

## Memoranda:

### MEDICAL, SURGICAL, OBSTETRICAL.

#### UNILATERAL IRIDO-CYCLITIS (SEROUS IRITIS) TREATED BY SUBCONJUNCTIVAL INJECTIONS OF MERCURY CYANIDE.

Miss X., aged 26, saw me on February 3rd. During the last six years she had had four mild attacks of iritis. The left eye had been inflamed and painful for fourteen days, with increasing dimness of sight. Vision: fingers at 2 metres. The vision of the right eye was normal. The left pupil was widely dilated (under atropine). The anterior chamber was deep, the aqueous hazy, with many punctate opacities covering the whole of Descemet's membrane and the anterior lens capsule. Tension was normal; the fundus was not visible. Twelve minims of mercury cyanide, 1 in 5,000, were injected under the conjunctiva, partly far back and partly near the cornea.

The eye was very painful all night, in spite of hot fomentations, and on February 4th vision was  $\frac{3}{16}$ ; there were still very many punctate opacities, but the aqueous was distinctly clearer. The fundus was only just visible. Syrup of iodide of iron and dionine drops were ordered. On February 6th the vision was  $\frac{1}{2}$ , and there were fewer punctate opacities. Another subconjunctival injection of 15 minims of mercury cyanide was made. On February 10th she reported that she had had much pain for two days. There was some oedema of the conjunctiva bulbi. Vision was  $\frac{1}{2}$ . There were a fair number of punctate opacities on Descemet's membrane. On February 13th there was no pain, and very few punctate opacities on Descemet's membrane. The fundus was distinctly visible. There were many small opacities of the vitreous, and some retinitis. Vision =  $\frac{1}{12}$ . On February 19th no punctate opacities were visible. The vitreous was clearer and the retina less inflamed. Vision =  $\frac{1}{8}$ . On February 24th the eye looked perfectly normal, with the exception of slight congestion of the retina. Vision with +0.5 D. =  $\frac{1}{8}$ .

There was no history of rheumatism or syphilis in the case, but the recurrent attacks of iritis and the excellent results of the subconjunctival injections of mercury certainly make the case look rather suspicious. I have used subconjunctival injections of mercury in many cases, with more or less success. In no case have the results been quite so good as in this case.

ADOLPH BRONNER, M.D.,  
Senior Surgeon to the Bradford Royal  
Eye and Ear Hospital.

#### — ACUTE EPIDIDYMITIS DUE TO MUSCULAR STRAIN.

I was much interested in Mr. J. W. Grant's article published in the *BRITISH MEDICAL JOURNAL* of July 6th, 1912, and in the view he takes of the doubtful effect of strain as the cause of acute epididymitis. The following case appears worthy of record in this connexion:

A. B., a fine, strong, healthy man aged 27, was present at a flying exhibition on Whit Monday. During the afternoon he felt a desire to urinate, but it was some time before he found the temporary urinal; he then had difficulty in passing water, and had to strain considerably. The following day he cycled ten miles on business, and on retiring to bed the same evening he felt some slight aching and shooting pains in the left groin and testicle, but took no notice of this. On the next (the third) day he noticed some swelling in the left groin, and that his left testicle was much larger than the right. He continued to work until the fifth day, when he came to me for treatment. I found the left testicle hard, tense, and much swollen, but not particularly tender at any spot. There was some thickening and swelling of the cord extending up into the left groin. The condition improved slowly under treatment.

The interesting points in the case are as follows:

1. The delayed onset of symptoms. One would have expected great pain and swelling with tenderness almost at once.
2. Although there was intense congestion, yet there was very little pain at any time.

3. The persistent nature of the symptoms. Usually in three weeks the condition has resolved. My patient was still under treatment five weeks after the injury or strain.

4. The question of secondary infection, in my opinion, may safely be banished, as the patient has been a clean-living, temperate man all his life, and has had no illness except measles as a child.

5. There was no sign of ecchymosis in the region of the groin.

In my opinion, the only conceivable cause was violent contraction of the abdominal muscles producing pressure on the veins, with possible rupture of some small vein.

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Attleborough, Nuneaton.

#### COMPLETE INVERSION OF THE UTERUS WITH ADHERENT PLACENTA.

DR. J. B. HELLIER of Leeds recently recorded (August 10th, 1912, page 310) a case of acute inversion of the uterus following delivery in a young primipara.

