

## Memoranda:

### MEDICAL, SURGICAL, OBSTETRICAL.

#### MENTAL SYMPTOMS IN ACUTE TETANUS.

CAPTAIN EVERIDGE'S case of tetanus complicated with mental symptoms (BRITISH MEDICAL JOURNAL, March 25th) reminds me of a very similar case I had under my care in 1891. A negro convict at the Penal Settlement in British Guiana was admitted with tetanus of moderate severity. I treated him with chloral hydrate, giving just sufficient to keep him constantly under its influence.

The case, though not severe, was obstinate, and the total amount of chloral administered was considerable. As he was recovering from the tetanus symptoms almost identical with those described by Captain Everidge developed, hallucinations being very marked. There was no rise of temperature, which had not at any time during the attack been much above normal.

I attributed the mental symptoms to the chloral and discontinued it, and the symptoms gradually passed off. Recovery was complete about a week after the chloral was stopped. In Captain Everidge's case the chloral dosage was large, and in view of my own case I think the mental symptoms might be more rightly attributed to this than to the carbolic acid.

W. F. LAW, Lieutenant (temporary),  
Military Hospital, Cork. R.A.M.C.

#### THE INGUINAL INCISION FOR INTRASCROTAL AFFECTIONS.

It is hardly likely that the proposal to utilize an incision in the inguinal region for dealing with all, or most, affections within the scrotum contains anything particularly novel, but the success which has followed my own efforts tempts me to give it publicity. The chief reason for adopting the incision is to obtain a route into the scrotum that avoids the skin of this region. I doubt if there is any part of the body surface so difficult to sterilize or render aseptic. The anatomical construction of the region largely accounts for this. The skin is in a constantly corrugated condition, and for that reason difficult to cleanse by the ordinary processes of bodily ablation. It possesses an unusually large number of very coarse hairs which implies large hair follicles capable of harbouring various kinds of micro-organisms. Among the ordinary run of hospital patients the skin of the scrotum is frequently deeply ingrained with "dirt." Thus, then, it frequently happens that by none of our ordinary antiseptic applications can we gain that amount of sterilization which will ensure an incision through the scrotal skin remaining aseptic. Another rather striking feature about the skin of the scrotum is the readiness with which it sweats when confined under a dressing. The surface layer of epithelium is a t off, and this, with the exudation, produces a particularly offensive odour. Such a condition readily infects any wound made for dealing with intrascrotal conditions. The difficulty encountered in trying to render the skin surgically clean seems to be due to the peculiar susceptibility it has to either carbolic acid or to iodine. I have often seen the application of either of these agents—and I might add also rectified spirit—lead to an amount of irritation that sometimes presented the red, weeping appearance of an acute eczema. Why this should happen it is difficult to say, except it be that the corrugated condition of the skin creates small recesses in which the solutions lodge, and so have a longer period upon which they can act on the tissue. Apart from all consideration is connected with the difficulty of rendering the skin aseptic, there is another disadvantage, and that is the extreme degree of venous vascularity of the scrotum; this might not in itself be difficult to deal with were it not for the laxity of the tissue in which the many venules are coursing. It is not easy to secure these vessels by ligature; and we have no means of exercising the pressure which it is possible to apply in other parts of the body. The result, too frequently, is oozing into the scrotum and distension of the part with blood clot. All these drawbacks are overcome by approaching the scrotal cavity through an incision made in the inguinal region. When the inguinal canal is freely opened up the contents of the scrotum can be withdrawn into the wound and dealt with

as required. We can thus deal with any condition of the testicle, with hydroceles, and with varicoceles. It is not possible to ensure, when, for instance, we have had to remove the testicle or dissect out the sac of a hydrocele, that no oozing of blood will take place into the lax tissues of the scrotum; for this reason, therefore, it is advisable to pass a drainage tube down to the bottom of the scrotal cavity; as an aid to proper drainage, it is of considerable advantage to raise and support the scrotum on a thin wood or cardboard shelf secured between the legs.

While this particular incision is frequently used for excising a portion of the pampiniform plexus in varicocele by withdrawing the cord with the dilated plexus of veins from the scrotum, I have not seen any mention of its employment for dealing with hydroceles and testicular affections of reasonable proportions. It is more specially for these two latter conditions that the inguinal approach to the scrotal receptacle seems worthy of being more widely known.

