

ring, can do anything with the fingers, and is able to write well. She has a slight nasal deformity—a flattening of the terminal cartilage. Her mother has the same defect in a slight degree. The feet of both are quite normal.

The child, aged 6, was treated at the London Hospital by Mr. Souttar when she was 15 months old. She had complete syndactyly of both hands. The x-ray report showed that the right hand had six metacarpal bones, and the left hand had five metacarpals. She exhibited polydactylism in both feet, and had a supernumerary digit on the tibial side of the big toe on each foot.

She was operated on in 1922 and the hands were divided down the centre along an incomplete division which was present. There were three fingers on each side of the division. The completed hand was of the "lobster claw" variety.

In a further operation the supernumerary digits of the feet were removed. She has had no further operations, but her hands in their present form are quite useful. She exhibits the nasal deformity of the mother.

It will be noticed in these interesting series that the stigma has continually appeared in females, although it is known that one stillborn male had the defect.

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- <sup>1</sup> A. H. Tubby: *Deformities*, vol. i, p. 91.
- <sup>2</sup> Lewis and Embleton: *Split Hand and Split Foot Deformities*, vol. 5, Part 1.
- <sup>3</sup> I. Abt: *Pediatrics*.
- <sup>4</sup> Sverdrup, A.: *Journal of Genetics*, Lond., 1922-23, vol. 15, p. 217.
- <sup>5</sup> Murphy, Douglas P.: *Journ. Amer. Med. Assoc.*, February, 1925, vol. 84, p. 536.
- <sup>6</sup> Weech, A. A.: *Bull. Johns Hopkins Hospital*, 1927, vol. 40, p. 73.

## Memoranda:

## MEDICAL, SURGICAL, OBSTETRICAL.

## ANTISTREPTOCOCCAL SERUM FOR INSECT BITES.

THE British Isles are remarkably free from dangerous biting insects, but at this time of the year, as noted in the lay press, they take their small toll of life. The insignificant origin makes this all the more distressing. The course taken by these cases is that, immediately following the bite, there is acute inflammation, due either to poison in the insect's mouth or to its excreta deposited there. This inflammation subsides, but after a day or two lymphangitis or erysipelas develops, and the patient dies of septicaemia. The two following cases are reported to show the remarkable effect of polyvalent antistreptococcal serum; I have not heard previously of the use of this serum in such cases.

*Case 1.*—A woman, while gathering raspberries, was bitten by a grey fly. She saw me ten minutes later when the finger was twice its normal size, red, and pulsating violently. I advised a tight bandage for an hour, fomentations, and radiant heat. The following morning the finger seemed to be much better, but twelve hours later it became intensely painful, lymphangitis was present and spreading on to the dorsum of the hand, and the patient felt ill. An injection of 25 c.cm. of polyvalent antistreptococcal serum was given into the buttock, with the result that in three hours' time the lymphangitis had almost gone, and the pain was much less. The bite discharged for three days, after which the patient had no further trouble.

*Case 2.*—A child, aged 5, with a similar history, was given 5 c.cm. of serum; in one hour the lymphangitis, which had extended almost up to the elbow, was arrested, and it had disappeared on the following day.

Being interested in infected insect bites as a cause of non-filarial elephantiasis, I made inquiries as to what insects found in this country were liable to cause infection. It appears that almost all the fatal bites are due to the stable-fly, *Stomoxys*, the mandibles of which are heavily infected with bacteria, especially streptococci, from contact with manure and stable refuse. The house-fly is neither a blood-sucker nor a biter. Occasionally infection may follow mosquito stings, but it is rarely that any bite in this country causes death, except the *Stomoxys*.

Harrow.

A. P. BERTWISTLE, F.R.C.S. (Ed.)

## COMPLETE RUPTURE OF JEJUNUM WITHOUT EXTERNAL WOUND.

THE interesting case of complete transverse rupture of the jejunum without external wound reported by Dr. J. R. Armstrong in the *British Medical Journal* of June 23rd (p. 1064) recalls a very similar case which occurred in my hospital practice in Hankow, China, about four years ago, and which was not recorded at the time.

A Chinese postman was carrying mail-bags on board a launch when he fell between the launch and pontoon to which it was moored, and his abdomen was nipped between the two. He was brought straight to hospital, and I saw him soon afterwards. There was no injury to the skin of the abdomen, but he complained of very severe pain in the epigastrium, and the abdominal wall was very rigid. These symptoms, together with the history, made me advise operation at once, and fortunately there was no delay over consulting relatives who might or might not consent.

