graduate of the University of London, will only alienate votes from the Coalition candidate, which on public grounds we should greatly deplore. From his letter it might be feared that if he were returned Sir Wilmot's methods of controversy, whilst adding to the liveliness of the House, would scarcely enhance the dignity of his adopted University.

I am, Sir, yours faithfully,

London, Dec. 14th, 1918.

R. DOUGLAS POWELL.

SPINAL ANÆSTHESIA.

To the Editor of THE LANCET.

SIR,—Owing to the demands upon your limited space, my remarks at the meeting of the Section of Anæsthetics of the Royal Society of Medicine, as reported in THE LANCET of Dec. 14th, have been necessarily abbreviated, and two points which I think are of some importance have been omitted. I should like to be allowed to refer to them.

The first point is that there has been a misconception of the nature of the two solutions commonly employed in spinal anæsthesia. The specific gravity of Barker's stovaine-glucose solution is 1.023, that of the stovaine-saline solution 1.083. The former, however, has always been called the "heavy" solution, the latter the "light" solution, and has been used as a "light" solution, the patient being placed very soon after injection in the head-down position. The fall of blood pressure being largely compensated by gravity, pallor, sweating, faintness, and collapse have been less frequent and less severe, and Barker's solution has been gradually ousted from its former position of predominance. Gravity can, however, be made use of with advantage when Barker's solution is injected. Diffusion plays a much smaller part in the production of disquieting or alarming symptoms than was originally thought.

The second point is that blood-pressure readings should be taken almost as a routine in spinal anæsthesia. They throw much light on the difficulties of the method, and are valuable in helping the anæsthetist to form a prognosis.

I am, Sir, yours faithfully,

FRANCIS E. SHIPWAY.

Queen Anne-street, W., Dec. 16th, 1918.

HÆMATEMESIS AS A COMPLICATION OF APPENDICECTOMY.

To the Editor of THE LANCET.

SIR,—In THE LANCET of July 6th there is an article by Dr. E. Drybrough-Smith on hæmatemesis as a complication of appendicectomy. I have had two cases following appendicectomy similar to the case he records, but, unfortunately, with not the same happy ending.

CASE 1.—I was called to see a patient, 19 years of age, suffering from appendicitis; with rest in bed, she got better. About three months afterwards she had a similar attack, which likewise subsided, and to prevent future attacks she desired an operation. On Oct. 18th, 1914, she went into a nursing home. The next day menstruation commenced, and as there was no urgency the operation was postponed until the 29th. During the interval of waiting in the home she was on full diet, under observation, and did not complain of any abdominal pain. This is important, because the question of gastric ulcer might arise in a girl of 19.

On Oct. 29th I removed her appendix; there were a few adhesions, but there was no difficulty whatever about the operation. She was put to bed in good condition. About eight hours after the operation I was called to see her, as she did not seem to be doing well. She had a very fast pulse, was very pale and very restless, and was evidently suffering from hæmorrhage. Though there was no swelling or discolouration about the wound her condition pointed so strongly to hæmorrhage that she was given an anæsthetic, and the wound was reopened, for fear a ligature had slipped, but everything was found in order. About four hours afterwards she vomited a large quantity of coffee-ground vomit; she was given a hypodermic injection of morphia and atropine and teaspoonfuls of water containing 10 minims of adrenalin extract every half hour. This treatment did no good, and she kept vomiting the same kind of vomit, and died about 24 hours after the operation.

CASE 2.—In September, 1916, when surgeon with the French Red Cross, I was asked by a French colleague, a physician, to see a little girl, 10 years of age, whom he was treating for appendicitis. A diagnosis of appendicular abscess was agreed upon, and she was taken to a military hospital for operation. I found a big abscess in

which there was a gangrenous appendix; a portion of omentum was also gangrenous. This and the appendix were removed. A large cigarette drain was put in the abscess cavity and the child returned to bed in a much better condition than before operation. About six hours after the operation the night sister who had charge of the child sent for me. The child was very restless and very pale and was clearly suffering from hæmorrhage; there was no blood escaping from the drain, but to make sure there was no hæmorrhage at the site of operation the wound was reopened, but there was no sign of bleeding there. About 12 hours after the operation she brought up a large quantity of coffee-ground vomit, and continued vomiting until she died 16 hours after the operation. In neither case could I get a post-mortem examination.

Osler, in his text-book, mentions operations in the abdomen as being a cause of hæmorrhage of the stomach, particularly when the omentum is wounded. He also states that many cases have followed operations for appendicitis, the complication being very fatal. There is an article in Moynihan's "Abdominal Operations" on post-operative hæmatemesis in which many theories are mentioned as to the cause. He states that, as a rule, the amount vomited is small—this was not the case in the two patients I have seen. The question is also discussed in Keen and Da Costa's "System of Surgery," in an article by Van Hooke and Kanavel.

