

superficial dullness is obsolete and useless. Part of the dilatation will generally be under a distended and possibly emphysematous lung. On taking a deep breath and holding it, part of the normal heart is overlaid by an air-distended viscus.

Ordinary percussion is of little use in such a case, and it is often misleading, because when the finger or pleximeter is struck sufficiently hard to drive down to the part of the organ overlaid by an air-containing viscus, the drum note of the chest cavity is produced instead of the note of the underlying organ, owing to the chest wall being set in vibration. The Kingscote pleximeter (made by Messrs. Down Brothers; see the *Lancet*, December 19th, 1896) overcomes these difficulties and renders the complete percussion of the organ easy. The impulse in a case of cardiac dilatation may be misleading. It is caused by the impact of merely that part of the dilated organ which happens to be nearest the chest wall, and the true apex may be much outside this and veiled by the overlying lung. There should be no difficulty about determining the size and position of the dilated organ.

A skiagraph is not always convenient, neither is it always reliable. Failing this, a combination of (1) the Kingscote pleximeter, (2) Macguire's method of palpation, and (3) auscultatory percussion, will solve all ordinary difficulties.

With the pleximeter in question it is quite easy to percuss out the heart and the kidneys *from the back*. To determine whether a given enlargement is functional or not it is well to employ three or four Nauheim resisted exercises. If the lesion be a simple or functional dilatation, the cardiac diameter will be reduced thereby.—I am, etc.,

ERNEST KINGSCOTE.

Lower Seymour Street, W.1, Aug. 9th.

#### TREATMENT OF GONORRHOEA IN WOMEN.

SIR,—I read with interest in the *BRITISH MEDICAL JOURNAL* of August 4th the report on the discussion of venereal diseases in women, and was surprised to read what little new knowledge we have gained regarding gonorrhoea in women. All speakers emphasized the difficulty of curing this disease in the female, and Dr. Rawlins, who opened the discussion, suggested it was even more difficult to treat than in men.

From both of these conclusions I humbly beg to demur. Chronic gonorrhoea in the male is as difficult to cure, and good results can readily be obtained in both sexes if a proper diagnosis is made and facilities for carrying out treatment are obtainable.

The chronic form of the disease in the male has always been a nightmare, but with more recent diagnostic and therapeutic inventions that position is happily passing away, and good results are secured in almost hopeless cases if one pays individual attention to each patient. A similar result has not yet been obtained in the female, as the facilities for securing proper treatment are not always obtainable. These patients ought to be in a nursing home or hospital, and that is one reason why venereal centres will fail in stamping out gonorrhoea. To prescribe a douche or order a tampon is useless.

I would divide the disease in women into two classes: the acute or subacute and the chronic. The latter, in my opinion, are due to an undiagnosed source of infection, whether it be disease of Bartholin's glands, Skene's tubules, warts, etc., or to a true reinfection. Repeated reinfections are naturally incurable. If no focus of disease is found the discharge is probably kept up by douching, and if microscopically a diplococcus is found it will most likely be inert.

Acute gonorrhoea in women is readily curable if the medical attendant has the full control and co-operation of the patient. I have obtained good results from the use of acriflavine; the drug is as efficacious as in the male.

My routine is to order the patient to sit in a hot bath containing lysol for twenty minutes daily; then after placing her in the lithotomy position I swab the external genitalia with a solution of acriflavine (1 in 1,000). If the urethra is involved, it is also swabbed by means of a little cotton-wool on the end of a probe dipped in that solution. A Sims speculum is next inserted into the vagina and the cavity similarly treated. Disseminated foci are searched for, and if present destroyed. The vagina is then lightly packed with gauze soaked in acriflavine, which is left in for twelve hours. The packing aids draining, separates the surfaces, and permits of a continued

action of the antiseptic; it further prevents the formation of condylomata by absorbing discharges. This treatment is carried out twice daily. Within ten to twelve days all discharge usually ceases. "Sauerin" pessaries are then prescribed, one to be inserted night and morning. These, being composed of lactic acid bacilli, act as a fair substitute for the normal vaginal Döderlein bacillus.

Finally, to treat gonorrhoea successfully in women, the venereologist must have a sound knowledge of gynaecology.—I am, etc.,

Manchester, Aug. 10th.

