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operation had followed occupations necessitating much muscular effort.

RHINOPLASTY.

Assistant-Surgeon I. M. SHAH, L.M., since 1885 had performed 228 rhinoplastic operations. In 224 of these cases the nose had been criminally mutilated, this form of injury from malice, jealousy, and revenge being peculiar to Orientals; women are the usual victims. A full description was given of the different forms of this injury and of the operative measures applied to each. The Indian or forehead-flap method was held to be by far the best way of repairing a nose. The chief objection to this method is the permanent and unsightly scar on the forehead. This, however, in India is readily screened by some head-dress or by a mark of red gum worn as a religious observance on the forehead. The Tagliacotian or Italian method was discarded as being irksome to the patient and unsatisfactory in its results. The nasal method, or repairing the nose from the nasal tissues, is applicable in a limited number of cases, as when the loss is small and confined only to the tip and adjacent bridge of the nose, the septum and columna being almost entire. The cheek-flap operation is necessitated when the defect of nose is unilateral, that is, when one alar portion is wanting or when there is some obstacle in forming a forehead-flap.

INTRALARYNGEAL TUMOUR.

Surgeon-Major J. SMYTH, M.D., related the following case. A Brahmin youth, aged 18 years, who had been almost voiceless for about a year, presented when examined with the laryngoscope by the author a firm-looking, lobulated, pale-red tumour, about the size of the last phalanx, between the vocal cords, having its origin, apparently, from the base of the epiglottis below the anterior insertion of the vocal cords. This growth was removed by a wire *écraseur*, so made that the wire when drawn home retreated quite within the tube, and fitted it so closely that any tissue in its grasp was sure to be cut clean through. About half the tumour was removed at the first operation, and the remaining portion after an interval of three weeks. The patient was quite well when last seen about two years later. There were then no signs of recurrence, and the voice, though a little hoarse in the morning, was usually quite clear.

SOME DIFFICULT CASES OF CHLOROFORM ADMINISTRATION.

Surgeon ARTHUR NEVE, F.R.C.S. Edin., pointed out that, for all practical purposes, ether is not available as an anæsthetic in India. This fact should enable the profession there to regard the chloroform controversy without bias. It is not reasonable, in his opinion, to declare that because chloroform is the only available general anæsthetic in India it is therefore the best in a cool climate. Although since 1875 there have been upwards of 6,000 administrations of chloroform without a single direct or indirect death in the Kashmir Mission Hospital, not a year passed without instances of dangerous symptoms due to one or other of the following causes: (1) Primary syncope from fear; (2) laryngeal spasm; (3) secondary syncope from shock due to insufficient chloroform, and also from a proper dose acting on non-oxygenated nerve centres; (4) tertiary (sometimes secondary) syncope connected with vomiting; (5) apnoea from (a) mechanical causes, (b) spasm of the larynx, (c) the toxic action of an overdose (relative or absolute) on the nervous centres.

FABRICATED WOUNDS AND INJURIES.

AKBAR KHAN, I.M.S., dealing with this subject, said injuries were not infrequently fabricated in India for the purpose of simulating an assault in support of a false charge or to avert suspicion. These injuries are made by different weapons in different ways, but are usually incised wounds. Contused fabricated wounds are very rare. The self-inflicted incised wounds are in most instances slight, and often consist in a series of small superficial cuts. They are never found on vital parts, and are generally directed from below upwards in the lower part of the body, and from above downwards in the upper part. Attempts are sometimes made to simulate ecchymosis by applying to the skin the juice of marking nuts or chitta. Such applications, however, usually produce blistering or a vesicular eruption easily distinguished from ecchymosis. The

author, notwithstanding a long and careful study of this subject, finds it very puzzling and trying to distinguish a fabricated wound from a genuine one, and holds that extreme caution is necessary in giving a decided opinion in a court of justice on this intricate matter.

THE VARIETIES AND DIFFERENTIAL DIAGNOSIS OF PRIMARY VENEREAL SORES.

Surgeon-Major J. CARTER BATTERSBY, A.M.S., discarding altogether the nomenclature "hard and soft" as erroneous and misleading, would divide all primary venereal sores into three classes—one of syphilitic sores, the second of non-syphilitic, and the third of mixed or doubtful, in which the ulcer appears first as a non-syphilitic venereal, or so-called "soft sore," and after a time develops the characteristics of a true syphilitic lesion. The class of syphilitic sores includes, besides the hard Hunterian chancre, a single circular sac about the size of a sixpence, which is soft from the beginning and throughout its entire course. The mixed sore, which begins as an ordinary non-syphilitic venereal ulcer, and finally becomes indurated and followed by secondary symptoms, is due, in the author's opinion, to the existence of a double poison manifesting itself in the one individual, contracted probably at the same time, or, it may be, at different periods.

DR. JAMESON, C.B.

