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READERS in search of a particular subject will find it useful to bear in mind that the references are in several cases distributed under two or more separate but nearly synonymous headings—such, for instance, as Brain and Cerebral; Heart and Cardiac; Liver and Hepatic; Renal and Kidney; Cancer and Carcinoma, Epithelioma, Malignant Disease, New Growth, Sarcoma, etc.; Child and Infant; Bronchocele, Goitre, and Thyroid; Diabetes, Glycosuria and Sugar; Light, Roentgen, Radium, X Rays; Status Lymphaticus and Thymus; Eye, Ophthalmia and Vision; Bicycle and Cycle; Motor and Automobile; Association, Institution, and Society; Paris, France; Berlin, Prussia, Germany; Vienna, Austria, etc. Subjects dealt with under various main headings in the JOURNAL have been set out in alphabetical order under their respective headings—for example, "Correspondence," "Leading Articles," "Reviews," etc. Original Articles are indicated by the letter (O).

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READERS in search of a particular subject will find it useful to bear in mind that the references are in several cases distributed under two or more separate but nearly synonymous headings—such, for instance, as Brain and Cerebral; Heart and Cardiac; Liver and Hepatic; Renal and Kidney; Cancer and Carcinoma, Epithelioma, Malignant Disease, New Growth, Sarcoma, etc.; Child and Infant; Bronchocele, Goitre, and Thyroid; Diabetes, Glycosuria and Sugar; Eye, Ophthalmia, and Vision, etc.

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diarrhoea, and rapid, feeble, but regular pulse during the day, and was rather restless during the night. Next morning the vomiting had stopped and the pulse was stronger. He had five motions during this day but no vomiting. On May 25th the pulse was almost normal; the urine showed a fair cloud of albumin. On May 27th he was all right but weak.

On the morning of the 29th he was deeply jaundiced; the stools contained bile; the urine contained traces of bile and albumin. He was given calomel 3 grains, followed by magnesium sulphate $\frac{1}{2}$ oz. three hours later, and was ordered milk diet.

On May 30th it was noted that he had had no sleep during the night; he had passed five motions, all containing bile. The liver was enlarged and tender; the spleen was not palpable; the pulse was regular but weak, the temperature normal. He suffered from hiccough.

On June 1st the jaundice was deeper; the motions were loose, and contained bile; the urine showed traces of bile and albumin, but no casts or crystals of leucin or tyrosin. Emetine hydrochloride 1 grain was injected hypodermically on May 31st and June 1st, once on each day.

On June 3rd his condition was becoming worse. The temperature was 99° F., and the pulse 70 and feeble. Jaundice was the same, and the liver was still enlarged and tender. Blood examination showed nothing abnormal. On June 5th the condition of the liver, stools, and urine was the same, and jaundice was still present. The pulse was 74, and feeble; the heart sounds were weak, but there was no murmur; nothing abnormal was detected in the lungs. The rash had faded a little, but the ulcers in the mouth and on the lips were worse. He was kept on milk, bovril, and brandy, but his general condition became worse, and at 5 p.m. he collapsed and died. *Post-mortem* examination was not allowed.

Two consecutive doses of 0.5 gram salvarsan from the same stock were given by me to another sepy at an interval of three weeks; he had diarrhoea, vomiting, and feeble pulse for two days after the first dose, but very slight reaction after the second dose.

The interest in the case here recorded lies in the long period between the administration of the salvarsan and the manifestation of toxæmia. The symptoms would suggest acute yellow atrophy or phosphorus poisoning, but both are negatived by the fact of there being enlargement of the liver throughout, and also as to the former by the absence of leucin and tyrosin in the urine.

There must have been a storage of arsenic in the liver, giving rise in all probability to acute fatty degenerative changes in the cells.

