

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

LARGE BROAD LIGAMENT CYST WITH OVARIAN DERMOID ON THE OPPOSITE SIDE.

A WOMAN aged 35, married thirteen years, was sent to see me by Dr. Ford, of Forest Gate. She had never been pregnant. She had menstruated regularly—on the last occasion three weeks before I saw her; during the previous six months the loss had been rather more than usual, and she had complained of a feeling of fullness about the abdomen, with pain occasionally in the cardiac region. The abdomen, which was markedly enlarged, was occupied by a swelling which was located more especially in the left abdomen, and extended from the pelvis to the level of the lowest rib. Fluctuation was easily elicited. The tumour was ovoid in shape. The cervix uteri was very high, almost on a level with the upper border of the pubic bone. The body of the uterus could not be clearly defined. The vaginal roof anteriorly and to the left of the cervix was slightly depressed by a portion of the abdominal swelling. Through the right fornix was felt a small firm swelling, which was the right ovary enlarged to nearly four times its natural size.

The abdominal cyst was tapped and thereafter enucleated from the broad ligament. It contained typical parovarian fluid. There was no trace of the left ovary. The right ovary was also removed. It was of the size of a small Tangerine orange, and was a dermoid cyst containing bone, hair, and sebaceous material.

London. W.C.

JAMES OLIVER, M.D., F.R.S.Edin.

THE ASSOCIATION OF BAD TEETH WITH LEAD POISONING.

In lead works one comes across many men who are pale and badly nourished, some of them languid and disinclined to work. Occasionally they complain of epigastric pain and irregularity of the bowels. Finding them with a blue line generally surrounding carious teeth, many medical men notify these cases as instances of plumbism.

During the last year I have ordered such men to have the teeth extracted, with the result that all the signs and symptoms disappeared, and instead I found them with a healthy colour on the cheek, their nutrition improved, and their capacity and desire for work everything that could be desired.

It is important to lay stress on the recognition of this connexion. It is important to the men who are prejudiced for other work, to the employers who have to pay compensation, and to the neighbourhood, should the industry be affected financially in consequence of an erroneous diagnosis.

This connexion of carious teeth and plumbism is important, because with such ever-present pyogenic foci pouring poison into the stomach, its mucous membrane becomes inflamed, and thereby offers a greater absorbing surface to the lead, especially if it be converted into lead iodide by the internal administration of calcium or potassium iodide.

Iodides are strictly contraindicated in the treatment of plumbism, and should never be given. The best treatment is by mean of calcium permanganate, which cures the gastric inflammation.

The pyogenic infection is vastly more dangerous than the inhalation of lead dust.

G. ARBOUR STEPHENS, M.D.

Swansea.

THE APPLICATION OF TAXIS.

THE following plan I find useful: The last case I tried it in was an elderly male with a small, tight femoral hernia. I sit close to the bed, place the patient's knee on the side affected over my corresponding shoulder, and get some one to steady the foot. One hand passes between the thighs, the other is on the outside of the thigh. I then tilt my shoulder up, raising the patient's pelvis, and apply taxis in the usual way. The method is very comfortable for the practitioner.

Bamburgh, S.O.

JAMES G. MACASKIE.

Reports

ON MEDICAL AND SURGICAL PRACTICE IN THE HOSPITALS AND ASYLUMS OF THE BRITISH EMPIRE.

CENTRAL LONDON SICK ASYLUM, HENDON. SPONTANEOUS FRACTURES; PLATING; NON-UNION; SALVARSAN TREATMENT; SECOND PLATING; RECOVERY.

(By BRIAN METCALFE, M.R.C.S., L.R.C.P., Assistant Medical Officer.)

THE patient in the following case, a man aged 40, was stepping off a stationary tramcar on December 22nd, 1911, when he felt something give way in his right arm. There was no pain, but the arm immediately became powerless. He went straight to a hospital, and was admitted at once. He remained an in-patient for five weeks, the arm being placed on an internal angular splint, which was only removed for the purposes of x-ray examination. At the end of five weeks he was discharged to attend as an out-patient.

State on Examination.