A. ERNEST MAYLARD, B.S., M.B.Lond.,  
F.R.F.P. and S.,  
Surgeon to the Victoria Infirmary, Glasgow.

#### EARLY DIAGNOSIS OF WHOOPING-COUGH.

THE early diagnosis of whooping-cough is one of the trials of the general practitioner, and, in the absence of an epidemic, one is liable to be misled into allowing a child with an apparently harmless cough to infect others while the unmistakable signs which subsequently develop are still lacking.

During an outbreak last year I had considerable opportunity for observing probable cases in the earliest stages, and I found that every case of suspicious cough which showed marked conjunctival congestion in the region of the external canthus subsequently developed whooping-cough. In examining for the sign one directs the patient to look towards the nasal side of the eye under examination, when, on separating the lids at the external canthus, a tumid, congested mass somewhat resembling a large phlyctenule may appear on the bulbar conjunctiva, just within the external canthus. This swelling may or may not be accompanied by injection of the palpebral conjunctiva, but I have come to regard it as an indication in doubtful cases of this nature.

Malvern.

H. W. JACOB, M.D.

## Reports

ON

### MEDICAL AND SURGICAL PRACTICE IN HOSPITALS AND ASYLUMS.

#### KING'S COLLEGE HOSPITAL.

#### A CASE OF HIATAL OESOPHAGISMUS IN A MAN AGED THIRTY-SIX YEARS.

(Under the care of Mr. BOYCE BARROW.)

[Reported by C. P. G. WAKELEY, M.R.C.S., L.R.C.P.,  
House-Surgeon; Temporary Surgeon, R.N.]

E. C. B., aged 36, was admitted to King's College Hospital on October 5th, 1915.

#### History.

He was healthy up to the age of 20, when he had a bad attack of pleurisy with double pneumonia; soon afterwards he began to vomit after food, and had a cough which kept him awake at night, and persisted until he vomited; then he was able to sleep. This occurred two or three times a week. The vomiting became gradually worse, and the patient developed a feeling of choking after meals, sometimes in the middle of a meal; this condition was relieved by brandy, and the food seemed to pass into the stomach. At the age of 23 he went to Bournemouth for a rest cure; afterwards he was advised to go to the Woking Cottage Hospital, where he was treated for gastric ulcer for six weeks. As his condition did not improve, he was sent to Guy's Hospital; here he was fed by nutrient enemata, and only given fluids to drink, but the vomiting persisted. After this he lived at Mere in Wiltshire for two years; he was under constant supervision, and was given bismuth for the gastric condition. In 1912 a surgeon

by medicine alone. "Homo sum; humani nihil a me alienum puto"; and his catholicity was seen on his bookshelves—Burke, Landor, De Quincey, Ruskin, and a host of others.

Life was a joy to Spender in the happy family circle with which he was surrounded. Mrs. Spender, the well-known authoress, had congenial ideals. Of his sons, Mr. J. A. Spender is editor of the *Westminster Gazette*, Mr. Harold Spender and Mr. Hugh Spender are well known to literature, as is also his sister Miss Spender.

The death of Mrs. Spender in 1895 was a crushing blow from which Dr. Spender never recovered. Life was no longer life, and he retired from practice. From thence onwards he was an invalid. Devotedly nursed by his daughter, Miss Spender, the evening of life was peaceful.

In reviewing the life of Dr. Spender as a physician, it may be said that his most striking characteristic was the great value he placed upon general principles, while at the same time no detail was too small to receive his attention. Aided by a marvellous memory, every word in speaking or in writing was carefully weighed, and every quotation accurate. As an instance of his observation in small things reference may be made to the spots on the skin in rheumatoid arthritis, which have since been known as "Spender's spots."

In a lecture on the "Automatic Ways of Man," delivered before a local society, he dealt with the subconscious neurological phenomena of daily life so lucidly that an audience of laymen had no difficulty in following him. The lecture was afterwards published, and is an excellent illustration of his literary style.

Probably his last article was published in the *Westminster Gazette* of March 22nd, 1912, with a title reminiscent of Elia, "On the Decay of the Art of Medical Prescribing."

The city for which he did so much will long remember the charm of his personality; his large circle of friends, the courtly grace of his hospitality; and his professional brethren, the scholarly physician and genial colleague.

#### ARTHUR E. J. BARKER, F.R.C.S.,

PROFESSOR OF SURGERY, UNIVERSITY COLLEGE, LONDON;  
TEMPORARY LIEUTENANT-COLONEL, A.M.S.