The jejunum was found completely severed transversely in one place, but no other viscus was injured; the peritoneum contained some blood, but no escaped bowel contents. A little trimming of the bruised ends was all that was needed before doing an end-to-end suture.

The operation gave speedy relief to his pain, there was little or no vomiting, and convalescence was uneventful.

This satisfactory result I attributed to the fact that he was a young and healthy man, that there was little soiling of the peritoneum with bowel contents, and that operation was performed early, within less than three hours of the accident.

Glasgow.

R. AIRD.

## A CASE OF HERMAPHRODISM.

RECORDS of individuals of doubtful sex have been unearthed at Ur of the Chaldees, and men of old believed in true hermaphroditism; but no case of the efficient formation and discharge of both sperm and ova by the same individual is known. In fact, only three or four cases of undoubted "true" anatomical hermaphroditism are accepted, and in these both partners were not perfectly developed. True physiological hermaphroditism is probably impossible. It is better, therefore, to use the word "hermaphrodite" as meaning simply an individual whose sex is doubtful. No legal definition of sex exists, and it is often impossible to say to which sex an individual of this kind should be assigned.

Such extraordinary advances have been made already in the present century in our knowledge of the meaning of sex and its determination—and so many experiments are now being made in grafting and transplantation and endocrine medication—that the subject is of greater interest than ever. So seldom, however, have human abnormality come to operation or to *post-mortem* examination that our knowledge is still very scanty and our textbooks imperfect, and it seems desirable to report the following case.

"XY," aged 22, not a twin. Appearance is that of well-developed female in all respects, but has never menstruated, although each month there is malaise and aching in head, back, groins, and breasts. Psychically, seems to be typically feminine. Is "courting." Other members of the family are said to be abnormal. In the left groin is a reducible lump, and pressure on this causes nausea and sometimes vomiting.

*Operation for Hernia* (November 7th, 1927).—The lump, when exposed, did not look like an ovary, but like a testis, with another solid body attached. Vaginal examination was then made; the vagina was roomy, but no cervix, uterus, or ovary could be felt. Next, the abdomen was opened. No ovary, tube, or uterus could be seen, but just inside the right internal abdominal ring there was a lump looking exactly like that exposed in the left inguinal canal. The abdomen was closed. The left ovi-testis (F) was removed and "radical cure" of hernia completed. Convalescence was normal.

## Pathological Reports (Clinical Research Association).

*Section A* is undoubtedly a testis and shows actual, though irregular, spermatogenesis. The cells of Leydig are also seen.

*Section B* shows an interlaced fibrous tissue with irregular vessels. We cannot certainly identify the tissue of which it is the stroma.

*Section C:* There is no recognizable ovarian tissue, and the organ, judging by its stroma, is more probably a testis. But no genital epithelium of either type is seen.

The specimen was sent to the Royal College of Surgeons, and Sir Arthur Keith, with his usual enthusiasm and kindness, had further sections examined without finding any definite ova or Graafian follicles, but "the areas of fibrous stroma seem to me to be comparable to ovarian tissue."

Human hermaphrodites, like "XY," are usually born singly and are, therefore, less analogous to the well-known "free-martin" than to sexually abnormal goats and pigs—where an ovi-testis is not unusual and there is a strong hereditary element. The free-martin is externally female, but no sperms are formed by the testes, and it is always sterile and so there cannot be any heredity. Fusion of the chorions of the twin embryos allows mixing of the bloods, so that the testicular hormone from the male twin, being secreted earlier, reaches the female twin and transforms its

ovaries into testes before the ovarian hormone has developed. Fusion of chorions has never been found in the pig; sexually abnormal goats have been born singly, and certain boars continually sire sexually abnormal offspring.

Females possess male characters in a latent condition and transmit them to their descendants, and it is known—from "freaks of Nature" and from experiments—that individuals of either sex can develop, under special conditions, into individuals of the opposite sex. For instance, the healthy ovary of a hen may become converted by disease into a functional testis, and the same individual, after acting as a mother, may become the father of offspring—a change of secondary sexual characters (comb, plumage, spurs) accompanying.

