

CHART 3.—A, Serum 5 c.cm.  
B, Serum 10 c.cm. C, Ninth day  
of illness; consolidation of right  
base. D, Consolidation of left  
base.

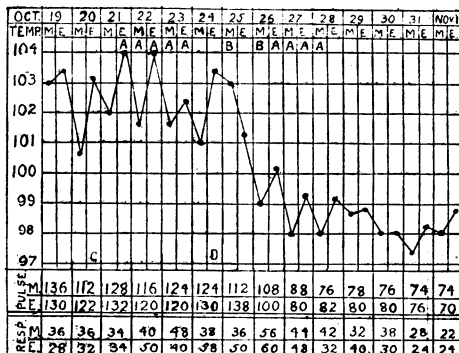


CHART 4.—A, Serum 5 c.cm. B, Serum 10 c.cm.  
C, Generalized bronchitis and consolidation of left  
base. D, Consolidation of right base.

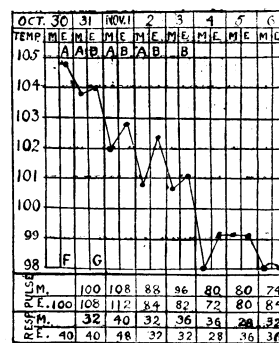


CHART 5.—A, Serum 5 c.cm.  
B, Serum 10 c.cm. F, Ninth day  
of illness. G, Consolidation of  
both bases.

CHARTS ILLUSTRATING THE EFFECT OF SERUM TREATMENT IN CASES UNDER GROUP C.

in the chest. The symptoms and physical signs presented in cases under Group C were those of lobular rather than those of lobar pneumonia; and in some cases, in addition to these, the symptoms and signs of severe capillary bronchitis with well marked cyanosis were predominant; in others the signs of severe toxæmia were well marked. Thirty-seven of our cases had definite signs of consolidation in both lungs.

Charts 3, 4, and 5 illustrate the effect of the serum treatment in these cases. In addition to the serum the ordinary routine treatment of pneumonia was also used.

being so, no time should be lost in commencing treatment with a view to preventing heart failure.

4. The timely injection of 5 c.cm. Pane's antipneumococci serum apparently retarded the development of pulmonary complications and therefore should be used as a prophylactic measure.

5. The use of the serum for this fatal form of pneumonia apparently reduces the temperature and the duration of

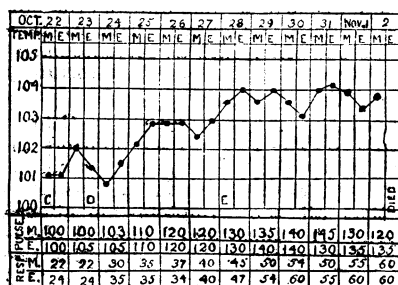


CHART 6.—C, Sixth day of illness. D, Consolidation of left base. E, Consolidation of right base.

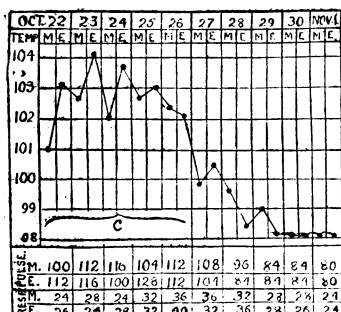


CHART 7.—C, Consolidation of right base.

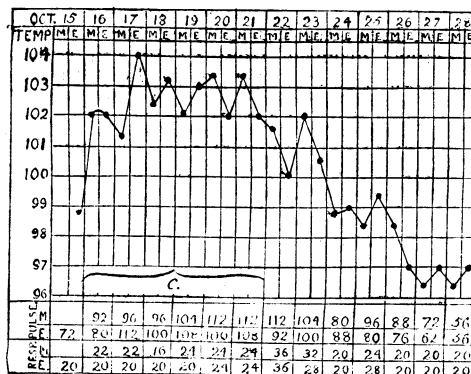


CHART 8.—C, Consolidation of right base.

CHARTS ILLUSTRATING CASES IN WHICH NO SERUM WAS USED.

Charts 6, 7, and 8 illustrate cases in which no serum was used.

In comparing the above charts it is assumed that the effects of the serum are:

1. To lessen the pyrexia; for in most of the cases it was noticed that the pyrexia was reduced by one to two degrees twelve hours after the injection, and the succeeding rise never reached the height of the previous temperature, while in cases untreated by serum the high fever was maintained and exacerbation of the previous temperature occurred on the development of a new patch.

