

APPENDICITIS WITH SYMPTOMS RESEMBLING  
THOSE OF RENAL COLIC.By BASIL HUGHES, F.R.C.S.,  
BRADFORD.

THE following case is, I think, sufficiently interesting to be worth recording:

W. D., a girl aged 8 years, was suddenly one evening seized with acute abdominal pain, doubling her up and making her scream. This pain did not radiate in any particular direction, but was confined to the region of the umbilicus, and the point of maximum tenderness was just to the right of this spot. The patient vomited, the tongue was slightly furred, and the pulse-rate was 150. The temperature was just above normal, and at the onset there was marked rigidity of the right rectus muscle. The face was pale and drawn, and the child looked very ill. She had previously in the last two years had one or two less severe attacks.

I saw the case about an hour and a half after the onset in consultation with Dr. Wrangham and Dr. Rawson. The pulse-rate had then fallen to 110, most of the pain had subsided, but there was a tender point on deep pressure just to the right of the umbilicus. No tenderness or swelling could be found in the right iliac fossa, and most of the rigidity of the right rectus muscle had passed away. The result of a rectal examination was negative.

There was a history of the urine having occasionally been high-coloured and thick on previous occasions. Thinking that the case might be one of right renal colic, a catheter specimen of the urine was examined. It contained microscopically pus cells and a few blood cells, but no casts or crystals. On agar a pure culture of *B. coli communis* was obtained. It was decided to have an x-ray photograph taken in order to help the diagnosis, but before this could be done the patient had similar attacks, some more severe than others.

Urinary antiseptics were given, and the bowels, which had been previously constipated, were encouraged to act with rectal enemata. Under this treatment the child got better, and a further examination of the urine showed it to be free from blood, pus, and organisms. The skiagram was negative.

About a month after the onset the patient got up, as the attacks had ceased, and was taken for a walk by her mother. She felt ill on returning home, and had another severe seizure much like the first. She was put to bed, and, despite rest, the attacks recurred. I saw her again with Dr. Wrangham and Dr. Rawson five weeks after the first consultation, and there was now to be felt an irregular, slightly tender and freely movable mass just to the right of the umbilicus. We diagnosed the tumour as a mass of glands. There was no abdominal distension and no sign of any free fluid in the peritoneal cavity. Rectal examination was again negative.

*Laparotomy.*

A subumbilical incision was made through the right rectus muscle, and the diagnosis of a mass of glands, evidently inflammatory in nature, was verified. Both kidneys were normal to palpation; nothing was seen on the surfaces of either the large or small bowel, and there was nothing to be felt. The enlarged mass of glands started around the termination of the ileum (the ileal group), and extended some distance upwards. The caecum was high-lying and movable, and attached to it was a long appendix, whose serous coat was injected, and which was acutely kinked in its middle by what appeared to be a contracted portion of the meso-appendix. The distal half of the appendix was fluctuant.

The appendix was removed, and was found in its distal half to contain a fluid faecal material. The mucous membrane was ulcerated, allowing quite a considerable surface for absorption.

*After-History.*

The convalescence was uneventful, except that the patient had one or two very much less severe attacks. The glands, which were not touched at the operation, have now subsided, and the child is now well and running about, having had no further trouble.

This case is of interest (a) that it shows that a *B. coli* infection of the urinary tract may give rise to symptoms almost indistinguishable from those of stone in the ureter, in that in this case the pain was unilateral, came in spasms, and that the urine contained blood and pus.

(b) That there was little or no pain on deep pressure over the appendix that was half full of a fluid faecal material, and whose mucosa was ulcerated; and that such an appendix must have existed for some time without giving rise to more serious symptoms, such as acute inflammation and abscess formation.

(c) That such an appendix could have been the cause of so large a mass of enlarged inflammatory glands.

(d) That such an appendix with its ulcerated mucosa was, I think, the source of inlet to the *B. coli communis*, which were being excreted by the kidneys, and which, in the case of the right kidney, had been sufficient to give rise to symptoms resembling those of renal colic.

## Memoranda:

## MEDICAL, SURGICAL, OBSTETRICAL.

GANGRENOUS APPENDICITIS, WITH GENERAL  
PERITONITIS, COMPLICATING LABOUR AT  
FULL TERM: OPERATION: RECOVERY.

Mrs. T., aged 39, was due to be confined early in November, 1913, with her fifth child. I was summoned late in the evening of October 15th, with the message that she was sick and had abdominal pain. As I was unable to go, my partner, Dr. H. W. Doll, saw her that night. He did not think that labour had begun, and, as he could find nothing abnormal in an abdomen which was completely filled by the pregnant uterus, he treated it on simple lines. I saw her on October 16th. She was still in pain, worse on the right side; she was still vomiting, and the bowels had not been opened. The os was partially dilated and very high up. I concluded that labour had begun, although the pains were not typically intermittent; her general condition seemed quite good and the pulse was not abnormally quick. I told the maternity nurse to watch her and send for me again if she got worse. A dose of aperient medicine was vomited. Abdominal palpation did not help at all as there was general tenderness all over.

She had a bad night, and continued to vomit everything, and the pains became practically constant with no intermissions. I was able to rupture the membranes at 11 a.m. on October 17th, and the infant was speedily delivered. She seemed much relieved at first, but the pain in the right side continued. On the morning of October 18th I was surprised to find that she was still very sick; the abdomen, of course, was full; there was definite tenderness on the right side; the bowels had not acted in spite of enemata; the temperature was 100°.

On the morning of October 19th I found the abdomen was markedly distended; the pulse had quickened; she was still sick, and the bowels had not been relieved. There was some dullness in the flanks; her expression was cheerful and not at all anxious. I felt certain that there was some serious mischief in the abdomen. Mr. T. C. English saw her with me at 1 p.m., and after turpentine enemata had completely failed to relieve her, operation was agreed upon. The abdomen was opened in the middle line. A large quantity of turbid fluid escaped; the intestines were covered with lymph, as also the uterus and right ovary. The appendix was found gangrenous to the root, and came off in the surgeon's fingers. The stump was buried as well as was possible, and the pelvis and both flanks drained with largest-sized tubes. The anaesthetic was well taken, and there was practically no after-sickness. She was placed in a sitting position. Her condition that night was grave; the pulse was 180, and the temperature 101°. Frequent saline injections were given with brandy, and strychnine hypodermically.

