

which glandular swellings appeared in the groin synchronous with disease round the sphincter ani.

On November 5th Dr. Osler saw the patient in consultation and gave his opinion that there was no abdominal tumour. Nothing abnormal was found in a specimen of urine examined at the time at a clinical laboratory. I came to the conclusion that the balanitis was perhaps of gouty origin and that the pains were from a similar cause, probably angio-spasm.

The pain during micturition gradually increased and the urethral canal became narrower, so that instead of being able to pass No. 14 catheter easily, gradually only No. 7 could be passed. No actual stricture seemed present, but the desire to micturate or the passage of urine or a catheter seemed to cause a spasm of the urethral canal. On external examination no thickening of the penis could be felt in the region corresponding to the spasm about one inch from the urethral orifice.

I began to suspect a carcinomatous condition of the canal, and yet nothing could be felt to warrant the diagnosis, and there were no enlarged glands in the groin. Two years previously I had removed an epithelioma from his lip, and his father was said to have died of cancer. Mr. Parker of Oxford saw the patient, and agreed that there was probably some malignant disease present. The spasm and pain became so severe that I induced him to allow me to remove half of the penis.

#### Operation.

On January 31st, 1908, under a mixture of chloroform and ether, given by Dr. Duigan, the root of the penis was surrounded by an indiarubber band. A large anterior and a short posterior flap were dissected off. The urethra was separated for half an inch from the corpora. A horizontal slit was made in the anterior flap and the urethral canal brought through it. This in turn was split longitudinally, and the superior half stitched with a suture at each end to the upper half of the skin, and the lower half was treated similarly. The two skin flaps were united posteriorly, as in Teale's operation on the leg. A catheter was passed into the bladder, and kept there for three days. An uninterrupted recovery took place. To prevent retraction of the urethral orifice I made the patient pass a catheter through the orifice two or three times daily. He is now well, nearly two years after the operation, and has gained weight. He enjoys gardening, hunting, and shooting, and can walk some distance without fatigue. He suffers no pain and passes urine freely. I devised a small funnel with perpendicular sides which he carries about with him in his pocket; with it he can pass urine without wetting his clothes.

#### Specimen.

The specimen was put into 10 per cent. solution of formalin, and examined in the Pathological Department of Oxford University by Dr. A. Gibson, who reports as follows: "On examining the urethral canal there was, about three-quarters of an inch from the meatus on the dorsal side, an area slightly depressed in the centre, just perceptibly raised at the edges, which looked like a contracting cicatrix. On section of this area, the epithelium outside the ring, on tracing it towards the centre, became less regular in its structure, and apparently thinner, but on more careful examination by the high power numerous downgrowths of strands of epithelial cells could be seen. In the neighbourhood of these there was some increase of inflammatory round cells. The condition was undoubtedly epitheliomatous."

The early appearance of abdominal pain and its preponderance for so long a period was an interesting feature; also the spasmic contraction of the canal with so small a lesion in the urethra. Two or three medical men who had passed the catheter through the offending portion were astounded at the small pathological lesion presented to the naked eye after slitting up the urethra; in fact, it was only found after careful examination. The early appearance of balanitis without urethral discharge until the later stages is of great interest, also the absence of enlargement of local glands.

## Memoranda :

### MEDICAL, SURGICAL, OBSTETRICAL.

#### IS PONOS KALA-AZAR?

DR. G. A. WILLIAMSON, in the paper published in the BRITISH MEDICAL JOURNAL of September 18th, 1909, p. 781, suggests the name of "ponos" for this form of infantile disease. In the discussion which followed in the Section of Tropical Medicine Dr. J. L. Maxwell said he had seen the adult form in Formosa, and Mr. J. Cantlie drew attention to the presence of cancrum oris in "ponos" and kala-azar, but remarked that its etiology was a moot point. I have been in North China for five years, but have never seen a case of kala-azar in an adult, whilst I have in my out-patient clinic from 20 to 40 cases during the year in children. As I only know it in children, I cannot say in what points it differs from the adult form. I had occasion to open a discussion on the subject at the

North China Medical Association annual meeting this year, and, whilst a great many doctors present had not known the disease under the name of "kala-azar infantum," most were familiar with the enlarged spleen, anaemia, diarrhoea, and necrosis of mouth so typical in these cases. This association represents medical missionaries from the provinces of Chili, Shantung, Shansi, Honan, and Manchuria, so that the disease may be fairly assumed to exist in North China as a whole. The men from Shantung remarked on its prevalence.