2. Although the serum does not prevent the development of new patches of consolidation yet it seems to shorten the duration of pyrexia due to the new patch or patches, while in cases untreated by serum the duration and course of the disease is uninterrupted.

3. To prevent the occurrence of toxæmia, which only occurred in cases admitted from outside, where no serum was used.

#### CONCLUSIONS.

The conclusions which may be drawn from these observations are as follows:

1. That the incubation is from thirty to sixty hours, with an average of about forty-eight hours.

2. That immunity can be acquired from a previous attack or from the injection of a suitable vaccine. The duration of this immunity is certainly over three months.

3. The pulmonary complication of this influenza takes the form of a rapidly spreading bronchopneumonia; this

the disease, and prevents the occurrence of other unfavourable complications.

In conclusion I wish to thank Dr. Parker and Dr. Symes for permission to publish the above cases and also for their ungrudging and most valuable advice and guidance.

## Memoranda:

### MEDICAL, SURGICAL, OBSTETRICAL.

#### ON THE USE OF FORMALIN SPRAYS IN CHECKING AN EPIDEMIC OF INFLUENZA.

In the recent epidemic of influenza among the troops at No. 1 Centre, The College, Isleworth, and among the Q.M.A.A.C. of the Hounslow, Osterley, and Isleworth area, I found that the spraying of all billets, messrooms, and canteens by a fatigue party of eight men under the charge of a non-commissioned officer appeared to be followed by an immediate check in the spread of the epidemic.

At a later date—November 4th—a severe outbreak of the epidemic occurred among the prisoners of war billeted in the rooms of a house at Ridless, Warton Road, Isleworth, and I there had an opportunity of testing this simple method of combating the disease.

The sprays, three in number, which were used twice daily from the second day of the epidemic, were Heppell's hand fly sprays with a capacity of 1½ pints of fluid in

each. Each spray was charged with 6 drachms of 40 per cent. formaldehyde to 1½ pints of water, making approximately a solution and vapour of 1 per cent. formalin.

After the removal of the first batch of 15 cases to hospital on the second day of the epidemic no further cases were removed to hospital until the fifth day, owing to the general shortage of accommodation in the hospitals at the time. Some of these cases in the billet were severe, but all recovered.

Table showing Daily Strength of Prisoners, Number of Cases of Pyrexia, Fresh Cases, and their Disposal.

Date.	Day of Epidemic.	Strength.	No. of Cases of Pyrexia.	Fresh Cases.	Disposal.
Nov. 4...	First	56	3	Nil	Kept in billet.
" 5...	Second	56	15	12	Fifteen cases removed to hospital.
" 6...	Third	41	20	20	Kept in billet.
" 7...	Fourth	41	6	Nil	Kept in billet.
" 8...	Fifth	41	3	1	Three cases removed to hospital.
" 9...	Sixth	38	1	1	Kept in billet.
" 10...	Seventh	38	2	1	Kept in billet.
" 11...	Eighth	38	1	Nil	Kept in billet.
" 12...	Ninth	38	Nil	Nil	—

Eighteen of the 56 prisoners had a normal temperature throughout.

Two days after the spraying was commenced the fresh infections dropped from 20 to nil, and the epidemic appeared to be suddenly deprived of its strongly infectious character, although single fresh cases occurred from time to time until the eighth day of the epidemic.

These results confirmed my impression that the method had been effective in dealing with the previous outbreak at the College and among the Q.M.A.A.C., and are interesting enough to justify me in specially bringing them to notice.

ANGUS WYLIE, Captain R.A.M.C.,  
M.O. 1/c Troops.

## Reports of Societies.

### APYREXIAL SYMPTOMS OF MALARIA.

At a meeting of the Section of Medicine of the Royal Society of Medicine on January 28th, Major A. F. VOELCKER, R.A.M.C.(T.), being in the chair, Captain GORDON WARD read a paper with the object of providing guidance for those who may be called upon to report (1) as to whether a man shows signs of having recently had an attack of malaria; and (2) as to how far a man is disabled owing to chronic malaria the existence of which is admitted. The paper was based on observations made on over one thousand cases of soldiers under treatment in hospital after their return to France or England. It was believed that the picture of malaria seen in these circumstances was that which will be met with in civil life for some years to come. The following list of symptoms, while not professing to be exhaustive, comprised those most likely to be of value:

1. *Apvrexial Rigor*.—A typical malarial rigor with shaking and hot and sweating stages might occur with no rise of temperature. This would not be often met with, but a knowledge that it did occur might prevent mistakes.

