

centrifuged deposit from the man's cerebro-spinal fluid, 3 c.cm. of which were injected into a sheep. Next day 0.6 gram of neo-kharsivan was injected intravenously, and 15 c.cm. of serum were given intraspinally. On January 7th, 1920, the patient, the monkey, and the sheep were found to be quite well.

In these cases the patients made undoubted progress under neo-kharsivan alone, but in neither case was the disease cured.

The fact that the cerebro-spinal fluid in Case 7 showed no trypanosomes on first examination, and that both the sub-inoculated animals remain well, I am unable to explain except as due to faulty technique.

In conclusion, I would suggest that these experiments tend to show:

1. That intra-spinal medication causes improvement in the patient, and may prove to be a complete cure.
2. That it has a greater beneficial effect than intravenous injections alone.
3. That in advanced cases, even if the actual disease is arrested, the damage already done to the central nervous system is probably beyond repair.

I wish to express my thanks to Dr. C. A. Wiggins, Principal Medical Officer, Uganda Protectorate, for permission to publish these notes.

## Memoranda:

### MEDICAL, SURGICAL, OBSTETRICAL.

#### A CASE OF ENCEPHALITIS: LETHARGY AND MYOCLONUS.

A STEEL dresser in a shipyard was admitted to the Royal Victoria Hospital, Belfast, under the care of Dr. William Calwell, on April 26th.

He had been a soldier for eleven years (one year in Africa, no illness; six years in India, enteric; four years in France, influenza, 1916). On April 2nd he felt ill, complaining of headache and double vision and pain and stiffness of the neck and right shoulder; the following day his right eyelid dropped and he developed a double internal squint. About a week later the muscles of the neck and right side of the face were twitching.

He was admitted in a drowsy condition; temperature 99.4°, pulse 84, systolic blood pressure 130; urine, heart, and lungs normal. He lay indifferent to his surroundings, and would only answer questions if vigorously roused, when he was, however, quite intelligent, though slow of cerebration. When the stimulus of the raised voice was withdrawn he sank back into lethargy. Although lethargic he did not sleep at night.

There were striking myoclonic movements of the face and neck; the twitchings, rhythmical, at the rate of 60 a minute, involved the levator anguli oris, the masseter, the temporalis, the sterno-mastoid, and the upper part of the trapezius of the left side. The diaphragm was not involved. The sphincters were normal; the knee-jerks were brisk; there was no ankle clonus; the abdominal and epigastric reflexes were absent. The pupils responded to light, but not to accommodation. There was ptosis of the right eyelid (N.3), double internal strabismus (N.6), and inability to close the left eyelid (N.7). The discs were normal.

The cerebro spinal fluid was clear under pressure, and the cell count under 10. The Wassermann reaction, blood and cerebro-spinal fluid, was negative.

On May 14th the patient's condition was unchanged except that there was a slight decrease in the lethargy and abatement of the ocular symptoms.

The case is therefore hybrid between lethargic and myoclonic encephalitis. It conforms to the lethargic syndrome with the dominant exception of the myoclonus.

JAMES CAMAC, M.B., B.Ch.,

Royal Victoria Hospital, Belfast.

House-Physician.

A BUST has recently been erected by the Faculty of Medicine and Pharmacy of Lille to commemorate Joseph Willot, a Roubaix chemist, who by the publication of a journal known as *L'Oiseau de France* did much to keep up the courage of the population of Northern France during the German occupation, and subsequently died during imprisonment in Germany.

## Reports of Societies.

### TREATMENT OF TUBERCULOSIS.

At a meeting of the Medico-Chirurgical Society of Edinburgh, held on May 5th, with Emeritus Professor F. M. CAIRD in the chair, Professor Sir ROBERT PHILIP opened a discussion on the treatment of tuberculosis. He showed how the Hippocratic conception of the disease was a terminal phenomenon, and explained the modern outlook on the subject by which all efforts were directed to the early recognition of bacillary infection. He outlined the essential facts as to invasion of the organism, tissue reaction and systemic intoxication, drawing an analogy between tuberculosis and syphilis. He urged a broad outlook in dealing with a general disease with local manifestations. In the past too much had been made of the local phenomena in the various organs without taking sufficient notice of the systemic disturbances, these latter being very frequently in advance of the local signs. The value of the various special diagnostic tests was briefly reviewed. He then dealt with the advances that had been made in the recognition of the tractability of the disease if taken in hand sufficiently early and sufficiently firmly. He urged strongly the importance of keeping the patient under surveillance once the disease had been definitely determined. Tuberculosis took a long time to come and a long time to go, even with the best results. Once the patient was tuberculinized there was always the risk of further spread in acute or chronic form. So-called "fresh outbreaks" were simply caused by further spread in an already infected individual. He showed from the Registrar-General's returns the very steady decline in the mortality, although there was an increase in the cases coming for diagnosis and advice. He also reminded his audience how the age of death had gradually been postponed, as shown by the mortality tables. Finally, he urged the need for continuous intensive observations, both clinical and experimental, with a fuller training of men on the modern lines. There was ample reason for sound optimism.

