There was a small swelling immediately above the middle of his right clavicle, but no pulsation could be felt in it at first. The pulse at the right wrist was, however, considerably stronger than that at the left. The swelling increased in size fairly rapidly, and pulsation could soon be felt in it. With the increase in size there was an indication in the strength of the radial pulse, and increase in the severity of the pain in the right arm.

Firm pressure on the inner side of the swelling, directed backwards against the transverse processes of the lower cervical vertebrae, produced a complete cessation of pulsation in the swelling and loss of the radial pulse. There was no evidence of haemorrhax.

Operation.

On June 6th, 1917, an incision resembling the letter J was made, the vertical limb being along the lower two-thirds of the anterior border of the sterno-mastoid, and the curved part being directed downwards and outwards, so that resection of the clavicle might be performed if found necessary. The sternal head of the sterno-mastoid was divided about one inch above its attachment, so as to allow of suturing at a later stage; it was necessary to divide also a few fibres of the clavicular head of the muscle. The divided portions were kept out of the way by means of ligatures.

The interior belly of the omohyoid muscle was next identified, but not divided, and the common carotid artery was easily found and followed downwards, the internal jugular vein being carefully separated from the vessel and retracted outwards. The vagus nerve was also identified and retracted outwards with the vein.

After some further dissection, the bifurcation of the innominate artery was reached, and it was observed that the pulse at the brachial artery was practically ever above the inner border of the clavicle, and that the subclavian took an upward course before turning outwards to pass behind the clavicle. Possibly the high position of the vessels was due to the presence of the aneurysmal sac behind the muscle, but the site of the lesion was certainly rather than was expected.

A short ligature was easily passed round the artery from below upwards, and when it was tightened all pulsation in the carotid was lost. The lower end of the ligature was divided, and the vessel was gently tied in two places close together, so as not to divide the innominate. The site of the aneurysm involved both the second and third parts of the artery. It was not necessary to divide the inflammatory muscles, as these were readily retracted inwards.

The wound was closed in the usual way, after suturing of the sternomastoid muscle, with calgit, and a small drainage tube was inserted in its lower end.

The operation was not so difficult as was anticipated, but the spastic condition of the patient was, no doubt, a very valuable help.

Recovery was uneventful, and there was never any sign of gangrene. The patient was sent to a convalescent hospital, where electrical treatment and massage could be obtained for his paralysed arm. On August 11th, 1917, there was no pulsation in the sac of the aneurysm, and no pulse at the right wrist.

On November 15th with no signs of recovery of his arm, and electrical treatment and massage was continued until January, 1918, when it was decided that the brachial plexus should be explored.

Three days before the operation the patient stated that he could move his fingers, and this proved to be the case. He was therefore brought before a medical board in February, and was discharged as an invalid on February 25th, 1918.

A letter from him in November, 1918, stated that he could move his arm in all directions, and he could put his hand on the top of his head. He could also move his wrist and thumb and first finger, and sensation had returned to these parts. His head movements were normal. He was seen in April, 1919. The movements of the arm and forearm were then normal. Sensation was natural over the arm and forearm except over the lower third of the area supplied by the ulnar nerve, where it was diminished. There was wasting of the thenar and hypothenar eminences, and some interference with the function of the little fingers. He was able to write, and stated that the movement of his fingers and the sensation in the area mentioned were improving.

I desire to acknowledge my indebtedness to Colonel of the Medical and Biological Society of Montpellier a case of some practical interest. A woman of thirty had three abortions again a year and was pregnant. The serum reaction in her case was negative, but it was positive in her husband. She received a course of neo estramustine and gave birth to a healthy infant.
trace of the former uterine incision, but a number of onsei- al adhesions were found; the Fallopian tubes appeared patent and intact throughout. After delivery a small, complete, and intact uterus I on this occasion ligatured both Fallopian tubes in two places with silk and excised the portion between, about 2 in. in length.