On January 24th Dr. L. S. Jameson, C.B., Administrator of Mashonaland and Matabeleland, was entertained at dinner at the Hôtel Métropole, London, by his contemporaries at University College, including the medical and surgical staff of the hospital at that time. The chair was taken by Mr. CHRISTOPHER HEATH, at present the Senior Surgeon to the hospital, and among those present were Sir J. Russell Reynolds, Sir John Erichsen, Sir John Williams, Dr. Bastian, Dr. Gowers, Dr. Coupland, Mr. A. J. Pepper, Mr. Barker, Sir J. R. Andrew Clark, A.M.S., and others, to the number altogether of over 100.

The CHAIRMAN, having given the toast of "The Queen," which was duly honoured, proceeded to propose the health of the guest of the evening. He said that the meeting was one of old friends called together to congratulate Dr. Jameson on his achievements in South Africa. He was not, indeed, the first medical man who had distinguished himself as an explorer and leader of men, for on the same continent Dr. Livingstone had preceded him, and in the Arctic regions Dr. Rae had made important discoveries. While in the sphere of pure diplomacy the name of Sir Rutherford Alcock, now the senior Fellow of the Royal College of Surgeons, would be remembered. Dr. Jameson's life in Africa for the first ten years had been that of a successful medical practitioner, and the estimation in which he was held in that capacity was proved by the fact that the Free State Parliament passed a special resolution in order to secure his professional attendance on Sir Henry Brand, probably a unique piece of legislation. In 1888 he gave up medical practice, and went to Bulawayo, where he carried out the difficult and delicate negotiations with Lobengula for the cession of Mashonaland with complete success. Later on at the time of the Boer Trek, when there was undoubtedly an intention to force a passage into the Chartered Company's territory, Dr. Jameson, by his tact and powers of conciliation, succeeded in averting a conflict. He again gave splendid proof of his capacity for organisation during the preparations for the conduct of the late Matabele war. Though the whole responsibility of the expedition rested on his shoulders, he found time to visit the wounded and to take part in the performance of certain operations.

The toast was drunk with enthusiasm.

DR. JAMESON, in reply, after referring to the gratification which he felt by the presence of so many of his fellow students and his old teachers, said that he had rather drifted out of the profession than deliberately left it. In fact it would be truer to say that the duties of the doctor had become merged in those of the administrator. He recognised the debt which he owed to the training received while the occupant of various resident posts in University College Hospital. Especially during the last two years of his time

there, when he occupied the position of resident medical officer, had he learnt what he considered to be the main elements of success for anyone who attempted to govern or administer: first, never to make any promise the fulfilment of which could not be ensured; secondly, to believe that one's own opinion was not the only opinion worth considering, but to listen to that of others. If those two principles were recognised and acted up to it would be good for those who were governed, for the man who governed, and for those to whom he was responsible. After recalling some reminiscences of the time when he was dresser (under Mr. Buckston Browne as house-surgeon) to Sir John Erichsen, house-physician to Sir Russell Reynolds, and the successful competitor of Mr. Pepper for the office of house-surgeon under the late Mr. Marshall, he referred to his recent experiences in Matabeleland. "Whatever the country might think," he said, "of the methods of our procedure in Matabeleland, I am anxious that the members of the profession to which I have the honour to belong should understand what took place. I myself, previous to our troubles last year, always hoped that the Matabele question would be settled without having recourse to force. I knew that Lobengula had always said that he would never fight with the 'white man,' and I believed that he had absolute control over his people. I therefore believed that we should come through all our difficulties without any conflict. I was egotistical enough to think that, had I been at Pretoria when the trouble began, I should have been able to stave off any conflict. But I was two hundred miles away, and I will give you as short an account as I can of what happened. When I arrived I found on both sides of the road the Matabeles carrying off their goods in preparation for a fight. But the year before the same thing had happened, and I then took up a firm position and settled matters. I thought I might do the same thing again. It turned out I was wrong. As I went up to Victoria and saw the kraals burning in every direction I knew that only two things were possible: either we must abandon two thousand people, who would certainly have lost their all, including every white man, and there would have been such a butchering of Mashonas as had never been heard of before; or we must use force—we must go to Bulawayo. When the war was over, after the settlement, I went over the whole facts, and I heard the same account from everyone. I found I was right in regard to the king. He never wanted to fight; but I was wrong with regard to the nation. The head men had entirely the upper hand of the king. There were only two people who did not want to fight—Lobengula himself and one of the Indunas who had paid a visit to England. So I wish you to know to-night that we adopted the only possible method we could adopt. We were driven into the country. During the three preceding years we had done everything we possibly could to avoid such a thing as a conflict. No one could be more ready than I am to condemn any attempt to bring on a war with these unfortunate races."

The health of the Secretaries, Dr. RADCLIFFE CROCKER, and Mr. QUARRY SILCOCK, was given by Dr. POORE, and acknowledged by those gentlemen.