Sir HENRY J. GAUVAIN dealt with the conservative as opposed to the radical treatment of non-pulmonary tuberculosis. He pointed out that tuberculosis was a general disease with local manifestations, and the aim of conservative treatment was to make use of every means in our power to assist in the formation of Nature's fibrous barriers. Conservative treatment was not to be confounded with convalescent treatment. He considered his lines of treatment under four main headings:

1. General treatment, which included (a) climate; (b) hygiene; (c) occupation, on which he laid considerable stress, and told how he had five educational establishments, at Alton, beginning with a nursery school and going on in stages to continuation classes for cripples; (d) dietetic; (e) specific, including drugs.
2. Local treatment. This included orthopaedic and other measures designed to secure local rest and prevention and correction of deformity. He explained the vital importance of minute attention to detail in carrying out these procedures.
3. Adjuvant methods of treatment, including (a) heliotherapy, which was used by gradual increasing exposure to the sun—he found those who did not take on pigment readily did badly; (b) x rays; (c) vaccine-therapy; (d) chemio-therapy; and (e) surgery.
4. Treatment of complications. He gave in detail the gradual change which had taken place in our views as to the treatment of tuberculous abscesses.

Finally, figures were given to show the results obtained by the conservative method as practised at Alton, and he explained how a considerable length of time was required to attain satisfactory results.

Professor GULLAND, in thanking Sir Robert Philip and Sir Henry Gauvain, mentioned the importance of the time factor and good will of the patient in treatment.

Mr. JOHN FRASER, from his study of the pathology of bone and joint tuberculosis, declared himself a strong believer in conservative methods of treatment, but urged that certain conditions made operation necessary—namely, (1) social conditions, (2) age of the patient, (3) in bone tubercle, when the disease was near a joint, removal of disease would save the joint.

Dr. IAN STRUTHERS STEWART spoke of sanatorium difficulties. He found the question of occupation of his patients of vital importance, as the tendency to staleness

elected an honorary member of many foreign biological societies. Later he decided to enter on the practice of medicine, and he qualified at the Scottish colleges in 1906. In the West End of London he gained a considerable measure of success, although he came somewhat late in life to the anxieties and strain of practice. Nor could science and medicine wholly content him. Always a man of decided views, he in recent years became active in political work, and only a few weeks before his death was engaged in an active campaign in a Scottish by-election. To all his work, as well as to his leisure, he brought heartiness, energy, and comradeship, and many who knew nothing of his scientific attainments will always remember him as a man and a brother. At his own request his remains are to be interred in the Island of Arran, his native home, to which he was dearly attached.

**SURGEON-MAJOR-GENERAL HENRY FOLJAMBE PATERSON**, Army Medical Service (retired), died in London on May 11th, aged 83. He was born at Ballater, Aberdeenshire, on July 9th, 1836, and educated at Marischal College, Aberdeen, where he graduated M.D. in 1858; he took the M.R.C.S.Ed. in 1857 and the F.R.C.S.Ed. in 1866. Entering the army as assistant surgeon on October 19th, 1857, he became deputy surgeon-general in 1888, and S.M.G. in 1893, retiring on July 9th, 1896. In the regimental days he spent the first sixteen years of his service in the Royal Artillery. He had held the post of P.M.O. at Hong Kong, Malta, and Aldershot. He took great interest in the work of the British Medical Association, and assisted in the formation of the Hong Kong and China Branch in 1891, and was appointed its first president. In his address on retiring from that office he referred to the British Medical Association as "the grandest medical brotherhood the world had ever seen."

WE regret to report the death of Dr. **WILLIAM STEWART**, M.O.H. Gourock, which occurred from pneumonia, on April 8th, at the age of 58. Dr. Stewart was educated at Glasgow University, where he graduated M.B., C.M. in 1889; some years later he took the D.P.H. He began practice in the Dennistoun district of Glasgow, but after two years removed to Gourock, where he soon acquired an extensive practice. He was medical officer of health for over twenty years, and took a leading part in the many public health improvements of the burgh. He was also police surgeon and ambulance instructor to the Caledonian Railway Company. During the war Dr. Stewart was called upon greatly to exceed the limits of his strength. Deeply conscientious and of a retiring nature, his services were always available. When the end came he was mourned by the whole community. He leaves a widow and one daughter; his only son was killed on active service in Gallipoli.

