

breast abscess, nor was there any occlusion of ducts with retention of milk. Expectant treatment was the only possible line to adopt. Next day the induration and redness had increased and there were a few patches of purple discoloration. By the following day (tenth day of child's life) there was evidence of crepitation in the inflammatory area. Later that day a portion about two inches in diameter sloughed away and a frothy appearance was observed around the margins of the sloughing chest wall. The intercostal muscles and ribs were exposed. There was some haemorrhage but practically no pus. The sloughing continued until the lower part of the chest wall towards the sternum was involved. The child died on the twelfth day, five days after the onset.

The case was obviously one of gas gangrene, but its origin is obscure. There were no abrasions observable, the cord had healed cleanly, and the mother had a perfectly easy labour. The ordinary breast abscess of infants can be ruled out. I was attending several other cases in this nurse's practice at the time, but none showed any similar signs.—I am, etc.,

H. R. FREDERICK, M.B., Ch.B. Edin.

Aberavon, Port Talbot, Glam, May 30th.

SIR,—The following case occurred about eighteen months ago.

I was called to see a female infant aged 5 days because its legs had "gone black." I found definite gangrene of both legs, with a line of demarcation on the right just below the knee-joint, and on the left side just above the ankle. The infant was premature (about seven and a half months), but beyond this I was unable to find any lesion. There was no evidence of any umbilical sepsis, but the infant was very feeble. The parents stated that the child was all right when born, that only two days later did they notice anything the matter with its legs. The child died twenty-four hours after I had seen her. The parents refused to give consent for a *post-mortem* examination.—I am, etc.,

Newport, Mon, May 30th.

F. W. ROBERTSON.

#### DYSENTERY IN MESOPOTAMIA.

SIR,—Professor Ledingham, in his letter (*BRITISH MEDICAL JOURNAL*, June 5th, p. 967), makes a strong point when he says, "*Epidemic dysentery* in Iraq, as elsewhere, was bacillary." He draws attention to the fact that the section of the Army Report in question deals with at least one epidemic of dysentery, for the admission rate for this disease in a particular column of troops rose tenfold. Here, then, is very strong presumptive evidence on epidemiological grounds that the bacillary agent was still playing the prominent part that one would expect.

The figures given for Egypt, where 35 out of 64 cases, or roughly 55 per cent., are stated to have been amoebic, are hardly more convincing than those for Iraq. Here the fact that the complete total of 64 cases is accounted for in one or other group would indicate that the diagnosis was not a laboratory one in every case.

The importance of the matter needs no stressing, for the *Report of the Health of the Army for the Year 1923* stands as an official record bearing the stamp of authority and carrying weight that does not attach to the publications of private individuals. It is to be hoped that an explanation will be forthcoming of figures that are so completely at variance with the known facts concerning the epidemiology and bacteriology of dysenteric disease.—I am, etc.,

Llandudno, June 10th.

KNOWLES BONEY.

#### PREVENTIVE MEDICINE AS APPLIED TO OBSTETRICS.

SIR,—Every reader will be interested in the conception of the proper functions of the general practitioner given by the professor of midwifery at Glasgow in your issue of June 12th (p. 977). He is to confine himself exclusively to the study and practice of pure medicine. Gynaecologists, and other specialists, will relieve him of the rest of his work. Who is to decide where pure medicine ends and any kind of specialism begins, or conversely, we are not told. The logical conclusion is the replacement of existing general practitioners by men who know nothing of medicine or surgery outside their own specialty.

These attempts to divide medicine, surgery, and mid-

wifery into watertight compartments are unworkable, They do no good to the community, and they retard the real progress of medical knowledge. The system is, of course, attractive. It is so much easier to learn all that is worth knowing about one limited subject than it is to acquire a sound working knowledge of a good many; but who can doubt which system develops the best judgement or the broadest view? Surely, it is absurd to say that any man who has acquired any kind of knowledge and experience is not to make use of it when opportunity offers.