Captain Armstrong, I.M.S., who has kindly looked up the literature on the subject, says that three similar cases have been recorded, in one of which a necropsy was performed. This was a woman who was given three doses of salvarsan at an interval of nine days without any untoward symptoms. Three or four days after the last dose she developed toxic symptoms, diarrhoea and vomiting, jaundice, enlargement of liver, and severe abdominal pains, and died. *Post-mortem* examination showed diphtheroid necrotic ulcers in the intestines, perforation of the stomach, and acute fatty degeneration of the liver.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

"SURGICAL" EMPHYSEMA DURING PARTURITION.

I AM recording this case as I have not heard of a similar one, and do not find the possibility of this condition arising during labour mentioned in several books on midwifery I have consulted.

The patient, A. B., aged 24, primipara, was being attended by a midwife, and was in labour fourteen hours before I was sent for. On my arrival she presented a most alarming appearance; the face was scarlet and swollen to twice its normal size, so much so that both eyes were completely closed. The upper part of the chest wall and the neck were also much swollen, and the affected parts presented all the characteristics of subcutaneous emphysema—that is, they were soft to the touch and fine crepitations could be distinctly felt on slight pressure. The extension of the emphysema was interfering with respiration, and both the midwife and relatives thought she was dying. I concluded that the condition was due to the rupture of some subpleural pulmonary vesicles caused by the violent straining, and I immediately made preparations to deliver by forceps. The child was abnormally big, and

a large caput succedaneum had formed. Twenty-four hours afterwards the emphysema had somewhat abated.

In this case the condition would probably not have arisen had the midwife taken less responsibility on herself and summoned medical assistance earlier. I have no doubt she will exercise more care in future after the fright she experienced.

Blackhill, co. Durham.

JOHN MURRAY, M.B., B.Ch.

CONCURRENT INFECTIOUS DISEASES.

THE notes of Drs. Rice-Oxley and Lambert Benson in the BRITISH MEDICAL JOURNAL of November 25th and December 16th, 1916, describing concurrent attacks of measles and chicken-pox, remind me of several instances of concurrent infectious diseases which I have met with here during the last twenty-five years.

I have seen mumps concurrent with whooping-cough and also with measles. On several occasions I have seen measles and chicken-pox in the same patient, and in two or three children I have met with three diseases concurrent—namely, measles, chicken-pox, and whooping-cough. Once I saw a boy with a very pronounced German measles rash and three days later the eruption of measles. He had been exposed to the infection of both diseases, and I had not the least doubt of the concurrence of the two diseases.

The above remarks show that in my practice concurrence of infectious diseases has not been very rare.

Bedford.

W. GIFFORD NASH.

Reports

MEDICAL AND SURGICAL PRACTICE IN HOSPITALS AND ASYLUMS.

BRISTOL ROYAL INFIRMARY.

CASE OF GAS GANGRENE IN CIVIL PRACTICE.

(By F. K. HAYMAN, M.B., B.S.)

ON July 28th J. T., aged 17, a munition worker, was brought to the casualty department, having sustained a severe crush of the left hand by a machine used for stamping certain metal parts of shells.

The contents of the thenar and hypothenar eminence were extruded *en masse* through the skin, and there was a cut on the palmar surface of the middle finger, extending down to the bone, and severing the flexor tendons.

The hand was soaked in eusol for about twenty minutes, and then, under a general anaesthetic, the parts were cleaned up with eusol and replaced as far as possible. There was no dirt on the hand other than "machine debris"; no sign or history of faecal or other contamination. A wet eusol dressing was applied.

On July 29th at 3 p.m., when he attended again, the hand was slightly puffy in the palm, there was no pain, and he felt perfectly well; his temperature was 99°. At 8 p.m. he again attended (as a result of his father taking his temperature, and finding it 104°), the hand was distinctly swollen in the palm and dorsum, and the middle and fourth finger. No fluctuation was found. The temperature was 104.6°. He was admitted, and the hand was fomented. This was about thirty-six hours after the injury. There was a trace of albumin in the urine.