WE regret to record the death of Dr. **PETER BURROWES KELLY**, D.S.O. Dr. Kelly was born in Ireland and received his medical education first in Dublin, where he obtained a medal for chemistry, histology, and medicine, and later at St. Bartholomew's and Charing Cross Hospitals. He obtained the diplomas L.R.C.P.I., L.R.C.S.I., and L.M. in 1911. He joined the Royal Navy on August 4th, 1914, and served first at Antwerp. He volunteered for service on H.M. transport *River Clyde*, the ship which was run ashore at Gallipoli to facilitate the landing of troops, and although wounded in the foot continued to attend the injured; for this and other gallant services he was awarded the D.S.O. He served in Gallipoli until the army was withdrawn. His last appointment was at the Royal Naval College at Osborne, and worked very hard during a severe epidemic which prevailed there. Immediately after leaving, and without any interval of rest, he commenced civil practice in London, but his health rapidly declined, and he died on April 6th at the residence of his brother, Dr. J. Kelly, of Ballymore, co. Kildare. He leaves a widow and one child.

ONE hundred and forty-one cases of gonorrhoea (sixteen in females) and thirty-one of syphilis (eleven in females) were notified to the Public Health Department of Western Australia during the last quarter of 1919.

## Universities and Colleges.

### UNIVERSITY OF CAMBRIDGE.

At a congregation held on May 8th the following medical degrees were conferred:

M.D.—W. B. G. Angus.  
M.B., B.Ch.—W. E. H. Bull.  
M.B.—B. Haigh, R. T. Raine.

### UNIVERSITY OF GLASGOW.

THE Senate of the University of Glasgow has resolved to confer the honorary degree of Doctor of Laws upon Sir Robert W. Philip, Professor of Tuberculosis, Edinburgh University, and President of the Royal College of Physicians of Edinburgh; and on Dr. John Macintyre, F.R.S.Edin., Surgeon for Diseases of the Throat and Nose, Glasgow Royal Infirmary, and lecturer on this subject in the University of Glasgow.

### ROYAL COLLEGE OF PHYSICIANS OF LONDON.

AN extraordinary comitia of the Royal College of Physicians of London was held on May 13th.

The President, Sir Norman Moore, nominated Dr. James Taylor to be the representative of the College on a committee being formed by the Minister of Health to investigate the causes of blindness and defective vision.

The following gentlemen elected to the Fellowship at the last meeting were admitted Fellows of the College:

William Francis Menzies, M.D.Edin.; James Graham Forbes, M.D.Camb.; William Morton Robson, M.D.Lond.; Samuel Ernest Dore, M.D.Camb.; George Basil Price, M.D.Lond.; Albert Ramsbottom, M.D.Vict.; Arthur Stanley Woodmark, M.D.Lond.; Francis Graham Crookshank, M.D.Lond.; Arthur Charles Douglas Firth, M.D.Camb.; Nathan Mutch, M.D.Camb.; Francis Martin Rouse Walshe, M.D.Lond.; George Graham, M.D.Camb.; George Ernest Beaumont, M.B.Oxford.

Diplomas in Public Health were granted to the following candidates, jointly with the Royal College of Surgeons:

Eleanor E. Bourne, M. A. C. Buckell, J. N. Dobbie, H. Evans, G. A. D. Harvey, G. D. Jameson, W. Simpson, J. G. Wallis, G. S. Wilson.

Diplomas in Tropical Medicine and Hygiene were granted to the following candidates, jointly with the Royal College of Surgeons:

M. K. Abdel-Khalik, J. S. Armstrong, C. Fasile, A. K. Cosgrave, E. Forrester-Paton, J. A. Frendo, W. P. Hogg, T. S. Keith, A. W. M. Harvey, N. Nedergaard, H. E. Whittingham, Man Wong, E. J. Wood.

The President then dissolved the Comitia.

## The Services.

### R.A.M.C. COMMISSIONS.

THE War Office announces that a limited number of commissions in the Regular Royal Army Medical Corps will be given at an early date to officers who are at present serving in the army or who have held commissioned rank during the war. Intending candidates, who will be required to fulfil the undermentioned conditions, should write for forms of application and further particulars to the Secretary, War Office (A.M.D.1), Cornwall House, Stamford Street, London, S.E.1. Officers who are still serving should submit their applications through the usual official channels.