As we see it here the chief features are:

1. *Age.*—Always in children, rarely under 2 years, and never over 10.

2. The spleen is enlarged in all cases: the majority, when first seen, have a spleen at or below the umbilicus, and, in late stages, almost to the pelvis.

3. *Gastro-intestinal symptoms*, during the earlier months, are irregular; diarrhoea more or less frequent, but in the later stages constant and very severe.

4. *Great debility* in most cases, but the cachexia is not pronounced until after the so-called cancrum oris is well advanced, and I always attribute it to septic absorption, and probably this is the cause of the dysentericus of the later stages.

5. *Fever*.—On this point I cannot state definitely its course, because I only see them as out-patients. I have never been able to persuade a mother to come into hospital with her child, but my opinion is that it is irregular and intermittent, in the earlier stages, according to the description of the parents.

6. *Cancrum Oris*.—Under this heading my cases differ from what I take to be the true meaning of cancrum oris. I have never seen a case start in the cheek, but always in the upper or lower central incisors. Some describe the condition as a "gingivitis," but this I have not seen as a primary condition. It seems to commence at the roots of the incisor teeth and in the alveolar bone, and within a week or ten days the teeth drop out, leaving a black sloughing bone underneath; but so insidious and slow is the process that the gums are rarely inflamed, and even when the necrosis becomes so extensive as to affect the cheeks there is little or no surrounding area of inflammatory redness. In one case the whole of the left lower jaw was removed piecemeal back to the angle; and in another severe case there was complete necrosis of the upper jaw to the orbits on both sides, including the nose and anterior nares. How prevalent the disease may be amongst children I cannot say, for the parents do not bring them for treatment until the necrosis has commenced, and the putrid odour of the child's breath is the first thing they mention.

7. *Mortality*.—Every case dies, and our treatment is of no avail.

I can say little as to etiology. The frequency with which I noticed this necrosis in the central incisors naturally suggests a syphilitic origin; but it is very difficult to get any reliable history from the mothers, and, on the other hand, there is a very large amount of syphilis amongst men. Treatment with mercury (hyd. c. creta) over long periods had no effect. I gave up the malaria idea, because we have comparatively little malaria in North China, and I have never seen a case of kala-azar in an adult. The bug theory of transmission I also laid aside, for, whilst Chinese houses teem with bugs, why are only children affected? I have examined bugs brought from the houses of infected children, but so far have not found the Leishman-Donovan bodies.

I have not punctured a spleen, for the reason that I have not had a case as an in-patient; and being warned of the not infrequent rupture following this procedure, I have hesitated, knowing that I could not ensure proper rest afterwards in a recumbent position.

The Leishman bodies have been obtained by Dr. Lillie Saville of Tientsin by a blood smear from the peripheral circulation in the very late stages of the disease. What I consider a point of importance is that Dr. Lillie Saville has seen cases in which the necrosis or cancrum oris preceded the enlargement of the spleen. I have not seen such a case.

The anaemia, which is marked in the prenecrosis stage, becomes very profound afterwards, mucous membranes being blanched. I have not noticed or heard from parents of epistaxis or haematemesis; but purpura is frequent in the very late stage, as is also haemorrhage from the bowel in the form of dysentericus.

Speculatively, I am strongly in favour of inherited syphilis as the cause of the disease, and intend in future to push some of the arylarsonate compounds and note their effect.

W. H. GRAHAM ASPLAND, M.D., C.M., F.R.C.S.E.  
The Church of England Mission Hospital, Peking.

## Universities and Colleges.

### UNIVERSITY OF BRISTOL.

#### Provisional Ordinances.

ORDINANCES and regulations for the degrees of the university having been approved in substance by the Council have been issued provisionally pending the approval of the General Court.