At 1 a.m. on July 30th the hand was enormously swollen and tense; there was fluctuation in the palm and dorsum, and crepitation was found over the wrist-joint and the third and fourth fingers, which were semi-anaesthetic. There was solid oedema up to within two inches of the elbow-joint, and the hand was beginning to assume a dusky purplish colour. There was no pain, and he looked and felt well. The temperature was 104°, the pulse 120; glands not enlarged. I made very free incisions all over the hand and forearm up to the elbow; there was no pus, but gas, having a slight odour not offensive, escaped from the cuts on the hand. The arm was dressed frequently with eusol and peroxide, and oxygen was percolated through the dressing under jaconet. I proved that it got right through by lighting a glowing match at the other end of the dressing with it.

learn about moral leprosy we go to those who practise among moral lepers.

While agreeing with every word of Dr. Mercier's trenchant denunciation of the topsy-turvy futilities of so-called psycho-analysis, I think it is opportune to aver that British medicine has erred in the past in totally ignoring the very considerable influence of the sex instinct—one of the two great primal instincts of human, and indeed of all, beings—on the normal and abnormal emotional side of our nature; indeed, one could go further and assert that in the study of Mind, the predominant partner, the Intellect, had been studied without sufficient regard to the almost equally important Instincts and Emotions.

To bring this short appreciation of Dr. Mercier's paper to a close, I must congratulate him on his most ingenious and probably correct explanation of the origin and continuance of the cult of psycho-analysis, for no truly sane observer watching the growth and development of infants could possibly read into the food instinct its great twin the sex instinct, especially, *horribile dictu*, the aberrant incestuous variety of the latter.—I am, etc.,

D. G. THOMSON, M.D.,

President of the Medico-Psychological Association.

Thorpe, Norwich, Jan. 2nd.

SIR,—May I suggest that the famous phrase, "*Credo quia impossibile*," which occurs in Dr. Mercier's article on Psycho-analysis in the BRITISH MEDICAL JOURNAL of December 30th, 1916, should be attributed to Tertullian and not to Quintilian?—I am, etc.,

London, W., Jan. 2nd.

R. O. MOON.

THE PATHOLOGY OF CANCER.

SIR,—In connexion with a resuscitation of the parasitic theory of cancer, a belief from which I have myself never wavered, I may briefly recount the history of a "cancer house" from direct knowledge; I referred to it at the meeting of the Pathological Section of the Royal Society of Medicine when the communication by Professor S. G. Shattock and Dr. L. S. Dudgeon was made (December 5th, 1916).

The history concerns an old Georgian farmhouse in South Devon, lying somewhat low and surrounded by hills, with a stream running by one side and passing into a pond below the level of the front entrance. The house had several large cellars beneath it, which were always damp. All its rooms, but particularly the kitchen and the servants' quarters, were infested with mice. The farm and its buildings had been for many years in the possession of my family, but the house was usually occupied by tenants who were not members of the family. Among these several instances of malignant disease having been the cause of death were known, although I have unfortunately no details.

Some forty years ago a member of my family and his wife, a lady several years older than he, came to occupy the house. My family on his side is a long-lived one, and has been altogether free from malignant disease for at least two previous generations. Some eight years after this couple, who had no children, entered into possession, one of the elder female servants developed carcinoma of the mammary gland, and two years later the wife contracted carcinoma of the larynx and died in the house. About three years afterwards the husband, then forty years of age, who had remained in the house after his wife's death, became the subject of primary carcinoma of the liver. The house was subsequently tenanted by another family, of whom two members died within its walls from malignant disease; details of these cases I cannot furnish. The house has since been demolished.

From a purely clinical point of view, it has always seemed to me that malignant disease was in some way dependent upon an infective agent; and I have often wondered whether the domestic mouse, always with us and frequently fouling our food, might not be a carrier or intermediate host of a virus capable of producing sarcoma or carcinoma in the human subject.—I am, etc.,

W. MCADAM ECCLES, M.S., F.R.C.S.

London, W., Jan. 1st.

