

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

A CASE OF ENCEPHALITIS LETHARGICA.

THE following case, diagnosed as encephalitis lethargica, is of interest partly because of the bacteriological findings and partly on account of the treatment by sodium salicylate given intravenously in fairly large doses.

Abstract of Clinical Notes.

The patient, an adult Indian follower, was admitted without notes or history to a stationary hospital on January 17th, 1920. His pulse was 96, his temperature was 100.4°; the respirations were 26. His general condition was stuporose; he lay still, with expressionless face and closed eyes.

The ocular conjunctiva was congested; no strabismus was present; the pupils were medium sized and equal, contracting to light. There was a considerable degree of general muscular tension and irritability, the arms and legs being flexed. Rigidity of the neck and Kernig's sign were absent. Subsequent records are given below.

Fourth day: Slight improvement. Can be roused, when for a time he is intelligent and talkative, but suddenly reverts to lethargy. Photophobia; knee-jerks increased, Babinski's sign absent.

Sixth day: Not so well, cannot be roused. Constant muscle twitchings, general, but best seen in pectorals and hand and finger muscles. Bouts of hiccough. Extreme myoedema. General rigidity increased; sphincters not under control. Blood examination: 9,000 leucocytes per cubic millimetre, no malarial parasites. Sod. salicyl. gr. 3 in 20 c.cm. saline given intravenously; gr. 10 t.d.s. by the mouth.

Seventh day: Patient pulseless, pituitrin given in two injections.

Seventh to seventeenth day: The stupor persisted in varying intensity. Ptosis of the eyelids, lagophthalmos, slight external strabismus on the right and deviation of the tongue to the left were noticed, and attacks of muscular twitching continued to occur; between them the position of tetany was sometimes noticed. Complaint was made of pain in the eyes, mouth, and throat, and of failing vision. Cultures were made from a nasopharyngeal swab; influenza bacilli were found, together with a few pneumococci. The cerebro-spinal fluid, clear and not showing increased tension, contained a few lymphocytes but no organisms. The injections of sod. salicylate (gr. 1½ to gr. 4) were repeated on the seventh, eleventh, and fifteenth days.

On the seventh day a blood culture was made on broth; the report showed the presence of Gram-negative bacilli a little larger than *B. influenzae*, inclined to lie in pairs. A second culture, made on the fifteenth day, contained no organism; possibly the first finding was due to contamination.

Seventeenth day: There was very noticeable improvement; he was less stuporose, and sat up; the rigidity began to disappear, and the ptosis and strabismus to diminish. His appetite returned.

On the thirty-fourth day he was almost well, except for incessant loquacity. The temperature had never risen above 100.4°.

It is noteworthy that in December, 1919, another patient in this hospital who was convalescent after what seemed a typical attack of influenza and had had a normal temperature for nine days, suddenly complained of inability to open his eyes. In the course of a few days this became worse, and gradually there set in a train of symptoms similar to the above. One intravenous injection of sod. salicyl. (gr. iij in 20 c.cm. saline) was given, and some slight improvement followed. Unfortunately this patient passed out of observation soon afterwards. I have since heard that he made a good recovery.

It has been generally noticed here that many patients convalescing after an attack of influenza have complained of heaviness in their eyelids, and have shown a great tendency to drowsiness.

I have to thank Captain Adler, R.A.M.C. (S.R.), who did the bacteriological work, and Colonel Kennedy, R.A.M.C., who verified the findings; also Colonel Mackelvie, I.M.S., for permission to publish these notes.

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GONORRHOEAL VULVO-VAGINITIS IN A NEWBORN INFANT.

AN infant, 14 days old, was brought to me for examination. The history was of a vaginal discharge beginning a few days after birth, very slight in amount, but increasing steadily and becoming more purulent. There was no evidence of the child having dysuria or being in any way upset by the local condition. She was otherwise healthy, but inflammation of the vulva was seen, and after the

child's straining a little on micturition a rush of green pus from the vagina occurred. A film from the vagina was taken at once, and the pathological report was: "Pus and numerous gonococci present."

The child was born in a Poor Law institution, and details of labour, chart, etc., were easily procured. The mother's genital tract had appeared normal before, during, and after labour. Delivery was easy, though the presentation was breech. The mother's recovery was uneventful, not the slightest pyrexia appearing on the chart. She herself looked normal locally, but gonococci were found in films from the cervix.

The infant's infection was undoubtedly contracted during labour, and the interesting points are:

1. The infection of the child's presenting part.
2. Total absence of ophthalmia.
3. Child's general good condition and lack of malaise, though the local infection was severe.