He then entered the Central London Sick Asylum, the arm being still on the splint, and his condition: Fusiform swelling about the lower third of the right humerus. Crepitus easily obtained, the fragments being extremely mobile, movements caused no pain, x-ray examination showed an almost transverse fracture of the lower third of the humerus, no overlapping, no comminution; a good deal of callus was present. The patient gave a definite history of syphilis, for which he had received only spasmodic treatment. There was a healed scar on the corona, and four years previously he had been treated in Hendon Sick Asylum for gummatous periostitis of the left clavicle and left parietal bone; in both situations there were now present soundly healed and depressed adherent scars.

Treatment.

The arm was placed in plaster-of-Paris for six weeks, and iodide and mercury given internally, and at the end of this period there was still no union.

On March 29th, 1912, the fracture was exposed by an incision on the outer side of the arm—a false joint with a thick capsule, and great excess of callus were found. The joint was excised and the fragments united by one plate and four screws placed on the external surface of the bone; an internal angular splint was applied. The wound healed by first intention; the splint was removed at the end of a month; there was still no union. A skiagram showed good apposition, some callus, and the plate holding well.

The patient was now put on thyroid extract, 5 grains twice daily. The iodide was increased to a 100 grains per diem; Bier's bandage was applied for three hours twice a day, there was also daily massage. After two weeks of this treatment the patient took his own discharge, there being still no signs of union.

On May 29th, 1912, he returned to the Hendon Sick Asylum, meanwhile having attended a hospital as an out-patient. During the whole of this time the arm was kept on an internal angular splint, but there was still no union. The screws were firm in the upper fragment, but loose in the lower one. On the right buttock there was a typical syphilitic rupia.

Primary Union after Salvarsan Treatment.

On June 6th, 1912, the patient was given 0.6 gram of salvarsan intravenously, the median basilic vein being deliberately exposed and opened. I have used this method on fifty-eight occasions, and prefer it to attempting to directly plunge a hollow needle into the vein. By June 13th, the rupia having healed, the old incision was reopened, and the former plate and screws removed; another false joint was found to have formed, very little callus was present, the ends of the fragments were excised and two plates inserted, one anteriorly and one externally. The arm was put up on an internal angular splint; primary union took place, and bony union was firm and complete at the end of four weeks.

REMARKS.

I heard from the patient on November 15th, five months after the second plating, saying that his arm was strong and well, and that he had never felt better in his life.

It was intended to give the patient two further doses of salvarsan, but as he felt so well he was averse to receiving another injection. There can be little doubt that this was a case of spontaneous fracture due to a gumma, and I think that it shows the important part that salvarsan took in the ultimate cure of this fracture, as the patient throughout was treated by potassium iodide in increasing doses with no effect. I am indebted to Mr. Hopkins, F.R.C.S., Medical Superintendent, for permission to publish the above notes.

and Midland Counties Ophthalmological Society. He delivered the Middlemore Lecture for 1897. At one time he contributed a good many papers to the medical journals, including a Report on the State of the Retina in a Hundred Cases of Granular Kidney (*Birmingham Medical Review*, 1880), Uniocular Retinitis Albuminuria and Toxic Amblyopia (*Trans. Ophth. Soc.*). He was particularly skilful in the use of the ophthalmoscope, his opinion of the appearances in doubtful cases being of the utmost value.

Mr. Eales had built up a large consulting practice, and his death will come as a painful surprise to a wide circle of practitioners and patients who relied upon his skill. The albuminuria which had shown itself during his apprenticeship entirely disappeared by the time he came to Birmingham, but he suffered at one time severely from migraine, which had become less frequent during recent years. Last Christmas most of his family were ill with influenza, but he appeared to escape. Soon afterwards he developed a slight attack of phlebitis in the calf of the left leg. This seemed to get better, but the pain and swelling returned about ten days ago, so that he was obliged to stay in bed. On February 5th he had an attack of vomiting with syncope, and this was followed by a rise of temperature in the evening; but these symptoms were gradually improving, and on the morning of the day he died he looked and expressed himself as feeling decidedly better. A few hours later he died in another attack of syncope.

He leaves a widow, two sons, and two daughters. The elder son is senior curate at Kenilworth, while the younger is the resident surgical officer at the Eye Hospital, and will probably follow his father's footsteps in his profession.

Mr. Eales was a man of singularly amiable character, and his death makes a gap which to his elder colleagues can never be filled. They were sincerely attached to him for his unfailing kindness of disposition, his high character, thorough loyalty, and devotion to his work.

LEONARD NOON, B.C.CANTAB., F.R.C.S.

