

TWO CASES OF DIPHTHERIA WITH UNUSUAL COMPLICATIONS.

BY

J. JOHNSTONE JERVIS, M.D. EDIN., D.P.H. LOND.,

RESIDENT MEDICAL OFFICER, CROYDON BOROUGH HOSPITAL, AND
ASSISTANT MEDICAL OFFICER OF HEALTH FOR THE
COUNTY BOROUGH OF CROYDON;

AND

V. C. MARTYN, L.R.C.P. LOND., M.R.C.S.,

ASSISTANT MEDICAL OFFICER, CROYDON BOROUGH HOSPITAL; LATE
MEDICAL REGISTRAR LONDON TEMPERANCE HOSPITAL.

The following cases, recently under our care in the Croydon Borough Isolation Hospital, are of special interest as showing two complications of diphtheria seldom met with in the practice of infectious fevers and not specifically mentioned in any of the standard textbooks dealing with this subject.

CASE I.—*Pulmonary Abscess.*

A girl, aged 9 years, was sent to the hospital as an ordinary case of laryngeal diphtheria. The symptoms on admission were those of well-pronounced laryngeal obstruction; she was deeply cyanosed, breathing was laboured with marked laryngeal stridor, and she displayed all the distressing symptoms of asphyxia. There was pronounced recession of both supra-sternal and infra-sternal notches, together with indrawing of the intercostal spaces and, indeed, of all the soft parts of the chest. The pulse at the wrist was almost imperceptible, the extremities were cold and blue, and the chance for the child's recovery looked extremely black. Tracheotomy was immediately performed, the opening being made in the trachea just below the cricoid cartilage. No sooner was this done than a large quantity of thick yellow pus mingled with blood spouted from the wound, smothering the operator and his assistants. The actual quantity seemed to be about 4 oz., and another ounce was coughed up by the child while she was yet on the table. A Parker's tracheotomy tube of large size was inserted and tied in, and the child taken back to bed. Colour and pulse rapidly improved, and an hour after the operation the child was sleeping comfortably. During the course of the next four days she continued to cough up pus through the wound, its consistence becoming more glairy and mucoid as the quantity decreased.

The tube was removed on the third day; on the fifth day the discharge had completely ceased, and on the twentieth day the wound had closed. As soon as the child was out of danger, and before removal from the theatre, the throat and pharynx were examined, as there had been no time for this prior to the operation. Both were somewhat congested, but no diphtheritic membrane was present. Swabs of the throat proved negative. A swab of the larynx and of the trachea above the wound, however, distinctly showed the presence of the Klebs-Löffler bacillus, and in culture there was a pure growth of this organism. A smear preparation of the pus was examined but no Klebs-Löffler bacilli were found, the only organisms present being *Fraenkel's pneumococcus* and some short chains of streptococci. These organisms were also found in culture, but there was entire absence of Klebs-Löffler bacilli. A smear from the wound itself, however, did show the presence of this organism, due probably to an extension of the infection from the larynx. On the first appearance of pus from the wound a retropharyngeal abscess was suspected, but on further investigation these suspicions proved to be unfounded. The chest was examined, and was noted to be somewhat malformed (pigeon-shaped); expansion was poor, especially on the left side; the percussion note was dull over the left lower lobe, the dullness extending to the level of the spine of the scapula, and to a less marked degree above that.

Breath sounds over the affected lung were distinctly impaired, being of the broncho-vesicular type over the apex and upper lobe, and of the bronchial type over the lower. A well defined area about 3 in. in diameter at the level of the inferior angle of the scapula suggested cavitation. Over this region the breath sounds were amphoric, with tinkling râles and abundant moist sounds; there was pronounced increase of the vocal resonance, the whispered voice being very distinctly heard.

Empyema and lung abscess suggested themselves as being at the root of the trouble; failure, however, to find pus in the pleural cavity after two explorations eliminated the former, and, having regard to the signs displayed over the affected area, the latter seemed the more probable. To help in the elucidation of the case an x-ray examination of the chest was made by Dr. Stanley Melville, who reported "that the whole of the left side was diffusely opaque, the opacity obscuring any view of the diaphragm on this side. The upper lobe was patchy. The condition suggested thickened pleura with some breaking down of lung tissue." As it was thought that the case might have a tuberculous origin the von Pirquet reaction was sought for on two separate occasions, but without result. A history of long-standing bronchitis was obtained from the mother,

but whether the lung abscess was primary or secondary or had anything at all to do with the laryngeal condition seems to be a matter of great doubt. The child made a good recovery, and, with the exception of some signs of fibrosis and bronchiectasis in the left lung, was discharged in good health.