MEDICAL SICKNESS, ANNUITY, AND LIFE ASSURANCE FRIENDLY SOCIETY.

THE usual quarterly meeting of the Executive and General Committee of this Society was held at 429, Strand, on January 16th, at 5 o'clock.

There were present the CHAIRMAN (Dr. de Havilland Hall) in the chair, Dr. James B. Ball, Mr. Fredk. Wallace, Dr. Major Greenwood, Mr. J. Brindley James, Dr. J. W. Hunt, Mr. F. S. Edwards, Mr. Edward Bartlett, Dr. A. S. Gubb, Dr. W. Knowsley Sibley, Dr. F. J. Allan, Mr. R. S. Charsley, and Dr. G. W. Crowe.

The report of the Executive Committee for the year 1894 was presented, and shows that the Society has made excellent progress during the twelve months. The number of effective members had increased from 1,386 to 1,528, and the funds have largely grown in all three branches of the business. A sum of £5,000 has been paid from the Sickness Fund as a bonus to the members in that branch, but notwithstanding

this heavy draft upon it the Sickness Fund has increased from £33,903 14s. 8d. to £35,160 3s. 4d. The total net result of the year's working is an increase of the funds from £71,523 3s. 3d. to £78,743 3s. 5d.

The Society is now a subscriber to the Royal Medical Benevolent College, and the votes thus obtained will be used to assist members of the Society or their relatives who may be seeking to obtain the benefits of the College. At present only one such candidate is known, namely, the son of a member who was accidentally killed in May last, but full discretion is left with the Chairman (Dr. de Havilland Hall) to help any other eligible candidate (being a member or relative of a member of the Society), and the Secretary will be glad to hear of any such case.

Prospectuses and other particulars can be obtained on application to Mr. F. Addiscott, Secretary, Medical Assurance Society, 33, Chancery Lane, London, W.C.

DEATHS UNDER ANÆSTHETICS.

A.C.E. MIXTURE.

FROM a report which has been placed at our disposal we learn that the patient who died under an anæsthetic at the Middlesex Hospital on January 3rd was a very muscular man, but fat and of alcoholic habits. He had been admitted on the previous evening for the removal of suppurating glands in the neck. The anæsthetic, which was freshly-prepared A.C.E. mixture, was administered on an ordinary flannel inhaler. The patient struggled most violently and had to be restrained. After a little chloroform had been sprinkled on the inhaler the struggling subsided. The A.C.E. mixture was then resumed. After about two minutes the muscular rigidity became less marked. A little later the breathing became shallow, and the pupils, which had been contracted, began to dilate. The anæsthetic was discontinued, but the face became paler, and the radial pulse could not be felt. Finally, respiration stopped, the face later becoming very cyanosed. The operation had not been commenced, and the anæsthetic had not been given more than five minutes. The head was immediately lowered and artificial respiration started. Hypodermic injections of ether and enemata of brandy were given: hot applications were made to the chest and amyl nitrite held to the nostrils, but no signs of animation appeared. Artificial respiration was discontinued after an hour. At the *post mortem* examination the right ventricle was found to be very dilated, and there was marked fatty infiltration of its wall. The left ventricle was also dilated, and its wall had undergone some fibrosis. The lungs were emphysematous, and these organs, together with the kidneys, brain, and spleen were markedly congested.

LITERARY NOTES.

WE understand that a work entitled *The Insane and The Law* is now in the press, and will shortly be issued. It is from the pen of Mr. Pitt Lewis, Q.C., who it will be remembered took an active part in the discussion on "Criminal Responsibility of the Insane" at the annual meeting of the British Medical Association at Bristol, 1894. He has had the advantage of the co-operation of Dr. Percy Smith, Medical Superintendent of Bethlem Royal Hospital, and of Mr. J. A. Hawke, Barrister-at-Law, and Fellow of St John's College, Oxford. The book will deal with: (1) Detention and Treatment; (2) Maintenance; (3) Responsibility, both Civil and Criminal; and (4) Capacity, including that (a) as a witness (b) to make a will. The subjects will be treated in a way to make the book of value both to the legal and to the medical profession. It will contain a table of cases giving legal references to all the reports in which the cases may be found.

The first volume of the eighth German edition of Ziegler's well-known *Textbook of Pathological Anatomy* has appeared. It consists of the portion on general pathology, and forms a large volume of 746 pages, with 458 illustrations, many of these being coloured. Dr. Donald MacAlister is engaged on the third English edition, which will be entirely rewritten, and include the advances made in the science since 1885.

ERRATUM.—The name of the German translator of Sir John Erichsen's *Science and Art of Surgery* is Dr. Oskar Thannhayer, not "Thudichum," as given in the BRITISH MEDICAL JOURNAL of January 26th.