She was better the next morning, having rallied from the shock, but the abdomen was much distended and there was great tension on the stitches. The vigorous use of aperients, which were fortunately retained, was at once commenced, combined with turpentine enemata. The bowels acted freely that night and continuously all the next day. She steadily improved from that time, and except for a faecal discharge for a week through the right tube, convalescence was uninterrupted. She was able to get up, with the incisions healed, on November 25th.

The complication of acute appendicitis with labour has not often been recorded with recovery of mother and survival of infant; the somewhat easy delivery of the child was in the mother's favour. The active use of aperients the day after the operation, although the result was a faecal fistula, undoubtedly saved the mother's life.

Hampton, Middlesex.

H. M. COOPER, M.B.Lond.

LOCAL ANAESTHESIA IN ARTIFICIAL  
PNEUMOTHORAX.

In reference to the question as to whether a local anaesthetic is necessary when giving an injection of gas into the chest, I beg to state my experience for the benefit of your readers interested in this subject. I have now given

nearly 300 injections of nitrogen into the chest, and, except for a first injection, I do not use a local anaesthetic. I seldom use a needle more than twice before having it resharpened. I never boil the needles, but always sterilize them by placing them in absolute alcohol for a minute or two just before use. When a sharp needle not too thick in calibre is used the amount of pain at a refill is trifling and the risk of shock negligible. If a local anaesthetic is used there is no doubt, in my opinion, that blockage of the needle is more likely to occur, either from a drop of blood or from the fluid dissolving the anaesthetic. I cannot see, therefore, that it is necessary to use a local anaesthetic when giving a refill of gas. When last I induced an artificial pneumothorax I used morphine, but (for the first time at an inaugural injection) no local anaesthetic; and I am now debating whether I shall repeat this practice when next the occasion arises.

Mundesley.

S. VERE PEARSON, M.B., M.R.C.P.

## A REMARKABLE DIURESIS.

A. B., a single woman, aged 54, first came under my care on June 1st, 1913. She was then complaining of shortness of breath and pain in the chest, which radiated to the shoulders and occasionally down the arms. She had always been very active and had worked hard. She was a tall, large-boned woman, with well-developed arm muscles, and had been accustomed to helping her brother, who was a farmer. Six days a week for years she made a 40-lb. cheese, and she would lift these about; she told me also that she would work with her brother trenching a piece of ground, and keep pace with him easily. When I examined her I found a dilated heart with a very irregular beat. The apex pulsation was in the sixth space, 1 in. outside the nipple line, and the dullness extended  $\frac{1}{2}$  in. over the right side of the sternum. The systolic blood pressure was 155 mm. Hg, and in view of this I did not give her digitalis at first, but put her on tincture of *nux vomica*,  $\text{m x}$ , three times a day. An occasional tablet of trinitrin gr.  $\frac{1}{10}$  relieved the radiating pains. She was, of course, put to bed.

She went on fairly well until the middle of July, when the urine began to get scanty. She was then given tincture of digitalis  $\text{m viij}$  thrice daily for a few days, followed by theocin sodium acetate gr.  $\text{viij}$  for six doses, but with no result. On July 23rd I went away for three weeks, and on returning on August 13th found she was still passing very little urine, was rather more dyspnoeic, that there was a considerable amount of oedema of the legs and hips. She was once more put on tincture of digitalis  $\text{m viij}$  thrice a day. On August 19th there were signs of free fluid in the abdomen, which was tapped and  $\text{z xvi}$  drawn off; about the same quantity or a little less was left in. On August 23rd the digitalis was discontinued and theocin sodium acetate gr.  $\text{viij}$  t.i.d. for six doses substituted. By 8 a.m., August 24th, she had passed  $\text{z xlv}$  of urine. From 8 a.m., August 24th, until 8 a.m., August 25th, she passed 300 oz. of urine. When I saw her at 10 a.m. the change in her appearance was startling; she seemed to have shrunk to a skeleton. The hips and sacrum previously were padded with fluid, and doughy, but after the diuresis were drawn and quite flat. The dyspnoea had gone and she was quite comfortable. From then up to the present time she has continued to pass 50 or more ounces of urine in the twenty-four hours, and has taken tincture of digitalis  $\text{m viij}$  thrice a day. She is much improved and the heart more regular; there have been no more radiating pains, and the blood pressure is 140 mm. Hg. The points I would like opinions on are:

1. Was it an advantage to leave some of the fluid in the abdomen?

2. Why did the same treatment succeed in such a startling manner after the paracentesis abdominis, which had failed so signally before ever there was any free fluid in the abdomen? She had no free fluid before August 19th, because I was watching carefully for the first signs of it.

J. CHARSEY MACKWOOD, M.R.C.S.Eng., L.R.C.P.Lond.,  
Medical Officer, Lewes Union Infirmary.

In October, 1913, the Dermatological Society of Vienna appointed a committee to inquire into the prevalence, causes, and prophylaxis of industrial skin diseases. The inquiry is being carried out in the first instance by written questions, the replies to which will afterwards be used as material for verbal inquiry.

## Reports of Societies.

## EDINBURGH MEDICO-CHIRURGICAL SOCIETY.

Wednesday, January 21st, 1914.