Although the sex of the early embryo is determined by the sex chromosomes, the sex hormones—in mammals—very soon prevail and assume entire control. So that in the case of "XY," whilst the organ removed is certainly a testis and is not proved to be an ovi-testis, it seems impossible to account for the very well-marked secondary female characters, unless at some period an ovarian hormone circulated. Was it not formerly an ovi-testis, even if it is not such now? If it is, this case is one of "true" anatomical hermaphroditism (so-called) and to be added to the three or four which are all that the best authorities will accept.

Another interesting problem for discussion would be the advice to be given as regards the bringing up of hermaphrodites. Most British authorities, following Lawson Tait, advise that they should be treated as males. But in such a case as that of "XY," and remembering that the habits, feelings, and desires depend chiefly on the surroundings of early life, it seems better to agree with Blair Bell and let the anatomy of the external genitals decide. Anyhow, "XY" has been left in ignorance of her most unhappy fate.

HAROLD HARTLEY, M.D.Lond., F.R.C.S.Eng.,  
Surgeon to the North Staffordshire Royal Infirmary.

## Reviews.

### THE FILTERABLE VIRUSES.

THE book on the *Filterable Viruses*<sup>1</sup> which has recently appeared under the general editorship of Dr. T. M. Rivers of the Rockefeller Institute is an attempt to present in a systematic manner some of the chief problems encountered in this field of work. Each of the ten chapters of which the book is composed is written by a different author; the man selected being one who has given particular and practical attention to the subject on which he writes. The first chapter, by Dr. Rivers himself, is a review of some general aspects of the filterable viruses. This is followed by chapters on filters and filtration by Stuart Mudd, on tissue cultures by Carrel, and on the intracellular pathology of virus diseases by Cowdry. Virus disease of man as exemplified by poliomyelitis is dealt with by Amoss, and of mammals as exemplified by foot-and-mouth disease and vesicular stomatitis by Olitsky. Virus disease of fowls as instanced by fowl-pox is in the hands of Goodpasture, and virus diseases of insects and of plants respectively are dealt with by Glaser and by Kunkel. Finally, the subject of virus diseases of bacteria in the sense of bacteriophagy is reviewed by Bronfenbrenner. A full list of references is attached to each article.

So far as we are aware this is the first systematic treatise on the subject of the filterable viruses to appear in the English language in book form. For that reason, and also because of the high standard maintained throughout and of the wide perspective that it offers, this book is a timely and valuable contribution to progress. The general review by Dr. Rivers himself is particularly to be commended, not merely because of its careful and critical air, but also because of its philosophic and constructive outlook.

<sup>1</sup> *Filterable Viruses*. Edited by Thomas M. Rivers. London: Baillière, Tindall and Cox. 1928. (Roy. 8vo, pp. ix + 423; 26 figures, 15 plates. 54s. net.)

Doubtless in future editions more space will be allotted to the serological side of these infections, which recent work in this country and elsewhere has brought into prominence.

### DISEASES OF THE ALIMENTARY TRACT.

THE publication of Dr. MARTIN REHFUSS's book, *The Diagnosis and Treatment of Diseases of the Stomach*,<sup>2</sup> marks an important event in the history of gastro-enterology. The last twenty years have witnessed the development of radiological and biochemical methods which have given much greater precision to the diagnosis of stomach diseases. The pathology and treatment of gastric disorders have been placed upon a sounder basis because of the recorded experience of individual surgeons and physicians and the accurate statistics of hospitals. It is fortunate that a physician, who has himself made important contributions to this branch of medicine, should have found opportunity to become the historian and exponent of the science and practice of his own specialty. For this is what Dr. Rehfuss has achieved—a book which is both a history and an exposition. These two qualities are not apparent in the general arrangement of the work, but the reader becomes conscious of them in the detail of almost every chapter. Dr. Rehfuss says that he wrote the book in the manner in which the subject appealed to him, and that he aimed at a practical volume devoted to the consideration of everyday problems in diseases of the stomach and digestive tract. The book is divided into three parts, but it not easy to find a title for each of these divisions which will cover their contents. The first might be described as an introduction to practical gastro-enterology, and includes chapters on anatomy, physiology, gastric analysis, radiology, and gastroscopy. The second section is a systematic survey of each variety of stomach disease. The third section is devoted to a consideration of gastric symptoms caused by diseases of other organs of the body and to diet. The book contains 519 illustrations, many of them in colour. The author says in his introduction, "my excuse for the volume is to put forth in book form my own conception of the subject, embodying all those important communications from the most diverse sources and by many authors which seemed essential to the subject." He has achieved his object with unusual lucidity and distinction, and there is no need to speak of an excuse for such a notable service to medicine.

