and sometimes relaxed. But the principle of flexion is correct; and the idea is supported by the fact that the newborn child naturally adopts the flexed position for some few weeks after birth, and always sleeps in this posture. On occasions the legs are stretched out, but the mother returns them to the flexed position. It is the child's position in utero, and we cannot expect it to alter suddenly. Hence we are right in assuming that flexion is the position of greatest muscular relaxation.

If further proof were necessary, it is to be found in a rapid examination of the fracture under an x-ray screen. This must be done very rapidly in a very dark room, for Roentgen rays can do small children no good. With the child in a horizontal position, the thigh is gradually flexed, and the fragments can be seen to come into line and apposition with each other when the limb is all but touching the abdomen. Professor John Cleland, Professor of Anatomy at Glasgow, says that:

When the spinal column is in its natural position in the newly-born, the hip is in full extension when the femur is at right angles to the spinal column. If, then, the thigh be pressed down so as to bring it in a line with the trunk, the change is effected not at the hip-joint, but in the lumbar region by turning the pelvis backwards. This is not a natural position in the newly-born.

He further says:

What happens naturally is up to the time of birth the cervical, thoracic, and lumbar parts of the vertebral column present a continuous concavity forwards.

At birth the head is thrown back and lies naturally on the mother's arm, the cervical convexity thus making appearance. When the child begins to try to walk its pelvis back, and produces the lumbar convexity, and the stretched thigh is thus made to revolve a quarter of a circle or a right angle.

These observations he confirms by anatomical dissection. Surely this supports Crédé's flexed position and the view that traction is not necessary. Hence, an apparatus that will keep the fractured limb flexed, and just a little off the abdomen is all that is necessary.

The accompanying figure illustrates the splint. Roughly speaking, it is shaped like the letters Z O, the latter being attached to the Z at a right angle at the lower right-hand corner. The foot is not included in the splint, which reaches only to the tondo Achillies. A small trough-shaped piece takes the calf, and the trough is continued up the back of the thigh—two-thirds of the way is enough. A small bar clearing the buttock is attached at the upper end to a 4 in. wide loop surrounding the abdomen. The end of this loop or belt is fixed to the flexed position, so that the diameter can be readily altered. The whole is made of aluminium, and weighs, unpaded, 1½ oz. The splint is best padded with a few layers of lint, soaked in olive oil to prevent contamination, which at the most is slight. And one only very sparingly to x rays, hence the fractured ends can be seen with the splint applied to the limb.

The sound limb, as a rule, is placed by the child in the same position as the fractured. This is in advantage, as one limb supports the other and makes it easier for the mother to hold and nurse the child. In fact, the child can be nursed just like an ordinary child, can be taken out into the open air, and need not be kept in its cot; it may also be taken into bed by the mother at night time. All cumbersome appliances become unnecessary. When the child is clothed there is nothing to indicate the presence of the splint, and by the mother's arms the slight additional weight passes unnoticed.

**Memoranda:**

**MEDICAL, SURGICAL, OBSTETRICAL.**

**TREATMENT OF RHEUMATIC OR RHEUMATOID ARTHRITIS BY RADIANT HEAT AND CATAPHORESIS.**

I have no doubt as to the efficacy of the American apparatus, with its 500 candle-power lamp, referred to by Dr. Bailey (p. 15) and by Dr. Gamlen (p. 371), but, like Dr. Gamlen, I am uncertain as to which of the rays it emits one must attribute its superiority, or whether, indeed, such superiority is due to any special rays, or only that by its use free ventilation of the part under treatment is ensured and moist heat avoided. I have often noticed that during its application patients will perspire over the limb generally, while the part on which the rays are directed remains dry and becomes red and motiled.

I always employ cataphoresis, but whether its good results are due as much to the introduction of iodine or other ions as to the passage of the current itself I am sceptical. I have used solutions of iodine, usually in the form of KI and have also used solutions of NaCl, and so far I cannot find a marked superiority of the one over the other. Whatever substance be used it is ionized through the skin, but I believe that the portion that reaches the region of lymph channels and blood vessels is swept away into the general system; and I question, in the case of a given joint, when two electrodes, moistened with the solution which it is desired to introduce by ionization, are placed one on either side of the joint, and the necessary current passed, whether the ions thus introduced directly reach the joint itself, or, even if some do find their way there, whether their number is sufficient to have a therapeutic effect. I grant that they get into the circulation, but that is not the point.