Dr. Loe, in his treatise on Obstetrics (1913 edition), states that ligature and division of the ovaries has failed to prevent conception, but he gives no references to any literature on the subject, and I have been up to the present unable to trace any, hence this record.

Norwich.

ARThuR CROOK.

TWO ECTOPIC GASTATIONS IN THE SAME PATIENT WITHIN EIGHT MONTHS.

The following case presents a number of features which, though not very unusual in themselves, form a rather remarkable combination: (1) The fact that the woman was not pregnant; (2) the slight incidence of menstruation and the complete absence of irregular or excessive vaginal bleeding; (3) the location of the conception on both occasions in the fimbriated end of the Fallopian tube; (4) the fact that the diagnosis was made only after the patient had been seen by another doctor; (5) the fact that only two pregnancies were tubular and occurred within a period of eight months.

Mrs. E. N., aged 29 years, was admitted to hospital on December 13th, 1910, complaining of acute abdominal symptoms. She had been married over four years, had had no children, and the only menstruation that could be elicited was three weeks overdue. The abdomen was opened in the middle line and a ruptured ectopic gestation was found. A note made at the time says: "Conception apparently in the fimbriated end, becoming peritoneal at an early date. A uterus nearly 3 in. long and the placenta were removed from Douglas's pouch. The left tube and ovary were taken away. Recovery was uneventful.

On September 16th, 1913, she was admitted again on June 27th, 1913, complaining of almost identical symptoms—in fact, she herself was convinced that the same thing had happened. Her periods had been frequent, and she had the previous operation except that on this occasion the last period was a fortnight overdue. The abdomen was opened again in the middle line and a ruptured ectopic gestation found on the left. A complete right tube and three-quarters of an inch in diameter was found free in the peritoneal cavity and was removed. The fimbriated end of the Fallopian tube was greatly expanded, showing a raw surface which was bleeding freely. The end only of the tube was taken away. Recovery was again uneventful.

London, S.E.

R. C. HARKNESS, M.B., F.R.C.S.

INTOLERANCE OF CALOMEL.

The following case of marked idiosyncrasy to calomel may be of sufficient interest for publication:

On the night of April 25th I was called to see H. S., a man aged 37 years, who had been suffering from intense abdominal pain. He had vomited six or seven times during the evening, and was covered with an urticarial rash which was extremely irritating. On April 24th he was feeling "lively," and he went to see a chemist, who advised him to take a calomel pill. The patient said that calomel always suits him as a rule, but on being told that 1 gr. could do no harm, he took the pill.

On the following morning the patient much regretted having taken the pill, as he very soon recognized that he was having the same symptoms as he had had on two previous occasions after taking calomel. He told me that he would have swellings and thickening of the skin in various parts of his body and limbs, and that ultimately the skin would peel off in large flakes. His word proved to be correct. On the following day he had had more or less of the rash all over the body. The next week he had had transient oedema of the forearms, legs, and eyelids. The vomiting ceased after a mixture of bismuth carbonate, and fluid chloroform, but the abdomen continued to gurgle with the other symptoms which were made good by tubed pills, ascending from the chest or descending from the scalp. They may be made the vehicles of hair, for example, in replacing eyebrows, and for filling in the natural defects in the nose and the cartilage. Thus, in recon structing the nose, the authors first embalmed the cartilage over the glabela: at a second operation, a small flap containing the cartilage is turned down and made to substitute the lining mucous and bony support of the nose: for the superficial coverings, a long flap, containing the anterior temporal branch of the facial nerve, is employed.

The greater part of the volume deals with the subject in a regional manner, and here will be found a mine of valuable clinical detail. Finally, a chapter is devoted to the application of the lessons learned during the war to the problems of facial plastic. In the disfigurements are described, a vista is opened for the treatment of cicatricial ectropion (which in the past has been far from satisfactory), for the repair of the nose destroyed by operative injury, for reconstructive inflammatory and granulomatous conditions, and for large defects produced by trauma.