J. W. B. HODSDON, F.R.C.S., in the Chair.

*Cancer of Appendix.*

MR. J. M. GRAHAM presented a communication on cancer of the appendix, with lantern demonstration. His series included eleven cases, all primary, of which ten were obtained on operation. Two main types of cancer occurred: the spheroidal-celled, characterized by early age incidence (in his series the average was 24 years) and by benign nature; the adeno-carcinoma, a much rarer type (in his series there was only one case, aged 55 years), and of more malignant nature, metastases being present. These features of his own series corresponded with those of over 100 cases he had collected from the literature. There was evidence in all cases that the cancerous process started at a stenosed or obliterated portion of the appendix, the site of old ulceration or inflammation. The tumour mass gave the reaction of lipid tissue; and had the same yellowish appearance as malignant hypernephromata and suprarenal tumours.

*Intestinal Toxaemia.*

DR. CHALMERS WATSON read a paper on this subject, with special reference to the indications for operative treatment. He said that among the clinical conditions induced by chronic intestinal stasis were a neurasthenic group, erroneously regarded as "neurotics"; rheumatoid arthritis which was invariably toxæmic, the infection originating in most cases from the digestive tract; dyspepsia of various types, and simulating chronic appendicitis, duodenal ulcer, gall stones, etc. He gave a brief summary of a number of cases, each accompanied by x-ray photographs showing varying degrees of stasis and visceroptosis. He emphasized the following points: The great importance of intestinal toxæmia as a cause of some chronic diseases; the probability of the caecum being a primary source of the trouble, and this explaining the failure of many appendix operations; the importance of a thorough examination of the stools and urine; the value of x-ray photographs in enhancing the accuracy of diagnosis. While many cases were amenable to medical treatment, a few were incurable, and for these he was in the meantime in favour of short-circuit operations. Evidence was growing that the various bands, kinks, and membranes found at operation were the result and not the cause of the condition.

Professor CAIRD had in his experience of abdominal operations found kinks and bands but rarely, while in the *post-mortem* room he had seen cases of very extensive and serious peritoneal adhesion associated with good digestion and normal evacuation.

Professor RUSSELL said the passage of a bismuth meal was very different from food. There was no proof that the symptoms in these cases were due to absorption of toxins from the dried faeces. It was very difficult to say what factor was at fault in these cases, but in many it was useless to attack the caecum, and in some the objective should be the stomach and duodenum, and the procedure a gastro-enterostomy.

Sir JAMES AFFLECK alluded to cases of marked stasis without toxæmia. He pleaded for more patient and prolonged medical treatment of those cases before handing them over to the surgeon.

Dr. C. W. MACGILLIVRAY said that scarcely anything was yet known either of the pathology or of the best treatment for intestinal toxæmia.

Dr. TORRANCE THOMSON said that in addition to the local condition in the bowel there was also a constitutional fault, and that nervous debility and some psychic factor were present.

Mr. G. CHIENE said that anchoring of the caecum to the abdominal wall was bad surgical practice. As a remedy for constipation he advised pinhead oatmeal.

Mr. DOWDEN said the majority of the cases occurred in women, and especially young women, and were frequently associated with tight corsets and floating kidney. He did not favour surgical interference.

such decided opinions may well be questioned. The operative surgery which, he suggests, should omit "amputations, and incisions, and ligature of vessels," still awaits his authorship. I hope the criticism will be entrusted to one who knows the subject.

But I am afraid that, until he can prevail upon those who frame the regulations of medical education to adopt his short cuts to knowledge and dexterity, textbooks, teachers and even "obsolete" examiners must continue to incur his displeasure.—I am, etc.,

London, W., Jan. 21st. **DUNCAN C. L. FITZWILLIAMS.**

\*\*\* Mr. Fitzwilliams's diagnosis of the experience of the reviewer and his qualifications to deal with this subject is singularly wide of the mark. Mr. Fitzwilliams's views with regard to the value of operative surgery as now taught and made a subject of examination differ from those which, after full consideration and examination of the circumstances, have frequently been expressed in the **BRITISH MEDICAL JOURNAL**. We have no doubt that when the *Curiosities of Medical Education in the XXth Century* comes to be written—it will be a big book—there will be a chapter on operative surgery classes.

### THE ROYAL COMMISSION ON VENEREAL DISEASES.

SIR,—The time has surely arrived for checking the spreading of venereal diseases by up-to-date means similar to the methods employed for limiting the spreading of other infectious diseases.

Public sentiment has, rightly or wrongly, condemned the compulsory examination, with power to detain for treatment, of a certain class of women.

It now only remains to make the wilful spreading of these diseases as criminal as the wilful spreading of measles and small-pox; and just as there is legal power to isolate and detain until cured a person with measles or small-pox, so should there be the same power to isolate and cure a person who in the course of her occupation is daily spreading a loathsome disease to all and sundry.

It is not so much the disease itself which is so appalling, but it is the awful consequences. When one considers that practically all cases of life-long blindness and all cases of locomotor ataxia and general paralysis are so caused, and that this class of disease is the most prolific cause of abortion and miscarriage, and the birth of defective and diseased children, and that in a great number of women it causes sterility and diseases necessitating operative interference (although they are often unaware of the cause of their disease)—it is certainly time that effective measures were taken to minimize the evil effects in the way I have suggested.

It is very anomalous and absurd that a poor woman who exposes a child suffering from measles in a public place should be punished, whilst another less estimable person, who spreads more virulent disease right and left for pecuniary gain, should be allowed to do so with impunity.

The immediate effects of legislation on the lines suggested would be twofold: (1) A number of persons engaging in the daily propagation of disease would be isolated and cured; and (2) a number of others would seek treatment and would, from a wholesome fear, use means to prevent their associates from contracting disease.

The whole matter is very loathsome, but it is to be hoped that remedial legislative measures will not be shirked on that account.—I am, etc.,

Sunderland, Jan. 25th. **THOMAS A. WATSON.**

### RESEARCH DEFENCE SOCIETY.

SIR,—By the death of its revered president, Sir David Gill, the Research Defence Society has suffered a very heavy loss. His death has come at the time when our society is just beginning the sixth year of its work, and we ask you kindly to publish this short note on the result of the past five years of work.