This is no place to discuss at length the action of a constant current on living tissue. Suffice it to say that there is an alteration of metabolism and an improvement in nutrition, and it is this very condition of malnutrition that we are trying to combat.

I believe that in a large number of cases the joint changes are due to a trophoencephrosis set up by an absorption of toxins from the alimentary tract. I therefore endeavour to put my patients on a suitable diet and to increase the size, number and activity of medicinal remedies much as we tend towards the maximum of nutrition and the correction of any gouty or other tendencies, and I further order a systematic lavage of the large bowel on the Plombieres system.

J. CURRY WANN, M.B., R.C.Cantab.,
London, S.W. M.R.G.S., L.R.C.P.

**LOSS OF HAIR IN EXOPHTHALMIC GOITRE.**

One of the symptoms of exophthalmic goitre which is little mentioned is the loss of hair. If patients are carefully questioned on this point, I think it will be found in some cases, particularly in women, that this is present. That has been my experience. One case in particular, of which I have the notes, was instructive:

The patient, a young lady about 25, complained of "palpitation" and weakness. She was anemic, and a haemic murmur was recognized at the base of the heart. The thyroid was not enlarged, and there were no nervous symptoms. Under tonic treatment she recovered.

At the two years afterwards the patient consulted me again, her chief trouble being loss of hair, which was going on rapidly. She complained of being easily upset and worried, and of this to the alopecia. Although anemic she otherwise felt well. Both appetite and digestion were good, and she slept well. She was able to bicycle, but of late palpitation of the heart had made this difficult. She had been under medical treatment, but neither iron tonics nor local applications to the eye had done any good. I saw her again, and some improvement had been detected, and was told it had not. One medical man, whose name was mentioned, I feel sure would have certainly diagnosed the disease had the thyroid been enlarged or the other symptoms been present when he saw the case.

When I examined the patient the right lobe of the gland was increased in size, the eyeballs were slightly prominent, and
von Graefe's sign was obtained. Stellwag's and Moebius's symptoms were not present. The loss of hair was distressing.

In addition to large patches of alopecia at the back and top of the head, the forehead became affected, and the eyebrows and eyelashes commenced to fall off. The anemic condition increased. The patient was of slender build, and emaciation was not marked. The hair was falling off so rapidly that I decided skin disease was present. I should see a dermatologist in consultation. His opinion was that the alopecia was due to exophthalmic goitre and to no other cause.

With regard to treatment: at the time of which I write radagen was unknown. Thyroid gland tabloids were first given, but I do not think they did any good, nor did the symptoms increase under their administration. Next thymins were tried, without effect. Iodine was applied over the gland, and I think it was of use in preventing increase in size; it may, perhaps, have reduced it. Palpitation was treated with tincture of digitalis first; the symptoms were relieved, although the drug was exhibited for some little time it was evident that it had no effect in quieting the heart effectively. Tincture of strophanthus was next tried, and in a short time the pulse fell from 120 to 93.

I see that in vol. iv of the System of Medicine (Allbutt and Rolleston) Dr. Hector MacKenzie is of opinion that digitalis and strophanthus are of little or no use for palpitation in Graves's disease. Professor Murray of Newcastle-on-Tyne also thinks little of them. In the Manual of Medical Treatment (Vos, Crawford, and Bunnard) I find "several trustworthy observers, exhibiting to strophanthus in doses of 5 minims three times a day. In my patient strophanthus certainly succeeded after digitalis had failed.

As regards the administration of thyroid tabloids for simple goitre, I can confirm the results of Dr. Murray and others. In a case which I saw last year—the lady having lived nearly all her life in Worscester—I tried the method recommended, I think, by Captain McCarrison, M.C., then giving thyroid. It was continued for some weeks but had no appreciable effect. Since then thyroid extract in tabloid form has been given. The gland has much diminished in size. The patient has removed to a more tracing place, and I am informed her health has much improved in consequence.