THE all too small band of active research workers in bacteriology has suffered a severe loss by the death of Mr. Leonard Noon at the early age of 35. Mr. Noon's early training at Charterhouse was followed by a highly distinguished career at the University of Cambridge, which he entered in 1896. In 1898 he gained first-class honours in the Natural Science Tripos, in 1899 a major scholarship in Advanced Physiology at Trinity College, and in 1900 first-class honours in the Natural Science Tripos, Part II. He then entered St. Bartholomew's Hospital, gaining an open scholarship in Anatomy and Physiology. He subsequently held the posts of house-surgeon and ophthalmic house-surgeon in that hospital. He obtained the degree of B.C.Cantab. in 1903, the diplomas of M.R.C.S., L.R.C.P. in 1903, and that of F.R.C.S. in June, 1905. In September of that year he was appointed to a research scholarship at the Serum Department of the Lister Institute, Elstree, where Professor G. Dean was then Bacteriologist-in-Charge. During his tenure of this scholarship Mr. Noon carried out an important piece of research on the laws governing the neutralization of tetanus toxin by brain tissue. Later he was John Lucas Walker Student in Pathology at the University of Cambridge, and at the close of his tenure of this studentship became an assistant in the Inoculation Department of St. Mary's Hospital under Sir Almroth Wright. Here he remained till early in 1911, when owing to continued ill health he had to give up laboratory work entirely. His recent decease, therefore, did not come as a surprise to those who knew, but was none the less keenly felt by colleagues who had enjoyed his friendship in the past and who admired his enthusiasm for research and the critical insight which he always brought to bear on problems under investigation.

The following is a list of Mr. Noon's chief scientific publications: On the Occurrence of Toxic Compounds of Tetanus Toxin and Antitoxin, Tetanus Toxin and Brain Emulsions (*Journ. of Hyg.*, vol. vii, p. 101); Observations on the Evolution of Immunity in Disease (*Journ. of Hyg.*, vol. ix, p. 181); Histological Notes on the Origin of Rodent Ulcer (*Journ. of Path. and Bact.*, vol. xii, p. 5); Prophylactic Inoculation against Hay Fever (*Lancet*, 1911, vol. i,

p. 1572); The Accuracy of Opsonic Estimations (*Lancet*, 1908, vol. i, p. 1203, with A. Fleming).

DR. WILLIAM LATHAM, one of the leading citizens of Ashton-in-Makerfield, Lancashire, died rather suddenly on January 28th, at the age of 51. He was a native of Ashton, and was apprenticed to Messrs. Fisher and Barnish, of Wigan, attending at the same time as a student the curriculum at the Liverpool Medical School. Subsequently he studied at Dublin University, and obtained the diploma of L.R.C.P.I. in 1876 and of M.R.C.S. Eng. in 1878; then, after holding resident appointments in the Liverpool Royal Infirmary, he set up in practice in his native town. He was a member of the British Medical Association, and took an active part in local affairs. He was for a time a member of the old local board, and was afterwards one of the district council representatives on the Ashton and District Education Committee; he took part also in the management of several local institutions. Mr. Latham was made a justice of the peace about four years ago. He was a keen sportsman, and greatly respected in his native town. Two years ago he retired from active practice, owing to failing health, in favour of his son, Mr. William Ewart Latham.

Universities and Colleges.

UNIVERSITY OF LONDON.

MEETING OF THE SENATE.

A MEETING of the Senate was held on January 22nd, under the chairmanship of the Vice-Chancellor, Dr. Herrington.

Resignation from Senate.

Dr. Thomas Buzzard has resigned his membership of the Senate as a co-opted member representing King's College.

Benefactions to University College.

The anonymous donor who a year ago presented £30,000 towards the erection of a new building at University College for architecture, sculpture, and applied statistics, including the Eugenics Laboratory, has now undertaken to bear under certain conditions almost the whole cost of the erection of the buildings in question, in the hope that at an early date it may be possible to complete the Gower Street frontage of the College.

D.Sc. Degree in Statistics.

The degree of D.Sc. in statistics was conferred on Dr. David Heron of University College, who had presented a thesis entitled "A Second Study of Extreme Alcoholism in Adults with Special Reference to the Home Office Inebriate Reformatory Data," and in addition several other contributions to the advancement of science.