Dr. BASSLER's textbook entitled *Diseases of the Intestines*,<sup>3</sup> and now in its third edition, comprises a survey of diseases of the liver, gall-bladder, pancreas, and lower alimentary tract. The first question that is likely to be asked about such a book is, What information does it contain which is not to be found in the larger textbooks of general medicine? The justification for a special book of this sort lies in the fact that more space can be given to diagnostic methods, particularly laboratory and x-ray examinations, and in the longer account of recent experimental work. We do not notice in Dr. Bassler's volume much about pathology or treatment that is not adequately described in the type of general textbook to which we have referred, but diagnostic methods are certainly considered with much more detail than can be accorded elsewhere. It would have been of advantage to the reader if the author had more frequently given the result of his experience with some of these tests. The book is generously illustrated, but some of the reproductions of sections and pictures of bacteria are not of much value. For instance, the coloured plates representing the microscopic appearances of stained films in different types of intestinal intoxication are likely to be misleading if taken too literally. The almost complete neglect of references is a grave defect in a large work which professes to offer more guidance than a student's textbook, and will frequently occasion disappointment when this volume is consulted.

<sup>2</sup> *Diagnosis and Treatment of Diseases of the Stomach*. By Martin E. Rehfuss, M.D. Philadelphia and London: W. B. Saunders Company. 1927. (6 x 9½, pp. 1235; 519 illustrations. 55s. net.)

<sup>3</sup> *Diseases of the Intestines, including the Liver, Gall-bladder, Pancreas, and Lower Alimentary Tract*. By Anthony Bassler, M.D., F.A.C.P. Third edition, revised and enlarged. Philadelphia: F. A. Davis Company. 1928. (Med. 8vo, pp. xx + 905; 199 figures, 78 plates. 10 dollars net.)

Lieut.-Colonel Walter Taylor Finlayson, D.S.O., Indian Medical Service, died on board the P. and O. ss. *China* on June 10th. He was born on July 14th, 1877, educated at Melbourne University and St. Mary's Hospital, and took the M.R.C.S. and L.R.C.P.Lond. in 1903. Entering the I.M.S. as lieutenant on January 30th, 1904, he attained the rank of lieutenant-colonel on July 30th, 1923. He served in the recent great war, and received the D.S.O. on January 1st, 1918. He was in civil employment in the Jails Department in the Punjab, and was on his way out from furlough when his death took place.

## Medical News.

LIEUTENANT-COLONEL C. T. SAMMAN, R.A.M.C.(ret.), has been elected Master of the Society of Apothecaries of London for the ensuing year.

THE first National Glass Convention is to be held at Bournemouth from September 19th to 22nd, when there will be discussions on the organization of the glass industry and a conference on the legislation concerned. The programme of the conference may be obtained from Mr. Geoffrey Marchand, M.A., Glass Manufacturers' Federation, Aldwych House, W.C.2.

A PUBLIC health congress and exhibition, organized under the auspices of the various associations representing municipal and other local authorities, will be held in the Royal Agricultural Hall, London, in the week beginning on Monday, November 19th, when the opening ceremony will be performed by Mr. Neville Chamberlain, Minister of Health, who, as president of the congress, will afterwards address the delegates. The congress is designed to bring together all public health authorities and all interested in social welfare work, and the organizing committee, under the chairmanship of Sir Frederick Willis, has secured the co-operation of many distinguished workers in the field of public health. Sir George Newman will give an address on the opening day on the purpose of the public health services. On the following day Sir Walter Fletcher will discuss research in public health, and Mr. C. Hubert Bond will deal with local organization for the prevention and treatment of mental disorders. On Friday, November 23rd, Dr. W. M. Willoughby, medical officer of health for the City of London, will give an address on food protection, and on the same day Mr. R. H. P. Orde, of the British Red Cross Society, will speak on the construction and equipment of hospitals. Housing, the smoke problem, milk supply, water supply, sewage, and town cleansing will also be discussed.

THE Fellowship of Medicine and Post-Graduate Medical Association announces that an intensive course of two weeks' duration will commence on Monday, August 27th, at the Queen Mary's Hospital, Stratford, E.1. Instruction will be given in all departments of medicine, surgery, and the specialties. Copies of the syllabus may be obtained from the secretary of the Fellowship of Medicine, 1, Wimpole Street, W.1, who will also supply information concerning other forthcoming special courses.