CASE II.—*Paralysis of the Circumflex Nerve.*

C. M., a girl aged 7 years, was admitted as an ordinary case of scarlet fever, with all the signs and symptoms of this disease well developed. In addition to these, membrane was present on both tonsils, and as this suggested the possible presence of diphtheria a swab of the throat was taken, and its examination revealed the Klebs-Löffler bacillus. At the same time it was noted that the condition of the heart was somewhat abnormal, the character of the first sound being altered. Two days after admission she suddenly became collapsed, pulse rapid and feeble, colour poor, extremities cold, and she displayed all the symptoms of heart failure; cardiac stimulants were administered, and she recovered. Several days later it was noticed that there was definite loss of power in the right arm, and it was found that while she was able to use the forearm and hand she could not raise the limb at the shoulder-joint. Comparison with the limb of the opposite side pointed to weakness of the deltoid as being the cause. Signs of paralysis could not be found in any other region. The child was kept completely at rest for fourteen days, the heart symptoms improved, but the arm condition remained the same. About this time wasting began to manifest itself in the affected muscle, and, notwithstanding treatment by massage and strychnine, improvement did not take place. The wasting continued, and on the date of discharge, six weeks after admission, she was still unable to raise the limb. On three successive days after admission 4,000 units of anti-diphtherial serum were administered, and a definite serum rash occurred on the thirteenth day.

The paralysis was evidently one of the circumflex nerve, and was in all probability attributable to the diphtheria toxin, as no other cause seemed to suggest itself.

Several writers have reported cases in which the diphtheria toxin has picked out nerves supplying muscles or groups of muscles, and, taking into account the condition of the heart, which was typically that usually present in severe cases of diphtheria, we feel justified in concluding that this case was of a similar nature.

We are indebted to Dr. R. Veitch Clark, Medical Officer of Health for the County Borough of Croydon, for permission to publish notes of these cases.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

TWO UNUSUAL CASES OF ABSCESS OF THE LIVER.

In the JOURNAL of December 13th, 1913, Dr. Ashton Bond published a case of tropical liver abscess which came under his care in hospital at Toro, Uganda, in which the abscess was situated in the epigastric region. The case was of peculiar interest to me, as it recalled to my mind a very similar case I had to treat while living in a temporary camp, the nearest white settlement being more than 100 miles away. It occurred in a native of North-East Rhodesia in December, 1911. He had been working as a carrier for some time, and had only ceased to work as such ten days previous to my seeing him, though this was difficult to believe, as he presented a most pitiable and anxious appearance. The man was suffering from the most extreme degree of emaciation, and the upper part of the abdomen was greatly swollen and tense. The temperature was 101°, and the pulse 78. Liver dullness was increased both in an upward and downward direction; the spleen could not be felt, owing to the nature of the swelling, which filled the whole of the epigastric and left hypochondriac regions. This swelling, which he said was not painful, was only slightly tender. There was some degree of jaundice, but he had had no rigors or sweats. I was able to get a definite history of previous attacks of dysentery. As his condition called for immediate treatment, and he consented to operation, I had small trees cut down and a table made and covered with grass and placed in a large hut, open on one side, where I operated. On cutting through the abdominal wall, the abscess, about the size of a small coconut, was found to be divided into

two compartments, which communicated. It was well shut off from the rest of the abdominal cavity by adhesions. More than a pint of pus was removed at the time, and the cavity was syringed out with a weak solution of iodine, and this procedure was repeated subsequently when the wound was dressed. A drain was left in, and there was a discharge of pus for several days. In the beginning of February, 1912, he left for his home cured.

A second case of tropical abscess occurred in a European, one of the French missionaries stationed near Kasama, North-East Rhodesia, whose illness had begun several months previously with cough, loss of appetite, and emaciation, and until the time when I saw him his illness was regarded by the other White Fathers in the mission as one of incurable phthisis. He was extremely emaciated, had a constant cough, and pain over the liver radiating into the right shoulder; and sweating, which occurred especially at night, was very profuse. Altogether the symptoms were unmistakable and classical. The abscess again appeared to be situated in the epigastric region, there being a tense swelling there which was not tender. I was travelling at the time and without instruments, but wrote to Dr. Storrs at Kasama, who came prepared to operate; but the abscess had burst into the duodenum before his arrival, and since then I have heard that the patient made an uninterrupted recovery.

R. R. MURRAY, M.B.,
F.R.C.S.Ed.

Kawambwa, North Rhodesia.

THE CURE OF ATROPHIC RHINITIS.

IN answer to "Rosaceae's" inquiry in the issue of March 21st as to motoring and rhinitis, I can, if he refers to atrophic rhinitis, venture a suggestion from my own personal experience.

It must be recognized that the muco-purulent discharge—either from the nose itself or some of the sinuses, or both—tends to be pathological for two main reasons, namely: (1) In adult life, when the condition is usually first noticed, a certain degree of atrophy of the secreting glands has occurred, and the watery component of the normal secretion is reduced; (2) the abnormal "roominess" of the nasal cavity is such that the inspired air is robbed of the moisture-giving properties of the turbinates, and this, in addition to greater evaporation on an increased surface area, is a further factor in the dehydration of the discharge. Crusts and ozaena are merely secondary symptoms, due to the drying and subsequent decomposition of the discharge; moreover, a subsequent sinusitis may be due largely to the obstruction caused by a crust.