Herbert W. G. Macleod, B.Sc., M.D.Edin., M.R.C.P.Lond.,
Physician, Western General Dispensary. London, W.

CONGENITAL DISLOCATION OF THE LENS.

Two cases, occurring in a brother and sister, are interesting chiefly because the displacement is asymptomatic and is different in each child, and also because the maternal grandmother had the same condition. Unfortunately she was not available for examination.

E. M., aged 9. His mother stated that the grandmother had "dislocated lens." The boy's eyes had the normal appearance except for tremulous iris. V. = 6/6 c.e. + 1 D. sph. = +2. Near vision = 2 D. Snellen; not improved by glasses. The boy uses his own lens in near vision. Both lenses were dislocated up and to the left, leaving slightly more than half the dislocated pupil uncovered. In the left eye were a few faintly visible membranous filaments running downwards and inwards from the lens, waving slightly on movement of the eye. There was nothing else abnormal in either eye, and there were no other congenital abnormalities.

C. M., aged 5, the sister of Case 1, the right lens was dislocated downwards and inwards, covering three-quarters of the dislocated pupil. The left lens was dislocated down and out, covering less than half of the dislocated pupil. No other abnormalities were detected.

In both children the visible edge of the lens is part of a perfect circle.

Cyril Shepherd, M.R.C.S., L.R.C.P.,
Sydney, N.S.W. Assistant Ophthalmic Surgeon, Sydney Hospital.

DESTRUCTION OF SWEAT GLANDS BY THE ROENTGEN RAYS.

Major F. J. W. Porter's interesting memorandum in the British Medical Journal of January 30th, p. 277, giving an account of a method of treating excessive axillary sweating by operation seems a very drastic method when compared with the much less severe treatment, with no operation, attaining the same result. My attention was called four years ago to the fact that the effect of x-rays on the sweat glands was to destroy them. The first case that came to my notice was that of a joiner to whom I applied x-rays for the treatment of a tuberculous condition of the skin over the hip. Some months after he was cured he volunteered the information to me that he no longer perspired on the part of his body on which the x-rays had fallen. Since that case I have noticed the same condition in many others in which I have applied x-rays for the treatment of tuberculous glands in the neck. Children lose permanently not only the downy hairs on the side of the neck by this treatment, but also the sweat glands. To destroy the sweat glands six efficient x-ray treatments in all that is followed—one treatment a month, giving at each sitting the maximum dose that the skin will stand. The sweat glands are the most readily affected of all the glands in the body by the x-rays, and the most readily destroyed. By efficiently x-raying the axilla in the way described, not only are the sweat glands destroyed but also the hairs of the axilla.

A. Howard Prie, M.D.,
Chief Assistant, X-ray Department, St. Bartholomew's Hospital.

ANEURYSM OF THE HEART IN WOMEN.

Cardiac aneurysm is rare in the male, and even more so in the female. On that account it has been thought that this case is worthy of record.

J. D., aged 57, the widow of a seafaring man, had had no children, and there was no history of miscarriages. She had been a drinker of spirits to excess for some years, and was admitted into Newcastle City Asylum suffering from delirium tremens. During the eleven years of her life there she had various skin lesions, which were cured by potassium iodide.

On admission to the asylum a mitral murmur was noticed to be present. Though always a rather feeble-looking woman she never made any complaint of pain or distress in the cardiac region. She nevertheless had occasional syncopal attacks. A fortnight before her death she fainted three times in one day, and was consequently put to bed. Nothing abnormal was detected in the heart sounds; the pulse was small, regular, and accelerated. She now had a considerable pain and a feeling of tension over the heart. During the last week of her life a considerable pleural effusion developed. She became unconscious, and remained in that condition three days before she died.

The post-mortem examination showed a considerable pleural effusion, a nutmeg liver, and cirrhotic kidneys. The heart weighed 540 grams. The aneurysm was situated in the middle third of the outer wall of the left ventricle; it was the size of a pigeon's egg. It contained a quantity of semi-organized clot. The myocardium covering the aneurysm was thinned and was fibrotic. Immediately above the opening of the sac the heart muscle had undergone distinct interstitial changes.

