

Dr. Wilder, of Chicago, that an announcement should be made through the Council on Health and Public Instruction of the American Medical Association. There is one thing that all medical men can do, and that is, to warn people widely and continuously of the dangers of cutting into golf balls. If more cases are reported—and we believe that not a few have really occurred—of serious damage to eyesight from this cause, it will be a question whether more vigorous action should not be taken by the profession.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

ANTISEPTIC PASTES.

THE fact that Sir W. Watson Cheyne, in his Hunterian Oration, advocated the treatment of wounds in war by means of antiseptic pastes of lanoline and white wax, induces me to mention that in 1898, when on an ethnographical expedition in New Guinea, I devised a somewhat similar method based upon the same idea.

The treatment was confined practically to suppurating lesions, including granulomata which had broken down, and some of which were complicated with sinuses leading to the subjacent bone.

My attempts were made with vaseline containing creosote (20 minims to the ounce) and mercury nitrate. But as this mixture became inconveniently fluid after its application, I afterwards added cocoa butter, so as to produce a stiffer composition.

This was applied to the lesions (1) without any special preparation of their surfaces, and (2) after the latter had been cleaned up with an aqueous antiseptic solution. The results, however, were disappointing.

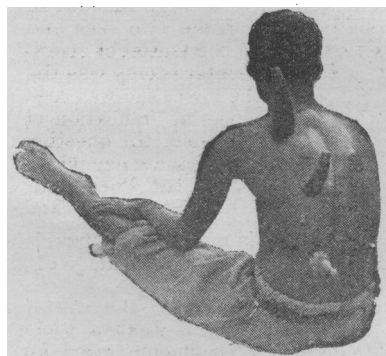
Even when a cavity was completely filled with the preparation suppuration proceeded in its deeper parts; and except for minor superficial lesions the treatment was, in fact, deleterious rather than otherwise. My experience was that such materials, when applied to a surface already infected, acted as an impermeable barrier to the escape of fluid, and so led to an aggravation of the condition. I had no experience with recently inflicted wounds, which, for obvious reasons, offer a much more promising field.

C. G. SELIGMAN, M.D.Lond.,

Professor of Ethnology in the University of London.

CUPPING AMONGST THE NATIVES OF NORTHERN NIGERIA.

THE accompanying photograph shows a native being cupped at Abinsi, Northern Provinces of Nigeria. The



native barber makes six small incisions, places the horn over them, sucks the air out, and dabs a piece of wet clay on the end. In the picture three lumps can be seen where the cups have been removed after bleeding. I have often seen carriers on the march have painful swellings in the muscles of the

back or legs cupped, and go on again with a 60 lb. load for many miles quite free from pain.

LESLIE DOUDNEY, M.R.C.S., L.R.C.P.Lond.

Ofa, Northern Nigeria.

PROFESSOR S. KITASATO, organizer of the Imperial Japanese Institute for the Study of Infectious Diseases, of which he has been the head since 1892, has resigned that post and organized a new institute of his own. All his former associates and colleagues, including Dr. K. Shiga, discoverer of the bacillus of dysentery, and Dr. S. Hata, whose name is associated with that of Professor Ehrlich in the invention of salvarsan, have joined the new institute.

Reports of Societies.

ROYAL ACADEMY OF MEDICINE IN IRELAND.

SECTION OF SURGERY.

