

## Memoranda

### MEDICAL, SURGICAL, OBSTETRICAL

#### FATE OF A PIECE OF SHRAPNEL

Though cases of war wounds giving trouble are still common, I think the following might be of sufficient interest for publication.

In September, 1916, Mr. X was wounded on the Somme in the right thigh, just below the hip-joint. He went down the line and was in hospital at Étaples for a short time. He was in the line again on November 5th of the same year, his leg giving him no further trouble, and was discharged in 1920. At the beginning of 1930 he thought he had strained a tendon in his leg while carrying a heavy weight, and shortly afterwards he noticed a lump just



above the popliteal space. This gradually got bigger, slightly inflamed, and more painful, until in February, 1932, it burst and pus was discharged. The wound continued to discharge until the beginning of April this year, when he described it as having "crusted up." Recently he came to my surgery with a large piece of shrapnel which he had found in his bed the same morning. On examination the scar of the old wound was seen just below the hip-joint and an open wound about the size of half a crown above the popliteal space. The latter was hard, and on palpation fibrous tissue could be felt all round and clear fluid could be expressed on pressure. I put on a dressing and there seems no doubt that the wound will heal now that the foreign body has been discharged.

The photograph shows the piece of shrapnel, and the drawing the wounds of entry and exit.

ALEX. G. MACGILLIVRAY, M.B., Ch.B.

Southwaite, Carlisle.

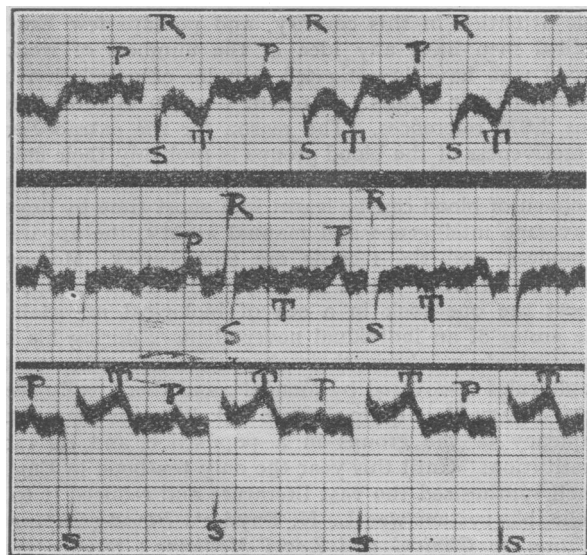
#### DENTAL SEPSIS AND CARDIAC PAIN

Though the dental sepsis was so gross that there was no need to call in the help of radiography, this case forms a striking example of the danger of the pulpless and painless tooth.<sup>1</sup>

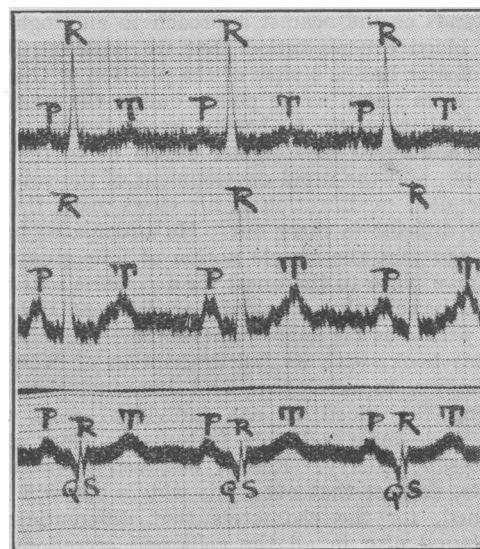
The patient, a schoolmaster of 52, was seen on October 12th, 1930. He was fat, flabby, and in thoroughly bad general condition, and since Christmas of 1929 had become progressively dyspnoeic. For one month he had been subject to attacks of retrosternal pain on exertion with radiation down the left arm. This pain had become more and more easily induced, at first occurring only when he was walking uphill, then when walking out of doors on the level, and latterly even when walking about in the house.

Clinically, as so often happens in these cases, there was little in the way of physical signs—merely some enlargement of the heart to the left. Blood pressure had all along been within normal limits and there was no albuminuria. Symptomatically, however, his case was complete, a severe and pro-

gressive example of the effort-syndrome. Abundant objective evidence of disease was afforded by the electrocardiogram. T was sharply and deeply inverted in Lead I with concomitant less deep inversion in Lead II; there was a low take-off in Lead I with contralateral high take-off in Lead III, Lead I showing the typical "dome" of the coronary T of Pardee. Although he had had no individual and prolonged attack of retrosternal pain characteristic of coronary thrombosis and had kept about until ordered to bed by his doctor, the



patient's electrocardiogram suggested that the picture of a T<sub>i</sub> type of coronary thrombosis had been brought about by the massed effect of repeated minute infarctions. The outlook appeared thoroughly bad, but as all his remaining teeth were carious or dead their removal was decided upon. They were extracted under local anaesthesia, one at a time, while



he was kept in bed, on a high protein diet, with three tablets of calcium-diuretin daily.