On August 27th, 1911, I was summoned to a cottage about three and a half miles distant by a message from the nurse that the child was born and that the woman was bleeding profusely. I arrived at the house some two hours after the messenger had left. The nurse told me that after the child had been born the placenta was retained a considerable time, and that there was alarming haemorrhage. It was with much difficulty that she was able to express the placenta, and when she had done so she could not remove it. The bleeding ceased immediately after expression.

The patient, a 5-para, aged 35 years, gave a history of difficulty at the last confinement with the after-birth, which seems to have necessitated manual removal.

She was very pale, practically pulseless, and suffering from extreme shock.

The placenta was lying at the vulval orifice, and the labia were widely separated by the mass, which was about the size of a fetal head. By abdominal palpation the diagnosis was evident, the hand meeting with no resistance whatever in the pelvis.

The patient was given ether, m 40, hypodermically, followed by strychnine sulphate, gr.  $\frac{1}{16}$ ; she was then placed in the cross-bed position, the parts were well douched, and, with as strict asepsis as one could observe under the conditions, the placenta was stripped off from the uterus. Much difficulty was encountered, owing to strong fibrous bands running into the uterine substance from the placenta. After removal the uterus appeared to be about the size of a large cocoa-nut. There was no bleeding, and the organ was in a state of tonic contraction. The hand could be passed up alongside of the mass into the vaginal vault, which, along with the cervix, was somewhat inverted.

I tried to reduce the inversion by taxis. At first I could make no headway, but after about five minutes' manipulation the uterus was replaced in position, no difficulty being experienced once the process of reduction had commenced.

A hot intrauterine douche was given and the uterine cavity plugged with Dührssen's gauze. The general treatment of shock was then attended to.

Unfortunately, the patient only lived for seven hours, death undoubtedly being due to shock, as the haemorrhage was not sufficient to be fatal. There was no history of pulling on the cord.

It may be interesting to state that a very great number of acute inversions of the uterus which have been recorded have occurred in coloured races, such as Kaffirs, in whom parturition is effected in the squatting position, and are attended by women whose methods are rather forceful and primitive.

DUNCAN J. McAFEE, M.B., Ch.B.,  
and L.M. (Rotunda).  
West Kirby.

THE Home Office has published new editions of the lists of the names, addresses, and districts of Certifying and Appointed Factory Surgeons in England and Wales, and in Scotland, revised to December 31st, 1912. Copies, price 1s., can be obtained, either directly or through any bookseller, from Messrs. Wyman and Sons, Ltd., Fetter Lane, London, E.C., and H.M. Stationery Office (Scottish Branch), 23, Forth Street, Edinburgh.

on two occasions; on both occasions with complete absence, in spite of very careful examination, of tubercle bacilli, or, in other words, the seeds of consumption. I therefore have no hesitation in saying that Mr. Hodgson cannot infect other people, and that there is no danger to others who may happen to be in his company. (Signed) ARTHUR LATHAM, M.D., F.R.C.P., Physician to St. George's Hospital.

In his affidavit the plaintiff said that he saw Hodgson on December 20th, 1911. He then told the plaintiff that his age was 33, and that he was following the occupation of an ironmonger. He stated that he had been ill with consumption for eighteen months, that he was very anxious to know whether he was well, but more especially whether he was a source of infection to those with whom he was brought in contact. He did not tell the plaintiff anything about any particular form of treatment which he had undergone; in fact, he came to plaintiff, as he said, to obtain a certificate to enable him to have a more comfortable time with the people with whom he associated. Plaintiff instructed him to keep his temperature record for a week, and meantime had his expectoration carefully examined by the bacteriologist to His Majesty's Household. On December 28th, 1911, Hodgson sent the plaintiff particulars of his temperature enclosed in a second letter expressing an urgent hope for a certificate that he was free from consumption.