THE fourteenth annual conference of the National Association for the Prevention of Tuberculosis, which is to be held in the British Medical Association House, Tavistock Square, London, on October 15th and 16th, will be attended by a number of Canadian medical officers who are visiting Europe to study tuberculosis work. Sir Arthur Stanley will preside, and the principal speakers in the first day's discussion, on "The occurrence of tuberculosis among primitive peoples," will include Dr. R. C. Ferguson (Saskatchewan), Dr. Vassal (Annam), and Professor S. Lyle Cummins. The subject for the second day's proceedings will be "The principles underlying a scheme of anti-tuberculosis measures in any country," and the opening speakers will be Sir Robert Philip, Dr. Howard Holbrook (Canada), and Dr. G. Lissant Cox. A dinner in honour of the Canadian visitors will be given in the Savoy Hotel on the first day of the conference. The proceedings are open to all persons interested in tuberculosis, the fee for membership of the conference being £1 ls. Full information may be had from the secretary of the Association, 1, Gordon Square, London, W.C.1. Recently the association announced the publication of a new series of posters designed to assist organizations and individuals in antituberculosis work. These posters are eminently suitable for display in schools, hospitals, and dispensaries, public buildings and workplaces; most are printed in colour. Each embodies either a simple, direct message of advice on preventive methods or an appeal for support in the general campaign. A number of the posters have been prepared in postcard form. Another educational activity is the creation of a caravan service with three motor vehicles, each carrying a medical practitioner as lecturer,

with a cinema, supplies of films, posters, charts, photographs, and other material for a small tuberculosis exhibition. These units are placed at the services of local authorities, etc., throughout Britain, and requests for co-operation will be welcomed. A leaflet illustrating the association's posters and giving details of the caravan educational service may be had on application to the address given above.

THE total number of cases of paratyphoid fever under treatment in London on August 22nd was 119; fresh cases having been reported to the Metropolitan Asylums Board during the past few days from Kensington, Fulham, Lambeth, Lewisham, Islington, Shoreditch, Stepney, and Hackney.

WE have been asked to direct the attention of medical practitioners to an advertisement which appears in this issue relating to "The Retreat," a maternity home for unmarried mothers, with a baby home attached, owned by the National Free Church Women's Council, but in practice undenominational. The home is conducted in accordance with the requirements of the Ministry of Health, from which it receives an annual grant. Girls are expected to remain in the home for at least six months, and nominal fees are charged. Full information may be obtained from the Superintendent, 19, Ross Road, London, S.E.5.

THE July issue of the *Kenya and East African Medical Journal* contains a report of an investigation into animal nutrition in Kenya, the supervision of which was undertaken by Dr. J. B. Orr, director of the Rowett Research Institute, Aberdeen. One conclusion reached was that, in areas where the pasture is deficient in minerals, an increased rate of growth in lambs and calves, and a better yield of milk in cows, can be obtained by feeding with appropriate mineral mixtures. The issue also contains an article on the control of bilharzia disease, by Dr. F. G. Cawston; and an account by Dr. A. R. Paterson of the organization of antimalarial work in the Federated Malay States.

THE Ministry of Health has issued a circular (No. 911), referring to the scheme for the investigation of the causes of maternal death outlined in Circular 888, of which a summary was published in the *Journal* of April 28th (p. 729), and stating that the Minister understands that some maternity and child welfare authorities are in doubt as to how they can obtain particulars of maternal deaths occurring in their areas. It is pointed out that under Section 28 of the Registration of Births and Deaths Act, 1874, a sanitary authority can obtain from the registrar, on payment of the prescribed fees, returns of such particulars, which, it is understood, may also be obtained by a county council. The circular suggests that each local authority whose medical officer of health has undertaken responsibility for this investigation should make the necessary arrangements with the registrars in their areas.

AN appeal has been issued for support for the Incorporated Soldiers and Sailors' Help Society. Founded thirty years ago, the society has been faced with heavy responsibilities, particularly since the war, when it organized the Lord Roberts Memorial Workshops to provide for the training and employment of disabled ex-service men. In addition, large numbers have been helped with grants of money or clothing, or with work, or otherwise, and in all assistance has been given to over 900,000 ex-service men. The society depends entirely upon the response to its own appeals, receiving no assistance from any other organization. Donations should be sent to the chairman, Countess Roberts, at the headquarters of the society, Room A, 122, Brompton Road, S.W.3.