I saw him again on June 18th, 1931. He had lost three stone in weight and was wearing temporary dentures. His pain had nearly gone, but he still had reminders of it out of doors if he walked quickly, or in bad weather. Inside the house he could move with perfect comfort, and had no pain on walking upstairs. His apex had moved in half an inch and was now in the fourth space, in the vertical nipple line, four inches from the midsternal line. The electrocardiogram showed a striking change, having now become physiological, the only abnormality being a small bizarre QRS in Lead III of no pathological significance. He has continued to do well and has resumed his professional work.

Hove.

DONALD HALL.

<sup>1</sup> Brailsford: *British Medical Journal*, 1928, i, 1013.

Dr. TREVOR B. DAVIES sends the following appreciation :

I had the privilege and pleasure of assisting the late Sir Henry Simson in practically all his obstetric work for over ten years, and therefore can speak with confidence of his skill as an obstetrician. He was a past master in the art of obstetrics. It was a real education for me, when I became associated with him, to observe his methods and technique. He had an ideal temperament for obstetric work, and much of his success was due to his infinite patience—perhaps the greatest virtue an obstetrician can possess. His gentleness and charm of manner were also a tremendous asset. It was an object lesson to see him palpate the abdomen—his fingers seemed to be extraordinarily sensitive. I saw him work under every possible condition ; he was always the same—he was as calm and collected under the most trying circumstances as when things were easy and straightforward. I never saw him at a loss in any obstetric emergency, and he was able to impart an air of confidence to everyone round him. His energy was amazing, and it was a constant source of wonder to me how he managed to get through all his work. Sir Henry Simson took a tremendous interest in the Post-Graduate College of the West London Hospital, and had devoted a good deal of time to the study of post-graduate education. His work as Dean of the College will always be remembered by his colleagues at the West London Hospital. Nothing was too much trouble for him, and countless post-graduates will remember his kindness and advice when they interviewed him. Sir Henry resigned from the staff of the Hospital for Women, Soho, after his serious illness a few years ago, but continued with his work at the West London Hospital, where his loss is greatly deplored.

[The photograph reproduced is by J. Russell and Sons.]

Dr. HARRY REGINALD BURPITT of Newport, Monmouthshire, who died on August 26th, studied medicine at Cardiff and St. Mary's Hospital, London, and qualified M.R.C.S., L.R.C.P. in 1904. He held appointments at the Royal Devon and Exeter Hospital, and at Darenth (Dartford) and Cane Hill Mental Hospitals, and in 1911 became assistant school medical officer—later medical inspector of schools to the county borough of Newport. His twenty-three years' service to the school children and the great respect in which he was held generally were aptly called to mind by the very large attendance at his funeral of members of the medical profession, of children and their parents, teachers, and members and officials of the Education Committee and the corporation.

Mr. ERNEST RAVENSWORTH HART, ophthalmic surgeon to the Royal Hampshire County Hospital, Winchester, and to the Hampshire County Council, died on August 25th at the age of 44. Born in Paris, the son of the Rev. H. Bramley Hart, he studied medicine at Guy's Hospital, and obtained the M.R.C.S. and L.R.C.P. diplomas in 1911. At an early stage he was drawn to eye work, for which he had an instinctive bent, and after being house-surgeon at the Evelina Children's Hospital he returned to Guy's Hospital as ophthalmic house-surgeon. But his ambition to specialize in ophthalmic surgery had to be postponed, and shortly before the war he embarked on general practice, entering a partnership in Derby. In 1915 he took a commission in the R.A.M.C., and after being ophthalmic surgeon to the Northern Command went out to Salonika. The war over, he re-entered general practice in a partnership at Hertford. Within a short time he was appointed honorary surgeon to the Hertfordshire County Hospital, and in 1929 became senior surgeon. One of his colleagues there writes: His private practice was a large one and his work at the County Hospital extensive, and characterized by its care and thoroughness. In 1930 the increasing work done by the hospital made it imperative to carry out a scheme of

extension. His clear-sighted views with reference to necessary changes and readjustments were most valuable. All this time he had maintained his early interest in ophthalmology, and for ten years was clinical assistant at Moorfields Eye Hospital, where he went up weekly. At last, in 1930, he fulfilled his long-cherished ambition, and gave up general surgery to specialize in ophthalmic work. He devoted particular study to the problems of squint and myopia, and was collating notes on these subjects when illness overtook him.

## Medical News

Dr. Cecil Wall, physician to the London Hospital and to the Brompton Hospital for Diseases of the Chest, has been elected Master of the Society of Apothecaries.