We are of opinion that our society has helped to bring about a much better understanding of experiments on animals in this country. There is less of ignorance, prejudice, and ill will; less readiness to accept without inquiry the charges made against this method of research; less doubt of its great value in physiology and patho-

logy. The public is beginning to see that experiments on animals are useful in the maintenance of national health and efficiency, in the protection of men on foreign service, in the safeguarding of workers at dangerous trades, and in the immunizing of live-stock against infectious diseases. It has come home to thoughtful people that diphtheria antitoxin, thyroid extract, salvarsan, amyl nitrite, and many other drugs, and many important facts in physiology, and the protective treatments against rabies, cholera, plague, Malta fever, typhoid fever, tetanus, anthrax, and pleuropneumonia—to name these instances and no more—were discovered by the help of experiments on animals.

Of course our society must not take more than its share of the credit for this advance of public opinion. Much of it is due to the labours of the Royal Commission, to the influence of the resolution passed last year by the International Medical Congress, and to the reverses sustained by our opponents. Moreover, the discoveries made of late years by medical research speak for themselves. Still, there is always need of interpreters of science, to explain in simple words the advantages given to us, by men of science, for the saving or safeguarding not only of human lives but of animal lives. This work of popular interpretation is the especial duty of the Research Defence Society, and we look forward to many years of continued usefulness.—We are, etc.,

**CROMER,**  
Vice-President,  
**F. M. SANDWITH,**  
Honorary Treasurer.  
**S. PAGET,**  
Honorary Secretary.

London, W., Jan. 27th.

## Universities and Colleges.

### UNIVERSITY OF CAMBRIDGE.

*The Diploma in Psychological Medicine, 1914.*

PART I of the Examination for the Diploma in Psychological Medicine will begin on Tuesday, June 2nd, and Part II on Tuesday, March 31st. The examination for Part I will be held in Cambridge; that for Part II will be held in London.

#### Degrees.

The following degrees have been conferred:

M.D.—A. J. Clark, A. C. D. Firth.  
M.B.—F. S. Tinker, D. S. Bryon-Brown.  
B.C.—J. Brewer, D. S. Bryon-Brown, J. Deighton, W. B. Stoner, A. G. G. Thompson, F. S. Tinker.

### UNIVERSITY OF LIVERPOOL.

THE following candidates have been approved at the examinations indicated:

D.P.H. (Both Parts).—H. el Arculli, G. A. Crowley, R. Gamlin, H. J. Glover, J. R. Gwynne, H. H. MacWilliams, E. S. Miller, Phoebe M. Powell, J. F. Roberts, H. Seddon, T. W. Wadsworth.

### CONJOINT BOARD FOR SCOTLAND.

THE following candidates were successful at the quarterly examinations of this Board held in Edinburgh on January 24th:

FIRST EXAMINATION.—R. G. Battersby, R. Smith, Jean McMurray Crawford, L. L. Steele, T. F. Kelly, Karumuri Virabhadra Swami, Arukatti Patibandigo Frederick Abeyuriya, P. A. O'Brien, G. M. S. Lindsay, Janie Isabel McBirnie, and N. J. Patterson. One passed in Physics, 4 in Biology, and 2 in Chemistry.

SECOND EXAMINATION.—E. D. Kinsey, C. Z. A. Green (with distinction), W. H. A. D. Sutton, J. A. Tolmie, E. A. Hamilton, R. MacKinnon, I. Davies, A. Holmes, and J. H. Cooper. Three passed in Anatomy and 3 in Physiology.

THIRD EXAMINATION.—C. B. Charnock, J. N. Walker, T. C. MacCowan, J. W. Gordon, J. J. de Waal, C. C. Irvine, Elfrida Hester Brooke Coghill, and W. Walker. Five passed in Materia Medica.

FINAL EXAMINATION.—The following candidates were admitted L.R.C.P.E., L.R.C.S.E., L.R.F.P. and S.G.: Lillian Sarah Wilkes, I. J. McDonough, W. F. H. Pereira, C. C. Popham, W. S. Rorich, W. W. K. Duncan, M. McCloskey, W. C. Davis, E. I. Parry, J. Gordon-Bell, and Asutosh Sinha. Seven passed in Medicine, 2 in Surgery, 8 in Midwifery, and 14 in Medical Jurisprudence.

D.P.H.—G. D. Cairns, M.B., Ch.B. Edin., obtained the Diploma in Public Health granted by the Board.

### CONJOINT BOARD IN ENGLAND.

THE following candidates have been approved at the examinations indicated:

FIRST COLLEGE (Part IV, Practical Pharmacy).—A. Abdel-Al, D. R. Alexander, P. W. L. Andrew, A. L. Anthony, H. A. Ash, G. Aspinall-Stevale, J. D. Bangay, S. L. Bhatia, C. H. Carroll, B. S. Collings, E. Coomaraswamy, C. D. Day, J. A. Durante,

N. E. Farr, P. E. F. Frossard, M. Z. Hanafy, E. G. Harris, C. O. Hudson, D. R. Jones, N. H. Linzee, F. O. MacGibbon, W. H. Marshall, H. Morrison, R. H. C. Pryn, R. E. Rampling, P. F. J. L. Rathier-Du-Vergé, C. H. Savory, F. G. L. Scott, L. W. Shelley, G. E. L. Simons, H. L. Slaughter, R. P. Starkie, G. S. Stathus, C. P. G. Wakeley, R. Williams, M. U. Wilson.

SECOND COLLEGE (*Anatomy and Physiology*).—W. Agar, E. B. Alabaster, F. M. Allchin, C. H. D. Banks, H. S. Bryan, A. Bulleid, A. A. Cockayne, W. T. Cooper, M. de Costa, A. J. D'Souza, W. F. Eberli, C. A. L. Evans, W. Farquharson, P. C. C. Fenwick, F. L. Fonseka, M. R. V. Ford, G. T. Garraway, G. R. Gokharkar, C. F. Good, T. S. Greenaway, M. St. C. Hamilton, J. F. Haynes, C. G. Hitchcock, E. L. Hopkins, C. E. Hopwood, J. M. Hughes, V. Kameneff, P. R. E. Kirby, C. H. Laver, D. Laughlin, J. M. M. Marshall, W. J. May, G. Noott, T. M. Payne, A. E. A. Poulter, R. R. Powell, J. S. Rawson, M. M. Shaffi, M. T. Talaat, S. B. Venugopal, J. de S. Wijeyeratne, T. Wilson.