What seems to be needed in medicine is, not more concentration, but more diffusion of knowledge. The future of the profession probably lies, as Sir James Mackenzie always maintained, with the general practitioner.—I am, etc.,

London, E.12, June 13th.

A. CAMPBELL STARK.

#### SEPTIC SORE THROAT COMPLICATED BY ERYTHEMA NODOSUM.

SIR,—Under the above heading (*BRITISH MEDICAL JOURNAL*, May 29th, p. 902) Dr. Eleanor Shephard reports a series of thirteen cases of tonsillitis in five of which an eruption of erythema nodosum appeared, and asks if any light can be thrown on the diagnosis.

I have been interested lately in a series of cases of meningococcus septicaemia in which erythema nodosum was a striking clinical feature. So impressed have I been by my own experience and by that of other observers that a case of obscure pyrexia with erythema nodosum would at once suggest the possibility of meningococcal infection.

A report on my cases is about to appear in the *Journal of the Royal Army Medical Corps*.—I am, etc.,

J. C. KENNEDY,

London, S.W.1, June 6th.

Colonel, R.A.M.C.

### The Services.

#### NAVAL VOLUNTEER DECORATION.

The Royal Naval Volunteer Reserve Officers' Decoration has been awarded to Surgeon Commander F. J. S. Heaney, M.D., F.R.C.S.

#### DEATHS IN THE SERVICES.

Major-General Richard Henry Stewart Sawyer, C.B., C.M.G., Army Medical Service (ret.), died in Dublin on April 23rd, aged 68. He was born in that city on October 9th, 1857, and educated at Trinity College, Dublin, where he graduated as M.B. and Ch.B. in 1879, and also took the University diploma in State medicine in 1888, as well as the L.R.C.S.I. in 1880 and the F.R.C.S.I. in 1887. Entering the army as surgeon on February 5th, 1881, he attained the rank of colonel on August 3rd, 1910, and was promoted to Surgeon-General in the long promotion list of March 1st, 1915, after the first winter of the war. He retired on December 26th, 1917. He served in the Nile campaign of 1898, when he was present at the battle of Khartoum, receiving the medal and the Egyptian medal with a clasp; in South Africa from 1899 to 1902, taking part in operations in the Orange Free State, including the actions at Paardeberg, Poplar Grove, and Driefontein, and in the Transvaal, including the action at Eland's River, was mentioned in dispatches in the *London Gazette* of February 8th, 1901, receiving the Queen's medal with four clasps and the King's medal with two clasps; and in the recent great war of 1914-18, when he was five times mentioned in dispatches, in the *London Gazette* of October 19th, 1914, February 17th, 1915, June 15th, 1916, May 29th, 1917, and December 24th, 1917, and received the C.M.G. in 1915, and the C.B. in 1918, also Grand Officer of the Military Order of Avis, Portugal, in 1919. He married Flora Murray, youngest daughter of the late Malcolm MacGregor, S.S.C., of Edinburgh.

Lieut.-Colonel Lewis Irving, O.B.E., R.A.M.C. (ret.), died in London on May 18th, aged 76. He was born on January 28th, 1850, the youngest son of the late Major-General Alexander Irving, R.A., and was educated at the school of the Irish College of Surgeons in Dublin, taking the L.R.C.S.I. and L.K.Q.C.F. in 1870, and also later the M.R.C.P.I. and the D.P.H. of Victoria University in 1892. Entering the army as assistant surgeon on April 1st, 1871, he attained the rank of brigade surgeon lieutenant-colonel on December 16th, 1894, and retired on April 6th, 1898. After his retirement he was employed for some years on recruiting duty in London. He served for considerable periods in India and South Africa, but apparently had not the good fortune to see any active service. He was personal surgeon to Lord Reay when Governor of Bombay, and afterwards was in command of the Military Lunatic Asylum at Netley. During the recent war he worked on the relief of Belgian refugees, for which he received the O.B.E. in June, 1918, and also the Belgian Order of Leopold. He was twice married, and leaves three daughters. His second wife, Ethel Southey, a grand-niece of the Poet Laureate, died in 1910.