The inaugural address at the Westminster Hospital Medical School will be delivered in the board room of the hospital on Monday, October 3rd, at 3 p.m., by Mr. Spencer Leeson, M.A., head master of Merchant Taylors' School, with Sir Henry Hadow in the chair.

The annual distribution of prizes at Charing Cross Hospital Medical School will be held on Friday, September 30th, in the hospital, following tea at 4 p.m. The annual dinner of past and present students will take place on October 1st in the Royal Adelaide Gallery (Gatti's Restaurant), at 7.30 for 8 p.m., with Dr. William Hunter in the chair ; cost of tickets 10s. each. A special post-graduate course restricted to old Charing Cross students will be held on Saturday and Sunday, October 1st and 2nd, from 10 a.m. to 5 p.m.

Medals and prizes gained in the University of Birmingham Faculty of Medicine will be distributed on Tuesday, October 4th, at 5 p.m., in the Medical Lecture Theatre, Edmund Street, and Professor J. T. J. Morrison, F.R.C.S., will give an address.

Dr. H. M. Vernon will read a paper on "The measurement, in relation to human comfort, of the radiation produced by various heating systems" before the Institution of Heating and Ventilating Engineers, on Tuesday, October 4th. The meeting will be held at 6.45 p.m. in the lecture room at the Home Office Industrial Museum, Horseferry Road, Westminster.

A lecture on the Red Cross and maternity and child welfare in India will be given by Miss Norah Hill, organizing secretary of the Indian Red Cross Society, with Sir Bhupendra Nath Mitra, High Commissioner for India, in the chair, at the College of Nursing, Henrietta Street, Cavendish Square, to-day (Friday, September 23rd) at 5 p.m.

A meeting of the Historical Section of the Royal Society of Medicine will be held on Wednesday, October 5th, at 5 p.m., to commemorate the centenary of the Anatomy Act. Dr. Andrew S. Currie will read the opening paper, entitled "Robert Knox, Anatomist, Scientist, and Martyr," to be followed by a discussion in which Dr. Alexander Macphail (H.M. Inspector of Anatomy), Professor E. Barclay-Smith and J. Ernest Frazer, and "James Bridie" (Dr. O. H. Mavor) will speak. Professor D. Fraser-Harris will show lantern slides illustrating medical Edinburgh of the period.

The London County Council has arranged two courses of lectures and demonstrations on clinical practice and in hospital administration for the Diploma in Public Health. Each will last three months, beginning on October 3rd. One will be given at the North-Western Hospital, Lawn Road, Hampstead, by Dr. A. Joe, and the other at the Brook Hospital, Shooter's Hill, Woolwich, by Dr. J. B. Byles. Particulars may be had from the medical officer of health, L.C.C. Public Health Department (Special Hospitals), County Hall, S.E.1.

Dr. Thomas E. R. Branch (acting chief medical officer) and Dr. Edward P. Minett (health officer) have been appointed members of the Legislative Council of the presidency of St. Christopher and Nevis.

The Fellowship of Medicine and Post-Graduate Medical Association has arranged a whole-day course in general medicine and surgery, to be given at the Metropolitan Hospital, Kingsland Road, from October 3rd to 15th; it is especially suitable for general practitioners requiring a refresher course. A similar course will be given at the Miller Hospital from October 17th to 29th. Other courses beginning on October 3rd are as follows: dermatology at St. John's Hospital for a month; every afternoon; otorhino-laryngology at the Central London Throat, Nose and Ear Hospital for a month, all day; and proctology at the Gordon Hospital for a week, every afternoon. Week-end courses will be given as follows: rheumatism at Bath, Somerset, October 1st and 2nd; chest diseases at the Brompton Hospital, October 8th and 9th; obstetrics at the City of London Maternity Hospital, October 29th and 30th; and clinical surgery at the Royal Albert Dock Hospital, October 15th and 16th. An evening course in physical medicine will take place at the London Light Clinic on Mondays and Wednesdays, October 3rd to 25th. Afternoon lectures (free to members) will be given on Tuesdays in October and November at the Medical Society of London at 4 p.m. on renal disease. All courses and lectures are open only to members of the Fellowship of Medicine, 1, Wimpole Street, W.1.

The National Council for Mental Hygiene has arranged a series of lecture-discussions on mental hygiene in everyday life, to be delivered in the Lecture Room of the Medical Society of London, 11, Chandos Street, Cavendish Square, W., on Wednesdays, at 5.30 p.m., from October 12th to November 30th. The lecturers are Dr. Henry Yellowlees, Dr. Mary Barkas, Dr. William Brown, Dr. E. Graham Howe, Dr. Isabel Wilson, and Dr. R. G. Gordon. Tickets, price 1s. 6d. each, or 7s. 6d. for the course, may be obtained from the secretary of the Council, 78, Chandos House, Palmer Street, S.W.1, or at the doors.