In all probability the condition was the result of a gumma, but it is difficult to say why the secondary lesion followed, as the woman was of sedentary habits, and never exerted herself.

Warwick County Asylum.

Colin M'Dowall, M.D.
spending pretty freely on organization work. He also drew special attention to the necessity of getting patients in the very first stages of the disease. With the help of the medical superintendent of Benenden he had been able to classify 80 cases which had received complete treatment, according to the stage of the disease or advancing stages. The patients were divided into three classes: Class I, early stage, only one lobe of the lung affected, 33 cases; Class II, moderately advanced, two lobes affected, 25 cases; and Class III, advanced, three or more lobes affected, 22 cases.

Table showing Percentages of Results of Treatment in Each Class.

<table>
<thead>
<tr>
<th>Class</th>
<th>Arrested</th>
<th>Improved</th>
<th>Unimproved</th>
<th>Died</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>78%</td>
<td>18%</td>
<td>4%</td>
<td>0</td>
</tr>
<tr>
<td>II</td>
<td>43%</td>
<td>31%</td>
<td>20%</td>
<td>0</td>
</tr>
<tr>
<td>III</td>
<td>45%</td>
<td>54%</td>
<td>36%</td>
<td>44%</td>
</tr>
</tbody>
</table>

Thus the arrested cases are far greater in number in the earlier stage, while failures are immensely increased in the advanced stage. The society had made a strong endeavour to get all cases in an earlier stage by publishing descriptions of the early symptoms. The result has been gratifying, and they have justified any expense incurred. An attempt had also been made to prevent the unjust ostracism of consumptives. They had found that there was an exaggerated idea of the infectiveness of the case, and that consumptives were often treated almost as lepers. They wished it to be known that the infectiousness of consumption was quite different from that of fevers. In the first place, in the early stage it was not infectious at all. Dr. Substrode had pointed out in a recent report to the Local Government Board that from the records of consumption hospitals it was difficult to believe that phthisis is in any degree personally communicable. At any rate, it requires prolonged exposure and lowering of the resistance before it is communicable. Recently one patient whose case had been arrested and practically cured returned to work in a town post-office where telephone work was done, and there was a strong protest by his colleagues in the office, who thought they were running some risk by using the telephone mouth-piece after him. The matter was referred to Dr. Wilkins, who had had charge of the patient, and he said the man was not infectious and could not infect the telephone. In any case the breath was not infectious except in extreme cases and then the case was of the type fearing the telephone. Dr. Lieter quite agreed with Dr. Wilkins, and the secretary pleaded for a more charitable treatment of patients before, during, and after their residence at a sanatorium. Women members of the society had equal rights with men members, and three female members for whom the society had obtained treatment had cost the society from £40 to £76 each. He concluded by thanking the Post Office Department for the sympathy and help it had given to the society. After adoption of the reports of the secretary and the treasurer, a new rule was discussed and finally carried, to the effect that officers in the employ of the Post Office might become members of the sanatorium society by allowing a deduction of "one shilling or more from their salaries every six months, which amount shall be retained, and the secretary will hold a conference every two years under an annual announcement. Mr. C. H. Garland was reappointed secretary and Mr. H. Trollope treasurer, and a committee of management was appointed containing representatives from the chief towns of the kingdom.

THE MIDWIVES ACT.

The position of medical practitioners under the Midwives Act, 1902, was discussed at two recent meetings of the Midland Medical Union. Attention was called to the fact that during successive quinquennia from 1881 the birth-rate had declined as follows: 33.5, 31.4, 30.5, 29.3, 28.1, while the rate for the last two years was 26.3. The members of the Union, feeling strongly that it is the duty of the State to ensure that the highest and best care shall be given to those women who are producing the future race, adopted at their meeting on April 8th the following resolution, which has been forwarded to the Departmental Committee appointed by the Lord President of the Council to consider the working of the Midwives Act:

That it should be illegal for a midwife to attend a woman in her confinement unless a medical practitioner is retained, so that he may be called in case of disease or abnormality. The order shall entitle the medical practitioner to a fee of 5s. for a preliminary examination and advice, and 5s. for any attendance for labour, and to adequate remuneration in the event of his having to take charge of the case on account of abnormality or disease in connexion with parturition.