#### THE BACTERIOLOGIST'S REPORT.

It appeared, said the affidavit, that his temperature was normal, and the bacteriologist reported to plaintiff that no tubercle bacilli were present in the sputum. So far as the plaintiff's own examination went, he had found very slight evidence of fibrosis of the lungs, probably due to healed tubercle. Consequently, on December 29th he sent Hodgson a certificate to the effect that he was free from infection and not a source of danger to other people. On December 30th Hodgson wrote in answer thanking the plaintiff for the certificate, but suggesting for the reasons given in such letter that it might state more clearly that he was not now consumptive, and he set out in the fold of his letter a copy of plaintiff's certificate showing in brackets the words he wished to have added.

In answer to this appeal, on January 1st, 1912, the plaintiff sent him a new certificate altered slightly from the first certificate, and saying in so many words that he was not suffering from consumption. Plaintiff gave this for the particular purpose of allaying the fears of those with whom Hodgson was working, and in no way as any certificate for the benefit of or relating to any line of treatment which he might have had.

The affidavit then referred to the evidence given by Hodgson in an action for libel brought by Stevens against the British Medical Association, and tried in October, 1912, in the King's Bench Division. The learned counsel also read the letter from Hodgson to Dr. Latham, dated December 28th, 1911, in which the former said:

I beg to hand you herewith particulars of my temperature morning and evening for the past week as desired. The expectoration I forwarded to Dr. Spitta on Friday last. I trust the result will be favourable to me, and that you will be able to give me the certificate that I am free from consumption, or at any rate that there is no danger of infection through being in my company. To those who have not experienced it, it can hardly be possible to realize the feeling of being shunned and suspected, especially when feeling so well, and I look forward anxiously for your reply, and trust that if it is favourable to me you will so word your letter that upon my casually showing it my friends cannot fail to understand it.

The learned counsel said that the suggestion of the advertisements was that Hodgson had been cured by Stevens. The insertion of a medical man's certificate in such an advertisement was detrimental to him, and the British Medical Council would not regard such an advertisement in a favourable manner. There were ample grounds for the present application in the reported cases as to restraining the publication of private letters, and, alternatively, the case might be rested on the law of copyright, there being no necessity under the present law to register the copyright before suing in respect of it.

#### THE DEFENCE.

Mr. Tomlin, for the defendants, read an affidavit by Mr. Stevens, stating that he was the discoverer of the cure for consumption, the property of the defendant company. He also said that it was correct that he paid the fees for the consultation, certificate, and examination of the sputum of Hodgson, whom he had previously treated for consumption, and had cured.

Mr. Stevens, in his affidavit, further said that he had never intended by any advertisement to convey, and submitted that upon its fair construction no such advertisement was capable of being read so as to

convey, to any reader the suggestion that Dr. Latham certified the condition of Hodgson as being the result of Stevens's treatment, or gave any certificate with reference to his cure, and he submitted that the use which he had made of the letter was not a breach of confidence; that none of the advertisements were intended to suggest or did in fact suggest that Dr. Latham had certified that the restoration to health of Hodgson had been effected by the use of Stevens's cure, and he denied that any of the advertisements were or could be damaging to the plaintiff's reputation. He further said that he had acted perfectly bona fide in the matter without any intention of doing anything more than showing that Hodgson was in fact free from consumption at the date when he was seen by the plaintiff.

After some discussion the learned counsel said that his clients could, he thought, submit to what was asked for in the notice of motion.

Mr. Justice Sargant said the defendants had very wisely submitted to the injunction, to treat the motion as the trial of the action, and to pay the costs.

Solicitors.—Hempsons; Barton and Pearman.

#### INSURANCE ACT.

*Medical Certificates for Members of Approved Society: Validity of Rule requiring such to be given by Panel Doctor.*

In the case of *Heard v. Pickthorne* and others, heard in the King's Bench Division before Mr. Justice Bailhache, the plaintiff, a member of a Court of the Ancient Order of Foresters Friendly Society, sued for a declaration that a certain resolution passed by the society purporting to prevent the society from accepting as evidence of the incapacity of its members within the meaning of the National Insurance Act, 1911, certificates of medical practitioners other than those who were upon the list specified in the Act was illegal, *ultra vires*, and unenforceable. The action was dismissed with costs. The judge said that in his opinion the resolution passed by the society was not such an illegal act on the part of the Ancient Order of Foresters as would justify an action being brought in respect of it. The matter was one which in his judgement ought to be decided under Section 67 of the National Insurance Act, by arbitration between the plaintiff and the officers of the society, and ought not to come before the courts.