#### Conditions.

1. Candidates must be registered under the Medical Acts now in force in the United Kingdom.
2. They must be under 29 years of age. Previous commissioned service, if as a medical officer of the Royal Army Medical Corps, will count towards seniority promotion and retired pay. Commissioned service other than as a medical officer will count only towards retired pay. The period of any such service may be deducted from an applicant's age if this is over 28 years.
3. They must be pronounced fit for general service by a military medical board.

The rates of pay are as laid down in Army Order 324, an extract from which is appended:

#### Army Medical Service.

	Per day.
	£ s. d.
Major-General ... ..	4 10 0
Colonel ... ..	3 5 0
Lieut.-Colonel ... ..	2 10 0
Lieut.-Colonel, after 20 years' total service ... ..	2 12 6
Lieut.-Colonel, after 25 years' total service ... ..	2 15 0
Major ... ..	1 15 0
Major, after 15 years' total service ... ..	2 0 0
Captain ... ..	1 5 0
Captain, after 5 years' total service ... ..	1 7 6
Captain, after 10 years' total service ... ..	1 10 0
Captain, holding higher rank by brevet, in addition ... ..	0 2 0
Lieutenant ... ..	1 0 0

The rates of allowances, gratuity, retired pay, etc., will be communicated to intending candidates.

## AMERICAN SURGEONS MENTIONED IN DISPATCHES.

THE *Journal of the American Medical Association* announces that King George has ordered certificates to be awarded to Colonels Christopher C. Collins; George W. Crile, Cleveland; Harvey Cushing, Boston; Matthew A. Delaney; Robert U. Patterson; Harry L. Gilchrist; James D. Fife; Richard H. Harte, Philadelphia; and Lieut. Colonel Lucius L. Hopwood, M.C., U.S. Army; and to Miss Julia Stimson, Superintendent of the Nurses of the Medical Department, U.S. Army. The certificate is as follows:

The war of 1914-1918. U.S. Army Medical Corps (name of recipient) was mentioned in a dispatch from Field Marshal Sir Douglas Haig, Kt., G.C.B., G.C.V.O., K.C.B.E., dated November 7th, 1917, for gallant and distinguished services in the field. I have it in command from the King to record His Majesty's high appreciation of the services rendered.

WINSTON S. CHURCHILL, Secretary of State for War.

War Office, Whitehall, S.W., March 1st, 1919.

## Medical News.

THE next session of the General Medical Council will commence at 2 p.m. on Tuesday, June 1st, when the President, Sir Donald MacAlister, K.C.B., M.D., will take the chair and give an address.

DR. J. STRICKLAND GOODALL, on his retirement from the lectureship in physiology and biology at Middlesex Hospital, held by him for seventeen years, has received a presentation subscribed for by past and present students.

THE President of the French Republic has conferred the honour of Officer of the Legion of Honour on Dr. Aldo Castellani, C.M.G., of the London School of Tropical Medicine, for his method of combined typhoid-paratyphoid and enteric-cholera vaccination, the early descriptions of which were published in our columns, and other work found of utility to the allied armies during the war.

At the meeting of the Medico-Legal Society to be held at 11, Chandos Street, Cavendish Square, on Friday, May 28th, at 8.30 p.m., Dr. T. H. G. Shore will read a paper on sudden deaths on active service.

DR. DAVID J. GIBBS WISHART has been elected president of the Aesculapian Club, Toronto; Dr. Alexander Primrose, C.B., vice-president; Dr. Edmund E. King, treasurer (re-elected); and Dr. Frederick C. Harrison, secretary.

THE Glasgow University Club, London, will dine at the Holborn Restaurant on Friday, June 4th, at 7.30 p.m., when the Right Hon. A. Bonar Law, M.P., Lord Privy Seal, Lord Rector of the University, will be in the chair.

DR. LATARJET has been appointed professor of anatomy in the University of Lyons to replace Dr. Testut, who has retired.

At a recent meeting the council of the Chicago Medical Society adopted a new scale of fees, increased by 50 per cent.

THE village of Athens (New York) has embodied in its sanitary code a regulation providing that no corporation, association, firm, or individual other than licensed pharmacists and physicians shall sell or offer for sale in the village any medicine or so-called medical appliances without a permit from the local health officer.