There was no possibility of infection having taken place after birth, as the case was still in the maternity wards, where the child's toilet was wholly performed by pupil midwives.

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Reports of Societies.

OPHTHALMOLOGICAL TEACHING.

THE annual congress of the Ophthalmological Society of the United Kingdom was held at the house of the Royal Society of Medicine on April 29th. The President, Mr. J. B. STORR, P.R.C.S.L., took as the subject of his presidential address the teaching and examination of medical students in ophthalmology. He said:

The Council of British Ophthalmologists have already urged the General Medical Council to adopt two reforms—first, to make three months' attendance at an ophthalmic clinic obligatory and secondly, to have an examination by ophthalmic surgeons as part of the final pass examination. The General Medical Council accepted the first and rejected the second, a most astonishing thing to those who know well that medical students have no time to waste on subjects that are not necessary and in which examination is not compulsory. There are two reasons why a certain knowledge of ophthalmology is necessary for every person permitted to practise—(1) because the vast majority of practitioners cannot escape from having to diagnose and treat diseases of and injuries to the eyes when no specialist can be obtained, and (2) because in many serious diseases the evidence afforded by ocular conditions is most important, and often the ocular symptoms are those which induce the sufferer to seek medical advice. For instance, interstitial keratitis may be the first evidence of infantile syphilis, even before the eruption of the teeth described by Jonathan Hutchinson; and acquired syphilis may show itself in the choroid, iris, or retina long after the patient has forgotten the primary disease completely. Ocular tuberculosis may be the first visible manifestation of that disease, and the ocular signs are important in tabes, disseminated sclerosis, meningitis, and other intracranial lesions, diabetes, nephritis, arterio-sclerosis, to mention only a few serious and not uncommon affections. In many of these the ocular signs may be mainly naked-eye appearances or fairly easily observed ophthalmoscopic lesions. The final decision of the General Medical Council is said to be that the hospitals should, or may, refuse certificates to students who do not acquire sufficient knowledge—thus shuffling off the responsibility thrown on it by Act of Parliament and placing it, not on the licensing bodies over whom it has control, but on the medical staffs of hospitals. It has been objected that if an examination in ophthalmology is instituted at the Final, it will overload the curriculum, and that other special branches of surgery will claim a similar privilege. As regards the first objection, the special clinical examination has been the rule in every one of the Irish licensing bodies for some thirty years, and has not caused overloading. As regards the second, it has been already pointed out how great is the importance of ocular signs and symptoms in serious constitutional diseases, an importance much greater than can be assigned to any of the other organs usually taken up as specialties. Ophthalmic surgeons are not narrow-minded, and would certainly urge that every medical man should be able to

DEATHS IN THE SERVICES.

MAJOR LLEWELLYN LANCELOT GRAEME THORPE, R.A.M.C., died at Whitstable on April 23rd last, aged 46. He was the younger son of the late Captain Edward Thorpe, of the 43rd Foot and 27th Madras Infantry, and was educated at University College, London. He entered the R.A.M.C. on June 21st, 1900, and became major after twelve years' service.

Captain Robert Gordon Ball, R.A.M.C., died in Dublin on February 3rd. He was educated at Trinity College, Dublin, where he graduated M.B. and B.Ch. in 1911, and was a member of the West African Medical Staff till he took a temporary commission in the R.A.M.C. as lieutenant on August 14th, 1917, becoming captain after a year's service.

Major Satis Bose, I.M.S., died at Barrackpore, where he was in command of the Indian Station Hospital, on January 5th. He was educated at Edinburgh, where he graduated M.B. and C.M. in 1897, and entered the I.M.S. as lieutenant on June 27th, 1901, becoming major in December, 1912.

Brevet Major Gwilym Gregory James, I.M.S., died on December 19th, aged 35. He was born on June 24th, 1884, and educated at Westminster Hospital, graduating M.B. and B.S.Lond. in 1907. After filling the posts of demonstrator of histology and house-surgeon at Westminster, and of second assistant medical officer at St. Marylebone Infirmary he entered the I.M.S. on January 30th, 1909, and was promoted to captain after three years' service. He was medical officer of the 127th Baluch Infantry, and served in that capacity during the war, being mentioned in dispatches in the *London Gazette* of August 15th, 1917, and receiving a brevet as major on January 1st, 1918.

Universities and Colleges.

CONJOINT BOARD IN SCOTLAND.

THE following candidates have been approved at the examination indicated:

D.P.H.—Margaret H. Grant, G. H. Gunn, R. F. Lunn, A. B. MacDougall, J. M. Ritchie, J. M. Young.

SOCIETY OF APOTHECARIES OF LONDON.