With these facts in mind it is seen that a motor ride, especially in the brisk air of early morning, so stimulates the remaining glands of the nasal cavity, that the deficiency of water is easily counteracted, and any tenacious discharge and crusts are readily loosened from the surface by *vis a tergo*. This explains why a few miles in a motor car will readily loosen crusts which all the packing and syringing with hot douches from a Higginson's syringe have left behind (*vis a fronte*). The motor ride, therefore, attains the cleansing of the nasal cavities in a more efficient and pleasing manner than approved hospital treatment, but it still remains to be decided whether the atrophy is so slight as to require no further treatment. In some cases, merely half an hour's presence in a warm room is sufficient to again dry the whole surface of the nasal cavity, and I have found that immediately after the ride and a general cleansing out of each nostril, a little packing is necessary, if the comfort is to be maintained during the rest of the day. At first, when the discharge was very bad, I carried this out by means of gauze moistened with boracic ointment, and packed lightly into both middle and inferior meatus, and only removed the pack at night time if going out for a further ride, or before retiring, after douching out the nose and inserting a fresh plug. As the discharge improved I substituted spraying with parolein and packing the inferior meatus only, and eventually sprayed only as occasion demanded—once or twice during the evening.

For months I continued the light pack at bedtime, and when there was any tendency to dryness in the evening or on waking in the early morning, I found this the handiest and most efficient means of comfort.

It must be borne in mind that the character of the epithelium of the nasal cavity in cases of twenty years' standing, has been altered to such an extent that the remaining ciliated cells are no longer sufficient to carry away foreign material, and the nose wash is as essential as a toothbrush. This, however, may now be of a simple nature, and I find that the most convenient method is to use, in a pint or so of warm water each morning, a tea-spoonful of a mixture of an equal quantity of salt, borax, and sodium bicarbonate from a convenient canister placed on the washstand. This need only be sniffed up the nostrils and gargled in the throat.

My conclusions are that motoring in itself may cure atrophic rhinitis in young subjects who have not yet had the condition diagnosed, but that in advanced cases, in which the amount of atrophy is such as to cause rapid dehydration of the discharge, further treatment is required; and that in all cases the risk of sinusitis is considerably reduced, the ozaena is cured, and the crusting is less troublesome.

Furthermore, I have found that an early morning walk, a cycle ride, and sea bathing have precisely the same effect as motoring, and that if, by packing and spraying, the formation of crusts can be prevented, a cure may reasonably be expected in an individual of average intelligence and patience.

GILBERT BURNET, M.B., Ch.B.,
Late Clinical Assistant, Ear, Nose, and Throat
Department, Edinburgh Royal Infirmary.

Hemel Hempstead.

COEXISTENCE OF EPITHELIOMA AND LABIAL SYPHILOMA.

J. S., aged about 43, is the subject of these two lesions, interesting not only on account of their coexistence, but also in view of the fact that they are often mistaken for each other. A Dutch sailor, he acknowledges various exposures to specific infection, and, in addition, gives a typical history of the development of the malignant tumour. This is situated on the lower lip on the right half and somewhat near the angle. First, there appeared a crack, which, on being subjected to the chafing of a clay pipe, became warty, and is now an eight months' old tumour, about the size of a shilling, with marked induration, rolled-over edge, and rough, uneven surface, with one or two small fissures. There is considerable involvement of mucous membrane and there are frequent twinges of pain. The neighbouring submaxillary and submental glands are enlarged, and I could feel one or two along the carotid of the same side. The diagnosis is very evident, the only factor against it being the age, which is rather early for malignancy.

The specific tumour is on the upper lip at the middle line, but most of it is at the same side as the tumour on the lower. There is an ulcerated surface, "sitting," as it were, on the mucous surface in much the same way as diphtheritic membrane does. It is quite different from that on the lower, having an almost smooth surface with just sufficient moisture to suggest sero-pus. The growth tends to spread towards the nose, involving more skin than mucous membrane, which is (I believe) more or less typical of labial chancre. It is about six weeks old and was very rapid in growth, with a simultaneous enlargement of glands. He had no rash, and never had any other manifestation of specific disease, major or minor.

He attributed this new "wart" to the chafing of the other, which suggests an interesting problem: Can epithelioma spread by such contiguity from one mucous surface to another, assuming irritation and the presence of cracks? Personally I am inclined to think so, though I have never heard of malignancy present in both lips.

Here, as in the former, the age is somewhat late for manifestation of specific sore. The case is also interesting from the point of view of treatment. Should excision of the epithelioma be undertaken in the presence of the other tumour, or should a prolonged mercurial course be undertaken while the malignant tumour is left to engraft itself more fully?