In the Faculty of Arts they provide for three degrees, B.A. (pass and honours), M.A., and D.Litt., and also a diploma in education. The B.A. curriculum provides an alternative course for theological students.

In the Faculty of Science there are three degrees, B.Sc., M.Sc., and D.Sc.; also a B.Sc. for research. There is a Faculty of Engineering, the degrees granted being the same in title as those in the Faculty of Science. Arrangements are also made for the granting of certificates in various departments of the same subject.

In the Faculty of Medicine there are the four ordinary degrees, M.B. and Ch.B., M.D. and Ch.M.; also two degrees in dental surgery (B.D.S. and M.D.S.), and diplomas in public health and veterinary State medicine. For the M.B., Ch.B. there are three examinations, the curriculum extending to five and a half years.

The first examination is the same as the intermediate examination in the Faculty of Science; the second deals with organic chemistry, anatomy, and physiology; the third with the ordinary subjects of final examinations, including *materia medica* and pharmacology.

A candidate for the final M.B., Ch.B., must have acted as a gynaecological clerk for at least three months, and have attended either at least 25 cases of labour in the wards of a lying-in hospital, or not less than 30 such cases in the extern department of some approved hospital. He must also have attended a course of lectures on anaesthetics, and have administered anaesthetics in not less than 30 cases.

The M.D. degree can be obtained either in General or in State Medicine, at the option of the candidate.

### ROYAL COLLEGE OF SURGEONS IN IRELAND.

#### Barker Anatomical Prize.

IT is announced that the Barker Anatomical Prize for the year 1910 is to be awarded for a dissection of the cervical sympathetic. The prize, which is of the value of £21, is open for competition to any student whose name is on the anatomical class list of any school in the United Kingdom. The preparations entered must be marked with a fictitious signature, and must be placed in charge of the Curator of the Museums of the Royal College of Surgeons in Ireland, on or before April 30th, 1910. By the will of the late Dr. Barker, the founder of the prize, the judges of the dissections are the Curator of the Royal College of Surgeons in Ireland for the time being, the President of the College, and the Professor of Anatomy of the University of Dublin.

### SOCIETY OF APOTHECARIES OF LONDON.

THE following candidates have been approved at the examinations indicated:

BIOLOGY.—C. A. Hepburn.

CHEMISTRY.—H. P. Jelley.

MATERIA MEDICA AND PHARMACY.—K. L. Hart-Davis, H. P. Jelley,

A. J. V. Mathews.

ANATOMY.—D. T. Corke, H. P. Jelley.

PHYSIOLOGY.—D. T. Corke, R. Fowle, H. P. Jelley.

THE fourth Congress of Experimental Psychology is to be held at Innsbruck from April 11th to the 22nd.

FOUR lectures on small-pox and vaccination will be given by Dr. F. M. Sandwith, Gresham professor of physic at the City of London School, Victoria Embankment, on January 18th and the three following days at 6 p.m.

THE annual ball in aid of the funds of the Royal Hampshire County Hospital was held in Winchester on January 4th, and was largely attended. It is anticipated that the hospital will benefit to the amount of at least £300.

A LECTURE on optic neuritis will be delivered at the Royal Eye Hospital, Southwark, by Dr. James Collier, on Thursday, January 20th, at 5.30 p.m. Gentlemen now or formerly connected with the hospital are invited to attend. Students desiring to join the classes at the hospital should communicate with Dr. H. Willoughby Lyle, Honorary Secretary.

SIR JAMES DEWAR, who has been experimenting for some years with the waters of the King's Spring at Bath, states that he has separated krypton and xenon from the gases given off by the hot mineral waters. These gases have also been discovered in the waters of Aix-les-Bains, Saint Honoré, and some other foreign springs by MM. Moureu and Lepage.

THE winter dinner of the West African Medical Staff will take place at the New Gaiety Restaurant on Wednesday, January 26th. Members of the Staff who have not yet received notice, and who desire to be present, are requested to communicate with Dr. Prout, C.M.G., 78, Rodney Street, Liverpool.