Simon Lectures in Laryngology.

At the conclusion of the second Simon lecture given by Dr. McBride on January 24th, Sir Felix Simon, at the invitation of the chairman, Dr. Watson-Williams, Lecturer on Laryngology at the University of Bristol, formally presented to the lecturer the Simon memorial medal, and gave a short address expressing his gratification at the inauguration of the lectures.

Brown Animal Sanatory Institution.

Mr. F. W. Twort, M.R.C.S., L.R.C.P., superintendent of the institution, on February 6th completed his course of five lectures on the comparative study of tuberculosis and Johne's disease.

A LODGE meeting of medical Freemasons who are attending the International Medical Congress in London will be held on Monday, August 11th next, in the Grand Temple at Freemasons' Hall, Great Queen Street, W.C. The lodge will be opened at 5 p.m. and closed at 6 p.m. by the Most Worshipful the Pro Grand Master the Right Honourable Lord Ampthill, G.C.S.I., G.C.I.E., and a reception will be held at 4 p.m. in the Connaught Rooms, adjacent to Freemasons' Hall. It is hoped that all Colonial and foreign brethren who wish to be present will communicate with the Grand Secretary of their own jurisdiction as soon as possible in order that suitable arrangements may be made. Brethren in the British Isles should communicate with the Honorary Secretary of the Committee of Representatives of the Medical Lodges in London, Dr. R. J. Probyn-Williams, P.G.D., 13, Welbeck Street, Cavendish Square. Without doubt the medical members of the craft will give a most fraternally hearty reception to their brethren from the distant parts of the Empire and from foreign lands. It is doubtful if Freemasonry was ever since its ancient foundation so flourishing amongst doctors as it is at the present day.

Medical News.

SIR WILLIAM COLLINS will lecture on an ambulance service for London, at the Polyclinic, 22, Chenies Street, Gower Street, on Monday, February 17th, at 5.15 p.m.

AT a meeting of the Royal Microscopical Society on Wednesday evening next, at 8 p.m., Dr. E. J. Spitta will make a report upon the lenses of the late Joseph Jackson Lister, father of Lord Lister.

WE are asked to state, for the information especially of medical men sending patients from a distance, that outpatients are now seen at the National Hospital for the Paralysed and Epileptic, Queen Square, W.C., on Monday, Tuesday, Thursday, and Friday in each week.

THE annual meeting of the After-Care Association will be held at the rooms of the Medical Society of London on February 25th, at 2.45 p.m., when Dr. Hubert Bond will open a discussion on after-care in cases of mental disorder and the desirability of extending its scope.

DR. E. H. STARLING, Professor of Physiology in University College, London, has been elected a member of the Athenaeum Club under the rule which permits the committee annually to elect three persons "of distinguished eminence in science, literature, the arts, or for public service."

AT a meeting of the Zoological Society of London on February 4th, Sir John Rose Bradford in the chair, Mr. H. G. Plummer, F.R.S., Pathologist to the Society, presented his annual report on the deaths which had occurred in the gardens during the past year. An examination had been made of the blood of every animal that had died, with the result that parasites had been discovered in 140 cases, and in 80 of these for the first time.

THE next quarterly meeting of the Medico-Psychological Association of Great Britain and Ireland will be held, at the invitation of Dr. Rotherham, at the Darenth Industrial Colony, Dartford, Kent, on Thursday, February 20th. In the morning the members will inspect the colony, which comprises female and male workshops and wards for adult imbeciles, workshops and wards for the feeble-minded section, and a training school and wards for imbeciles under 16 years of age. In the afternoon, at a meeting under the chairmanship of the president, Dr. J. G. Soutar, papers will be read by Dr. J. Beveridge Spence on assistant medical officers in asylums, and by Dr. A. O. Spensley on the system of industrial training at the Darenth Colony.

A SOCIETY for the advancement of clinical study, recently organized in New York City, maintains a bureau to furnish information to resident and visiting physicians regarding the clinical facilities of the hospitals and laboratories of the greater city. It has installed a bulletin board at the Academy of Medicine, in charge of a special clerk, who will answer telephone inquiries. The bulletin board will consist of two sections. On one will be posted month by month the regular clinics, medical and surgical, and also laboratory demonstrations held at stated hours; on the other announcements of daily operations and demonstrations of cases, which, as far as possible, will be announced on the preceding day.