Medical News.

DR. ARIBIO TAMASSIA, Professor of Forensic Medicine in the University of Padua, has been created by the King of Italy a Senator of the Kingdom.

The King has conferred the new Territorial Decoration on Lieutenant-Colonel John Daniel Lloyd, of Chirk. Dr. I. has served for thirty years in the Shropshire Yeomanry.

The Lord Chancellor has placed the names of Dr. John M. Cuthbertson, of Driwtwich, and Dr. Cordley Bradford, of Stocks Green, on the Commission of the Peace for Worcestershire.

The Hon. John McCall, M.D., who has been appointed a Surgeon-General for Tasmania, is expected to take up his duties in London on May 1st. Dr. McCall graduated at the University of Glasgow in 1881.

Dr. F. M. Sandwith, Gresham Professor of Physics, will deliver four lectures at Gresham College, E.C., on April 20th, 21st, 22nd, and 23rd, at 6 p.m. on each day. The first three lectures will deal with cancer, and the fourth chiefly with certain tropical and subtropical diseases.

A meeting of the directors of the International Cancer Research Association will be held at Berlin during the Congress of the German Surgical Society. Among the proposals to be considered is a scheme of international statistics as to the prevalence of cancer, and as to the results of operations for its cure.

At a special meeting in March the Brighton and Sussex Medico-Chirurgical Society passed a resolution to the effect that it was no part of the duty of a hospital staff to fill up medical certificates for out-patients, and that it was not advisable that such certificates should be given.

Dr. A. S. Bostock, on the occasion of his leaving Chichester, where he has practised for many years, was the recipient of a very gratifying testimonial signed by a large number of residents. The testimonial, which was accompanied by a cheque, was presented by Sir R. T. Rawnsley on behalf of the subscribers.

We are requested to state that forms of application for the admission of children into the Lord Mayor of London Cripples' Home and College, Alton, Hants, can be obtained from Sir William Treloar, 122, Mansion House Chambers, London, E.C. Special consideration is given to applications for the admission of children suffering from tuberculous disease of the bones and joints.

At a missionary exhibition to be held at the Agricultural Hall in June, a section dealing with outfits suitable for travellers in the tropics is to be provided by the Livingstone College, Leyton. It is desired to make a special feature of appliances intended to protect travellers and residents in hot climates from the bites of mosquitoes and other insects; and Dr. C. F. Harford, the President of the College, will be pleased to hear from any one interested in the subject.

The Shakespeare memorial service at Southwark Cathedral, which has been arranged by a committee of which Dr. R. W. Leftwich, 125, Kennington Park Road, S.E., and the Rev. Canon Thompson, D.D., Southwark Cathedral, London Bridge, S.E., are honorary secretaries, will take place at 3.30 p.m. on Friday next, April 23rd. After the anthem the Poet Laureate will recite an ode to Shakespeare's birthday, and Mr. Wells will read an address on Shakespeare. The service will conclude with the singing of a hymn specially written for the occasion by the Rev. Canon Rawnsley. The collection will be given to the fund now being raised for the erection of a Shakespeare memorial in the cathedral, the poet's old parish church; this it is expected will cost about £500. The decoration of the Shakespeare window in the cathedral with the flowers of Ophelia and Perdita has been undertaken by Miss Ellen Terry, with the assistance of other Shakespearean actresses.
and so forth, did not exist; and then would not argue with us, not at all—but would just tell us, in slow-measured words, what we had got to do and even to think. And the worst of it was, the dear, kind, good fellow was always mainly, and, for the most part, altogether right. Such strong succour as this was precious indeed to his suffering or bereaved patients, and no man gave his services to them more generously or more unstintingly.

Office, and night after night he laboured, making a rich harvest indeed, but not of money. Perhaps few men ever worked so loyally and so simply for others, and for so little pecuniary reward. Methodical in all else, he never seemed to lay any plans for money making; and when to his other engagements he added the office of Surgeon to the Midland Railway Company, even Wheelhouse’s enormous capacity for work was tried to the full. How well I remember one day seeing his carriage forging slowly up the hill to his beautiful cottage at Fley. It was not too much to say that Wheelhouse did more than any single individual to hold up the Leeds School of Medicine at a very critical time.