The consensus of opinion seems to be that the hæmorrhage arises from small erosions in the gastric mucosa. If I ever have the misfortune to meet another case I should try hypodermic injections of serum. Serum is a useful adjuvant in cases of hæmorrhage.

In a case I saw recently of severe epistaxis, in which oozing persisted after plugging the posterior nares with plugs soaked in adrenalin, the bleeding ceased after an injection of antidiphtheritic serum used in lieu of plain serum.

I am, Sir, yours faithfully,

J. VERE ARKLE, M.D., F.R.C.S.

Kalgoorlie, Western Australia, Oct. 9th, 1918.

THE CAUSES AND INCIDENCE OF DENTAL CARIES.

To the Editor of THE LANCET.

SIR,—Dr. J. Sim Wallace begins the introduction to his book on the Prevention of Dental Caries as follows: "Dental caries is one of the most easily and certainly preventable of diseases." Is this true? If so, it is a scandal that the details of its prevention are not known to every father and mother in the civilised world. It is impossible to exaggerate the terrible state of the teeth in this country, the disease and economic loss following the dental caries.

I urge you, Sir, to demand a Government Commission to inquire into the matter at once. This is what the President of the Dental Association of New Zealand said to the Acting Premier last July: "The examination of thousands of school children in New Zealand shows the percentage of those suffering from dental caries to be 95. If cows were similarly affected they would not be tolerated for one month." It is my firm belief that Dr. Sim Wallace has solved the problem.

May I point out that three articles of food, which taken in large quantities are believed to be most pernicious, have been very scarce as regards the first two, unobtainable as regards the third—i.e., (1) milk; (2) manufactured sugar and sweets; (3) soft white bread and finely milled flour in biscuits. Cow's milk belongs to the calf, and milk is the correct food for the toothless young only. Manufactured sugar, in the enormous quantities consumed before the war, is a modern article of diet; previously we made our own sugar. There is all the difference between the native grinding and chewing the cane for his meal and the concentrated article in the sugar-basin. Wholemeal bread must be well chewed; it cannot be bolted like the soft white of pre-war days. How are the children to-day? Apart from influenza, which is prevalent throughout the world, their health is excellent. Mr. H. J. Morris, in a letter to THE LANCET dated April 2nd, 1918, states: "It is easier and cheaper to feed children on preventive lines than as they are generally treated." The matter cannot rest where it is to-day. Are we to teach the public prevention, which costs nothing, or are we to supply an army of dental surgeons to fill the teeth of the whole community?

In my lectures to the soldiers under my care on "Why Does the Tooth, the Hardest Part of the Body, Rot in the Nursery and the Schoolroom?" I have pointed out that I never saw a case of appendicitis amongst the poor country Arabs under my care in Egypt before the war; that no girl ever came to me with a history of indigestion and subsequent gastric ulcer; that cancer, which so often attacks some part of the alimentary canal, was practically unknown to me; that tonsils and adenoids never came my way, the last possibly because practically all the children were breast-fed.—I am, Sir, yours faithfully,

W. E. NICKOLLS DUNN,

Horton War Hospital, Epsom, Dec. 7th. 1918. Major, R.A.M.C.

THE SERVICES.

ROYAL NAVAL MEDICAL SERVICE.

Temp. Surg.-Lieut. C. K. Scales, who has been invalided on account of ill-health contracted in the Service, to retain his rank.

ARMY MEDICAL SERVICE.

Col. D. M. O'Callaghan, C.M.G., is placed on retired pay.

Headquarters of Administrative Services and Departments.

Temp. Major G. O. Taylor, Canadian A.M.C., to be Deputy Assistant Director of Medical Services.

ROYAL ARMY MEDICAL CORPS.

The undermentioned to be acting Majors: Capt. J. E. Hepper; Temp. Capt. H. G. Drake-Brockman and B. Sweeten whilst specially employed.

Temporary Lieutenants to be temporary Captains: S. F. Greenfield, P. S. Humm, H. W. Knowling, C. W. Joynt, L. H. Butler, F. W. H. Pilot, B. W. H. Fergus, J. G. Millar, J. C. Fox, H. S. Metcalfe, J. A. M. Bligh, G. T. Wrench, H. J. V. R. Allin, D. MacK. Gray, R. J. G. Halden, J. A. Johnstone, F. W. Lawrence, L. A. Morris, R. N. M. Rowstrom, D. B. Wilson, H. L. W. Woodroffe, R. Steel, B. E. Lawrence, A. R. P. Scott, H. Thomson, T. M. Hopgood, J. C. Johnson, G. C. Cossar, F. J. Power, G. Ferguson, R. O'Connor, H. S. Gabb, W. Crerar, F. C. Watson, E. Bottomley, W. Leatherbarrow, E. A. B. Poole.

