

PERTUSSIS WITH A LEUCOCYTOSIS OF 176,000.*

BY

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THIS case is reported for two reasons. No other white blood count of such a high figure (176,000) has come to the notice of the writers, excluding those found in leukaemia. It is hoped that publication of such a leucocytosis in connexion with a case of whooping-cough may arouse speculation as to the possible reasons for its coexistence with this disease.

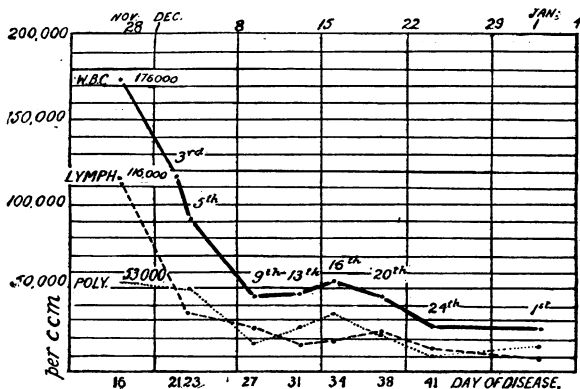
The patient, a female child aged 1 year and 9 months, was admitted to St. Bartholomew's Hospital under the care of Dr. Hugh Thursfield, to whose kindness the writers are much indebted for permission to publish the particulars of the case. The child was admitted with fever (102°), dyspnoea, and tachypnoea (rate 60), and with signs of bronchopneumonia in both lungs, especially the right; an ulcer was present on the fraenum linguae.

History of the Condition.—For the preceding twelve days the child had been subject to fits of coughing of gradually increasing severity and duration. During the later attacks she was alleged to have become blue in the face. The cough was paroxysmal and composed of numerous successive expiratory efforts. No whoop had been heard. The attacks were followed by vomiting.

Course.—Fever, tachycardia, and tachypnoea persisted for six weeks, during which time the pulmonary signs gradually cleared up. The child was discharged after a stay in hospital of seven weeks and an illness of nine weeks' duration.

Blood Counts.

The first white blood count was taken on November 28th, the sixteenth day of the disease; it showed 176,000 white cells per cubic millimetre, of which 116,000 were lymphocytes; the dates of the successive counts are shown in the chart. The black line in the diagram represents the total white blood count, the divided line the number of lymphocytes, and the dotted line that of polymorphonuclear cells.



In connexion with the high lymphocytosis observed, it is interesting to compare the results of two German observers.

Reiche¹ reports an outbreak of influenza in a ward devoted to whooping-cough. He says that 8 of the 16 cases already in the ward were attacked by influenza, and that one in the early stages of both diseases was admitted soon after. The latter case had a white count of 172,000—a figure nearly identical with that noted in the case herein described. He would seem to think that the mixing of the infections was the reason for the high figure. The explanation would be applicable to this case, seeing that it undoubtedly occurred early in the present epidemic of influenza. All evidence, however, is valueless while the cause of influenza is yet unproved.

Hess² of Frankfort alleges that the lymphocytosis of whooping-cough is the direct mechanical result of the paroxysms; he has made numerous blood examinations, and states that the lymphocytosis is greatest in the paroxysmal stage—indeed, that the highest figures actually coexist with the height of the paroxysms themselves. He suggests that the paroxysms, by increasing intra-abdominal pressure, squeeze lymphocytes out from the spleen and the thoracic duct into the circulation.

The present case also seems to show that the lymphocytosis is high at the end of the paroxysmal stage. Clinically, although the white count fell from November 28th till December 9th, no improvement was obvious. That this fall in the count was of good prognostic significance is suggested by the fact that from the latter date improvement was pro-

gressive. It is interesting to observe that the excessive lymphocytosis—presumably a manifestation of active pertussis—was present sixteen days after the onset of the disease.

REFERENCES.

¹ Reiche: *Muench. med. Woch.*, 1920, 67, 152. ² Hess: *Zeit. f. Kinderheilk.*, 1920, 27, 117.

Memoranda:**MEDICAL, SURGICAL, OBSTETRICAL.****REACTION TO TREATMENT BY KLEBS-LOEFFLER'S BACILLUS VACCINE.**

WHEN so much is being written for and against vaccine therapy the following account of a case under treatment in hospital may be of interest, especially as one has read a lot concerning the freedom from reaction of patients who have been treated by certain types of vaccine.