M. W. BROWDY, M.B.

#### THE TUBERCULOSIS CAMPAIGN.

SIR,—In your issues of February 27th, 1915, March 25th, 1915, March 27th, 1915, and April 3rd, 1915, letters were respectively written by the late Sir Hermann Weber, Sir Thomas Oliver, Dr. Crossley, and myself on the phthisical soldier at the front. In July, 1916, the Essex County Council allowed me to accept a commission in the R.A.M.C., and shortly after I was detailed to the 40th British General Hospital, mobilized for Mesopotamia. After my name on the nominal roll of this unit was put "T.B. expert." Sir John Goodwin writes me that this phrase was placed there by the War Office to indicate to my commanding officers that I had been engaged in tuberculosis work since August, 1908, and I take this opportunity of thanking the then D.G.A.M.S., Sir Alfred Keogh, for the compliment to the tuberculosis officers of the United Kingdom. I was twice in Mesopotamia and spent one year and eight months there and ten months in India. There was practically no tuberculosis among the British troops in Mesopotamia. On the other hand, the I.M.S. officers informed me that there was much more among the Indian troops. To anyone with any inherent weakness, Mesopotamia would be a mortuary and not a sanatorium.

During the time I spent in Mesopotamia and India I came to the conclusion that no case of tuberculosis, nor of suspected tuberculosis, ought to be allowed to be in khaki. In my work in Essex I have seen cases from almost every front, and consider that this conclusion applies to all the areas in which British troops have fought. The tuberculosis campaign is in a transitional stage at home now that the Insurance Committees have given place to the County Councils, etc. We started work in Essex in September, 1912, and we therefore claim that we have done some of the pioneer work under the sanatorium section of the Insurance Act. We have done a great deal, but have been seriously handicapped by two factors: (1) lack of financial support from the Government, (2) the great war.

In the campaign against tuberculosis it is no use employing a brigade to do the work of an army corps; the converse is equally true. The army sent out must be fully equipped in every essential detail. Has that been done heretofore? To those of us who had the honour to be on the staff of King Edward VII's Sanatorium, Midhurst, during King Edward's life, and who therefore had a unique opportunity of observing his active and kindly interest in tuberculosis, it is stimulating to read the speeches made by King George in Wales a short time ago. The local authorities might well adopt as their motto His Majesty's words, "Wake up!"—I am, etc.,

J. D. MACFIE,

Tuberculosis Officer, Essex County Council.

Colchester, Aug. 14th.

#### MEDICAL EDUCATION.

SIR,—The subject of medical education has been vigorously handled by many eminent professors, each dwelling upon the difficulties and importance of his own particular branch of study, but none has spoken from the student's standpoint, who of all is most concerned. Now, I claim attention on the ground of having been a medical student for forty years. I have experienced the difficulties of single-handed study in all the different branches, the difficulties encountered in the reduction of theory to practice, and difficulties in obtaining advice and help at cases in after-life. It has been my rule to renew my textbooks every five years, and on each renewal I am continually impressed by my own ignorance. My time and circumstances have not permitted my reviving an intimacy with my medical school, and I have therefore been forced

upon literary work to learn something of modern progress—that is, remain a medical student.

The boy at school who is going in for the medical profession should be educated as well as possible in English and mathematics, and a knowledge of Latin and Greek is advisable as medical nomenclature draws largely upon Greek roots. At 16 he should be able to pass a fair examination in those subjects; then enter upon inorganic chemistry, physics, biology, and botany, and be ready to pass an examination in them at 18 in order to register as a medical student. Anatomy, physiology, organic chemistry and *materia medica* should occupy his attention until 20, when he should begin to study the *elements* of medicine and surgery, so as to pass his examination in them at 22. This "preliminary professional" examination is an important one that will break the routine of heavy study and give zest for the sequel. After passing this the student may with advantage become an assistant, or pupil, to a doctor in practice, but such an interlude must not detract from the remaining two years' preparation at the hospital for his diploma, during which he should pursue thoroughly the study and practice, especially the practice, of medicine and surgery in all their branches, and be initiated into the practical parts under the strict supervision and skilled observation of his tutors. Before presenting himself for his final examination he should personally conduct an autopsy, and should do an iridectomy, a mastoid, a tracheotomy on a child, a rib resection, laparotomy (for appendicitis), herniotomy, and should also perform ligation for haemorrhage from the most exposed arteries. He would thus take his diploma at 24, or later. Lastly, an appointment on the resident staff of the hospital is desirable, though generally unattainable except by the select few of distinguished students.—I am, etc.,

Kettering, July 30th.

JOHN GOOD.

#### MEDICAL RESETTLEMENT.

SIR,—I am in the same position, and can endorse every word your correspondent, "Ex-Captain R.A.M.C.," writes in to-day's JOURNAL.

I wrote to a local paper, and sent a copy to the fifteen members of Parliament for the City, in terms almost identical. Let "Ex-Captain" do the same, and give his name. Publicity is essential.—I am, etc.,

R. MCC. SERVICE, M.D.,  
Late Captain R.A.M.C.

Glasgow, August 14th.