THE Home Secretary is about to appoint two additional inspectors under the Cruelty to Animals Act, 1876. The appointment will be for one year in the first instance, and afterwards probably for five years. The initial salary will be £500, together with the travelling allowances usual in the Civil Service; and if the appointment is continued will rise by annual increments of £20 to £600. The duties of the inspectors will be to pay frequent visits to all premises within their respective districts which are registered under the Act, in order to see that the provisions of the law and the conditions imposed by the Secretary of State are fully obeyed, and to carry out any other duties of inspecting, reporting, and advising with which they may be entrusted by the Secretary of State. They will be required to give their whole time to these duties. For the purposes of inspection England and Wales will be divided into two districts. The inspector for the Southern District will reside in London, and will also act as assistant to Dr. Thane, the Chief Inspector. The inspector for the Northern District will reside at a convenient centre within his district. The inspectors may as circumstances require be transferred from one district to the other or to Scotland. Candidates for these posts, who should be registered medical practitioners, should apply to the Private Secretary, Home Office, London, and their applications should be accompanied by any testimonials and evidence of their qualifications which they desire to submit.

Letters, Notes, and Answers.

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

ANSWERS.

THE TITLE OF DOCTOR.

F. J. N.—Appended to the by-laws of the Royal College of Physicians of Ireland is the following resolution of the College:

That, in the opinion of the President and Fellows, a Fellow, Member, or Licentiate of this College may by courtesy and usage call himself "Doctor," but he has no right to use the letters "M.D." or call himself "Doctor of Medicine," unless he holds that degree from a university.

LETTERS, NOTES, ETC.

PROVERBAL MEDICINE.

DR. WM. BRAMWELL (Liverpool) writes: I was greatly interested in the article on the above subject, but disappointed that so little was said about diet as mentioned in Homer. The following quotation, though not a proverb, is a wonderful touch of Nature, and would be a sweet morsel for a temperance lecturer. It is Hector's rebuke to his mother because she offered him wine when he made that short visit to his home in order to induce his mother Paris to return to the valley—

Μή μοι οίνον ἀειρε μελίθρον, πότνια μῆτερ,
Μή μ' ἀπονηώσης, μένος δ' ἀλκῆς τε λάθουσαι.
(Il., vi, 264.)

(Do not raise wine, that cheers the heart, to me, revered mother, lest this unnerve me, and I forget my might and my vigour.)

This reminds me of a very amusing incident in the life of the late J. B. Gough, the great temperance advocate, who, when lecturing at one of the universities, was confronted by a stalwart young athlete who went on to the platform armed with that passage in 1 Tim. v, 23, where St. Paul bids Timothy to take a little wine for his stomach's sake. Gough took a long look at him amid the roars of the undergraduates, and then said: "Gentlemen, look at this young man! Look at him! Look at his muscles! Look at his biceps! He has the strength to fell an ox, and yet he says he wants a little wine for his stomach's sake!" Needless to say, the incident ended in the complete triumph of the lecturer.

TREATMENT OF CHRONIC BRONCHITIS AND EMPHYSEMA.

DR. T. REUELL ATKINSON (Chadwell Heath) writes: Noticing a letter in the JOURNAL for February 1st from Dr. Read, giving his experience of the benefit he has received from the use of heroin and menthol pastilles, may I say that for several winters in succession I have had a winter cough which I dub "bronchial catarrh"? We all know how common this form of catarrh is in our climate and how difficult it is to cure. It comes on in the late autumn, and has generally lasted with me far on into the following spring. I have tried all sorts of remedies, including heroin, menthol, terpin, etc., but with very little relief. This season, when it once more returned, it occurred to me to try the inhaler made by Squire and recommended for consumptives. On it I used drops containing carbolic acid, creosote, tr. iodi, sp. etheris, and sp. chlorof. For two or three successive nights I wore it in bed, and also wore it at home during the daytime before and after my rounds. It cured the cough in a very few days, and I have had no return of it this winter. Of course the weather has been exceptionally mild, and this mildness may account for the disappearance of the cough in Dr. Read's case and in my own. But I have had the cough in other mild winters, and I incline to the belief that the inhalation cured it. The treatment seems sensible. I shall certainly try it another year if the cough returns. Patients, however, to whom I have suggested this line of treatment, have said they would prefer the cough.

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