*Paton's List of Schools and Tutors*, the thirty-first edition of which has just been issued, is intended to assist parents in the choice of schools suitable to their location, their preference in educational methods, and their pockets. Each school is included in a classified list and is also the subject of a brief descriptive note. The work also contains a list of scholarships and exhibitions, and a series of articles dealing with the preliminary educational requirements of the various professions and of certain other callings, with information regarding the prospects they offer. The price of the book is 5s. Copies may be consulted at many libraries and clubs in England, India, and the Dominions, and at British embassies and consulates abroad.

THE second issue of *Leprosy Notes*, published quarterly by the British Empire Leprosy Relief Association, opens with an account by Dr. E. Muir of the organization of the campaign against the disease. Dr. Muir also contributes a note on the use of potassium iodide in leprosy, while Sir Leonard Rogers discusses the bearing on prophylaxis of recent advances in treatment. Dr. E. A. O. Travers describes the Tai Foong Chee treatment, which he states has been successfully employed for some years at the leper asylum at Kuala Lumpur. Tai Foong Chee is the Chinese name for *Hydnocarpus anthelmintica*, which is given in the form of a powder, with a small quantity of cannabis indica. Other articles deal with leprosy in the Southern Sudan, in Uganda, in the West Indies, and in India.

PROFESSOR FRANCIS DE TORDAY, who is senior physician to the children's State asylum in Budapest, has published a pamphlet entitled *Science of Disease in Childhood and the Protection of Children in Hungary*, which gives an account of the hospitals and other institutions concerned with pediatrics in Budapest and elsewhere in Hungary. The pamphlet contains also a description of the methods taken with regard to child protection in that country. It is published by the Royal Hungarian University, Budapest.

DR. HERMANN LUDWIG, professor of gynaecology at Erlangen, has been nominated an honorary member of the American College of Radiology, and Dr. Eric Hoffmann, professor of dermatology at Bonn, has been nominated an honorary member of the Spanish Dermatological Society.

## Letters, Notes, and Answers.

All communications in regard to editorial business should be addressed to **THE EDITOR, British Medical Journal, British Medical Association House, Tavistock Square, W.C.1.**

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The address of the Irish Office of the British Medical Association is 16, South Frederick Street, Dublin (telegrams: *Bacillus, Dublin*; telephone: 62550 Dublin), and of the Scottish Office, 7, Drumsheugh Gardens, Edinburgh (telegrams: *Associate, Edinburgh*; telephone 24361 Edinburgh).

## QUERIES AND ANSWERS.

### OBSTETRICAL FORCEPS.

"F. E." asks where the original descriptions can be found of Barnes's and Denman's obstetrical forceps.

Mr. C. J. S. Thompson informs us that Thomas Denman first described his forceps in his *Introduction to the Practice of Midwifery*, at page 357 of the 1825 edition. Robert Barnes originally described his instrument in his *Lectures in Obstetric Operations*, 1870, vol. i, p. 10.

### CHRONIC GLOSSITIS.

"N. B." would like suggestions for treatment in a case of chronic glossitis (two and a half years' duration) in a young married woman of 30, the usual remedies, including an autogenous vaccine made from *B. coli streptococci*, *Staphylococcus albus* and *aureus*—these organisms having been found in the intestine—failing to give any relief. The patient, who is slightly neurotic, had an attack of cystitis due to *B. coli* over six years ago. There is no specific trouble.

### RATE OF FLUID ABSORPTION BY THE BODY.

Dr. T. H. BISHOP (London) writes: In reply to Dr. A. H. Skinner's inquiry (August 4th, p. 227) regarding the absorption of fluids under the skin and into the peritoneal cavity for the purpose of replacing the fluid loss in cholera, he may be interested to know that I employed the intraperitoneal route for saline perfusion during cholera epidemic work in Bengal from 1910 to 1914. Using a special trocar-cannula I found it possible to introduce from sixty to one hundred ounces in from ten to fifteen minutes; the rapidity of absorption could be noted by the early return of the peripheral pulse, which frequently happened in favourable cases, before the entire quantity of the fluid had entered the cavity. Hamburger has shown (and I was able to confirm this observation) that absorption by the peritoneum in the case of a healthy dog goes on after death. The technique of perfusion is simple—it was used successfully by the staff of assistant and subassistant surgeons working with me; but to minimize the risk of injury to the intestine it is best to perform the necessary puncture of the abdominal wall while fluid is issuing from the cannula. I came to regard the intraperitoneal as equally effective with the intravenous route in the type of case where fluid loss was the principal feature; there was the added advantage that, if fluid

replacement was going to succeed, one perfusion operation was sufficient. I first used hypertonic saline solution, but believing that the greater concentration caused much of the discomfort which followed, I later adopted Locke's solution, and think that this gave as good results without the same amount of discomfort. The method was described in the *Indian Journal of Medical Research* (October, 1913) and the trocar-cannula used was made from my design by Messrs. Smith, Stanistreet, Ltd., of Calcutta. Starling's *Fluids of the Body* is very useful in the study of absorption problems.