## Letters, Notes, and Answers.

Querries, answers, and communications relating to subjects to which special departments of the BRITISH MEDICAL JOURNAL are devoted will be found under their respective headings.

### QUERIES.

#### BLOOD SMEARS WANTED.

A PHYSICIAN who is doing photomicrographic work in blood diseases would be grateful for blood smears of any pathological conditions, from mild simple anaemia to blood parasites. Address Haematologist, c/o The Manager, BRITISH MEDICAL JOURNAL.

#### PRURITUS IN GLYCOSURIA.

NEMO asks for advice in the treatment of a lady suffering from intense pruritus vulvae induced by glycosuria. Dieting and locally ointments containing zinc, boric acid, cocaine, and morphine have all failed. The only relief, and that only temporary, is obtained from large doses of bromide internally, and an emulsion of olive oil and sodium bicarbonate, with cocaine locally—in fact, caron oil, substituting soda for lime water.

#### NEURALGIA IN EDENTULOUS GUMS.

G. D. asks for advice in the treatment of a middle-aged woman who has suffered severe pain in the gums since having her teeth extracted with some local anaesthetic a year ago. The pain is constant, with severe exacerbations, and its focus appears to be the area previously occupied by the left lower incisors. Nothing is to be seen or felt to account for it. All the more ordinary analgesics have been tried without effect.

#### DEATH BY ELECTRIC SHOCK.

F.H.S.A. (Hucknall-Torkard) asks to be referred to any recent work on the physiological causes of death by electric shock.

\* \* English literature on this subject consists mainly of scattered articles in various periodicals, but German is much more extensive. Perhaps the most useful work is a little book of less than 100 pages, entitled *Unfälle durch elektrische Starkstrome*, by Dr. Schumacher (Wiesbaden: J. F. Bergmann). This deals with the question very fully from the physiological point of view. More elaborate in character is Dr. J. S. Jellinek's *Atlas de Elektropathologie* (Berlin: Urban and Schwarzenberg). Some interesting details about electrocutions in America are given in *The Infliction of the Death Penalty by means of Electricity*, by Dr. C. F. MacDonald (New York and London: Appleton and Co.).

#### SUTURE OF TENDONS.

P. B. asks: What is the proper treatment of divided tendons in a workman's hand by a country practitioner? How long should it be dressed before being sent to hospital for suture, and how long after division is it possible to suture them successfully?

\* \* We are advised that it is desirable to attempt primary suture of the divided tendons if the practitioner can obtain the assistance of an anaesthetist and assistant. If such assistance is not available, the case may be sent to the nearest hospital under a temporary dressing. If the practitioner deems that the amount of damage is too great, or that the wound is too extensively infected for primary suture to be successful, he may be justified in continuing to dress it until healing has taken place, and then the operation for secondary suture may be tried even after the lapse of months. Whether or not the secondary suture is followed by good results will depend on many things, such as the extent of the original wound, the amount of infection, retraction of the cut ends, etc.

#### STATE-PROVIDED MEDICAL ATTENDANCE.

H. asks for "reference to an article or pamphlet dealing with State-provided medical attendance," etc.

\* \* We know of no pamphlet or article dealing with this subject as a whole or with anything but isolated points. There are pamphlets describing the French and German systems of State assisted sickness and invalidity insurance, summaries of which are given in the report of the Poor Law Commission. The German system was also described in the BRITISH MEDICAL JOURNAL, 1908, vol. i, p. 1523. A report on *An Investigation into the Economic Conditions of Contract Medical Practice in the United Kingdom*, prepared by the Medico-Political Committee is published by the British Medical Association, price 6d., (post free 8½d.), deals with the various forms of public medical service in this country. Perhaps the most general description of the present forms of Poor Law and charitable medical relief is given in the report of the Poor Law Commission. Part V of the Majority Report and Chap. 5 of the Minority Report describe not only Poor Law medical relief but all the various medical agencies existing in the kingdom.