In February, 1921, a patient, aged 18 years, was admitted to the diphtheria block of this hospital as a case of faucial diphtheria. Microscopical investigation showed that this was indeed the case, and the usual treatment was given, including antitoxin, and the patient was discharged on March 3rd, after an uneventful recovery. On November 4th she complained of sore throat, and a swab having been taken by her doctor and examined by me, the Klebs-Loeffler bacillus was found. On admission to hospital her tonsils were found to be dotted over with pieces of membrane, the constitutional disturbance of the patient being very slight. No antitoxin was given, and from inquiries into the history the case was looked upon as one in which the diphtheria bacillus had been lurking in the tonsils and throat. A course of vaccine treatment was begun, the ordinary stock vaccine being used (strength: 1 c.cm. = 50,000,000 organisms). I began by giving 0.5 c.cm., and the list below shows the dates of administration, dosage, temperature, and pulse rates:

Date.	Dose.	Temperature.	Pulse Rate.
Nov. 5	0.5 c.cm.	98.2°	72
" 9	0.75 "	93.6°	90
" 13	1.0 "	97.6°	80
" 17	1.0 "	98°	80
" 18	nil	99°	86
" 19	—	98.2°	88
" 20	—	99.6°	98
" 21	—	100.6°	98
" 22	—	101°	96
" 23	—	101°	100
" 24	—	101°	96
" 25	—	100.4°	96
" 26	—	99.6°	88
" 27	—	98.2°	80

On November 18th, the day following the final injection, which was given in the right arm, a localized swelling and tenderness were present at the site of injection. On the 21st the left arm and forearm became almost covered with raised, red, erythematous-looking spots, which varied in size from 2 by 2 inches to 1/2 by 1/2 inch. They were exceedingly painful, gradually increased in size, and many became confluent, forming large, inflamed patches, darkish-red in colour, and showing black staining beneath. The right arm by this time was greatly enlarged, with the appearance of a very severe cellulitis. On the 25th a similar eruption appeared on both legs, the spots being again painful and exquisitely tender to the touch. The patient complained of pains in the elbow and also in the knee joints, and the general condition was alarming. On the 27th the temperature dropped, and the pain in arms and legs disappeared. The many patches on the arms and legs began gradually to fade, but in disappearing they passed through exactly the colour changes which a traumatic extravasation of blood undergoes in the tissues.

At present, with the exception of dark staining on the arms and legs, the patient feels quite well. The Klebs-Loeffler bacilli have disappeared from the throat.

I am much indebted to the M.O.H. for Brighton, Dr. Duncan Forbes, through whose courtesy I am enabled to publish this case.

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RUPTURE OF THE EXTENSOR LONGUS POLLICIS TENDON.

I WAS much interested in paragraph 136 of the *Epitome of Current Medical Literature* (February 11th) on "spontaneous" rupture of the extensor longus pollicis tendon after Colles' fracture, as recently I had a case of this obscure complication.

Mrs. B—, aged about 55, a farmer's wife, sustained an injury to her right wrist by a fall at the beginning of December, 1921. Thinking it was merely a "sprain," she paid little attention to it at the time, and, in fact, proceeded with a big baking. It was not until nearly a fortnight later that she consulted me about the persistent pain, swelling, and

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stiffness of the wrist. The evidence of an impacted Colles's fracture was undoubted, and the joint was immobilized by a single anterior splint for a week and then placed in a sling, gentle massage being kept up from the first. A week after removal of the splint, when very slight active movements had been commenced, quite suddenly one morning she felt the thumb weak and found that, although she could bend it into the palm, she could not straighten it. There was no pain whatsoever, and she was quite definite about the sudden onset of the disablement.

Separation of the long extensor was diagnosed and treated by splinting the thumb in the position of extreme extension. I have not seen the patient recently, but a fortnight ago recovery was not yet complete.

Owing to the apparent rarity of this complication—as evinced by Stapelmohr's inability to collect more than ten cases, including his own two—I think it worth while to place this on record.

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East Kilbride.

INTESTINAL DISINFECTION IN ENTERIC FEVER.

In five cases of enteric fever I have used pulverettes of dimol (dimethylomethoxyphenol), which has been recommended as a non-poisonous preparation for intestinal affections. It is also stated to be non-irritant.

In the recommended doses of 2 to 4 grains in two cases intestinal haemorrhage ensued within forty-eight hours. The haemorrhage in each case was brisk, but quickly ceased on discontinuing the drug.

In three other cases, where the dose was reduced to 1 grain, then to 1/2 grain twice daily, nothing untoward occurred.

The cases were comparatively mild, and were selected for trial out of a total of 116 enteric cases admitted to our hospitals in 1921. The temperature in each case had come down to normal for a day or two, but was irregular and varied between 98° and 100° F. at the time of administration.

The number of cases is rather small to condemn the use of the drug in enteric fever, but the pungent taste of the pulverette when the outer coating is removed suggests that it might not be as free from irritation as the advertisement states.

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British Medical Association.

CLINICAL AND SCIENTIFIC PROCEEDINGS.

ULSTER BRANCH.

At the winter meeting of the Ulster Branch, held in the Medical Institute, Belfast, on February 9th, the President, Dr. ROBERT REID, in the chair, the following cases were shown: Mr. FULLERTON, a young man with a branchial cyst, a young woman with a cystic hygroma of the neck, and a young woman with enlarged glands of the neck suggestive of Hodgkin's disease. With regard to the second case, Mr. CRYMBLE said he had attempted to remove a cystic hygroma of the neck, but it had returned with increasing rapidity of growth. Mr. FULLERTON also showed a tooth-plate which he had successfully removed by oesophagotomy; an attempt to remove it by the oesophagoscope had failed; it was opposite the arch of the aorta. He sutured the oesophagus in two layers.