#### CANCER AND HEREDITY.

SIR,—Some years ago I made a collective investigation by asking readers of the *Journal of the American Medical Association* to let me know if any of them had met with cases of undoubted cancer in which the causation of heredity was absolutely excluded because there had been no cancer in the family history for three generations back. If, on the other hand, they had met with cases which were evidently due to contact with a cancer case or to residence in a "cancer house" (meaning a house in which one or several people had died of cancer), I asked that they would give me a brief account of the evidence which had convinced them that cancer was a contagious and not a hereditary disease. A great many answers were received from widely separated areas, as much as 3,000 miles apart; these I condensed, and made into a paper which was published in the above journal. If my British fellow workers who have met with similar cases would send me a brief sketch of them, I hope to embody their replies in a paper which I am preparing.—I am, etc.,

15, Cavendish Place, W.1,  
August 10th.

A. LAPHORN SMITH, M.D.

THE Argentina health department has decided at the end of six months to forbid the sale of aceto-salicylic acid except when prescribed by a physician.

ACCORDING to the *Pharmaceutical Journal* of August 14th, two deaths have occurred at St. Leonards-on-Sea from the effects of barium carbonate, administered in error for karium sulphate for the purpose of x-ray examination.

THE subscription to the *Zentralblatt für innere Medizin* and the *Zentralblatt für Chirurgie* has recently been increased from 30 to 50 marks.

### Obituary.

SINCLAIR WHITE, C.B.E., M.D., M.Ch., F.R.C.S.,  
LIEUT.-COLONEL R.A.M.C.(T.).

Consulting Surgeon, Sheffield Royal Infirmary; late Professor of Surgery, University of Sheffield.

WE announced last week with great regret the death of Mr. Sinclair White of Sheffield, which took place at Bournemouth on August 8th at the age of 62. He was the youngest son of the late Mr. John White of Money-more, and received his medical education at Queen's College, Galway, where he had a distinguished student career, winning many prizes and scholarships, including the senior scholarship in medicine. He graduated M.D. and M.Ch. of the Royal University of Ireland in 1884, became a Fellow of the Royal College of Surgeons of England in 1888, and obtained the Cambridge D.P.H. in the same year. At his degree examinations he was awarded the highest honours. His long connexion with Sheffield began in 1879, when, soon after taking his first medical degrees, he was appointed tutor in the school, now the medical faculty of the University of Sheffield. In 1882 he resigned that appointment to join the resident staff of the Royal Hospital, acting first as assistant and afterwards as senior house-surgeon.

In 1885 he left the Royal Hospital to become medical officer of health for Sheffield, and was immediately confronted with a difficult problem presented by the fact that a considerable number of cases of lead poisoning were occurring in various parts of the city. He traced a connexion with the water supply, and ascertained the presence of lead in the domestic supply in association with the cases of plumbism. The water in the reservoir was free from lead, but it was drawn from a moorland catchment area, and was apt to be "peaty." White found that the water was acid owing to the presence of organic acids derived from the moorland vegetation, and proved that it was capable of dissolving lead from the domestic water pipes. He advised that the situation might be met by treating the water in bulk before it entered the mains with an alkali; for this purpose he recommended Derbyshire limestone, which was used with success, but afterwards replaced by powdered chalk.

The novelty of the facts, the completeness with which they had been worked out, and the efficiency of the simple remedy suggested, attracted a great deal of general attention at the time, and had White continued to devote himself to public health work he would undoubtedly have achieved high distinction in that department. But clinical work made a greater appeal to him, and after holding the office of M.O.H. for about two years he went into general practice in Sheffield. His surgical ability was already well known, and two years later, in 1889, he was appointed surgeon to the Children's Hospital. In 1892 he became surgeon to the Royal Hospital, where he had so long served as house-surgeon. About this time he limited his practice more and more to surgery, and after his appointment to the Royal Infirmary in 1899 he was wholly engaged in consulting and operative surgery. He was an accomplished surgeon; by reading and visits he made himself acquainted with all advances in other centres, and took those he approved into use; but he was no respecter of authority, and all he saw or read was submitted to the tribunal of his very critical intelligence. His quality of independence of judgement, coupled with immense experience and a wide knowledge of other men's work, made him an excellent diagnostician whose opinion was valued in Sheffield and in the districts within its sphere of influence. He was consulting surgeon to the hospitals at Mexborough, Worksop, and Retford, and was always ready to respond to a call for his assistance.

His character and attainments made him a great influence in Sheffield; his advice in administrative questions was highly valued both by his colleagues on the staff of the Infirmary and by the lay governors. He was greatly interested in the planning of the new surgical block with open-air galleries which has been in use for the last few years, and was influential in the establishment of the Radium Institute in Sheffield.

He had intended to retire on attaining the age of 60, but when the time came the war was not over, and White was busily engaged in military and civil duties. He had before the war served a term as Commandant of the 3rd