2. *Herpes labialis* was common the day after an acute attack.

3. *Headache*.—This was frontal as a rule, sometimes occipital, almost never vertical. Temporal and frontal headache together were often seen. The patient's statement might often be verified by detecting hyperalgesia at the margins of the area in which pain was felt.

4. *Eye Signs*.—Conjunctivitis, photophobia, and nystagmoid jerking were frequent in acute attacks. In chronic cases, photophobia, pain behind the eyes, and, rarely, strabismus, were seen.

5. *Pharyngitis and Laryngitis*.—Both occurred in association with acute attacks.

6. *Jaundice*.—Some people seemed especially prone to jaundice after attacks of malaria. A slightly yellow colour was suspicious in chronic cases.

7. *Perisplenitis*.—A friction rub might be heard for three to five days over the spleen in a few cases.

8. *Pain in the Side*.—This might be due to pleural adhesions, and be felt most on deep inspiration; a course of deep breathing exercises would often dispel it. It might be due to splenic adhesions, when more complaint was made, if the patients stood for long, or took much exercise. Pain in the side might also depend on hyperalgesia of the skin or muscles, and was then at times bilateral. This was frequent in acute cases.

9. *Tremor*.—A fine tremor of the tongue and hands, rarely of the lips, was common. It might persist in chronic cases, and was then often associated with chronic headache and depression.

10. *Pigmentation*.—At times pigmentation was seen to increase with attacks and diminish between them.

11. *Tachycardia* was common when the patient first got out of bed, and might persist or only be elicited on exertion.

12. *Hyperidrosis* was not infrequent, although not often complained of. Occasionally it was so severe as to constitute a serious disability.

13. *Splenomegaly* was an uncertain sign in cases such as those under consideration. It occurred in indisputable form in severe attacks and when jaundice also was present.

14. *Transient Oedema*.—Local swellings of the nature of giant urticaria were sometimes seen on hands or legs. These lasted a few days only.

15. *Raynaud's Symptoms*.—"Dead" fingers and feet were often seen.

16. *Weakness* was often complained of, but was hard to assess. With the patient under observation it could be done by various tests, but must as a rule be a matter rather of opinion than demonstration.

17. *Blood Changes*.—The presence of the parasite was definite evidence. An increase of eosinophils and the presence of endothelial cells were suggestive. The presence of abnormalities of the red cells, such as polychromasia, anisocytosis, and megalocytosis was important, and strongly suggestive of malaria.

During the course of the ensuing discussion, Colonel ANDREW BALFOUR spoke of the relapses as probably indicating sporulation in internal organs, and agreed as to the occurrence of apyretic rigors. It was difficult to state definitely that all the symptoms mentioned were malarial in origin. A "thick film" method of examination might reveal parasites which would otherwise be missed.

Dr. F. S. LANGMEAD deprecated the common fault of ascribing all symptoms occurring in malarial districts or subjects as due to the malaria *per se*. Mere examination would sometimes reveal a secondary or independent infection. Opportunities for observation of about 10,000 cases led him to agree as to the occasional occurrence of rigors without fever, but accompanied by malaise, headache, sweating, rapid pulse, mental depression, and even vomiting. Every type of rigor occurred, from those without pyrexia up to those with the characteristic attacks. Pigmentation might be so severe as to resemble that of Addison's disease, and with this he associated cases with temporary or persistent low blood pressure and small pulse, possibly ascribable to suprarenal defect. Defective action of this gland and also of the thyroid was suggested by the tachycardia, tremor, and exophthalmos which certainly occurred. Tachycardia might be transient, abating with or soon after an attack; more persistent, but subsiding after several days or weeks; or very protracted and possibly permanent. It was difficult to say when the last two forms were indications that the malaria was merely in abeyance.