#### SOCIETY OF APOTHECARIES OF LONDON.

The following candidates have been approved in the subjects indicated:

SURGERY.—\*E. M. D. N. Baker, \*J. C. Gillies, \*†T. H. W. Idris, †S. de Moor, †D. Schonken, †J. D. Schonken.

MEDICINE.—\*C. Bluett, \*†E. S. Duffy, \*J. C. Gillies, \*†G. B. Holroyde, \*†S. de Moor, \*†J. A. Prendergast, \*†E. Renouf, \*J. D. Schonken, \*†J. A. Watson.

FORENSIC MEDICINE.—E. M. D. N. Baker, E. S. Duffy, J. C. Gillies, S. de Moor, J. A. Prendergast, E. Renouf.

MIDWIFERY.—E. S. Duffy.

\*Section I.

†Section II.

The diploma of the Society has been granted to Messrs. E. M. D. N. Baker, T. H. W. Idris, S. de Moor, J. A. Prendergast, and D. Schonken.

## Medico-Legal.

### DR. DRURY V. OFFICERS OF THE NATIONAL ANTIVACCINATION LEAGUE.

#### *An Apology and Payment.*

AN action for damages entered in the High Court of Justice, King's Bench Division, against certain officers of the National Antivaccination League has recently been settled by agreement. The plaintiff (Dr. Drury of Halifax) sued the editor of the *Vaccination Inquirer* and other officers of the League in consequence of an article published by the defendants in the *Vaccination Inquirer* last July. This journal is the official organ of the National Antivaccination League. Last March Dr. Drury gave evidence in favour of vaccination before a special inquiry conducted by the Legislative Council in the Isle of Man.<sup>1</sup> The article of which the plaintiff complained contained a number of references to Dr. Drury's evidence, including the following:

Dr. Drury's evidence, which formed the principal feature of the provaccinist testimony given to the Council, has been proved by Dr. Hadwen to be full of gross inaccuracies and misleading statements. In addition to the usual array of stock Jennerian fallacies, we regret to have to state that he also deliberately misled the Council in several important particulars.

#### *Dr. Drury Misrepresents the "Vaccination Inquirer."*

As it specially concerns ourselves, we may perhaps be pardoned drawing attention to the dishonest way in which Dr. Drury led the Council to believe that the *Inquirer* had prophesied that small-pox was about to come again. In animadverting upon Dr. Hadwen's statements "that small-pox had gone the way of the black death, sweating sickness, and the plague, which, by the sanitary improvements of the time, had simply departed from the country; that there was practically no small pox at the present time, and that he did not believe that small-pox ever again would be able to get a hold in any country such as the United Kingdom or Germany or other well-regulated countries," Dr. Drury said:

"Dr. Hadwen is incorrect in saying that small-pox has gone. Most sanitarians—even antivaccinators themselves—believe that small-pox is coming. They express that opinion themselves."

By the Attorney-General:

361. Do I understand you to say that small-pox is coming?—I am not a scaremonger really. I am not giving it as my opinion, but I have given you an opinion taken from the *Vaccination Inquirer*, in which they express the view that small-pox was about to come again.

362. Do you think that view reasonable?—I am not going to say. That is the view of hundreds of sanitarians, and I see the antivaccinators say that.

The Attorney-General: We may not have the same confidence in their opinion as you have.

We have no hesitation in saying that when Dr. Drury made these references to the views of the *Inquirer* he deliberately misled the Council, because he knows very well that we have merely quoted the statements of provaccinists as to the cyclical character of small-pox epidemics and as to the terrible retribution that awaited England when small-pox came again, as, in their opinion, it was sure to do.

<sup>1</sup> BRITISH MEDICAL JOURNAL, 1913, vol. i, pp. 1069, 1079, 1140.

The article then quotes from speeches of the President and ex-President of the Association of Public Vaccinators of England and Wales, and continues:

With these speeches ringing in his ears Dr. Drury goes to the Isle of Man and calmly tells the Council that, in saying that small-pox is coming, he is not giving his own opinion, but is giving an opinion taken from the *Vaccination Inquirer*! Such conduct is as dishonest as it is cunning. We are surprised that Dr. Drury is not ashamed to descend to such dishonourable dodges.

Dr. Drury's evidence in this matter was based on a leading article published in the *Vaccination Inquirer* (August 2nd, 1909), entitled "Coming Events," in which it is stated, "We agree that it is no doubt likely that this country will be visited by an epidemic of small-pox ere long."

On behalf of Dr. Drury, the Medical Defence Union, represented by Messrs. Hempton, solicitors, London, have conducted the case, and Mr. Collins, solicitor, acted on behalf of the defendants.

In October the following paragraph appeared in the *Vaccination Inquirer*:

#### *Dr. Drury and the "Vaccination Inquirer."*

Having regard to the freedom of the language frequently used by both pro- and anti-vaccinist controversialists, we are surprised to learn that Dr. Drury considers the remarks which we made in the July *Inquirer* on certain portions of his Manx evidence, transgress the limits of "fair comment." We therefore wish to state that in using the words "dishonest" and "dishonourable," we had no desire or intention to make any personal imputations against Dr. Drury as a professional man. The context of those words clearly shows that they had reference only to the criticism of certain statements which Dr. Drury had made in regard to the *Vaccination Inquirer*, and that they were used in a controversial and not in a personal sense. As, however, Dr. Drury thinks that they are capable of an offensive interpretation, and that they reflect upon his character as a professional man, we readily insert this explanation, and express our regret if the use of these words has given Dr. Drury cause to complain.