The Medical Society of Individual Psychology will hold its first meeting of the session 1932-3, under the chairmanship of Professor W. Langdon Brown, on October 13th, at 11, Chandos Street, W., at 8.30 p.m. In the absence of Dr. Adler in the United States, Dr. Leonhard Seif of Munich will give an address, in English, on the individual and the community. Medical practitioners will be welcomed as visitors, on presentation of card, but applications for membership should be sent to the honorary secretary and editor, Dr. Crookshank. On October 14th Dr. Seif will give addresses at Birmingham to doctors and educationists on educational aspects of individual psychology (local honorary secretary, Dr. C. L. C. Burns, the Council House, Birmingham); on October 15th he will address the York Medical Society (honorary secretary, Dr. N. S. Hewitt), on individual psychology and neurosis. Dr. Seif will lecture in London, on October 17th, 19th, and 21st, under the auspices of the Individual Psychology Committee, at the School of Hygiene and Tropical Medicine, Keppel Street, W.C., at 8.30 p.m. Lecture I will be on the tendency to freedom from conflict in life and neurosis, Lecture II on resentment and revolt, and Lecture III on individual psychology and a philosophy of life. Admission will be by ticket, obtainable at the door, or, in advance, from Miss Dudley Short, 43, Regent's Park Road, N.W.; price, 2s. 6d. for single tickets, 6s. 6d. for the course of three lectures.

Dr. S. Recasens, professor of clinical gynaecology and dean of the medical faculty of Madrid, will take the chair at the opening meeting of the French Congress of Gynaecology, which will be held in Paris from October 3rd to 10th.

The third International Congress against Rheumatism will be held in Paris from October 13th to 15th, when the following subjects will be discussed: (1) the initial symptoms of chronic rheumatism; (2) rheumatism and tuberculosis; and (3) rheumatism and profession.

Mlle M. Condat, who has held the post of *agrégé* since 1923, has recently been appointed professor of therapeutics in the medical faculty of Toulouse. This is the first time that a woman has occupied a medical chair in France.

An outbreak of eighty cases of typhus has recently been reported in the Piraeus.

## 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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## QUERIES AND ANSWERS

### Pasteurization of Milk

Dr. J. E. H. GATT writes from Malta: Will any dairy expert kindly explain what is meant by the "holder method," and why it is considered more efficient than other methods? In the *British Medical Journal* of August 13th (p. 315), under "Milk-borne infections," the following statement appears: "Pasteurization by the 'holder' method, when efficiently carried out, was shown to kill both microbes"—that is, the tubercle bacillus and *B. abortus*. I would be grateful for information as to dairies where the method is in vogue and may be practically demonstrated. I hope to be in London between September 27th and October 10th.

### Dupuytren's Contraction

"P. M. K." writes: Assuming it to be due to a degeneration of the cervical plexus, can any treatment be described or referred to which will cause arrest of the condition of fibrosis of the tendon fascia with its ultimate consequences? Inherited tendency probably. There has been for many years a permanent premonitory capillary flushing of the whole hypothenar eminence of the affected side, and to a much lesser degree of that of the left hand, in which no growth has appeared so far.

### Injection for Hydrocele

Dr. E. C. DAWSON (Derby) writes: I note with interest Dr. S. Bartlett's reply (August 20th) to "H. C.'s" inquiry of July 30th. I can recall a similar but more alarming case than that quoted by Dr. Bartlett. I withdrew 10 oz. of fluid from the hydrocele of a man 45 years of age, and replaced it with 2 c.cm. of 10 per cent. sodium morrhuate. The hydrocele was of recent origin, never before having been tapped. About one minute after the injection the patient complained of abdominal pain, which gradually grew worse and worse, till after five minutes it became agonizing. Sweat was profuse, his face became an ashen colour, and the pulse weak and rapid. Fifteen minutes' rest produced no improvement, so I immediately removed him to hospital. Morphine was required for forty-eight hours to relieve his pain, after which he quickly recovered. A small quantity of fluid returned in the sac, but this reabsorbed and the hydrocele was cured. In a previous case 2 c.cm. of 5 per cent. sodium morrhuate produced no effect in an old, long-standing case.

### "Refractory Impetigo"

Dr. F. A. E. SILCOCK (Leicester) writes in reply to Dr. L. I. Hardy's inquiry under the above heading (September 10th, p. 538): From the signs and symptoms it would appear to me that the case might be one of chronic pemphigus. The tendency to formation of bullae on any slight pressure on any part of the skin, which soon burst, scale over, and eventually disappear, leaving a pigmented area, is apparently due to a diminution of the cohesion between the epidermal cells of the stratum granulosum and stratum lucidum, and is known as acantholysis. This diminution of cohesion, which easily splits the epidermis into two layers,