P. J. S. O'GRADY, M.B., B.Ch., B.A.O., L.M.
Fort Elizabeth, Croom.

DR. THOMAS HOOD, P.M.O., Southern Provinces, Nigeria, has been appointed Director of the Medical and Sanitary Service of Nigeria.

Universities and Colleges.

UNIVERSITY OF SHEFFIELD.

THE Council, at its meeting on April 6th, made the following among other appointments: Mr. Wilfred Jevons, B.Sc.Lond., to be Junior Lecturer and Demonstrator in Physics, and Mr. A. E. Barnes, M.B., Ch.B.Sheffield, M.B.Lond., M.R.C.P., to be Lecturer in Materia Medica, Pharmacology, and Therapeutics.

ROYAL COLLEGE OF PHYSICIANS IN IRELAND.

At the last meeting of the President and Fellows of the Royal College of Physicians, Sir Arthur Chance, F.R.C.S.I., was elected an Honorary Fellow of the College in recognition of his services to the colleges while representative of the sister college on the General Medical Council. Sir Arthur Chance is a past President of the Royal College of Surgeons in Ireland, and surgeon to the Mater Misericordiae Hospital, Dublin.

CONJOINT BOARD IN IRELAND.

THE following candidates have been approved at the examination indicated:

FINAL COLLEGE.—C. M. G. Campbell, E. Connell, J. J. Donegan, J. J. Elliott, E. G. Foley, J. M. Gilmor, W. Lumley, L. L. McKeever, J. A. O'Driscoll, P. J. O'Reilly, J. J. Reynolds, R. P. Weldon.

CONJOINT BOARD IN SCOTLAND.

THE following candidates have been approved at the examinations indicated:

FIRST COLLEGE.—Muljibhai K. Dalal, J. B. W. Telford, W. C. Carew, R. G. Bell, J. A. A. Duncan.

SECOND COLLEGE.—J. Pearson, A. M. Morris, F. J. D. Cass, J. F. Campbell, C. V. Samwell, E. Butler, Anna G. Stott, F. E. Gillieren, M. Campbell, W. McElroy, E. M. L. Morgan, Ethel M. Popplewell, F. J. Jack, H. G. F. Maurice.

THIRD COLLEGE.—F. B. Macaskie (with distinction), J. J. Armistead (with distinction), J. L. Hendry, H. A. G. Dykes, Lizzie O'Flynn, C. M. Bradley, L. W. Nott, H. O. Martin.

FINAL.—P. W. Laidler, J. M. McLachlan, R. Dorset, K. V. Swami, L. Lazarus, L. E. L. Coghlan, C. M. G. Elliott, R. Prasad, F. D. Johnson, R. B. F. Frazer, C. Sivasithamparam.

LONDON SCHOOL OF TROPICAL MEDICINE.

THE following candidates were approved at the examination held at the end of the forty-fourth session of the school:

*G. G. Jolly, *N. S. Williams, †G. M. Millar, †C. J. B. Pasley, A. L. Fitzmaurice, V. StJohn Croley, J. Marmion, I. Ridge-Jones, S. Colyer, S. F. Chellappa, B. Haight, †E. Gibson, Miss E. N. M. Ross, J. H. Castro.

* Passed with distinction. † Colonial Medical Service.
‡ Captain, I.M.S.

Obituary.

THE LATE SIR ARTHUR BRANFOOT.

LIEUTENANT-COLONEL C. DUER, M.B., F.R.C.S., I.M.S., writes: The passing of Surgeon General Sir Arthur Branfoot will cause deep regret to a vast number of people in India and connected with India in every grade of society. He was a most distinguished example of the all-round physician and surgeon, capable of dealing well with almost any problem in the whole domain of medicine, a product of the conditions of service in the Indian Medical Department—conditions which still continue, though, for various reasons, in decreasing extent. I had not the honour and privilege of knowing him personally until after the close of his more active professional life, when he came to Burma as principal medical officer of the troops, though, of course, I knew him well by the reputation he had gained in Madras. It is difficult to give any conception of the feeling of security, relief, and comfort the presence of one with such knowledge, experience, skill, and reputation gave to every member of the medical profession in Rangoon. With no specialists and frequently confronted with the most difficult and grave cases and emergencies, those only who have had to rely much on themselves can appreciate what it was to have the ever-ready and generous help of such a one. While in Rangoon he steadfastly refused all private practice, and seldom, if ever, accepted a fee when asked in consultation. He was the best and truest of friends, to whom one instinctively turned in times of stress and anxiety, feeling sure of his sympathy and understanding. I can give no idea of his increasing kindness and solicitude towards me and mine. To his own illnesses he hardly ever referred. At the close of a long and sympathetic letter, dated February 27th, the last I had from him, he writes: "I managed to contract a catarrh in London,

which turned out more serious than I anticipated, and which has left some trouble behind. I hope to get a change down to the seaside next week, and that this may sweep away the dregs." Lady Branfoot and his family will have the heartfelt sympathy of all who knew him.