Later, in December, the defendants caused to be printed and published the following article in the *Vaccination Inquirer*:

We are sorry to learn that Dr. Drury is not satisfied with the explanation and expression of regret which we published in our issue of the 1st of October, 1913, and we therefore desire to amplify our apology. We definitely and distinctly withdraw all the words in our article of the 1st of July which can be considered in any way to reflect on Dr. Drury either in his professional or personal capacity. We desire to express our regret that we allowed any words to be published which could cause Dr. Drury any pain or be considered in any way to reflect upon his integrity, and we make an unreserved and unconditional apology for having done this. Owing to the correspondence that has taken place with Dr. Drury's solicitors, we were not able to insert the above apology in our November issue.

Subsequently a settlement of the action was arrived at on the terms set out below:

1. The payment to Dr. Drury of the sum of 100 guineas.
2. An undertaking that the publication shall not be republished. (The defendants state that the publication has already been withdrawn).
3. The payment of costs in full.
4. The publication in the *Vaccination Inquirer* of the following article:

"Dr. Drury having taken exception to a certain article in the *Vaccination Inquirer* an action was commenced in the High Court at his suit against the editor of the *Vaccination Inquirer* and certain officers of the National Antivaccination League. This action has now been settled by the apology and withdrawal which appeared in the *Vaccination Inquirer* of 1st December, 1913, defendants having paid to Dr. Drury 100 guineas as agreed damages and his costs of the action and the issue containing the statements complained of has been withdrawn from publication."

5. An agreement that the terms of settlement may be published in the *Jennerian*, the *BRITISH MEDICAL JOURNAL*, and the *Lancet*.

### ACTION BY A MEDICAL SUPERINTENDENT FOR LIBEL.

#### *Verdict for the Plaintiff.*

AN action by Dr. W. J. C. Keats, medical superintendent of the Camberwell Infirmary, of the Gordon House Home, and of the children's scattered homes of the Camberwell Guardians, against the proprietors and printers of the *London Budget* for libel, was heard in the King's Bench Division before Mr. Justice Darling and a special jury last week. The plaintiff alleged that the *London Budget* had suggested that he had been guilty of cruelty in flogging convalescent boys in the infirmary. The defendant said that the matter published was a fair and accurate report of a meeting of the Camberwell Guardians, and was

**DEATHS IN THE PROFESSION ABROAD.**—Among the members of the medical profession in foreign countries who have recently died are Dr. E. Boudrimont, a well-known surgeon of Bordeaux; Dr. Antonio D'Antona, professor of clinical surgery in the medical faculty of Naples, one of the founders of the *Società Italiana de Chirurgia*, author of writings on inflammation, renal surgery, the treatment of surgical tuberculosis, and others, aged 70; Dr. E. Guillet, professor of clinical surgery in the medical faculty of Caen, aged 52; Aly Bey Heydar, ex-professor of anatomy at the School of Kasr-el-Aini, aged 60; Dr. Jeanne, editor of the *Concours Médical*; and Dr. Leonhard Kessler, formerly professor of gynaecology in the University of Dorpat, aged 79.

## Medical News.

THE fourteenth Congress of Criminal Anthropology will be held at Budapest next summer.

DR. RICHARD N. JONES has been appointed a justice of the peace for the borough of Swansea.

IN the Carola Hospital at Dresden an institute for the treatment of disease with radium, mesothorium and thorium X, has recently been opened. The director is Dr. Nahmmacher.

PRINCE LUDWIG FERDINAND OF BAVARIA, M.D., who has long been a member of the Leipzig League, has recently joined the Munich Medical Association in order to show his sympathy with the movement for free choice of doctor.

SIR STCLAIR THOMSON and Mr. Arthur Cheatele have been elected honorary members of the Italian Society of Laryngology and Otology. Sir StClair Thomson has also been elected an honorary member of the Laryngological Society of Berlin.

SIR RICHARD DOUGLAS POWELL, Bart., K.C.V.O., M.D., will deliver two Emeritus lectures on Fridays, February 20th and 27th, at 3 p.m., in the Middlesex Hospital Medical School. The lectures will deal with the therapeutic use of digitalis and strychnine.

A COURSE of eight lectures on dietetics will be given at the Royal Institute of Public Health, Russell Square, W.C., by Dr. Josiah Oldfield on Wednesdays, at 4.30 p.m., commencing on February 4th. Further particulars will be found in our advertisement columns.

AT the meeting of the Royal Society on Thursday afternoon next a paper on the conduction of the pulse wave and the measurement of arterial pressure, by Professor Leonard Hill, F.R.S., and Drs. J. McQueen and M. Flack, will be read. A report of the Monte Rosa expedition of 1911 will be presented to the same meeting by Mr. J. Barcroft, F.R.S., of Cambridge, and his colleagues.

DR. LAQUER, of Wiesbaden, is the initiator of a scheme for the foundation of an institute for scientific research on all questions relating to alcohol and alcoholism in Germany. There are institutes of this kind in St. Petersburg and Moscow, and in Boston, U.S.A., in connexion with the Carnegie Nutrition Laboratory.

AT this time, when so much is heard about the education of school children in what is called euphemistically "sex hygiene," it is interesting to learn that on January 7th the Chicago Local Board of Education decided to discontinue courses of lectures on the subject in the public schools after a trial of one year.

A COURSE of six lectures on milk, for those engaged in the milk trade and in institutions where milk is largely consumed, will be delivered by Professor A. Harden, D.Sc., F.R.S., head of the Biochemical Department of the Lister Institute, at the South-Western Polytechnic, Chelsea, commencing on Thursday evening, February 5th. A practical class will be held immediately after the lecture.

DURING the academic year 1912-13 the number of degrees of Doctor of Medicine granted by the nine French universities was 948. Of these 70 were honorary diplomas not conferring the right to practise in French territory. The total number of degrees granted by the several universities was as follows: Paris, 433; Montpellier, 138; Lyons, 116; Bordeaux, 102; Toulouse, 73; Lille, 40; Nancy, 34; Algiers, 12; Beyrouth, 37.