### GONORRHOEA OF THE GENITO-URINARY PASSAGES.

At a meeting of the Medical Society of London on January 27th, the President, Major A. F. VOELCKER, R.A.M.C.(T.), being in the chair, Brevet Colonel L. W. HARRISON read a paper in which were raised for discussion points connected with the abortive treatment of gonorrhoea, some details of the technique of irrigation and the attack on the gonococcus through the blood stream. Promptitude of action was of the very first importance in treatment, for all the gonococci within a urethra could be

CAPTAIN ERNEST ALBERT WILLIAM HENLEY, New Zealand Medical Corps, died at Napier, New Zealand, on November 14th, 1918. He was the eldest and last surviving son of Mr. J. W. Henley of Shankill, co. Dublin, his brothers, Second Lieutenants F. L. Henley, Sherwood Foresters, and H. T. Henley, Royal Irish Rifles, having been killed in action in France in 1916 and 1917 respectively. He was educated at Trinity College, Dublin, where he graduated B.A. in 1898, M.B., B.Ch., and B.A.O. in 1901, and M.D. in 1911. At the university he gained a medical scholarship and the gold medal in physical science, also taking the gold medal for operative surgery at the Royal College of Surgeons, Ireland, and the Hudson scholarship at the Adelaide Hospital, Dublin, where he afterwards served as house-surgeon. In 1900 he went to New Zealand, where he settled in practice at Napier, and was for fourteen years secretary to the Hawkes Bay Branch of the British Medical Association. At the beginning of the war he joined the New Zealand Medical Corps, but was not sent on foreign service for health reasons.

## Universities and Colleges.

### UNIVERSITY OF CAMBRIDGE.

THE following medical degrees were conferred at a congregation held on January 31st:

M.D.—S. G. Askey, A. G. Shera.  
M.B.—W. T. Warwick.

### ROYAL COLLEGE OF PHYSICIANS OF LONDON.

AN ordinary Comitia of the Royal College of Physicians of London was held on January 30th, when Dr. Norman Moore, the President, was in the chair.

The following were admitted Members of the College:

C. T. Champion de Crespigny, M.D. Melb., W. H. Grace, M.B. Lond., L.R.C.P., N. F. Hallows, M.B. Oxon., G. R. Pirie, M.B. Toronto, L.R.C.P., W. G. Porter, M.D. Brussels, L.R.C.P., A. F. Rook, L.R.C.P., T. W. Wadsworth, M.D. Liverpool.

Licences to practise physic were granted to sixty-four candidates who had passed the required examinations and had conformed to the by-laws and regulations.

Diplomas in public health were granted to the following candidates:

G. A. Birnie, M.B., Ch.B. Melb., J. A. Drake, M.B., B.S. Lond., L.R.C.P., M.R.C.S., T. H. Jamieson, M.D. Edin., A. D. Loganadan, L.R.C.P., M.R.C.S., K. M. B. Simon, M.B. Toronto, L.C.P. and S. Ontario, P. Smith, M.D. Lond., L.R.C.P., M.R.C.S., J. Wotherpoon, M.D., Ch.B. Glasg.

The following were elected councillors on the nomination of the council:—Dr. Davy vice Dr. Guthrie, deceased; Drs. Head, Carr, Still, and Craig, vice Drs. Wethered, James Calvert, Sir James Galloway, and Dr. Ogle, who retire by rotation. Sir Francis Champneys was elected a representative on the Central Midwives Board, and Dr. Sidney Martin a representative on the senate of the University of London, vice Sir Frederick Taylor, resigned. An address was received from the Royal College of Physicians of Ireland on the occasion of the quatercentenary of the college. A gold Browne medal was received from Dr. Crawford.

The President announced that he had appointed Dr. Crawford to be Harveian orator and Dr. Beddard to be Bradshaw lecturer in 1919, and that the council had appointed Dr. Aldo Castellani to be Milroy lecturer in 1920. Dr. Topley will give the Goulstonian lectures on the spread of bacterial infection, and Sir Humphry Rolleston the Lumleian lectures on cerebro-spinal fever.

The following report was received from the Committee of Management:

The Committee recommend that the courses of instruction in pathology, practical pathology, and bacteriology at the University of Cape Town be accepted as fulfilling the requirements of the Regulations, Section II, par. XXI (d) and (h), 4, 5, 6, and 8.

The Committee of Management received applications from the National Hospital for Epilepsy and Paralysis, Queen Square, and from the Hospital for Sick Children, Great Ormond Street, for recognition as teaching institutions for students in clinical medicine, and for part of the medical clerkship and surgical dressership. Both these hospitals are already recognized as teaching institutions by the Universities of Oxford, Cambridge, London, and Durham.