## Universities and Colleges.

#### ROYAL COLLEGE OF PHYSICIANS OF LONDON.

A COMITIA was held on Monday, March 17th, Sir Thomas Barlow, Bart., K.C.V.O., the President, being in the chair.

#### President's Address.

The President delivered the annual address, in the course of which he reviewed the present condition of the College and the more important events which had occurred during the past year. He referred to the honours which had been conferred on Fellows, Members, and Licentiates of the College, and to the awards of medals and other distinctions. After drawing attention to the lectures which had been delivered during the year, he mentioned the various gifts which had been made, including the valuable collection of stethoscopes which had been presented by Mrs. Theodore Williams. The President reminded the College of the alteration in certain by-laws which had been effected, especially the alteration which now permits licentiates to assume the courtesy title of "doctor." After mentioning that the examination buildings had been completed, he gave a brief outline of the steps and recommendations made by the College in relation to the National Insurance Act.

The President then referred in appropriate terms to the eighteen Fellows who had died during the year: John Dixon Mann, William Ogle, Augustus Drake, Thomas Houghton Waters, William Murrell, Reginald Edward Thompson, John Ebenezer Rankin, Andrew Duncan, Frank Montague Pope, Frederic Bagshawe, Edward Alfred Birch, Charles Theodore Williams, James Lewis Siordet, James Barclay Montgomery, Lord Ilkeston, William Carter, Alfred Baynard Duffin, and William Howship Dickinson.

Sir William S. Church, on behalf of the College, thanked the President for his address, and for the way in which he had conducted the very arduous business of the College during the past year. The President expressed his thanks to the College and vacated the chair.

#### Election of President.

The election of President then took place, and Sir Thomas Barlow was re-elected by a large majority.

The Senior Censor (Dr. S. J. Sharkey) delivered the insignia of office to the President, who gave his faith to the College, and thanked the Fellows.

#### Thanks of the College.

The thanks of the College were returned to Mrs. Theodore Williams for the gift of stethoscopes mentioned in the President's address.

After further business the President dissolved the Comitia.

Hospital, Liverpool. He was a gentleman of kind, genial, and sympathetic disposition and upright character. He was greatly esteemed and respected by his colleagues, and enjoyed the confidence and admiration of his patients. He was regarded as an expert operator, and his work on cataract extraction was well known.

## Medical News.

At the meeting of the Hunterian Society of London, which will be held in the library of St. Bartholomew's Hospital on Wednesday next, at 9 p.m., Dr. Arthur Latham will open a discussion on the uses of tuberculin. It will be adjourned for a fortnight, when Dr. Nathan Raw will reopen it.

THE third International Congress of Neurology and Psychiatry will be held at Ghent on August 20th to 26th. The congress has the support of the Belgian Government as well as of the leading practitioners of neurology and psychiatry in the country. The secretary of the congress is Dr. F. D'Hollander, 110, boulevard Dolez, Mons, from whom further information may be obtained. The subscription to the congress is for members Fr. 20, for associates Fr. 10. The international exhibition will be open in Ghent at the period mentioned.

THE *Times* reports that at the North London Police Court a dairyman who pleaded guilty, and against whom several previous convictions were recorded, was fined the maximum penalty of £100 (with 5 guineas costs) for having sold by his servant milk containing 6 per cent. of added water. A man formerly in the employment of the defendant explained that separated milk was mixed with new milk, water coloured with annatto added, and the mixture sent out to the branches as new milk. The prosecution was instituted by the Islington Borough Council.

THE first meeting of the British Sectional Committee for the furtherance of the International First-Aid Congress to be held in Vienna from October 9th to 13th next, was held in London on March 11th, under the chairmanship of the Earl of Londesborough, President of the Committee. It was resolved to invite the contribution of papers to be read in Vienna, and it was arranged that the papers of authors unable to be present should be read for them and should subsequently appear in the *Transactions*. It was also arranged to invite firms dealing with first-aid appliances to send exhibits so that the space allotted to Great Britain might be worthily filled. The committee decided that Great Britain should not take part in the International Congress to be held at Ghent in August next, as that date was announced after the date of the Vienna congress had been fixed. The holding of a congress in Ghent so soon before that to be held in Vienna would, it was felt, tend to diminish the importance of the latter. The Secretary of the British Committee is Mr. Samuel Osborn, Constitutional Club, Charing Cross, London, W.C.

