce for early publication a volume entitled *Recent Advances in Tropical Medicine*, by Sir Leonard Rogers.

A REVISED and enlarged edition of Dr. Dan McKenzie's *Diseases of the Throat, Nose and Ear* will shortly be published by Wm. Heinemann (Medical Books) Ltd.