C. F. BRYAN, M.R.C.S., L.S.A.

MEDICAL OFFICER, LEICESTER UNION WORKHOUSE.

WE regret to record that Dr. C. F. BRYAN, of Leicester, died very suddenly from heart trouble at his residence on Sunday evening, March 29th. The only son of Frederick Thomas Bryan, born at Knossington, Leicestershire, in 1851, educated at the Collegiate School, Leicester, and Guy's Hospital, London, he commenced practice in Leicester in 1874. He was appointed surgeon to the workhouse in 1880, and surgeon under the Factory Acts in 1889, and held both of these appointments to the time of his death. For some years he was honorary surgeon to the Leicester Volunteers, and it was he who introduced and established ambulance work in the corps. He was president of the Leicester Medical Society from 1892 to 1894, and on the formation of the Leicester Medical Union in 1902 was elected president for the year. He represented Charnwood Ward on the Leicester Town Council for the last sixteen years, devoting his time chiefly to the Sanitary, Asylum, Water, and Markets Committees, of two of which he was vice-chairman. He was a man of independent judgement; although an ardent Liberal his policy was always to place communal interests above party considerations. The first part of the funeral service took place at Christ Church, and was attended, amongst a great number of people, by the Mayor of Leicester, aldermen and councillors, the town clerk, chief constable, borough surveyor, medical officer of health for borough, medical superintendent of Borough Mental Hospital, water engineer; representatives of the guardians, nurses of the workhouse, Union of Medical Practitioners, medical profession of the town, Leicester Bowling Club, Leicester Temperance Building Society, Leicester Liberal Association, Charnwood Ward Liberal Association, Boys' Receiving Homes, etc. The remains were interred in Humberstone Churchyard on April 2nd. He leaves a widow, two sons, and four daughters.

Dr. W. F. DEARDEN (Old Trafford, Manchester) writes: Having been so much associated with the late Dr. C. F. Bryan, of Leicester, in the management of the affairs of the Association of Certifying Factory Surgeons, I feel that I owe a duty to his memory to say how deeply his loss will be felt by those of us who have been actively engaged with him in the conduct of this organization. He served for over ten years as vice-president and member of the Council, and was President in 1908. He possessed a very even temper and was rarely ruffled, whilst he was endowed at the same time with a great fund of energy and business ability. His special knowledge and experience were freely placed at the disposal of his colleagues, and often proved extremely valuable to their deliberations. As a certifying surgeon he did extremely good work in Leicester, and was highly respected both by employers and employees. He took a special interest in industrial conditions affecting the worker, and a very successful Section on Industrial Hygiene, at the Leicester meeting of the British Medical Association, was the result of his untiring efforts as secretary.

THE death was reported last week at Llandilo, Wales, of Brigade-Surgeon EDWARD HOPKINS, Army Medical Department (retired), aged 78. After taking the diploma of L.S.A. in 1857, and that of M.R.C.S. in 1858, he entered the army as Assistant Surgeon on April 22nd, 1858, became Surgeon in 1870, Surgeon Major in 1873, and retired with an honorary step of rank on June 3rd, 1885. He had a fine record of war service, having served in the Indian Mutiny in 1858, in the action of Doadpur, and the capture of Fort Mudjeda (medal); in the Umbeyla campaign on the North-West Frontier of India in 1863, in the night attack of October 22nd, and in the attack on the Eagle's Nest Picquet (medal with clasp); in the Afghan War in 1878-80, when he took part in Lord Roberts's famous march from Kabul to Kandahar, and in the battle of Kandahar on September 1st (medal with clasp, and bronze star); and finally in the Soudan in 1884-85 (medal).

Medical News.

THE annual meeting and dinner of the Metropolitan Police Surgeons' Association will take place at the Trocadero on Wednesday next, April 22nd, at 6 p.m.

THE reconstructed children's hospital in connexion with the Leicester Royal Infirmary will be opened on Wednesday afternoon next, at 3.15, by the Hon. Mrs. G. Murray Smith.

The second international conference on popular and school baths will be held at Brussels this year in August (7th to 10th), under the presidency of M. Beco, governor of Brabant. Dr. Schoofs, of Liège, is general secretary.

THE name of Mr. F. J. Steward, surgeon to Guy's Hospital, is to be added to the list of those who propose to offer themselves as candidates at the forthcoming election to the Council of the Royal College of Surgeons of England.

DR. JOHN ROBERT KEITH, of Great Driffield, East Yorkshire, has been made an Honorary Associate of the Order of St. John of Jerusalem in England, in recognition of many years' service to St. John Ambulance Association.