THE ninth annual general meeting and conference of the British Waterworks Association will be held at Nottingham on July 1st, when the manager of the Sheffield Waterworks will describe the scheme of pumping water from the River Don in substitution for the statutory compensation water, and the interim report of the Water Power Resources Committee will be discussed.

In response to the appeal of the University of Liverpool, Mr. T. Harrison Hughes, of Liverpool, has contributed £50,000, and Messrs. Alfred Holt and Co. (Liverpool) £15,000. The Association of West African Merchants and the African Section of the Chamber of Commerce, Liverpool, have asked members of the section to subscribe voluntarily at least £12,000 on the condition that the contribution shall be earmarked for some object which bears a relation to the West African trade.

THE second edition of the *Oxford University Press General Catalogue*, complete up to the end of 1919, gives an account of each of the books published and on sale, arranged in six sections according to the nature of their contents, and occurring again in an alphabetical list at the end of the general list. Many excellent textbooks of medicine, surgery, and allied subjects are published by the press.

MORE than 6,000 cases of small-pox have recently occurred in the north-east of Bohemia.

THE Genoese medical journal, *Liguria Medica*, which suspended publication in May, 1915, has reappeared.

It is proposed to establish a course of stomatology at the University of Liège and a course of psychiatry at the University of Ghent.

THE chairman of the Board of Licence Commissioners of Ontario has informed a committee of the legislature that 80 per cent. of Ontario physicians write less than ten prescriptions for liquor in a month.

A RIOT recently occurred at the University of La Plata (Argentina) between the professors and the students. A medical student, who was taking his examination, was killed by a revolver shot.

THERE are a few vacancies for the third post-graduate course of instruction in the diagnosis and treatment of venereal diseases by Mr. K. M. Walker at the St. Bartholomew's Hospital Clinic, Golden Lane, E.C., established by the Corporation of London. The course will be held on Thursday afternoons at 5.30 p.m. Medical men wishing to attend should write to the Secretary, National Council for Combating Venereal Diseases, 80, Avenue Chambers, Vernon Place, Southampton Row, W.C.1.

A DEPUTATION from the Society for the Prevention of Venereal Disease laid the views of the society before members of Parliament interested in the subject in Committee Room No. 7 of the House of Commons on May 12th. The policy of the society that venereal disease can be easily prevented by immediate self-disinfection within an hour of exposure to risk, was presented by Lord Willoughby de Broke (President), Sir James Crichton-Browne, Sir William Arbuthnot Lane, Miss Norah March, and Dr. Mearns Fraser. At the conclusion of the meeting the members of Parliament present resolved unanimously to form themselves into a Parliamentary Committee with the object of furthering the aims of the society, more particularly in endeavouring to obtain the support, both official and financial, of the Ministry of Health for the society's work; and of obtaining the repeal of the clause in the Venereal Disease Act, 1917, which forbids a chemist to recommend to the public or to expose for sale approved disinfectants for the prevention of venereal disease.

THE third annual report of the Conjoint Board of Scientific Societies shows that the total number of constituent bodies is now 57. Among them are the Royal College of Physicians of London and the Royal College of Surgeons of England, the Royal Society of Medicine, the Physiological Society, the Biochemical Society, and the Pharmaceutical Society of Great Britain; the Röntgen Society, the Society of Public Analysts, the Psychological Society, the Royal Anthropological Institute, and the Institute of Chemistry and the Chemical Society are also represented. The Board has a large number of committees; one of these, the Watching Committee on Education, has not been reappointed, as it is considered to have accomplished its purpose in the presentation of a joint report with the Council for Humanistic Studies, which was published under the title *Education: Secondary and University*. Its chief recommendation was that the first school examination intended by the Board of Education to be taken at about 16½ years of age should be a test of general knowledge, and should always include English language and literature, and four other groups of subjects—languages and literature other than English, history and geography, mathematics, and natural science. At the same time it was recommended that excellence in two of these groups, combined with evidence of adequate school training in all four, should be allowed to compensate for weakness in one group. It was recommended that in order to avoid premature and excessive specialization at schools, the scope of scholarship examinations should be enlarged so as to allow credit to be given for general ability, and not alone for excellence in one special department, whether literary or scientific. One of the effects of the disturbances of commerce due to the war was difficulty in obtaining glue and other adhesives; a committee was appointed which instituted researches under the direction of Professor S. B. Schryver. Investigations on the methods of preparing gelatines and glues from various tissues were carried out and results obtained which it is thought will be of value not only in the manufacture of gelatines, but in the production of gelatine for use in photography and for making foodstuffs. Investigations were also made into the preparation of adhesives from casein and from the residue of castor beans after expression of the oil.