COMPULSORY LATIN.

SIR,—In your issue of December 30th, 1916, Sir Henry Morris and Dr. M. Greenwood, jun., bring forward arguments refuting the idea, which they seem to think I suggested in your issue of December 23rd, that a knowledge of Latin (and Greek) ensures that medical men will spell correctly.

It is a curious coincidence (I do not suppose that Sir Henry Morris and Dr. Greenwood collaborated) that each makes use of the word "ensure." Never for a moment did I imagine, and I certainly did not write, that a study of Latin and Greek would ensure correct spelling. There are, no doubt, certain people who never did and never will spell correctly. What I do maintain is that even a slight knowledge of Latin and Greek (such a knowledge, for example, as is attained by the average boy in the classical fifth form at our public schools) is likely to help towards the correct spelling of such words in our language as are directly derived from Latin and Greek—and how many such words occur in medical writings! Now the majority of the misspelt words quoted from Mitford by Sir Henry Morris are not, I think, directly derived from the "dead" languages in question; the majority of my "choice specimens" are so derived. Further, "such people as pharmaceutical chemists" are surely more likely to scrutinize and criticize the prescriptions, for example, of medical men than such volumes as Mitford's *Greece*.

As to the chief value of Latin and Greek in the curriculum I do not propose to argue; I may say, however, that I do not agree with Dr. Greenwood that "the real case in favour of imparting a knowledge of the classical tongues is that he who possesses such knowledge can enter at will into a world of thought and fancy," etc., any more than I imagine that the only use of such knowledge is to help men to spell. At the same time, apart from the training of the minds of our embryo medical students, I still believe that the study of Latin and Greek does possess this utilitarian property of making it more likely that those who have studied these languages will be able to spell such words as "diphtheria" and "unconscious."—I am, etc.,

Cambridge, Dec. 31st, 1916.

DOUGLAS COW.

Universities and Colleges.

UNIVERSITY OF EDINBURGH.

THE annual report of the University for 1916 states that the register of the General Council of the University for 1915 contained 12,664 names. The total number of matriculated students in 1916 was 1,741, of whom 1,060 were men and 681 women. There were 941 students (including 238 women) in the faculty of medicine. In that faculty 446 students, or over 47 per cent., belonged to Scotland; 143, or over 15 per cent., to England and Wales; 34 to Ireland; 79 to India; 216, or nearly 23 per cent., to British colonies and dependencies; and 23 to foreign countries. In spite of the inclusion of women students, the total number in the faculty of medicine showed a decrease of 112 as compared with 1915, of 788 as compared with 1914, and of 1,520 as compared with 1913. The number from the colonies and dependencies is 23 in excess of the number for 1915, the increase being accounted for by students from South Africa. Over 5,000 members of the University—graduates, officials, or past and present students—are serving, or have served, in His Majesty's Forces. A number of others are cadets in the University O.T.C., and a large number of graduates and undergraduates (men and women) are engaged in the production of munitions or in other branches of national service. Many honours have been gained by members of the University, and 250 are known to have given their lives.

The total value of the University fellowships, scholarships, bursaries, and prizes is over £21,000, and of this amount the faculty of medicine accounts for £5,565. Government grants amounting to £14,500 in respect of losses due to the war during the years 1914-15 and 1915-16, have been received by the University. Funds amounting to £18,000 have been transferred to the University Court by the Royal Victoria Hospital Tuberculosis Trust, with a view to the foundation in the University of a Chair of Tuberculosis.

The following degrees were conferred at the recent graduation ceremony:

M.D.—J. L. Annan, A. M. Cavehill, H. J. McCaw, Captain H. MacCormac, R.A.M.C., Lieutenant W. M. W. Shepherd, R.A.M.C., J. Sorley, Captain M. Mackenzie, R.A.M.C.
M.B., B.S.—Janet C. P. Allon, Surgeon Probationer D. L. Baxter, R.N.V.R., W. C. Craig, Surgeon Probationer F. R. Cripps, R.N.V.R., J. A. Hadfield, Jeannie Harper, Jane E. Hay, Surgeon Probationer N. Jennin, R.N.V., G. C. McEwan, J. R. S. Mackay, P. D. McLaren, Annie M. Madin, M. Morrison, J. S. Munro, Lieutenant T. P. Paar, R.A.M.C.(S.R.), F. O. Taylor.