A MEDICAL parliamentary committee, which includes nearly all the medical members of the Chamber of Deputies, has been formed in Rome. Its object is to watch, and as far as possible direct, the course of legislation on all questions of public health, and to promote reforms in the study of medicine.

A COURSE of six lectures on industrial medicine will be delivered at the Medical School of Guy's Hospital by Dr. Shuffebotham, whose Milroy lectures were recently published in this JOURNAL. The lectures will be given on Fridays at 4 p.m., commencing May 8th.

THE summer term of clinical lectures and demonstrations on Tuesdays and Fridays at the National Hospital for the Paralyzed and Epileptic, Queen Square, W.C., will begin on Tuesday, May 5th, at 3.30 p.m., when Dr. Gordon Holmes will deal with differential diagnosis of cerebral tumours.

THE University of Sheffield has arranged a post-graduate course on syphilis, the first lectures of which will be given by Dr. Herbert Henry on Tuesday, April 21st, on the biology of the spirochaetes, and on Friday, April 24th, on the spirochaete of syphilis, with cinematograph illustrations. These lectures will be given at the University at 3 p.m.

THE Friday evening meetings of the Royal Institution will be resumed after Easter on April 24th. On Friday, May 8th, Professor Karl Pearson will give an address on albinism in men and dogs; and on May 15th Professor Keeble will speak on "Plant Animals: A Study in Symbiosis."

THE first congress of German haematologists will be held this year at Hanover in connexion with the meeting of German scientists and medical practitioners. Professor Aschoff, of Freiburg, will preside. All communications relative to the congress should be addressed to Professor Pappenheim, Konstanzerstrasse 51, Berlin.

AN anonymous benefactor has given a sum of £250,000 to the municipality of Berlin for the foundation of an open-air school for boys. In the course of instruction special attention will be given to modern languages and natural science. The boys will lead the simple life and will travel on foot over Germany accompanied by teachers so as to learn all about the country.

ON March 23rd the French Chamber of Deputies passed a bill, which had already received the approval of the Senate, making antityphoid vaccination compulsory in the army. Medical officers, however, are allowed to use their discretion as to the fitness of individual soldiers—for instance, where tuberculosis exists or is reasonably suspected—to undergo the treatment.

WE are informed that copies of the statement on the infectivity of tuberculosis drawn up by the Royal College of Physicians of London, and published in the JOURNAL of April 11th, p. 826, can be obtained on application to the Registrar of the College. The statement has been issued in view of the exaggerated fear of the infectivity of pulmonary tuberculosis entertained by the public, and with a hope of rendering assistance to those who have administrative duties in connexion with the disease.

THE twenty-fourth congress of French-speaking medical psychologists and neurologists will be held at Luxemburg in August (3rd to 7th), under the presidency of Dr. E. Dupré. The questions proposed for discussion are: Post-encephalic psychoses; professional disorders of the mind; and lesions of the thyroid in Basedow's disease. Communications relative to the congress should be addressed to Dr. Lalanne, Medical Superintendent of the Maréville Asylum, near Nancy.

A MEETING of the School Medical Service Group of the Society of Medical Officers of Health was held on March 21st. It was decided that medical officers whose duties include school medical work, and who are members of the society, shall be entitled to become members of the group, and that each member of the group should pay a levy of 2s. 6d. Dr. John Priestley was elected vice-chairman and Dr. Walsh publication secretary of the group, each becoming a member of the executive committee. The question was discussed of approaching those authorities who now pay their whole-time officers less than £300 per annum.

WE have received from Ozonair, Limited (London, S.W.), a copy of a catalogue describing a number of types of apparatus for the commercial production of ozone by subjecting the air of the room to the action of a silent electrical discharge; the concentration generated is stated to be one part of pure ozone in one million parts of air volume. Among the new varieties of apparatus catalogued are a semi-portable ozone generator, specially suitable for tropical and humid climates, and also a fanless apparatus for deodorizing kitchens, lavatories, basements, and other enclosed places of restricted area. The rapid growth of picture palaces with their usually inadequate means of ventilation, and frequently quite fetid atmosphere, suggests an obvious use for this means of purifying the air of interiors.

THE Victoria League Imperial Health Conference will be opened in the Imperial Institute at 3 p.m. on Monday, May 18th, by the Right Hon. Lewis Harcourt, Secretary of State for the Colonies. The Countess of Jersey, President of the League, will welcome the delegates, and an address will be given by Viscount Bryce. The conference will last till May 21st. Delegates have been appointed by the Government of Canada, the Commonwealth of Australia, the Union Government of South Africa, the Leeward Islands, Trinidad and Hong Kong. The British Medical Association of South Africa will be represented by Dr. J. A. Mitchell, and delegates have been appointed by a number of authorities and organizations throughout Great Britain. The subjects proposed for discussion are town planning and garden cities and suburbs, and workmen's houses and model dwellings; the care of child life; and the child as wage earner. On May 21st there will be an open conference and discussion, when Viscount Peel, Chairman of the London County Council, will give an address. An exhibition to be held in connexion with the conference will illustrate the subjects discussed. Popular addresses will be given daily in the Exhibition Hall. Full particulars can be obtained from the Office of the Victoria League, 2, Millbank House, Westminster.