THE following candidates have been approved at the examination indicated:

SURGERY.—*G. S. Ashby, *C. C. Bennett, *†A. G. L. Brown, †A. Furniss, *†M. Ibrahim, *†A. L. Urquhart.

MEDICINE.—*R. E. Laurent, *†M. Pigott, *†A. L. Urquhart.

FORENSIC MEDICINE.—E. Brazao, J. A. Cohen, M. Pigott, A. L. Urquhart.

MIDWIFERY.—E. Brazao, J. A. Cohen, A. McKenzie, M. Pigott, R. M. Rodriguez, W. H. Summerskill, A. L. Urquhart.

* Section I.

† Section II.

The diploma of the Society has been granted to Messrs. M. Ibrahim, M. Pigott, and A. L. Urquhart.

Obituary.

CROYDON has sustained a great loss by the death on April 12th of its late coroner, Dr. THOMAS JACKSON. Advancing years and ill health caused him, in July, 1919, to resign this office, in which he was succeeded by his son, Dr. Beecher Jackson. Thomas Jackson was born at Torrington, North Devon, in 1846, and took the B.A.Lond. at the age of 21. In 1870 he was Congregational minister at Launceston, but his views on theological questions being in advance of those times he gave up the ministry. He obtained a scholarship at the Middlesex Hospital Medical School, and took the diplomas of L.R.C.P.Ed. and L.S.A. in 1877. He became M.R.C.S. in 1878, and was appointed resident obstetric officer at the Middlesex Hospital. He settled in practice at Thornton Heath. He was appointed coroner in 1889. A strong Liberal, he took a keen interest in local and other politics, and did much to improve the social condition of his neighbourhood, being largely instrumental in the opening of Thornton Heath recreation ground, the polytechnic, and the free library. He was one of the first aldermen of the borough of Croydon, and a justice of the peace. Much beloved, his death will be deeply regretted by all who came in contact with him. As a coroner he was always sympathetic, tactful, and kind, as a public man—although a keen fighter—always good-tempered, stimulating both friends and foes, and he lived long enough to see some of his ideals universally adopted. From all deepest sympathy will be with his widow and four children, two of whom are members of the medical profession.

WE regret to record the death of Dr. CHARLES AUGUSTUS THORNE, M.B.E., the senior medical practitioner in Dore and Topley, Derbyshire, which occurred on April 24th, in

his 63rd year. The cause of death was heart disease, brought on by continued overstrain during the war. For five years he served as M.O. to the Dore V.A.D. Auxiliary Hospital, and his kindness to the wounded will long be remembered by them. He devoted all his spare time to the wellbeing of the "Boys in Blue"; and two or three were generally to be seen accompanying him on his long country rounds. He also served on the Recruiting Board in Sheffield. In civil practice he was beloved by rich and poor alike, and served the district for long faithfully for about thirty years. He took the L.R.C.P., L.R.C.S.Edin. in 1885, previously he had served as a cadet in the Royal Navy. In later years he became a county magistrate, and was also medical officer to the Ecclesall Union and Cherry Tree Orphanage. He was laid to rest in Ecclesall on April 26th, large numbers of his old friends and patients attending the funeral.

THE death of Dr. HENRI TRIBOULET calls for a few words of tribute to his memory, if only because he was the honorary secretary of the committee in Paris which arranged the visit of French doctors to London in October, 1904, the first evidence of the growing sympathy between the two countries, which came to fruition in the *entente cordiale*. Those British doctors who shared in the return visit to Paris in the following spring will recall that the perfection of the arrangements in Paris was largely due to his organizing powers. Dr. Triboulet was born in 1864 and began practice in Paris in 1893. He became *médecin des hôpitaux* and devoted himself specially to the study of diseases of children, a subject to which he made many important contributions. He was joint author also of a *Traité de l'alcoolisme*, published in 1905, in which that difficult subject was treated with scientific impartiality. It was, however, as a practising physician, and more especially as a teacher, that Dr. Triboulet attained distinction. His enthusiasm, his high standard of conduct, and his conscientious devotion to duty, endeared him to all his pupils. He died, after a long and painful illness, last February.

DR. JOHN KERR BUTTER of Cannock passed away on April 29th after an illness of ten days, in which erysipelas and kidney trouble played a leading part. He received his medical education in the University of Aberdeen and graduated M.B., C.M. in 1879 and M.D. in 1881. He settled at Cannock, Staffordshire, in 1887; as police surgeon he established a wide reputation, and was considered an excellent witness in medico-legal cases. He also did much useful work for the St. John Ambulance Association both as lecturer and examiner. He was a man of fine physique; he possessed in a marked manner a racy Scottish humour, and was well versed in Burns literature and song. He established a fine collection of animals and birds. The funeral service was in Cannock Parish Church on May 4th, and the thousands who thronged the streets of Cannock testified to his popularity in the district. The body was taken to Glasgow for cremation.