THE complimentary dinner to Dr. Addison, M.P., has been unavoidably postponed until Friday, February 6th. It will be held at the Hotel Métropole at 7.30; reception from 7 to 7.30. Professor Sir Ronald Ross, Professor Hall, Mr. C. P. Lockwood, Mr. Walter Jessop, Dr. W. Langdon-

Brown, Dr. Hugh Thursfield, and Dr. H. Morley Fletcher have joined the committee. Those proposing to be present should make early application for tickets to Dr. H. H. Mills, 21, St. Mary Abbott's Terrace, Kensington, W.

A PLEASANTLY written and well informed account of Mentone, as it was and as it is, is to be found in a booklet recently published by Dr. D. W. Samways under the title of *Mentone as a Health and Pleasure Resort*. Nominally it is a second edition of a book by the same author which appeared some twelve years ago, but so much of the matter has been rewritten that the present volume may be regarded as a new publication relating to all subjects covered by a wide interpretation of its title. The book is issued by W. J. Southwood and Co., Exeter.

A NORTHERN nursing and midwifery conference will be held in the Exhibition Buildings, New City Road, Glasgow, from February 7th to February 11th. Among the subjects set down for discussion are nursing in the Royal Navy, the Army and the Territorial Forces, colonial and missionary nursing, the sphere of nurses in the tuberculosis dispensary, the importance of ophthalmic training for nurses, and the nursing of venereal diseases. Trained nurses, midwives, and certificated health workers will be admitted free to the conference and to the exhibition of hospital and nursing appliances to be held during the conference.

IN the annual report of the (American) National Association for the Prevention and Study of Tuberculosis it is stated that the sum of £5,800,000 was spent last year in the various scientific and medical activities dealing with the prevention and treatment of tuberculosis. From the schedules of expenses drawn up for public information it appears, says the *New York Medical Journal*, that sanatoriums and hospitals cost £2,600,000 and the care of patients in dispensaries and open-air schools about £165,000; State and local boards of health spent over £50,000. Public funds furnished £2,760,000 of the total amount. New York spent the largest amount of any State.

THE Irish Medical Schools' and Graduates' Association had a successful meeting and dinner at the Midland Hotel, Manchester, on January 24th. Dr. Douglas, who presided, was supported by Dr. Jocelyn Swan of Wellington, and Dr. Shepherd Boyd of Harrogate, provincial secretary. Dr. Swan proposed the health of the guests, which was responded to by Colonel Coates, C.B., and Dr. Hill Griffiths. Dr. O'Hagan proposed the toast of the association, which was replied to by Dr. Douglas, the president. The pleasure of the evening was greatly augmented by songs and recitations from the following: Mrs. Walls, Dr. Hill Griffiths, Colonel O'Hagan, Mr. Murray, Dr. Starkey, and others.

AT a meeting of the Library Company of Philadelphia, founded by Benjamin Franklin in 1731, appreciative resolutions were passed with regard to the death of Dr. Weir Mitchell, who was for many years presiding director of the library. At a meeting of the Committee of One Hundred of Philadelphia a sealed communication which was opened after the death of Dr. Weir Mitchell was read. In it he, the first custodian, in accordance with the conditions imposed by Dr. Robert Abbe, of New York, designated Dr. Simon Flexner, of New York, to succeed him as custodian of the watch formerly belonging to Dr. Benjamin Rush, of Chicago, and now deposited with the College of Physicians of Philadelphia.

THE winter dinner of the West African Medical Staff was held on Wednesday, January 21st, at the Grand Hotel, London. Dr. Prout was in the chair, and the company numbered about thirty, and enjoyed a most pleasant evening. After the loyal toast, the Chairman proposed the toast of "Prosperity and Success to the West African Medical Service." He referred to the increase in work and responsibility of the staff, and expressed the hope that all grievances would be settled to their satisfaction. Mr. Darker proposed the health of "The Visitors," who included representatives of the Colonial Office and others, and Dr. Milligan and Dr. Pontifax (of the Customs Department of Southern Nigeria) replied. A vote of thanks to Dr. Fagan, who organized the dinner, proposed by Dr. Foy and carried with acclamation, was wittily acknowledged by Dr. Fagan.

THE next meeting of the International Conference on the Blind will be held at the Church House, Westminster, London, S.W., from June 18th to 24th, both dates inclusive. A special feature of the conference will be an exhibition of the arts and industries of the blind, which will include, besides specimens of all kinds of work done by them in Great Britain and foreign countries,



demonstrations by living workers, musical and gymnastic displays, stalls of books and apparatus, medical appliances connected with the preservation and restoration of sight, and many other features of interest. English will be the official language, but interpreters will be in attendance when speeches are given in other languages. H.R.H. the Duke of Connaught is patron of the conference, and among the vice-presidents are the Archbishops of Canterbury and York, Cardinal Bourne, and a number of other persons prominent in various spheres of social activity. The chairman of the General Conference Committee is Mr. Henry J. Wilson of London; the honorary secretary is Mr. Henry Stainsby, the British and Foreign Blind Association, 206, Great Portland Street, London, W.

UNDER the patronage of their Majesties the King and Queen, an International Congress on Social Work and Service (State, Municipal, and Voluntary) will be held in June, 1915, at the London University. Similar international congresses have been held at Paris in 1889, Geneva in 1896, Paris in 1900, Milan in 1906, and Copenhagen in 1910. The subjects already selected for discussion at the London conference have reference to: (1) Thrift in its relation to relief; (2) international provisions for the assistance of deserted children; (3) the assistance of families of prisoners and extradited persons; (4) the care and control of the mentally defective; (5) State insurance and hospitals; (6) the relation of the municipality to public and private assistance; (7) the housing of the working classes; (8) the work of school care committees. H.R.H. Prince Arthur of Connaught has consented to become president of the congress, and an executive committee has been formed of which Sir William Collins is chairman. Among the members of this committee are Sir William Chance, Major Leonard Darwin, Mr. C. S. Loch, and Sir Shirley Murphy. All communications relative to the congress should be sent to the honorary secretaries at Denison House, Vauxhall Bridge Road, London, S.W., and all subscriptions to the honorary treasurer, Sir Felix Schuster, Bart., at the same address.