The Committee of Management felt that it would be highly undesirable for any considerable amount of the time spent on clinical instruction and in holding appointments in special hospitals to take the place of the period required in a general hospital, but offered no objection to a period, not exceeding two months in all, for clerking and dressing being spent at these two hospitals or other special hospitals which might hereafter be recognized by the Committee of Management. With regard to an application by the Dean of University College Hospital Medical School to utilize this concession, the Committee of Management assumed that the National Hospital and the

Hospital for Sick Children would allow students from other medical schools than University College to go there in exactly the same way should the Deans of their schools desire to send them.

The Committee granted an application from the London School of Medicine for Women that students may be allowed to complete their gynaecological clerkships in the Elizabeth Garrett Anderson Hospital, in which 50 per cent. of the surgical cases are gynaecological.

## Medical News.

THE annual meeting of the Medical Sickness, Annuity, and Life Assurance Friendly Society will be held at the offices of the society, 300, High Holborn, W.C., on Tuesday, March 25th, at 4 p.m.

MR. R. J. PYE-SMITH, consulting surgeon to the Sheffield Royal Hospital, and Emeritus Professor of Surgery in the University of Sheffield, which he has represented on the General Medical Council since 1911, is about to retire from practice, with the intention of residing in the south of England.

AN announcement is made in our advertising pages this week of a special "reconstruction" clinical course, in general medicine and surgery and all special departments, to be given at the West London Post-Graduate College from February 17th to April 11th.

THE fifth edition of Gould's *Elements of Surgical Diagnosis* is in the press. It has been revised by Sir Alfred Pearce Gould and Mr. Eric Pearce Gould, and much new matter introduced without, however, adding to the bulk of the volume.

THE first of the social meetings arranged by the Royal Society of Medicine for the reception of medical officers of the Navy, R.A.M.C., R.A.F., and the Overseas contingents and of the United States and Allies was held on Wednesday last, when Sir John Bland-Sutton gave a short address on gizzards and counterfeit gizzards. On Wednesday evening next Sir Arbuthnot Lane will speak on some aspects of stasis.

THE Lettsomian Lectures before the Medical Society of London will be delivered on March 10th, 17th, and 24th, at 9 p.m., by Colonel W. H. Willcox, C.B., C.M.G., M.D., whose subject will be jaundice. The annual oration will be delivered by Sir John Tweedy, F.R.C.S., on May 12th, at 9 p.m.

THE Child-Study Society has arranged a course of lectures to be given at the Royal Sanitary Institute, 90, Buckingham Palace Road, at 6 p.m. on alternate Thursdays, beginning on Thursday next, when Dr. C. W. Kimmins will speak on the significance of children's dreams.

THE municipal authorities of Milan recently accepted the offer of gratuitous vaccination against influenza made by Professor Serafino Belfanti, Director of the Institute of Seruntherapy. The Assessor of Hygiene, Dr. Luigi Veratti, at once placed the department of antityphoid inoculation in the health bureau at his disposal for the purpose, and within a few days more than a thousand persons were vaccinated.

SIR L. WORTHINGTON EVANS, Minister of Pensions, has appointed an "Officers' Friend," attached to the department, whose duty will be to give information to officers and officers' widows as to the retired pay, pensions, and allowances to which they are entitled under the Pay Warrant and the various pensions warrants. This official will attend daily at the Ministry of Pensions, Westminster House, 7, Millbank, London, S.W.1, and inquiries may be addressed to him there, either personally or by letter.

A Hunterian lecture on the action of chemical and physiological antiseptics in septic wounds will be given at the Royal College of Surgeons of England on February 12th by Mr. Alexander Fleming, F.R.C.S., assistant lecturer in bacteriology at St. Mary's Hospital Medical School. A Hunterian lecture on the early treatment of compound fractures and other severe injuries of the upper limb will be given by Mr. E. G. Slesinger, M.B., F.R.C.S., on February 17th. Two Arris and Gale lectures will be delivered, the one on February 19th by Mr. Edred M. Corner, surgeon to St. Thomas's Hospital, on the nature of scar tissue and painful amputation stumps; and the other on February 21st by Lieut.-Colonel E. M. Cowell, D.S.O., F.R.C.S., medical officer to Croydon General Hospital, on the initiation of wound shock and its relation to surgical shock. The lectures will be given at the college at 5 p.m. on each day.