### INCOME TAX.

#### Expenses of American Tour.

We have been asked whether the expenses of the surgical tour in Canada and the United States, which was referred to in our issue of February 4th last, can be treated by members of the party as expenses admissible for income tax purposes in calculating the liability of their respective firms.

The tour seems to have been mainly or entirely for educational purposes, though perhaps it may have served subsidiary purposes also. On that basis the expense would seem to be somewhat analogous to that incurred in taking special post-graduate courses, and could not properly be regarded as incurred wholly and exclusively in carrying on the work of the practice. We regret that we cannot find adequate grounds on which to advise that a claim for the allowance of these expenses can be made good.

#### National Health Insurance Fees.

"G. C." writes to say that an inspector of taxes has applied to the clerk to an Insurance Committee for particulars of the amounts paid as capitation fees to a certain doctor. Can the request be enforced?

In our opinion the relationship of employer and employee does not exist between the Insurance Committee and the medical men concerned, and on that basis the request is not enforceable, as the statutory power which the inspector quotes is not applicable.

## LETTERS, NOTES, ETC.

### MEDICAL TREATMENT IN CHINA.

DR. G. DOUGLAS GRAY (Chalfont St. Giles) writes: Probably the two answers to Fleet Surgeon Home's inquiry as to retaining fees being non-payable during illness in China may be sufficient, but as this cannot have been very frequently quoted may I be allowed to add that I never found any evidence of it during my long residence as medical officer to H.B.M. Legation in Peking. In my official capacity I had to collect information, conditions of practice, etc., from medical practitioners all over China, and no Chinese or foreign doctor had any cognizance of contracts which ceased when their Chinese patients fell ill.

### TREATMENT OF ECLAMPSIA.

MAJOR FLEMING GOW, I.M.S., asks us to correct the last sentence attributed to him in the report of the discussion on eclampsia in the Section of Obstetrics and Gynaecology of the Royal Society of Medicine (*Journal*, June 23rd, p. 1066). He stated that he had "practically given up Caesarean section for eclampsia unless there was also present some definite indication for that operation, such as the under-developed pelvis which we frequently found in primiparae aged 13 or 14 in Bengal."

### MOHAMMEDAN PILGRIM SHIPS.

DR. K. SHALLCROSS DICKINSON (Sunderland) writes with reference to the inquiry of "Port Said" (May 26th, p. 930), and the reply published on August 4th (p. 228). A friend, who is engaged in carrying pilgrims from the Dutch East Indies to the Straits Settlements in ships belonging to the three companies, informs him that the scale of normal daily rations laid down by the Dutch authorities is ample; care is taken to secure for each pilgrim plenty of food, ventilation, and about 20 square feet of space. Bathroom and lavatory accommodation is adequate and is kept clean, and all open decks are covered with awnings. Each ship carrying 1,000 or more must be provided with two doctors, and all medicines are issued free of cost. The sick can have medical attention at any time of the day or night, and, beyond the official inspection every morning, the doctors are expected to pay visits at intervals during the day. Dr. Dickinson's correspondent states that he has never seen any harsh treatment of pilgrims by ships' officers. Most of the deaths occur among the old people in consequence of senile decay, and the mortality appears to be rather higher on the return voyage owing to the arduous nature of the pilgrimage apart from the sea voyage. He suggests that the same conditions probably prevail generally as regards pilgrims travelling from British Indian ports, and that such neglect as was mentioned by "Port Said" should be reported to the Consular and Board of Trade authorities.

### VACANCIES.

NOTIFICATIONS of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found at pages 36, 37, 38, 39, 42, and 43 of our advertisement columns, and advertisements as to partnerships, assistantships, and locumtenencies at pages 40 and 41. A short summary of vacant posts notified in the advertisement columns appears in the *Supplement* at page 123.