A QUARTERLY court of the directors of the Society for the Relief of Widows and Orphans of Medical Men was held on Wednesday, January 14th, Dr. Rigden, Senior Vice-President, in the chair. Fifteen members of the court were present. It was reported that since the last court two of the vice-presidents of the society had died—Dr. Clement Godson and Mr. H. W. Kiallmark. One of the widows in receipt of grants had also died. She came on the funds in 1875, and received in grants the sum of £2,300. Her husband paid in subscriptions £37 16s. The sum of £1,260 was voted for the payment of the usual half-yearly grants to the widows and orphans, and £392 10s. was voted for special grants to be paid out of the Brickwell Fund. The invested funds of the society now amount to £139,500. Membership of the society is open to any registered medical practitioner who at the time of his election is resident within a twenty-mile radius of Charing Cross. The annual subscription is two guineas. Special terms for life membership. Further particulars and application forms for membership may be obtained by applying to the Secretary at the office of the society, 11, Chandos Street, Cavendish Square, W.

CALCIUM salts have been employed in bronchial asthma with success, and in the hands of Professors Emmerich and Oskar Loew have yielded surprisingly good results in certain cases of hay fever also (*Muench. med. Woch.*, December 2nd, 1913). They advise a solution of 100 grams of pure crystalline calcium chloride in 500 grams of distilled water, of which 5 c.cm. (about 1 drachm contains 1 gram of the salt) is taken morning, noon, and evening either in water or in some drink, such as tea, soup, or coffee, for an indefinite period. They state that patients who had suffered from extremely severe and obstinate hay fever regularly every year for periods up to thirty-five years, who started the treatment during 1912, remained free during the summer of 1913, and were able to live in the country during the spring and summer. No other treatment was used. The condition in its severer forms is so little amenable to ordinary treatment and so intolerable to the sufferer that there is little wonder that the majority of patients are willing to try any treatment stated to do good, and are apt to fall into the hands of the quack. It is, therefore, of some importance that two capable clinicians like Professors Emmerich and Loew have found so simple a form of treatment effective. Added to the direct effect, they claim for the treatment an increase of energy, an improvement of sleep, a raising of resistance towards infections, a diminution of the tendency to catch cold, and, lastly, in the case of corpulent persons a reduction of fat.

## 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.

### QUERIES.

IONIST asks for information as to the significance of a slight flow of milk from the breasts of—(1) a healthy virgin aged 24; suppressed menses six months; uterus normal; excellent health, and no anaemia, etc. (2) A healthy married woman aged 28; miscarriage, at three months, six years ago; no conception since. Milky fluid ever since discharging from breasts, which appear quite normal and virginal.

J. F. F. asks for an explanation for the following phenomenon. I have (he writes) a male patient at present in the hospital on whom I operated for empyema a few weeks ago following on acute pneumonia (tuberculous). Since operation the matron tells me that every plant she has put in the room occupied by the patient immediately begins to droop and fail. The patient has been moved three times into different rooms and the same thing has occurred. Cut flowers placed in water do the same. The discharge from the empyema wound became very offensive a few days after operation, but is now quite sweet.

### THE INFECTION OF CHILDREN WITH THE BOVINE TUBERCLE BACILLUS.

MR. G. A. WYON, M.B., Ch.B. (Bow, E.), writes: May I be allowed through your columns to put one or two questions to Dr. Clive Riviere on the above interesting subject? First of all, would Dr. Riviere carry out his suggestion of giving milk which he believed to contain some bovine tubercle bacilli to his own children? If so, would he make any previous examination of the milk for the number of bacilli per unit volume? If he would advocate such an examination, at what maximum point would he withhold or sterilize the milk? Next, is it an established fact that no acute milary tuberculosis and that no pulmonary tuberculosis (acute or chronic) is known to be due to the bovine bacillus? Finally, if immunization by bovine bacilli is to be attempted, why not do it by inoculating sterilized milk with a measured quantity of bovine bacilli, or even by hypodermic injection of a culture, living or dead?

### INCOME TAX.

I. T. has been asked by the surveyor of taxes for a certified copy of his accounts for 1910, 1911, and 1912, in support of his return of last year. As he has already been assessed for 1913-14, and has paid the tax charged, he wishes to know whether the surveyor can legally claim to examine his accounts, seeing that he has not appealed against the assessment.

\* \* Our correspondent is not bound to furnish the accounts at the request of the surveyor, but it will probably save him some trouble in the long run to do so, inasmuch as non-compliance with the request may result in an estimated additional assessment being made by the Income Tax Commissioners, in which case production of the accounts would be necessary in connexion with the consequent appeal.

### LETTERS, NOTES, ETC.

#### HAUSA CUSTOMS AND FOLKLORE.

IN Major Tremearne's letter on this subject in the JOURNAL of January 17th, p. 171, a superfluous "not" crept in. Major Tremearne is anxious that it should be understood that he did not wish to imply that our reviewer had read the papers contributed to the last meeting of the British Association.

#### THE SMALL FAMILY.

DR. BINNIE DUNLOP, Alexandra Court, London, S.W. (member of the Malthusian League), writes that he will give a copy of "The Small Family System" to any member sending him name and address.

#### FATAL CHOREA OF PREGNANCY.

DR. W. E. FOTHERGILL (Manchester) writes: May I correct a date in my letter on the above subject which appeared on January 24th? The valuable paper by Turney was in the *St. Thomas's Hospital Reports* in 1898—not 1908—and I quoted from it in a work of my own which was published in 1900.

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

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NOTE.—It is against the rules of the Post Office to receive *postes restantes* letters addressed either in initials or numbers.