At a meeting on Friday, January 29th, the President, Dr. F. CONWAY DWYER, in the chair, Mr. M. R. J. HAYES exhibited a case of *Recurrent cancer of the cervical glands treated by radium* in a man aged 45. The tongue had been partially removed two and a half years previously. X-ray treatment did not seem satisfactory. Radium emanation needles were inserted about the middle of December, when the patient had a swelling on the side of the neck about the size of a goose's egg. The growth was soft about the centre, and appeared to be breaking down. Three needles were inserted from above downwards and three from below upwards. They were left in for twenty-four hours, when they were reinserted at right angles to the former positions. They were again inserted in a position which might have escaped radiation in the previous two insertions. There was no general reaction, but there was a slight local reaction. The man was again seen after Christmas, when the tumour was only half its original size. Another insertion was made on January 13th, but could only be tolerated for a few hours. The condition had shown vast improvement. The primary growth was in the tongue, and the submaxillary gland was at no time involved. The size of the swelling now to be seen was only one-third of the original. Mr. R. C. B. MAUNSELL showed a case of *Cancer of the tongue treated by radium emanations* in a man, aged 61, apparently inoperable. The patient first noticed a lump under the tongue to the left of the fraenum in April, 1913; it ulcerated rapidly and spread. When first seen the man looked cachectic. He suffered considerable pain, and glands were to be felt underneath the jaw on the left side, but none on the right. A piece of the growth removed was reported to be a rapidly-growing carcinoma. The patient was given a mouth wash. Radium was inserted on December 2nd. By the time the insertion was made the radium was reduced to 23 millicuries divided into six needles. The only reaction noticed was a rise in temperature to 100° F., but no increase of pulse. Within a few hours of the insertion the pain was relieved. The needles were left in for twenty-three and a half hours, and next day they were inserted into the submaxillary gland, and the following day the whole lot were reinserted in the mouth. On December 24th the cancerous ulcer was completely covered with epithelium. The teeth were then extracted, and again 24 millicuries of radium were inserted, and after this the patient went home for three weeks. On his return he was in good spirits and greatly improved in general health, but glands were to be felt in the right side of the neck. Since then the neck had been radiated as a prophylactic. When the whole area had healed over a piece of the former cancerous growth taken for examination was found to be covered over with practically normal epithelium, underneath which was a fibrous tissue, and in one part of the section a mass of carcinomatous cells was seen, but there was no mitosis. There were a few giant cells. The point of interest was that although clinically the ulcer had healed over with epithelium there were still carcinomatous cells. Mr. Maunsell showed also a patient suffering from *Primary carcinoma of the neck* under radium treatment. The lump, which was large, had been radiated twice, and was said to have reduced considerably in size. The interesting point in this case was that the patient had a reaction each time, whereas the other patient shown had not. The treatment in this case was being continued. Subcutaneous thickening was noticeable when the needles were removed, but this thickening afterwards disappeared. The paper by Mr. WALTER C. STEVENSON on the *Theory and technique of radium therapy*, of which a report with illustrations is published at p. 498, led to a discussion, in the course of which several speakers related cases treated in the manner described. Professor McWEENEY, who had examined specimens of the growths from Mr. Stevenson's cases, said that four or five of them were typical squamous epitheliomata, and others were squamous sarcoma. There could be no doubt as to their malignancy; he considered that they would have killed the patients speedily. He

had not yet had an opportunity of examining them histologically after radium, but he had seen two microscopic sections cut from Mr. Maunsell's case, and they showed a most remarkable change.

SECTION OF OBSTETRICS.

At a meeting on February 12th, Dr. M. J. GIBSON, President, in the chair, Sir WILLIAM SMYLY showed a *Myomatous uterus removed during parturition* from a woman who had been in labour twenty hours. The patient was aged 45, and this was the sixth pregnancy. When examined at the Rotunda Hospital it was found that the head was freely movable above the brim, but no fetal heart could be heard. The pelvis was blocked by a large tumour, and the fetal head could only be reached with difficulty. The child was dead. The patient had already been examined by three different people, and the case was therefore not certainly in an aseptic condition. There was not room to perforate, and extraction by version or by forceps was out of the question. It being impossible to push up the tumour, it was at first determined to wait to see what nature would do. Morphine and scopolamine were given. As eighteen hours later there was no alteration in the condition, it was decided to do Caesarean section, and to remove the uterus and tumour. Cervical Caesarean section offered no advantage, so the classical operation was done, and the tumour and uterus were removed. The patient made a normal recovery. Sir William Smyly showed also a *Ruptured horn of a two-horned uterus* removed from a young married woman who was four months pregnant. She had been bleeding from 8 a.m. until 7 p.m. before operation. When admitted to the Rotunda Hospital she was blanched and pulseless, and there was no doubt about the diagnosis of ruptured ectopic pregnancy. When the abdomen was opened, a two-horned uterus was found. The fetus had escaped into the abdominal cavity, and the placenta was extruding through the opening. The horn was removed, and the patient recovered. Sections made by Dr. Rowlette through the torn part showed that the wall was eroded by the chorionic trophoblast. Dr. SPENCER SHEILL gave details of a case of *Gastro-intestinal haemorrhage in the newborn*. The child, aged 2 days, passed and vomited so much blood as to be almost moribund. The treatment adopted was the subcutaneous injection of horse serum—a treatment, so far as he was aware, hitherto untried in such a case. The result was rapid and successful. Sir WILLIAM SMYLY said he had used horse serum, administered hypodermically and by the mouth, in an infant some months old, and it appeared to do some good, but the case did not terminate so satisfactorily as the one now reported. His case was one of purpura haemorrhagica. Dr. TIERNY recalled three such cases. The first was rapidly fatal. In the second he tried gelatine given by the mouth in drachm doses every hour, and the patient gradually got better. The third case was a milder one, and, with similar treatment to the second, the result was quite good. The PRESIDENT made some remarks, and Dr. SPENCER SHEILL replied.