WE regret to record the death, which took place very suddenly on April 24th, at the age of 53, of Dr. RICHARD LUMLEY ROBERTS, of Bethesda, North Wales. He was born in London in 1867, and afterwards lived at Plas Hwfa, Talybont; he was educated at Guy's Hospital, and took the diplomas of M.R.C.S. and L.R.C.P. in 1896. He was greatly respected in Bethesda, where he enjoyed a large practice. Dr. Lumley Roberts, who was a member of the North Carnarvon and Anglesey Division of the British Medical Association, leaves a widow and one child.

LIEUT.-COLONEL WILLIAM KINGTON FYFFE, New Zealand Medical Corps, died at Wellington, New Zealand, after an operation, on April 23rd. He was the eldest son of the late Deputy Surgeon-General William Johnston Fyffe, R.A.M.C., and was educated at Cambridge and St. George's Hospital, graduating B.A. in 1885, and M.B. and B.C. in 1890, also taking the L.S.A. in 1890, and the M.R.C.P.Lond. in 1893. After serving as house-physician and medical registrar at St. George's, and assistant physician and pathologist at the Victoria Park Hospital for Diseases of the Chest, he went to New Zealand, where he settled in practice at Wellington. He served at Gallipoli as medical officer with the 4th New Zealand contingent.

Medical News.

SIR STCLAIR THOMSON, M.D., has been awarded the Médaille de la Reconnaissance Française in silver for valuable services as a specialist in laryngology.

DR. JAS. SCARTH SPENCE LOGIE of Kirkwall, who took the diploma of L.R.C.P. Edin. in 1841 and graduated M.D. in 1842, celebrated his 100th birthday on May 11th. Among the congratulatory messages received was one from the King.

THE annual general meeting of the Chelsea Clinical Society will be held at St. George's Hospital Medical School on Tuesday, May 18th, at 8.30 p.m., when the retiring president, Dr. T. B. Hyslop, will deliver an address.

THE annual dinner of the Indian Medical Service will be held at the Trocadero Restaurant on Tuesday, June 8th, at 7.45 p.m., Major-General G. F. A. Harris, C.S.I., in the chair. Tickets and all particulars may be obtained from the joint honorary secretary, Colonel J. J. Pratt, I.M.S. (ret.), 63, Addison Road, Kensington, W.14.

SIR ROBERT ARMSTRONG-JONES will begin a course of four Gresham Lectures on physic, at Gresham College, Basinghall Street, E.C., on Tuesday, May 18th, at 6 p.m. The subject of the course is "The vegetable parasites affecting man, and the diseases caused by them." Admission is free.

AT the Congress of Dermatology and Syphiligraphy, held at Rome last December, a proposal was made to found a biennial prize named after the well-known specialist, Professor Tommaso de Amicis, for the best Italian work on dermatology. Professor Ducrey, of the University of Rome, was elected President for the forthcoming session.

THE final arrangements for the Congress of the Royal Institute of Public Health in Brussels have now been made. The inaugural meeting on Thursday, May 20th, will be attended by the King of the Belgians. On the previous evening the delegates and members will be received at the Palais des Académies by the Brussels Organization Committee. There will be seven sections, in all of which papers will be read and discussions held. Full particulars can be obtained from the honorary secretary, 27, Russell Square, London, W.C.1.

THE programme for the fourteenth French Medical Congress, which will be opened in Brussels on May 19th, is now complete. The chief subjects for discussion are syphilis of the cardio-vascular system, the importance of lipoids in pathology, and the value of artificial pneumothorax. Further particulars can be obtained on application to the Secrétaire-Général, 22, rue Joseph II, Brussels. An excursion to Yser and the Flanders battlefields will be made on the Sunday and Monday following the meeting.

IN a circular letter, dated April 23rd, addressed to local and port sanitary authorities, the Ministry of Health expresses its anxiety to obtain appointments for discharged and disabled officers and men who have been trained by the Ministry of Labour as sanitary inspectors and inspectors of nuisances. It is not suggested that preference should be given to these men over sanitary inspectors who during the war joined the Services or were on public grounds retained in civil employment; where, however, no such suitable candidates offer themselves, the local authorities are asked, in filling vacancies, to appoint men trained under the scheme of the Ministry of Labour.