Medical News.

THE King has granted to the following gentlemen his licence and authority to accept and wear the decoration of the Third Class of the Order of the Nile conferred upon them by His Highness the Sultan of Egypt in recognition of valuable services rendered: Dr. William Hawkins Wilson, Professor of Physiology at the Government School of Medicine, Cairo; Dr. Herbert William Dudgeon, Director of the Lunatic Asylum, Khanka, near Cairo; Dr. A. Ferguson MacCallan, Director of the Ophthalmic Hospitals, Egypt; Dr. Percy G. S. Williams, Director of Section, Public Health Department, Cairo; Dr. James Ferguson Lees, Medical Officer, Public Health Department; Dr. William Hastings, Director of Section, Public Health Department, Cairo; and Dr. Thomas Bogie Hamilton, M.B., medico-legal expert, Native Parquet, Cairo.

It is announced that Professor W. Kolie, head of the Berne Institute of Hygiene and Bacteriology, has been appointed director of the Frankfurt Institute for Experimental Therapy in succession to the late Paul Ehrlich.

THE Russian Society for the protection of mothers and infants, which is under the patronage of the Czarina, has established a new periodical, entitled, "Protection of Motherhood." It is published at Petrograd (Nicolai-ewskaja, 49). Two numbers have already been issued, and the journal will continue to appear monthly during 1917.

A DISCUSSION on the physical welfare of children after infancy from the national, social, and public health standpoints, will be opened by Dr. W. Leslie Mackenzie, medical member, Local Government Board for Scotland, at a meeting of the Royal Sanitary Institute (90, Buckingham Palace Road), on Wednesday, January 31st. The chair will be taken by Sir George Newman, Chief Medical Officer, Board of Education, at 4.30 p.m.

WE announced a short time ago that the Belgian War Ministry had decided to begin the publication of a periodical with the title *Archives Médicales Belges*, to contain reports of the exiled Belgian nation. We learn from the editors that the first number will appear towards the end of January, and that it will be printed by disabled soldiers attending the Institut Militaire Belge de Rééducation professionnelle at Vernon.

THE following arrangements have been made between the Serbian Legation in London and the Serbian Relief Fund with regard to the administration of funds collected in Great Britain for the benefit of the Serbs; the Legation is the representative in Great Britain of the Fund for the Serbian Red Cross Society, and the Fund for Serbian Distress in the War is administered by the Serbian Minister in London, who sends help where it is most urgently needed. The Serbian Relief Fund (5, Cromwell Road, S.W.) works under a British Executive Committee, and has now added to its former work a fund for the education of Serbian boys in England and the St. Helen's Fund for Serbian Orphans. Donations sent to the Serbian Legation (195, Queen's Gate, London, S.W.) will be acknowledged by the Serbian Minister, and donors are asked to state for which of the two funds their gifts are intended. The Legation will be pleased to answer inquiries.

SOME further particulars of the system of rationing invalids in Germany can be gathered from a letter published in the *Muenchener medizinische Wochenschrift*. The organization is controlled by a central committee, which issues a form upon which a doctor is required to enter full particulars as to diagnosis, complications, duration of illness, anticipated ill effects from deprivation, character of the food required—milk, eggs, butter, meat, meal, or meal-containing foods—and the period for which the rations would be needed. The doctor was required to forward the form to the central office without disclosing to the patient the particulars he had given on it. In this way the onus of refusal was transferred from the doctor to the central tribunal. The scheme, like a good many other schemes devised by the Germans in an emergency, would not work. The population began to search for symptoms which would justify them in applying for invalid dietary; and although the scheme was introduced in the summer, when privation would be least felt and the health of Berlin is generally good, the curve of morbidity rose rapidly. Greater Berlin, it is said, provided 100,000 claims for sick rations within a short time, and the doctors were placed in a very invidious position, for although the ultimate decision rested with the committee, every doctor was expected to sift the claims, and to reject at once those unwarranted in order to prevent the committee being overwhelmed with work.