ROYAL SOCIETY OF MEDICINE.

SECTION OF DERMATOLOGY.

At a meeting held on Thursday, February 18th, Dr. J. J. PRINGLE, President, in the chair, two cases of *Dermatitis artefacta* in women were exhibited by Dr. GEORGE PERNET and one by Dr. J. M. H. MACLEOD. In one of Dr. Pernet's cases the left arm and shoulder had been involved for more than three years; in the other the front of the chest only was affected. In neither case was there any clue to the vulnerant employed. In Dr. MacLeod's case only the back of the right hand was affected, and its production had been preceded by the excision of a ganglion from the part. Dr. J. H. SEQUIRA also showed a case of an artificially produced eruption in an old soldier, who had presented a similar condition on two previous occasions. The lesions somewhat simulated an eruption due to the halogens, but their primary bullous nature, lack of symmetry, and linear configuration all pointed definitely to their artificial production. Dr. KNOWSLEY SIBLEY showed a case of *Morpheic sclerodermia*, chiefly in the clavicular regions, with some patches of alopecia areata of the scalp, in a middle aged woman, and discussed the relation of the disease to the so-called "white spot

disease" and to generalized sclerodermia. Dr. J. L. BUNCH referred to the obvious differences between guttate sclerodermia and atrophic lichen planus, and also to the views held in France as to its possible tuberculous nature. The PRESIDENT referred to the relation frequently existing between morphea, alopecia areata, and disease of the thyroid gland. He pointed out that the patient had von Graefe's sign well marked; his experience was that such cases seldom or never eventuate in generalized sclerodermia. Dr. GRAHAM LITTLE and Dr. PERNET reported good results from the administration of thyroid extract, and Dr. SIBLEY, in replying, remarked that radiant heat had, in his hands, proved of value in such cases. Dr. GRAHAM LITTLE showed an old man with a typical *Rodent ulcer* behind the left ear and *Squamous epitheliomata* on the backs of both hands. A discussion took place on the relationship of the two conditions, both from the clinical and pathological point of view. Dr. H. W. BARBER exhibited a case of *Parakeratosis variegata* of about eight months' duration in a woman aged 33. The lesions were situated on the legs, where they closely resembled lichen planus, and on the face and neck, where their reticulated and riband-like atrophic band arrangement was characteristic.

WEST LONDON MEDICO-CHIRURGICAL SOCIETY.

At a meeting on March 5th, Dr. F. S. PALMER, Past-President, in the chair, a paper, illustrated by lantern slides, was read by Dr. REGINALD MORTON on *The x-ray appearances of some common disorders of the stomach*. The two best materials for the opaque meal were, he said, bismuth oxychloride and barium sulphate; bismuth carbonate neutralized the gastric juice, and should not be used. After showing the appearances of a normal stomach, antero-posteriorly and laterally, in a young, healthy adult, he demonstrated how easily the form and position of the organ was influenced by mechanical, reflex, and sensory impressions. He showed instances of atony, one of the most common abnormalities, sometimes existing alone, but most often in association with gastric ulcer, or pyloric obstruction, or both. The spasmodic constriction of the circular fibres commonly associated with gastric ulcer was shown in several cases, and the method of distinguishing the spasmodic from the organic contractions explained. One case in particular showed the truth of the epigram which said that the most frequent seat of gastric ulcer was in the right iliac fossa. The stomach showed the presence of at least two ulcers, as well as some degree of pyloric obstruction. Suspicion rested on the appendix, which was found to be catarrhal, and removed by Mr. Baldwin. A radiogram made five months later showed a normal stomach. Cases showing different stages in the development of the condition of hour-glass stomach were shown. Of these the x-ray examination gave a large amount of information as to the relative size of the two sacs and their condition—an important point in the matter of operative procedure. In most cases gastro-enterostomy was the only possible operation, but where the lower sac was seen to be acting fairly well, and there was no indication of pyloric obstruction, as sometimes happened, the question of joining the two sacs by a gastro-gastrostomy should be considered. The paper was discussed by the PRESIDENT, Dr. STANLEY MELVILLE, and Dr. ARTHUR SAUNDERS; and Dr. MORTON replied.