As a lecturer he was clear, accurate, and interesting, and able to command the attention of his class. He had a remarkable memory, and was able to work hard without worry. Few people worked as hard, as continuously, or for as long hours as he did during the greater part of his professional life.

Visiting to Leeds an unknown youth with a widowed mother, and commencing his career as a hard-worked assistant in general practice, he achieved first his position as a Lecturer on Anatomy at the Medical School. He then became Surgeon to the Infirmary, was elected as one of the First Direct Representatives on the General Medical Council, was Chairman of Council of the British Medical Association, was elected to the Council of the Royal College of Surgeons, and finally President of the Sir Lauder Brunton Medical Association at its annual meeting in Leeds in 1889. Such a position is eloquent testimony to the high value set by his medical brethren on his professional acquirements, his personal integrity, and his exceptional capacity as a man of business.

In his retirement to Fley, in good health and mental vigour, he still devoted his trained energy and experience to good public work in his adopted town, and to the district as a county magistrate.

Dr. A. T. H. WATERS, who was President of the Association in 1883, the year in which the annual meeting was held at Liverpool, writes:

The death of Mr. Wheelhouse removes from amongst us a prominent figure in the Association and one to whom the Association is largely indebted. It must be nearly, if not quite, fifty years since I first met him as a member of the Committee of the Council of the Association. We met to visit in Birmingham once a quarter, and no one was more active or took a greater interest in the work of the Association than Mr. Wheelhouse. He was a good speaker, a thoroughly good man of business, and he made an excellent President of Council during his years of office 1881-4. He was one of the group of men who during the Sixties and Seventies and later on devoted a great deal of time and energy to promote the progress and interests of the Association, and whose efforts were crowned with success. For many years I used to meet him at the annual and quarterly meetings, and it is a satisfaction to me, as a survivor of the group I have referred to, one of the oldest members of the Association, which I joined in 1854, to give expression to my feelings on the loss we have sustained. Mr. Wheelhouse was a man of high principle, and he possessed great personal charm. His work deserves full recognition.

Universities and Colleges.

UNIVERSITY OF LONDON.

MEETING OF THE SENATE.

A MEETING of the Senate was held on March 24th.

Recognition of Teachers.

The following were recognized as teachers of the university in the subjects indicated:

Middlesex Hospital Medical School,—Dr. Reginald John Gildas (Malaria); London School of Medicine for Women,—Miss Helen Chambers (Pathology and Bacteriology); Mr. Leonard S. Dudgeon (Pathology).

Physiological Laboratory.

Dr. Waller was appointed director and Dr. Mears treasurer of the Physiological Laboratory for the year 1909-10, and Sir Lauder Brunton was appointed a member of the Physiological Laboratory Committee for the remainder of the period 1906-9 in the place of Dr. Pye-Smith, resigned.

The annual report of the Physiological Laboratory Committee which was presented stated that three courses of eight lectures each had been delivered. The lectures on the therapeutics of medical science of Sir Lauder Brunton, and on the ultra-violet apparatus of Dr. H. M. Vernon, had, with the authorization of the Senate, been published by Mr. John Murray. The report also contained a list of published papers, the outcome of work conducted in the laboratory.

Dr. Arthur Harding, D.Sc., Ph.D., was added to the panel of lecturers in physiology.
UNIVERSITY OF DURHAM.

DEGREE DAY.
At a Convocation on April 3rd the following degrees were conferred:

M.B. or Mortimer Johnson, T. J. Oliver, W. J. Simpson.

The name of Mr. Edward Phillips, of the London Hospital, was accidentally omitted from the list of successful candidates at various stages of the degree, published in page 531 of our issue of April 3rd. He was, however, the only two candidates successful in all four subjects of the First M.B. (elementary anatomy and biology, chemistry, and physics), and was awarded honours.

LONDON SCHOOL OF TROPICAL MEDICINE.
The following candidates were approved at the examination held at the end of the twentieth session:

* Passed with distinction.

Colloquial Service.