T. B. Sellers, late temporary Captain, is granted permission to retain that rank.

Officers relinquishing their commissions: Temp. Capt. J. D. Lithgow, H. C. Will, N. W. Walmsley, A. Griffiths (acting Major), D. R. Pike, H. C. Harper, H. A. Mason, G. P. White, A. Tait, H. A. Easton, H. Angel, F. W. K. Lawrie, A. C. Reid (and is granted permission to retain his rank); Temp. Lieuts. M. F. Tylor, C. I. Harmar.

TERRITORIAL FORCE.

Capt. (acting Major) G. T. Willan, D.S.O., is granted the pay and allowances of his acting rank.

General List.—Lieut.-Col. L. J. Blandford to be acting Colonel whilst employed as Deputy Director of Medical Services.

Lieut.-Col. T. F. Dewar to be acting Colonel whilst employed as Assistant Director of Medical Services.

Major G. C. Taylor, from Sanitary Service, to be Major.

2nd London Sanitary Company: Lieut. B. Chaikin to be Captain.

1st Lowland Field Ambulance: Major W. C. Murray to be a Deputy Assistant Director of Medical Services.

3rd West Lancashire Field Ambulance: Major A. A. W. Merrick, from Deputy Assistant Director of Medical Services, to be Major.

1st Home Counties Field Ambulance: Capt. C. H. Gregory, from Deputy Assistant Director of Medical Services, to be Captain.

Sanitary Service.—Lieut.-Col. L. J. Blandford to be Assistant Director of Medical Services, and to be temporary Colonel whilst so employed.

Lieut.-Col. T. F. Dewar to be a Deputy Assistant Director of Medical Services.

Major G. C. Taylor to be a Deputy Assistant Director of Medical Services.

Attached to Units other than Medical Units.—Capt. A. S. M. Macgregor to be a Deputy Assistant Director of Medical Services.

TERRITORIAL FORCE RESERVE.

Major G. W. McIntosh, from Attached to Units other than Medical Units, to be Major.

Major (Brevet Lieut.-Col.) C. Rundle, from 1st Western General Hospital, to be Major.

Capt. W. M. Langdon, from the London Field Ambulance, to be Captain.

ROYAL AIR FORCE.

Medical Branch.—The undermentioned are granted temporary commissions as Captains:—T. E. Mulvany (late temporary Captain, R.A.M.C.) and R. J. Aherne (late temporary Captain, R.A.M.C.).

Dental Branch.—The undermentioned (temporary Captains, General List, Dental Surgeons) are granted temporary commissions as Captains: H. F. Barge, C. L. Colbran, C. J. Crocker, J. Speak, and T. F. Healey.

D. H. W. Williamson (temporary Lieutenant, General List, Dental Surgeon) is granted a temporary commission as Lieutenant.

THE Mental After-Care Association for Poor Persons Discharged Convalescent or Recovered from Institutions for the Insane, Church House, Westminster, earnestly appeals for further help to carry on and extend its work, which has largely increased owing to the many shell-shock and air-raid sufferers who have been among the applicants. The results of the work have been very satisfactory, and further particulars will be gladly given by the secretary.

Medical News.

UNIVERSITY OF OXFORD.—At examinations held recently the following candidates were successful:—

SECOND EXAMINATION FOR DEGREE OF BACHELOR OF MEDICINE.

Materia Medica and Pharmacology.—C. K. J. Hamilton, Lincoln; and M. H. MacKeith, Queen's.

Pathology.—H. P. Hodge, non-collegiate.

Forensic Medicine and Public Health.—Y. A. Brown, Exeter.

Medicine, Surgery, and Midwifery.—C. F. Krige, Hertford; A. E. Thomas, University; H. W. Toms, Jesus; and B. Tordoff, St. John's.

UNIVERSITY OF LONDON.—At examinations held recently the following candidates were successful:—

SECOND EXAMINATION FOR MEDICAL DEGREES.