HUNTERIAN SOCIETY.

At a meeting on February 24th, Dr. A. C. JORDAN, Vice-President, in the chair, Dr. T. D. LISTER demonstrated an *Apparatus for producing pneumothorax*. Oxygen was run in first to obviate the danger of gas embolism in case a small vein had been punctured. Cases for artificial pneumothorax must be very carefully selected. A suitable type was one in which there was rapid infiltration of one lung without fibrosis or cavity formation, and in which there had been no response to ordinary methods of sanatorium treatment. He believed that favourable results were due not to closure of air tubes, but to diminution of the flow of blood and lymph through the diseased tissues. The number of deaths caused by the operation was very small. They were due to gas embolism, or to the effect of

the "pleural reflex" on the heart. Dr. G. T. WESTERN read a paper on *Vaccine therapy*, in which he referred first to the campaign now being carried on against antityphoid inoculation. It was the duty of medical men to be prepared with a few well-controlled statistics and effective replies to objections. He did not regard generalized infections or septicaemias as cases in which bacteria multiplied in the blood, but rather as local infections from which they were able, on account of insufficient defences, to find their way into the blood stream. In progressive endocarditis he had often seen benefit from vaccines, but never permanent cure. Vegetations on the damaged valves were not vascularized, and consequently blood containing antibodies could not reach them. On the other hand, the mortality of puerperal septicaemia could be very substantially reduced by using autogenous vaccines. The same was true of acute septic infections with lymphangitis following, for instance, a prick or small wound. Doctors and nurses were liable to these attacks, as the direct passage of an organism from one subject to another was the finest way to exalt its virulence. Active immunization by vaccines, if undertaken promptly, held out the best hope of cure in such cases. Stock vaccines might be given while the autogenous one was being prepared.

HARVEIAN SOCIETY OF LONDON.

At a meeting on February 25th, Dr. EDGAR G. BULLEID, President, in the chair, Dr. E. GRAHAM LITTLE read a paper on *Rodent ulcer*, in the course of which he said it was better to go back to the clear idea enunciated by Jacob in 1827, and to regard rodent ulcer as a clinical term embracing all cases of ulceration of epitheliomatous tumours in which the cardinal symptoms of slowness of ulceration and absence of glandular invasion were present. Dr. Little gave a clinical analysis of somewhat over 100 cases of rodent ulcer occurring in his hospital and private practice. The series showed a very slight preponderance of males, which probably represented a usual experience, but in Bowlby's 66 cases there had been twice as many men as women, whereas in Dubreuilh's 166 cases there had been nearly twice as many women as men. The largest number of cases had occurred between the ages of 40 and 60. He described results of treatment by several methods, and gave preference to that of freezing with carbon dioxide, which compared favourably with any other method both in regard to safety of application, convenience and rapidity of treatment, and permanence of result. Some types of rodent ulcer advanced in spite of all treatments, and he quoted several cases in which all the accepted methods had been tried in turn without avail. Dr. Little showed three cases which had been cured by means of the actual cautery, zinc ionization and carbon-dioxide snow respectively. He also exhibited a case of probable rodent ulcer of the nodular variety. Dr. HALDIN DAVIS, who advocated excision whenever possible, Mr. V. ZACHARY COPE, and Dr. FREDERICK LANGMEAD discussed the paper.

THE late Dr. George Dean, Regius Professor of Pathology in the University of Aberdeen, left personal estate in the United Kingdom valued at £10,179.