MR. ARTHUR BARKER, who died on April 8th of pneumonia and nephritis while on active service, was born in Dublin on May 10th, 1850, and was therefore within a month of completing his 66th year. He was the son of Dr. William Barker, and was educated at the Royal College of Surgeons in Ireland and the University of Bonn. He qualified as L.R.C.S.I. in 1870 and L.R.C.P.I. in 1875. He became F.R.C.S.I. in 1876 and was admitted a Fellow of the Royal College of Surgeons of England *ad eundem* in 1880. He was for some time surgeon to the City of Dublin Hospital, and in 1875 he was appointed assistant surgeon to University College Hospital, London, becoming full surgeon in 1935. In 1893 he was appointed professor of surgery in the college. He was also consulting surgeon to the Queen Alexandra Military Hospital, Millbank, and to the Osborne Convalescent Home for Officers. He was Hunterian Professor of Surgery and Pathology at the College of Surgeons in 1889, and had served as Examiner in Surgery at the Victoria University, Manchester, and the London University. He was the author of a *Manual of Surgical Operations* (1887); *Hunterian Lectures on Intracranial Inflammations* (1890); and of articles on diseases of joints in Treves's *System of Surgery* (1895); and caries of the spine, etc., in Holmes's *System of Surgery*, vol. ii (1883); and operations on hernia in Burghard's *System of Operative Surgery* (1909). He delivered the Address in Surgery at the annual meeting of the British Medical Association at Belfast in 1909, taking as his subject the progress of intestinal surgery. He had taken an active part in the development of this branch of his art. His attention may have been called to it by the fact that he himself in his early career suffered from a severe attack of what was then known as perityphlitis. In 1886 he recorded in this JOURNAL what he claimed to be the first successful case of gastro-enterostomy for cancer in England. He also contributed many papers to the medical journals on spinal anaesthesia, on the treatment of gangrenous herniae by enterectomy, and other subjects of abdominal surgery, and on the surgery of

joints. In November, 1914, he was appointed temporary lieutenant-colonel in the Royal Army Medical Corps, and served as consulting surgeon to the Southern Command. He found his death in the service of his country at Salonica.

In his early days in London Mr. Barker had to contend with difficulties which might have discouraged a weaker man. But his quiet strength of character bore him up, and as the value of his work came to be recognized he lived down the unpopularity caused by his appointment. He was a lucid and graceful writer and a bold and successful operator. He was a member of the Deutsche Gesellschaft für Chirurgie. In 1874 he published a translation of Heinrich Frey's *Histology and Histo-chemistry of Man*, and his knowledge of German, which was a rarer accomplishment at that time than it is nowadays, was useful to him in his professional advancement.

Colonel Barker married, in 1880, Emilie Blanche, daughter of Julius Delmerge, of Rathkeale, county Limerick, by whom he had one son and four daughters.

## Medico-Legal.

### IMPRISONMENT FOR ILLEGAL OPERATION.

In the High Court of Justiciary, Edinburgh, on April 14th, a middle-aged woman, named Jane Robertson, or Edward, was charged with having on October 9th and 11th, 1915, performed, in concert with a man unknown, an illegal operation on a young woman, in consequence of which certain complications resulted and she died in the Maternity Hospital, Glasgow, on November 13th. After evidence had been heard, the jury, by a majority, found the accused guilty, and the Lord Justice-General passed sentence of three years' penal servitude.

## Universities and Colleges.

### ROYAL COLLEGE OF PHYSICIANS OF LONDON.

#### ELECTION OF PRESIDENT.

A COMITIA was held on April 17th, Dr. Frederick Taylor, the President, being in the chair.

The President announced that he had nominated the following Fellows to serve on the Committee of the Royal College of Physicians of London and the Royal College of Surgeons of England for the consideration of matters referred to it by the Central Tribunal and other duly authorized bodies: The President, Dr. W. Pasteur, Dr. Sidney H. C. Martin, and Dr. J. Galloway.

*President's Address.*—The President delivered the usual annual address, in the course of which he referred to the honour conferred on Fellows, Members, and Licentiates during the year, including those received in connexion with war service. He also mentioned the lectures delivered in the College, and the medals, prizes, and scholarships which had been awarded. Reference was also made to the report which had been adopted by the College on the duties of medical practitioners in connexion with criminal abortion. He briefly explained the formation of the Central Medical War Committee, of which he had become a member, and also the election of an Advisory Committee in conjunction with the Royal College of Surgeons of England, to advise the Government through the Central Medical War Committee. The President then read obituary notices on ten Fellows who had died during the year: Dr. Henry Lewis Jones, Sir Peter Eade, Dr. David Bridge Lees, Sir Robert Michael Simon, Dr. Robert Maguire, Dr. George Allan Heron, Dr. George Oliver, Sir William Richard Gowers, Dr. Henry Charlton Bastian, and Dr. Thomas Colcott Fox. The President concluded by thanking the College for the courtesy and assistance extended to him by the officers and Fellows. Sir William Church proposed a vote of thanks to the President for his services during the past year, with a request that the address might be printed. This was duly carried, and the President vacated the chair.