THE report presented to the annual meeting of the Governors of the Cancer Hospital, Brompton, stated that 690 patients had been admitted to the wards during the year; there were 1,033 new out-patient cases with a total attendance of 14,968. The number of operations performed was 535, with a mortality of 4.48 per cent. Lord Northbrook, the President, intimated that Sir David Salomons had kindly offered £500 worth of radium to the hospital to increase the amount already in its possession. The new Radiotherapeutic Department under Dr. Knox was now in complete working order and a separate report showed the great value that the hospital derived from it not only in the treatment of inoperable cases, some of which were brought within the sphere of successful operation, but also as a routine adjunct after surgical operations. In replying to the vote of thanks to the staff, Mr. Ryall, the senior surgeon, pointed out that there was much need of education of the public as to the nature of cancer if the best advantage was to be taken of modern operative treatment. In particular, he referred to two popular fallacies that stood in the way—first, that cancer was essentially a painful malady, and secondly, that operative measures only temporarily arrested the disease. He held that by the application of the knowledge derived from investigations in surgical pathology to operative treatment fully 40 per cent. of all cases were permanently cured, a percentage which would increase if earlier diagnosis were established. The series of lectures to practitioners that were recently started had been most successful and were well attended.

## Letters, Notes, and Answers.

ORIGINAL ARTICLES and LETTERS forwarded for publication are understood to be offered to the BRITISH MEDICAL JOURNAL alone unless the contrary be stated.

COMMUNICATIONS respecting Editorial matters should be addressed to the Editor, 429, Strand, London, W.C.; those concerning business matters, advertisements, non-delivery of the JOURNAL, etc., should be addressed to the Office, 429, Strand, London, W.C.

MANUSCRIPTS FORWARDED TO THE OFFICE OF THIS JOURNAL CANNOT UNDER ANY CIRCUMSTANCES BE RETURNED.

CORRESPONDENTS not answered are requested to look at the Notices to Correspondents of the following week.

CORRESPONDENTS who wish notice to be taken of their communications should authenticate them with their names—of course not necessarily for publication.

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2630, Gerrard, BRITISH MEDICAL ASSOCIATION.  
2634, Gerrard, MEDICAL SECRETARY.

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.

#### DYSPEPSIA.

DR. H. J. THORP (Ipswich) writes to suggest that "A. E." should try gr.  $\frac{1}{2}$  calomel three times a day.

### LETTERS, NOTES, ETC.

#### IN PRAISE OF THE PHYSICIAN,

ANOTHER correspondent sends us the following, said by a Norfolk labourer on his death-bed: "The first thing I shall do when I gets to heaven will be to tell God A'mighty how kind yew and Dr. A. hev bin to me."

#### FUNGI AS STYPTICS.

DR. J. R. HICKINBOTHAM (West Bergholt, Colchester) writes: The article by Dr. Edward Knight on "The Application of Fungi as Styptics," and especially the case he quotes of the woman with the open cancer of the breast, recalls to me the fact that puff-ball powder is used by some of the aborigines of North-West Australia in the treatment of venereal ulcers and soft chancres. In some cases of ulcerative granuloma of the pudendum, a very common malady in North-Western Australia, I have used it made into a paste with water and applied on lint. In cases in which the glans penis was studded with granulomatous nodules, the nodules disappeared after the puff-ball paste has been applied for twenty-four hours, and sharp-cut ulcers remain in their place. Thinking that the action was possibly due to some digestive ferment, I tried peptonizing powders in the same way, but the pain produced was so severe that I abandoned the experiment and went back to the puff-balls. I afterwards reverted to the sharp spoon, which was quicker. It has, moreover, struck me that the puff-ball powder can be used when the sharp spoon cannot, and certainly the sharp spoon is not a styptic. There is no doubt in my mind that the puff-ball powder I got in Western Australia was capable of destroying morbid tissue of low vitality while leaving the healthy tissues intact.

### SCALE OF CHARGES FOR ADVERTISEMENTS IN THE BRITISH MEDICAL JOURNAL.

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Eight lines and under	...	...	0 4 0
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An average line contains six words.

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