It is earnestly to be hoped that the experience acquired as a result of the war in this field will prove of value to those industrial injuries of the face which will be dealt with in this book, and to those defects remaining from wounds, as well as to those defects due to operation for malignant disease. The operative technique which is described for these cases is


PLASTIC SURGERY OF THE FACE.

The value of organized team work and concentration of special cases could scarcely be better illustrated than by the work of Major Gillies and his confreres at Sidcup. During the past four years these able surgeons have made an intensive study of war injuries to the face and judged their results, which they now publish in a book entitled "Plastic Surgery of the Face," a mark a real progress in plastic surgery. Innumerable problems of great difficulty have been dealt with and the brilliant results so startlingly revealed by many series of photographs. That so much has been accomplished for these, perhaps the saddest and most tragic of war mutilations, merits the highest praise.

The book is prefaced by a brief summary of the principles by which the surgeon should be guided. Attention is drawn to the necessity of making a careful estimate of the anatomical loss and of any approach to muscle and cartilage. Photographs to show the original contour have been found a valuable aid in estimating the extent of the injury. An important point, and one that hitherto has frequently been neglected, is the necessity to replace as early as possible all normal tissue and to maintain it in normal position. At this operation all scars must be excised, and to show a new standard of skin. Omission to provide a lining membrane for mucous cavities is regarded as the supreme cause of failure of facial plastics in the past. To reconstruct the lining mucosa is to replace the vermilion border of the lip flaps of mucosa may be taken from the normal lip. To deepen sulci the authors use a modification of the Essex epithelium inlay-graft. In closing the facial wound the replacement should be as nearly as possible in terms of the tissue lost—that is, bone for bone, cartilage for cartilage, fat for fat, and so on. For large cosmetic defects, cartilage is needed to be unrivaled. It is readily obtained from the costal cartilage, can be fashioned to the required shape, and remains permanently of the form and size it has when embalmed. The covering tissue is restored either by skin grafts or skin flaps. Whole skin grafts are better cut to the exact size of the gap, in order that normal tension may be maintained. Thierras grafts, in the form of inlay-grafts, are valuable for cicatricial reconstructions. The author has made good by tubed pedicles, ascending from the chest or descending from the scalp. They may be made the vehicles of hair, for example, in replacing eyebrows, and for filling in the natural defects in the nose and the cartilage. Thus, in recon structing the nose, the authors first embalmed the cartilage over the glabela: at a second operation, a small flap containing the cartilage is turned down and made to substitute the lining mucous and bony support of the nose: for the superficial coverings, a long flap, containing the anterior temporal branch of the facial nerve, is employed. The greater part of the volume deals with the subject in a regional manner, and here will be found a mine of valuable clinical detail. Finally, a chapter is devoted to the application of the lessons learned during the war to the problems of facial plastic. In the disfigurements are described, a vista is opened for the treatment of cicatricial ectropion (which in the past has been far from satisfactory), for the repair of the nose destroyed by operative injury, for reconstructive inflammatory and granulomatous conditions, and for large defects produced by trauma.

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ROYAL ARMY MEDICAL CORPS APPOINTMENTS

An Army Order published on August 9th provides that medical practitioners who are required for service in an emergency shall be commissioned in the Special Reserve or Territorial Force, under the same conditions of service and the same rates of emoluments as apply to officers of the Regular Force; and that, in the event of it being found necessary to grant temporary commissions, officers to whom such commissions are granted shall not receive more advantageous emoluments than those applicable to offers of the Special Reserve and Territorial Force.

Officers of the Special Reserve or Territorial Force who have passed through a Royal Army Medical Corps unit and the Officers' Training Corps will be granted, on first appointment to the Special Reserve or the Territorial Force, seniority of six months if they have by examination obtained Certificate B (Medical) and seniority of three months if they have obtained Certificate A (Medical). On mobilization officers who have obtained Certificate B or A will be considered for appointments in preference to those not so qualified.

HONOURS

The following honours and awards have been granted for valuable services rendered in connexion with the Afghan Campaign, 1919.