THE fourth report of St. George's Dispensary and School Clinic in Blackfriars Road, S.E., shows an interesting change in the character of a public dispensary. Owing possibly to the working of the Insurance Act, there has been, the medical superintendent (Dr. Haden Guest) states, a marked decline in the number of adults seen, whilst the number of children has increased, particularly in regard to those who enter through the clinic conducted at the instance of the London County Council. The report says: "The work is now almost entirely confined to school children and infants, such adults as are seen being as a rule those who bring children, and because of this have difficulty in themselves sparing further time for treatment." The change has been followed by a reduction in the number of patients seen. Special work has been done in the provision of classes for remedial gymnastics; 94 children have been under treatment for a year, the major portion after operation for the removal of tonsils or adenoids. The children are taught the rudiments of good breathing, at first by individual instruction, and then through the medium of small classes. The results appear to be very good. Similarly good results are obtained in cases of spinal curvature. This sort of work takes time and care, and the authorities are to be commended for providing these special facilities and the medical staff for making such good use of them.

DR. JAMES KERR presided over a meeting of the Child Study Society at the Royal Sanitary Institute, when Dr. Leonard Guthrie lectured on "The Nervous Child." Dr. Guthrie said that a nervous child was not merely one who appeared shy and timid, and who blushed, stammered, and became easily confused. These signs were only part of the neurotic temperament, which was unduly sensitive to stimuli of the sympathetic nervous system. There were two types of neurotic temperament, the unrestrained and the restrained, and both were partly inherent and inherited and partly due to environment. The neurotic child was often an only child or one born many years after his elder brothers and sisters; amongst other causes of

neurasthenia in children might be included any severe illness or sudden emotional shock, educational over-pressure, or a long period of brooding over secret terrors—night fears and the like. There was no evidence in support of the prevalent idea that precocious children were subject to early death. Delicacy and disease might accompany but did not cause precocity, though ill health in early childhood sometimes fostered a love of reading and study, as was the case with Scott and Dickens. Nor did precocity always imply decadence, for many men who afterwards became famous had been precocious children. On the other hand, the precocious child did not always fulfil the promise of his early years. Precocious neurotic children might have transcendent gifts, but yet never achieve anything, their versatility being a cause of failure by tempting them from concentration in any one direction. Taciturnity and a love of solitude were common in nervous children, and might be taken to indicate dullness. The tendency of modern schoolmasters to look askance at the dreamy, solitary boy who preferred his own thoughts to the company of his schoolfellows was to be deprecated. Hypersensitive children were unfitted for the ordinary routine of school life, but their intellectual powers were often high, and might be cultivated on the lines for which most aptitude was shown. In conclusion Dr. Guthrie expressed the opinion that nervousness was more connected with environment than with heredity, and that the neurotic temperament was inseparable from genius.

At a special meeting of the General Council of the Association of Infant Consultations and Schools for Mothers, for the discussion of the question of treatment centres for children under school age, Dr. J. G. Gibbon, who presided, said that these institutions were multiplying; the association would not rest content until in every working-class district in the country as well as in the towns there was at least one consultation centre. There could be no doubt as to the need of better treatment centres for infants; the preventive work which the infant consultations had undertaken was more important than the treatment of sickness. Dr. Ethel Bentham, of the Kensington Baby Clinic, said that the present mortality amongst children was much in excess of what it need be; and there was also a tremendous amount of sickness and suffering, so that many of the children began their school career definitely damaged in hearing and in sight. Bad housing, overcrowding, and insanitary conditions in schools, and the ignorance and neglect of parents, were the responsible factors; and as there was no margin for sickness in a working-class income, the mother often hesitated to send for the doctor until ailments were past the easily curable stage. Infant clinics and schools for mothers, therefore, were necessary; they should be absolutely free, and in every neighbourhood, so as to prevent the spread of infection in trains and buses, and the waste of the mother's time and money; they should be under a public authority in order that the doctors might be suitably paid, and the unfair burden of national charity taken off the shoulders of the medical profession. Sir Arthur Clay, of the Charity Organization Society, said that, whilst admitting the unhappy condition of the poorer classes, he was not at all certain whether the efforts that were being made at the present moment to improve their condition were the best way to obtain that end. It was exceedingly doubtful whether the removal of all responsibility from parents and wage earners would have an entirely beneficial effect. There were innumerable institutions for helping and instructing working-class mothers already in existence; and it might be wiser to adapt the existing machinery to suit their needs rather than to create new. An extension of the schools for mothers might be the solution of the problem; and the question ought to be very carefully considered before it was decided to found a fresh group of charitable institutions. Dr. Eric Pritchard, of the National Association for the Prevention of Infant Mortality and for the Welfare of Infancy, said that infant consultations should be the central feature of schools for mothers, just as the teaching of the mothers was the central feature of the infant consultations. At the present moment the infant consultations were more popular amongst working-class mothers than the out-patient department of the hospitals, because there was less congestion and consequent less waiting; he believed, therefore, that there was room for treatment centres dotted about in convenient parts of the town; young children might be brought there to be treated for minor ailments. A long discussion followed, in which Dr. Herbert Mills and Dr. H. W. Pooler took part, but, in accordance with the decision of the chairman, no resolutions were passed.