Letters, Notes, and Answers.

AUTHORS desiring reprints of their articles published in the BRITISH MEDICAL JOURNAL are requested to communicate with the Office, 423, Strand, W.C., on receipt of proof.

THE telegraphic addresses of the BRITISH MEDICAL ASSOCIATION and JOURNAL are: (1) EDITOR of the BRITISH MEDICAL JOURNAL, *Atiology, Westrand, London*; telephone, 2631, Gerrard. (2) FINANCIAL SECRETARY AND BUSINESS MANAGER (Advertisements, etc.), *Articulat, 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.

QUERIES.

G. P. desires to hear of a school where the daughters of medical practitioners are received on special terms.

INCOME TAX.

J. H. is entitled to allowances for abatement, etc., which exceed his military pay for the present financial year. That pay has not been taxed, but only the excess of his allowances over the pay has been allowed in calculating the tax on his civil income. He will thus have no benefit from the provision of a special military rate of tax.

* We regret to say that our correspondent seems to have no remedy. The case is covered by Sec. 30 (2) of the Finance Act, 1916, extending to the special rate the operation of Sec. 19 (2) of the Finance Act, 1907. In effect these provisions lay down the principle that all allowances shall be made primarily from that portion of the income which is taxable at the lowest rate.

LETTERS, NOTES, ETC.

BRITISH SURGICAL INSTRUMENT FIRMS.

AN incidental reference to Frederick Weiss in a note in the JOURNAL (December 30th, p. 924) might be misunderstood to imply that we supposed that the business of John Weiss and Son, Ltd., had ceased. This, of course, is not the case, although it is now a limited company which is entirely British; the last Weiss associated with it (a grandson of the founder) died some years ago. The Frederick Weiss mentioned in our note was, we are informed, the son of the John Weiss, inventor of the screw lithotrite, who founded the business in 1787.

GARLIC IN LEPROSY.

MR. A. D. J. EDAL-BEHRAM (Surat, India) writes: In your issue of October 21st, 1916, Colonel Sir Leonard Rogers proposes to commence research on the action of gynocardates on the human acid-fast bacillus of tuberculous disease. May I most respectfully beg to point out that oleum allii (oil of garlic) has been shown to have a complete destroying action on tubercle bacillus by Professor Poore, Professor Cavazzani of Vienna, Dr. McDuffie of Metropolitan Hospital of New York, Dr. Minchin of Dublin, and others? Under the circumstances, would it not be worth while to try oleum allii (oil of garlic) on leprosy and investigate its action on Hansen's bacillus? Garlic can be had more easily than chaulmoogra. Colonel Sir Leonard Rogers will be the best man for it, looking to the facilities he has at Calcutta.

APPENDICITIS AND ENAMELLED WARE.

DR. WALTER G. WALFORD (South Hampstead, N.W.), writes: My son recently returned from the front with an enamelled iron teacup such as I learn is served out in camp for ordinary use. Now enamel is practically glass, and this stuff is extensively flaking off both the interior and exterior of the cup, and would wash down the throat with every mouthful of liquid swallowed. Appendicitis was almost unknown before this ware was brought into use. If we wanted to give our brave soldiers appendicitis, could we better ensure it than by supplying such cups?

SCALE OF CHARGES FOR ADVERTISEMENTS IN THE BRITISH MEDICAL JOURNAL.

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Advertisements should be delivered, addressed to the Manager, 423, 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 restantes* letters addressed either in initials or numbers.