Honour is the new title by which the *Alliance of Honour Record* will henceforth be known. The objects of the Alliance are to impress on young men the necessity of leading pure lives; to unite them in a world-wide effort on behalf of purity and a chivalrous respect for womanhood, and to promote the welfare of young men by the circulation of literature and the delivery of addresses with the view of counteracting temptations to impurity. The president is Dr. Harry Grattan Guinness, and among the vice-presidents are Sir A. Pearce Gould, Sir Dyce Duckworth, Sir Victor Horsley, Sir Alexander Simpson, and Sir Malcolm Morris. The magazine will contain articles bearing upon vital questions of personal and social purity, contributed by writers of authority in every walk of life, news of progress of the purity cause, and a record of the work of the Alliance of Honour. Among the contents of the present issue (January-March, 1915) are an article on self-control by Sir Malcolm Morris, emphasizing the hygienic advantages of continence, and other contributions by Mr. Edward Smallwood, J.P., L.C.C., and the Rev. Frederic W. Macdonald, ex-president of the Wesleyan Conference. We wish *Honour* success in its crusade.

Reviews.

A BRITISH SURGEON IN BELGIUM.

MR. SOUTTAR, of the West London Hospital, who worked with the Belgian Field Hospital for some months, first at Antwerp, and after the fall of that city at Furnes, has recorded his experience in a book which is an interesting addition to the ever-growing literature of the war.¹ He tells what he saw in a plain, straightforward manner, without any attempt at fine writing, and the book throughout is stamped with the impress of a man who looks at things through his own eyes. He went to Antwerp in September, and worked in a fine building which, before conversion into a hospital, had been a school. There were 150 beds, with a staff of about 50, including 8 doctors, 20 nurses, 5 dressers, lay assistants and motor drivers. The wards were full when he arrived, and the surgeons had extensive opportunities of studying the effects of rifle and shell fire. Every wound was septic, and in many cases had to be dressed several times a day. The beds were crowded with injuries of the gravest kind, but he and his colleagues felt that they had not worked in vain when they heard that the soldiers in the trenches begged to be taken "à l'hôpital Anglais." During the whole of their stay in Antwerp they never once had to have recourse to amputation of a limb, but, as the author points out, they were dealing with healthy and vigorous men who, once they had got over the shock, showed wonderful powers of recovery. Touching on the subject of rifle fire and the alleged use of dum-dums, Mr. Souttar says:

The ordinary bullet consists of a lead core with a casing of nickel, since the soft lead would soon choke rifling. Such a bullet under ordinary circumstances makes a clean perforation, piercing the soft tissues and sometimes the bones with very little damage. In a dum-dum bullet the casing at the tip is cut or removed, with the result that on striking the casing spreads out and forms a rough irregular missile, which does terrific damage. Such bullets were forbidden by the Geneva Convention, but the German bullet is more subtle than this. It is short and pointed, and when it strikes it turns completely over, and goes through backwards. The base of the bullet has no cover, and consequently spreads in a manner precisely similar to that in a dum-dum with equally deadly results. There could be no greater contrast than that between the wounds with which we had to deal in South Africa, produced by ordinary bullets, and those which our soldiers are now receiving from German rifles. The former were often so slight that it was quite a common occurrence for a soldier to discover accidentally that he had been wounded some time previously. In the present war rifle wounds have been amongst the most deadly with which we have had to deal.

Every wound with very few exceptions was infected by the organisms which flourish on earth and manure; but their experience of tetanus and of the effects of other virulent bacteria was small. The most effectual remedy for wound infection they found was plenty of fresh air or, better still, oxygen. Men with wounds so foul that their presence in the wards could not be tolerated were placed, suitably protected, in the open air, the wounds being left exposed to the winds of heaven covered with only a thin piece of gauze.

The results were almost magical, for in two or three days the wounds lost their odour and began to look clean, whilst the patients lost all signs of the poisoning which had been so marked before.

Mr. Souttar thinks it may be partly owing to this that they never had a case of tetanus. In all cases they treated the wounds with solutions of oxygen and avoided covering them up with heavy dressings. This plan was successful as well as economical. The most awkward cases to deal with were fractured thighs. In every case there was a large infected wound, and as a rule several inches of the bone had been blown clean away. As splints were out of the question, the wounds having to be dressed two or three times, they attempted fixation by steel plates. The result was brilliantly successful, for not only could the limb be handled as if it were unbroken, but the wounds themselves cleared up with great rapidity. Mr. Souttar strongly denounces the practice of removing bullets unless they are pressing on some nerve, interfering with a joint, or causing pain and inconvenience. He holds that this is

¹ *A Surgeon in Belgium*. By H. S. Souttar, F.R.C.S. London: E. Arnold, 1915. (Med. 8vo, pp. 225; illustrated. 8s. 6d. net.)