*Election of President.*—The election of President then took place, and Dr. Frederick Taylor was re-elected by a large majority, and expressed his thanks.

*Representative on General Medical Council.*—Dr. Norman Moore was re-elected the representative of the College on the General Medical Council.

*Reports.*—A report from the committee of management was received and adopted, recommending that the Leighton Park School, Reading, should be added to the list of institutions recognized by the Examining Board in England for instruction in chemistry, physics, and biology.

The President then dissolved the comitia.

### ROYAL COLLEGE OF SURGEONS OF ENGLAND.

A QUARTERLY council was held on April 13th, when Sir Frederic Eve, Vice-President, was in the chair.

*Musk Oxen.*—A vote of thanks was given to Lady Strathcona for a donation to the museum of two skeletons of musk oxen.

*Prizes.*—The Jacksonian Prize for 1915 was not awarded. The

subject for this prize for 1917 is "The causation, diagnosis, and treatment of traumatic aneurysm." The Triennial Prize was not awarded. The subject of this prize for 1916-18 is "The development of the hip-joint and of the knee-joint of men." The Walker Prize was awarded to Mr. William Sampson Handley, for "The improvement in the surgical treatment of mammary carcinoma, due to his pathological investigation."

*Election of Members of Twenty Years' Standing to the Fellowship.*—Fleet Surgeon Percy William Bassett-Smith, C.B., and Mr. James Frank Colyer were elected Fellows.

## The Services.

### EXCHANGE.

LIEUTENANT R.A.M.C., Regt. M.O., desires to change with officer holding a position in base hospital, casualty clearing station, or ambulance train, the latter preferred. Address, No. 1500, BRITISH MEDICAL JOURNAL Office, 429, Strand, W.C.

## Medical News.

WE regret to announce the death of Dr. Thomas Colcott Fox, physician to the skin department of Westminster Hospital, which occurred on April 11th at the age of 66. We hope to publish an obituary notice in a subsequent issue of the BRITISH MEDICAL JOURNAL.

THE National League for Physical Education and Improvement has arranged a course of lectures on the care of the school child, for school care committees, teachers, and others, to be held at the London Day Training College, Southampton Row, W.C., on Wednesdays at 5.30 p.m., from May 3rd to July 19th; and also a course of lectures, beginning on May 8th, on infant care, for nurses and midwives, on Mondays at 3 p.m. at the Royal Society of Medicine (1, Wimpole Street), and on Fridays at 8 p.m. at the College of Ambulance (3, Vere Street).

THE report of the King Edward Memorial Sanatorium for Tuberculosis at Bhowali, in the hills of the United Provinces, India, for 1915, shows that 15 patients remained from 914 and 130 were admitted during 1915. Eight were under treatment less than a month, and 14 were found non-tuberculous. In the remaining 123 tubercle bacilli were found in 80 per cent. The results were: Arrested 30, much improved 35, improved 20, stationary 27, worse 8, died 3. Treatment is on general open-air lines and by the use of tuberculin. The institution was visited by the Viceroy, Lord Hardinge, and by the Lieutenant-Governor of the United Provinces in October.

THE *Southport Visitor* of April 15th contains an interesting account of the work of the St. John Voluntary Aid Detachment Hospital, Southport, which is said to be the largest in England. The illustrations show that the equipment for every detail of hospital work, including amusements for the patients, is very complete. Since it was opened, a little more than a year ago, 366 men have been returned to their fighting units. There have been only four deaths, a proportion of 1 in 200 of cases admitted. All the officers in charge, medical and lay, and all the workers give their services gratuitously, and the inhabitants of Southport have been most liberal in their support. We are informed that 50 per cent. of the proceeds of the advertisements in the issue of our contemporary containing the article is being given to the funds of the local hospitals.