Part II.—Frederick Bach, London Hosp.; Edward Townley Bailey, Middlesex Hosp.; *Cecil Stedman Cloake, Lond. Hosp.; Betty Dent, Lond. Sch. of Med. for Women; Archibald Glen Duncan, London Hosp.; Keridwen Valentine Edwards, Univ. Coll., Cardiff; Gertrude Evans, Lond. Sch. of Med. for Women; Olive Gwendolin Fisk, Girton Coll. and London Hosp.; Richard Kenrick Foukes, King's Coll.; Nellie Gray, King's Coll. and Westminster Hosp.; Muriel Minnie Harris, Lond. Sch. of Med. for Women and King's Coll.; Hilda May Haythornthwaite and Marjorie Browning Hubert, Lond. Sch. of Med. for Women; Shankar Ramchandra Joglekar, Middlesex Hosp.; Dilys Menai Jones, Univ. Coll., Cardiff; Henry Charles Victor Joy, London Hosp.; Bessie Levin, Lond. Sch. of Med. for Women; William Alexander Low, St. Thomas's Hosp.; Ivan Bailey McCann and Alan McKenzie, Guy's Hosp.; Templar Edward Malins, Univ. Coll., Cardiff; Leslie Stuart Morgan, St. Bart's Hosp.; Ernest Rudolf Dudley Nagel, St. Thomas's Hosp.; Bertram Sydney Nisse, London Hosp.; Thomas Stanley North, St. Mary's Hosp.; Rupert John Parry, Univ. Coll., Cardiff; Frederick Alfred Pickworth, King's Coll.; Olive Gwendoline Potter, Girton Coll. and London Hosp.; Edward Horace Richards, Guy's Hosp.; Edith Margaret Ross-Johnson, Cambridge Univ.; Elizabeth Merriman Sanderson and Dorothy Mary Stewart, Lond. Sch. of Med. for Women; William Hedley Summerskill, Guy's Hosp.; Wenefride Thompson and Helen Caroline Thompson, Lond. Sch. of Med. for Women; Frederick H. Wickham Tozer, London Hosp.; and Edith Helen Trimmer, King's Coll. and St. George's Hosp.

* Distinguished in Physiology and in Pharmacology.

CENTRAL MIDWIVES BOARD FOR SCOTLAND.—At the meeting of the Central Midwives Board for Scotland held in the offices, 50, George-square, Edinburgh, Sir Halliday Croom in the chair, intimation was made of the appointment of Sir John Lorne MacLeod as representative of the Convention of Royal Burghs in place of the late Sir Robert Kirk Inches.—The following are the decisions in the cases of midwives heard before the Penal Board:—

No. 1240. For failing to send the proper form for medical assistance in a case of still-birth, &c. The midwife was cautioned strictly to observe the Rules of the Board, and the local supervising authority was instructed to report to the Board at the end of one month upon her conduct as a midwife and as to her fitness to take pulse and temperature.—No. 179. For failing to advise medical assistance in the case of a child suffering from serious skin eruptions and for other breaches of the Rules. The midwife was suspended from practice for one month, and the local supervising authority was instructed to report on her ability to take pulse and temperature before she resumed practice.—No. 1724. For failing to send for medical assistance in a case of ophthalmia neonatorum and for other breaches of the Rules. The secretary was instructed to remove the name from the Roll of Midwives and to cancel the certificate.

ROYAL MEDICAL BENEVOLENT FUND.—At the last meeting of the committee, held on Dec. 10th, 30 cases were considered and £282 voted to 25 of the applicants. The following is a summary of some of the cases relieved:—

Widow, aged 82, and daughter, aged 42, of M.R.C.S. Eng. who practised at Camborne and died in 1892. The daughter has recently had an operation and is now unable to earn. Mother's income £79 from investments and an annuity. Owing to the high price of food unable to manage. Rent £32. Voted £10.—Widow, aged 65, of M.R.C.S. Eng. who practised at Brighton and died in 1898. Was left unprovided for with one daughter, now aged 38, who earns about £20 per annum as daily governess and lives at home. Applicant receives two small pensions amounting to £24. Rent £12. Applicant is now very ill. Voted £10.—Daughter, aged 12½, of L.S.A. Lond. who practised in North London and died in 1914. Mother also dead, and now in charge of an aunt, who applies for help towards clothes and holiday expenses. The aunt is a school mistress with £75 per annum, but owing to increased cost of living finds she cannot continue to keep her niece as she has done in the past. Voted £10.—Widow, aged 61, of M.R.C.S. Eng. who was in H.M. Prison Service and died in 1917. Has two daughters, now aged 37 and 34, working as temporary clerks. Husband left no means, and only income of applicant beyond help from her daughters is a small gift from another charity. Relieved once, £12. Voted £6.—Widow, aged 48, of L.R.C.P. Edin. who practised in Fife and died in 1913. Was left with six children, ages 27 to 10. She earns £30 by clerical work and receives £70 from children. Son on whom applicant mainly depends has been in hospital for three months. Relieved twice, £30. Voted £10 in two instalments.—Daughter, aged 40, of M.R.C.S. Eng. who practised at Streatham and died in 1914. Applicant's income is £20, and she lives with her mother, who also receives help from the Fund, and both are invalids. Relieved four times, £20. Voted £5.—Widow, aged 76, of M.R.C.S. Eng. who practised at Rye and died in 1891. Applicant receives £50 in dividends and lives in own house. A married daughter whose husband is in an