K.C.M.G.—Major-General Harold Holland, V.C., C.M.G., I.M.S.


M.C.—(Military).—Temporary Captain Yashwanth Bhilajee Ranada, I.M.S.

D.S.O.—Captain and Breveit Major (temporary Major) Eric Edward Doherty, R.A.M.C.

M.C.—Captain James Edwin Carpenter, R.A.M.C. (R.), attached 5th Motor Ambulance Convoy; Captain Denis Fitzgerald Murphy, I.M.S.

D.S.O. and Breveit Major.—Major B. S. Kennedy, D.S.O., M.C., I.M.S.

To be Breveit Major.—Captain G. A. Blake, R.A.M.C.; Captain (temporary Major) T. A. Hughes, I.M.S.

MEMENTS

The names of the following have been brought to notice for distinguished services during the operations against Afghanistan:


Lieut.-Colonels: W. Profeit, C.M.G., R.A.M.C.; H. T. Phillips, C.M.G., I.M.S.

Lieut.-Colonel E. Bost, O.B.E., I.M.S., G. G. Gill, R.A.M.C.

Medical Services.

Majors (Temporary Lieut.-Colonels): H. M. Browne, I.M.S., A. Cameron, I.M.S.

Majors: C. E. Bulloch, I.M.S., H. M. Doughty, I.M.S.

Lieut.-Colonel (acting Colonel) H. Bown, I.M.S.


Captains (Temporary Majors): C. H. H. Harold, R.A.M.C., Mohamed Adamu, I.M.S.


Temporary Captains: P. J. De Sousa, I.M.S., B. W. Murphy, R.A.M.C.

A. P. Pillay, I.M.S.

Temporary Lieutenant B. N. Gupta, I.M.S.

Some twenty-five assistant and subassistant surgeons are also mentioned.

THE SERVICES.

The Archivos de medicina experimental y de anatomia pathologique, founded by Charcot in 1889, has ceased publication.
**Medical News.**

The old students of St. Bartholomew's Hospital and College will hold their annual dinner on Friday, October 1st, at 7 o'clock, in the great hall of the hospital. Sir Anthony Bowly, F.R.C.S., will preside.

A "POSTGRADUATE" course of instruction for qualified medical women in the treatment of venereal diseases will be held during the fortnight beginning Monday, September 23rd. The course is conducted with the London (Royal Free Hospital) School of Medicine for Women and the Royal Free Hospital, the Elizabeth Garrett Anderson, and the London Lock Hospitals. Applications should be addressed to the Warden and Secretary, Medical School, 8, Hunter Street, Brunswick Square, W.C.1, from whom all particulars can be obtained.

The National Council for Combating Venereal Diseases informs us that there is a vacancy for a medical man on the Commission which it is proposed to send to the East Indies and China during the coming autumn. The Commission, which is being sent out under the auspices of the Colonial Office, will be away about four months from the end of October. The applicant will receive a substantial honorarium in addition to payment of all expenses. Preference will be given to one who has had experience in the administration and control of a special Venereal Clinic. Applications for further particulars should be addressed to the Secretary, National Council for Combating Venereal Diseases, 80, Avenue Chambers, Southampton Row, London, W.C.1.

The King has consented to become Patron of the People's League of Health, which was founded and organized by Miss Ottley, and has a large and representative medical council. The head quarters are at 7, Hanover Square, London, W.1.

At the meeting of the Council of the Metropolitan Hospital Day Fund, held on August 5th, the chairman announced that the amount available for distribution was £110,000, or £25,000 more than the previous record in 1918. The £500 from the current fund, allocated by King Edward’s Hospital Fund to the Great Northern Hospital is for a nurses’ home, new kitchen, and other essential improvements. The scheme the hospital has in view includes new casualty and out-patient departments, and additional wards.

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**Letters, Notes, and Answers.**

As owing to printing difficulties, the Journal must be sent to press earlier than usual, it is requested that communications in reply to queries should be addressed for the current issue should be received by the first post on Tuesday, and lengthy documents on Monday.