SIR ARTHUR STANLEY, chairman of the Joint Council of the British Red Cross Society and the Order of St. John, in speaking to the Incorporated Association of Hospital Officers last week, said that there were two alternatives for the hospitals at the present time. The first was that they should be taken over by the State or the municipalities; the Minister of Health had given the most explicit assurances that the Government did not contemplate this course, and would regard the disappearance of the voluntary system as a calamity. The municipalization of hospitals, which meant that they would be supported by the rates, was an unsatisfactory proposal, especially when regard was had to the heavy municipal rates already imposed. The alternative to State or municipal support was the development of the voluntary system. He estimated that at present only 10 per cent. of the population of the country contributed in any way to the hospitals; that 10 per cent. was finding about two-thirds of the total hospital expenditure, and he was sanguine that the deficiency of one-third could be made up from 10 to 20 per cent. of those who did not now subscribe.

THE house of the Royal Society of Medicine will be closed from Saturday, May 22nd, to Tuesday, May 25th, both days inclusive.

DR. A. G. WILKINSON, who this year has completed his eighty-fifth birthday and his fiftieth anniversary as a medical practitioner in Northampton, was presented on May 3rd with a cheque for £150 and an illuminated address as a mark of esteem by his many friends and patients in the district.

DR. J. S. FRASER (Edinburgh) will give a lantern demonstration of microphotographic slides illustrating diseases of the internal ear, at the Central London Throat and Ear Hospital, Gray's Inn Road, on Thursday, May 20th, at 5 p.m.

TUBERCULOSIS officers are invited to attend a meeting at 1, Upper Montague Street, Russell Square, W.C.1, on Friday, May 28th, at 3 p.m., when a proposal to form a Tubercle Group within the Society of Medical Officers of Health will be discussed.

THE Publication Committee of the Zoological Society has issued a notice calling the attention of those who propose to offer papers to the great increase in the cost of paper and printing. This, it is stated, will render it necessary for the present that papers should be condensed, and be limited so far as possible to the description of new results.

Mlle. SENTIS and M. Rimbaud reported to a recent meeting of the Montpellier Medical Society a case of poisoning by veronal in a hysterical person who presented symptoms—somnia and paralysis of the ocular muscles—suggestive of lethargic encephalitis.

AT an inquest held at Southport it was found that a man had died from poisoning by potassium bichromate. A friend had recommended him to take "bi-something of potash" for neuritis, and in mistake he purchased from the chemist bichromate instead of bicarbonate.

A DEPUTATION from the London and Counties Medical Protection Society, Ltd., was received by Dr. Addison at the Ministry of Health on May 6th. The deputation was introduced to the Minister of Health by Lieut.-Colonel F. E. Fremantle, M.P. The chairman of the society, Dr. C. M. Fegen, on behalf of the deputation, urged upon the Minister the necessity for early legislation to protect the medical officers of venereal disease clinics from being compelled in the witness box to violate the established principles of professional secrecy and to give information of the nature of their patients' ailments and of anything else which came to their knowledge in their professional capacity. These medical officers were being compelled in the law courts, under penalty of imprisonment for contempt of court, to reveal what their patients had communicated to them believing that the information would be treated as absolutely confidential. The effect of this, it was urged, would be disastrous to the working of the clinics, and would militate against the efforts at present being made to cure and eliminate venereal disease. Dr. Addison expressed his cordial agreement with the views of the deputation, and promised to do what he could to promote legislation as suggested by the deputation. He said that he felt sure that public opinion would support the maintenance of professional secrecy in connexion with venereal disease clinics.

TO celebrate the centenary of the birth of Florence Nightingale, who was born on May 12th, 1820, an appeal has been issued to complete the fund for the National Tribute to the Nurses. The appeal is signed by the three matrons-in-chief of the Army, of the Territorial Force, and of the Expeditionary Force during the war, and by the head of the Nightingale School at St. Thomas's Hospital, which was endowed with the proceeds of another fund established by Florence Nightingale after the Crimean war. The object of the appeal is to raise £20,000 to complete the endowment of the College of Nursing, and to create a benevolent fund for the relief of nurses in old age, sickness, or unavoidable pecuniary trouble. "In no way," the matrons-in-chief say, "could the hundred years be more fittingly commemorated than by completing the Nation's Tribute to Nurses, and as the biography of this leader of nurses shows, she was ever mindful of the well-being of those engaged in nursing. We would appeal to all those who realize the value of the gentle ministrations of the trained nurse, to honour the memory of one of England's greatest daughters by sending a contribution of one shilling or more to Miss C. May Beeman, 10, West Bolton Gardens, S.W.5 (Honorary Organizer); or Miss Lloyd Still, Nightingale School, St. Thomas's Hospital, S.E."