THE monthly meeting of the Central Midwives Board was held on April 13th. Sir Francis Champneys was in the chair. In reply to its inquiry with regard to the opinion of the Central Midwives Board as to the propriety of visits by a health visitor to the house of a lying-in woman, during the period of a midwife's attendance on the case, it was decided to furnish the Local Government Board with copy of correspondence on the subject, which contained a resolution stating the Central Midwives Board's opinion that, "generally speaking, the inspector of midwives is the only person who ought to visit the house of a lying-in patient during the attendance of the midwife, and that any visit paid to a lying-in woman by any other person than the doctor or midwife must be made by the express permission of the patient." On April 14th a penal session was held, when Sir Francis Champneys again presided, and charges against nine women and an interim report were considered. One midwife was censured, one was cautioned, and the other eight were struck off the roll. Most of the women were registered as in practice before the Act, and the charges against them were the usual ones of ignorance and want of cleanliness, but there were also other serious charges, principally that of neglect in cases of ophthalmia neonatorum.

## Letters, Notes, and Answers.

THE telegraphic addresses of the BRITISH MEDICAL ASSOCIATION and JOURNAL are: (1) EDITOR of the BRITISH MEDICAL JOURNAL, *Aitology, Westrand, London*; telephone, 2631, Gerrard (2) FINANCIAL SECRETARY and BUSINESS MANAGER (advertisements, etc.), *Articulate, Westrand, London*; telephone, 2630, Gerrard. (3) MEDICAL SECRETARY, *Medisecra, Westrand, London*; telephone, 2634, Gerrard. The address of the Irish office of the British Medical Association is 16, South Frederick Street, Dublin.

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.

#### PAIN AT ROOT OF NECK AND CARDIAC IRREGULARITY.

DR. ALEXANDER FRANCIS (London, W.) writes: Dr. D. Owen Williams has drawn attention (BRITISH MEDICAL JOURNAL, April 15th) to a symptom which I have found is very common in patients who suffer from the effects of high blood pressure. I have been at a loss to explain the mechanism of the pain, but it disappears on the reduction of the pressure. I have little doubt that high blood pressure was the cause of the trouble in Dr. Williams's patient.

### LETTERS, NOTES, ETC.

THE Boylston Medical Prize for 1915 has been awarded to Dr. Wilson G. Smillie of Cambridge, Massachusetts, for an essay entitled *Studies of the Streptococcus of Smith*. The next prize is offered for the best dissertation on the results of original research in medicine; the choice of subject is left to candidates. Dissertations must reach the secretary of the committee, Dr. Harold C. Ernst, Harvard Medical School, Boston, on or before December 31st, 1918. The prize, which is open to public competition, is a sum of £60, with a gold medal.

#### SMALL-POX IN PERSIA.

DR. JOSEPH SCOTT (Teheran) writes: During some twenty years' practice in the East, where small-pox is always with us, the importance of revaccination has been strikingly brought home to me. The British colony is a small one numbering about 120 persons, yet during the past ten years seven cases have occurred in my practice; three of these were confluent, and all died: the other four made good recoveries. All had been vaccinated in childhood but not since: the average number of marks was two. This is a strikingly high percentage, as it includes children who had been vaccinated and adults who had seen fit to be revaccinated.

#### OSMOSIS IN THE TREATMENT OF CANCER.

MAJOR C. W. DUGGAN, R.A.M.C., writes: I suggest the following treatment in external carcinoma: After removal of the growth the wound should be left open and painted in the morning and evening with equal parts of ichthylol and glycerine; gauze absorbent wool and a bandage should then be applied. If ichthylol cannot be obtained a dry, non-irritating antiseptic should be substituted. The object of this treatment is to take advantage of the osmotic action of glycerine with a view to preventing a recurrence of the growth and its subsequent diffusion. I also hope that by this method some assistance will have been given to the solution of the cancer problem.

#### AN ANODYNE POWDER.

LIEUTENANT-COLONEL J. HARDIE NEIL, N.Z.M.C., states that he has found a powder consisting of 5 grains each of veronal, phenacetin, and Dover's powder a very useful combination to combat the pain or distress arising from surgical procedures. After a submucous dissection for instance the patient is given four powders, one to be taken immediately on getting home, a second four hours afterwards, and a third after another four hours if not asleep; the fourth is taken on the succeeding night if the patient does not come up for dressing next day. Usually the patient has a quiet sleep, and awakes in the morning feeling well. In tonsillitis a powder should be taken every four hours, and if relief is not obtained a complication such as peritonsillitis may be assumed. Lieutenant-Colonel Neil thinks that the powder would be useful for quieting patients after injuries received in warfare.

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

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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.