In order to avoid confusion, it is particularly requested that all letters on the editorial business of the Journal be addressed to the Editor at the Office of the Journal.

The postal address of the BRITISH MEDICAL ASSOCIATION and BRITISH MEDICAL JOURNAL is 539, Strand, London, W.C.2. The telegraphic addresses are:


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**Queries and Answers.**

**INCOME TAX.**

"Taxpayer" inquires as to the assessment of the following income:

- Medical officer, pay and bonus: £400 0 0
- Pension: £150 0 0
- Interest, not taxed before receipt: £200 0 0
- Interest which is taxed before receipt: £30 0 0

The assessment would be as follows:

1. **Total income**
   - £1,269 0 0
   2. Deduct—10 per cent. allowance for earned income—£126 9 0
   3. **Deduct—Allowances, self and wife**
      - £225
   4. **Total income chargeable to tax**
      - £1,021 0 0
   5. **Amount of tax chargeable to tax**
      - £227 17 4

From this sum has to be deducted the life assurance allowance, and also the allowance in respect of the Widows’ and Orphans’ Fund, if the particular fund has complied with the usual conditions. Our correspondent should fill in the declarations with regard to wife and child, notwithstanding the limitation with regard to total income mentioned on the form, for that limit no longer applies. The tax payable on his pension and on his pay should be so arranged as to yield, together with the tax deducted from his income from taxed sources, the total liability.

**Research and the General Practitioner.**

**Dr. W. J. Baird (Bury)** writes: The disabilities of the recent war have given us an impetus to research and have made us revise opinions held hitherto on many subjects. I have been engaged for many years in general practice, and I have felt that the problems and results of research work should be presented to us in the form of special lectures at our local medical societies, as we have so little time at our disposal for study, and in the majority of cases not enough for separate publications. For example, one might mention the question of vitamins, the endocrine glands, the treatment of nephritis, the therapy of the various tropical diseases encountered daily amongst army pensioners. Lectures delivered by those engaged in actual research would prove helpful, not only to the general practitioner, but stimulating to his general interest in the public welfare. There are many practitioners who for obvious reasons cannot avail themselves of postgraduate instruction at universities, and the above suggestion is advanced in view of contingencies which are bound to arise once the Ministry of Health takes an active part in medical administration.

*The British Medical Association has been endeavouring to supply the want our correspondent feels. British Medical Association lectures have recently been given on request, and most of the subjects he mentions, and reports of the lectures have appeared in our columns.*

**Letters, Notes, etc.**

**Pensions Appointments.**

We are informed that the Ministry of Pensions intends to make one or two appointments in connexion with the work at their limb-fitting hospitals which would suit a disabled H.A.M.C. officer. Certain preliminary tuition will be necessary in order to pick up the technical side of the work, but it is considered that a month’s training at Roehampton will suffice. We understand that there are two such posts vacant at a salary of about £600 per annum, and are glad to know that the Ministry of Pensions intends to appoint men who have been disabled by the war and who are considered fit to stand the strain of ordinary practice. Queries should not be addressed to this office, but to the Medical Department, Ministry of Pensions, 14, Great Smith Street, S.W.

**Tennis Elbow.**

**Dr. J. A. Nixon, C.M.G. (Clifton, Bristol),** writes: The query by Dr. Havelock on this subject sent me back to Sir James Paget’s Studies from Old Case Books (Longmans, 1891, p. 7). In the lecture on periostitis following strains he refers to tennis elbow and I am not sure that anything more informative has been written.

**Dr. F. Bryan (Ipswich)** writes: I am glad to see that this prevalent "trivial ailment," ignored by textbooks, is being discussed. I would suggest that a predisposing cause of its frequency is that many of us, especially, having been more or less disabled by the war and who are considered fit to stand the strain of ordinary practice. Queries should not be addressed to this office, but to the Medical Department, Ministry of Pensions, 14, Great Smith Street, S.W.

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**Medical News.**

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