Letters, Notes, and Answers.

AUTHORS desiring reprints of their articles published in the **BRITISH MEDICAL JOURNAL** are requested to communicate with the Office, 429, Strand, W.C., on receipt of proof.

TELEGRAPHIC ADDRESS.—The telegraphic address of the **EDITOR** of the **BRITISH MEDICAL JOURNAL** is *Aitiology, Westrand, London*. The telegraphic address of the **BRITISH MEDICAL JOURNAL** is *Articulate, Westrand, London*.

TELEPHONE (National):—

2631, Gerrard, **EDITOR, BRITISH MEDICAL JOURNAL**.

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.

K. K.—It is possible that the symptoms complained of are those of erythromelalgia. Weir Mitchell's case got relief as the weather became cool, but the patient was more comfortable when at rest than when moving about. So far nothing has been found to benefit the condition. If possible the patient should be sent to a cold climate, as relief is usually, but not always, obtained.

LETTERS, NOTES, ETC.

BIER'S TREATMENT IN PRESBYOPIA.

DR. E. F. WILLS (London, S.E.) writes: The Bier method of treatment as applied to the eye seems to me very useful. May I venture to give the reasons? I heard an American eye specialist say that his father, who had at 40 years of age started using glasses for presbyopia, used a patent remedy—a kind of dry cupping of the eyes—and so successfully that he left off glasses till 60 years of age. My eyes began to be troublesome, aching after reading; I applied a bandage round my neck sufficient to cause the eyes to feel full and congested; the aching got worse for a few minutes, and I felt a throbbing in one eye; this quickly passed off, and it felt comfortable, exactly as a throbbing finger has felt when properly bandaged. By frequently applying pressure on the jugulars I find my sight much improved and glasses unnecessary. I give this for what it is worth, and would be glad of any further light on the subject.

ELECTRIC TREATMENT OF MILK.

DR. R. STENHOUSE WILLIAMS (University College, Reading) writes: In the **BRITISH MEDICAL JOURNAL** of April 4th there is an account of the meeting at the Liverpool Medical Institution on March 19th, when a paper was read by Professor Beattie on the electric treatment of milk. In the account of the discussion which followed the paper I am described as speaking of this method as "Professor Beattie's method" of sterilizing milk. What I actually did say was "the method with which Professor Beattie experimented." The matter is of some importance, as Professor Beattie lays no claim to the invention of the method adopted.

JOHN RANBY, SERGEANT-SURGEON TO GEORGE II.

DR. CLIPPINGDALE (London, W.) writes: In the "Literary Notes" in the **JOURNAL** of April 4th, an interesting account is given of a paper by Major H. A. L. Howell, R.A.M.C., in the *Journal of the Royal Army Medical Corps*. In this account Major Howell is represented as having referred to "Sir" John Ranby, Sergeant-Surgeon to George II. I was not aware that Ranby ever received a knighthood. It is not mentioned by his biographer, Mr. D'Arcy Power. His name does not appear in Shaw's *Knights of England*. Upon his tombstone in the graveyard attached to Chelsea Hospital he is described simply as "John Ranby, Esq., Sergeant-Surgeon to His Majesty and to this Hospital."

SANATORIUM EXPERIENCE OF LARYNGEAL TUBERCULOSIS.

In the report of the discussion at the Medical Society published last week, p. 818, the remarks of Dr. J. G. Garson were incorrectly attributed to Mr. H. W. Garson. In the leader (p. 828) Sir Ernest Cassel was misnamed "Edward."

SCALE OF CHARGES FOR ADVERTISEMENTS IN THE BRITISH MEDICAL JOURNAL.

	£	s.	d.
Seven lines and under	0 5 0
Each additional line	0 0 8
A whole column	3 10 0
A page	10 0 0

An average line contains six words.

All remittances by Post Office Orders must be made payable to the British Medical Association at the General Post Office, London. No responsibility will be accepted for any such remittance not so safeguarded.

Advertisements should be delivered, addressed to the Manager, 429, Strand, London, not later than the first post on Wednesday morning preceding publication, and, if not paid for at the time, should be accompanied by a reference.

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