Mr. CRYMBLE showed a case of a young girl with ankylosis of the left temporo-mandibular joint cured by excision of the head of the mandible; there had been a history of ankylosis for five years following some prolonged illness; the jaw opened to the extent of about 3 mm.; he had tried wedges, and secured a gain of only 2 to 3 mm. It was considered inadvisable to give a general anaesthetic, so, under a local anaesthetic with a short period of general anaesthesia, he removed the head and adjacent portion of the ascending ramus, and the jaw fell open after the five years' fixation; the right joint was free; six months after there was 30 mm. movement. He also showed a case of a young child from the left half of whose forehead he had removed a large black hairy mole in its entirety; union had been obtained without grafting, and no recurrence had taken place.

Mr. FULLERTON gave a brief account of the recent advances of cystoscopy and pyelography; he traced the development of the diagnosis of urinary affections from the days of guesswork to the present days of accurate knowledge gained by the newer methods and apparatus. The first substance used was collargol, but it was viscid and colloidal; its chief danger lay in its tendency to permeate the kidney if a greater force was used than 30 mm. of mercury. Recently solution of thorium nitrate was much used in America and was of great value. Solution of sodium bromide was now commonly employed; it was cheap, easy of manipulation, was innocuous and gave a good shadow. His own practice was to let flow from a Record syringe some of the solution into the ureteral catheter; he raised the syringe about two feet above the level of the patient; this was done in the x-ray room; the capacity of the normal kidney pelvis was about 4 to 12 c.cm.; the slightest loin pain showed tension of the pelvis, and was an indication for immediate stopping. Mr. Fullerton then showed a series of lantern slides of (1) pyelograms illustrating various abnormalities of the pelvis and ureter; in this way early cases of hydronephrosis, tumour of the kidney, tuberculosis, inflammatory conditions, could be recognized; (2) radiograms illustrating the value of the opaque catheter in determining (a) whether shadows seen on the plate were in relation to the kidney or ureter, or were outside this area; stereoscopy was very important in determining whether the shadows were in the same plane as the ureteral catheter; (b) the relation of foreign bodies, supposed to be in the neighbourhood of the kidney or ureter, to the opaque catheter. In this way accurate localization of the foreign bodies could be made, which was a factor of great importance when their removal was contemplated; the removal of missiles of war was much facilitated.

In speaking to the paper Professor SINCLAIR expressed his appreciation of it and of the slides, and Mr. IRWIN showed a slide where pyelography pointed to incipient hydronephrosis, which was cured by fixing the kidney.

Dr. MORROW read short notes of a case of a female, aged 40, who had suffered from "indigestion" since childhood: there was much flatulence, constipation, and some tenderness over the appendix. The symptoms did not fit into any of the recognized forms of abdominal trouble, and he had asked Mr. Irwin to do an exploratory laparotomy.

Mr. IRWIN said that duodenal ileus might be either acute or chronic. The acute embraced cases of acute dilatation of the stomach; the chronic was first described by Wilkie, and was now recognized as one of the causes of "indigestion" with recurring bilious attacks. The modern tendency was to explain diseases of the alimentary system on mechanical principles—for example, pyloric and ileo-caecal obstructions, etc. To this group Wilkie had added duodenal ileus: the cause of the obstruction was either in the root of the mesentery or in a prolapsing caecum and proximal colon. There was a frequent association with chronic ulcer of either stomach or duodenum, and it might occur with gall stones and pancreatitis. It occurred mostly in the female sex and the symptoms included: (1) a long history of indigestion; (2) pain and flatulence unless modified by careful dieting; and (3) periodic attacks of bilious vomiting. The attacks were made worse by prolonged standing, by constipation, and were frequently accompanied by a slight degree of jaundice. Similar symptoms were occasionally a sequel to gastro-enterostomy, where some obstruction occurred at the duodeno-jejunal junction, requiring Roux's operation in "Y." Signs were often absent, but occasionally epigastric fullness was made out. X rays had not given much help in the diagnosis. The treatment consisted in doing a lateral anastomosis between the jejunum and the duodenum, proximal to the root of the mesentery. The history, symptoms, and signs in Dr. Morrow's case agreed with those already given, and this mode of treatment was adopted with success.

Mr. Irwin also showed an x-ray lantern slide illustrating obstruction of the duodenum in an old case of gastro-enterostomy, in which the symptoms agreed with those in Wilkie's cases, and in which the "Y" operation gave instant relief.

Mr. CRYMBLE read notes of a case of jaundice produced by enlargement of the head of the pancreas and relieved by cholecyst-duodenostomy; the Wassermann reaction was positive, and it was considered probable that the enlargement was due to a gumma of the head of the pancreas. The patient is at present receiving anti-syphilitic treatment and has put on a stone in weight. Mr. Crymble also read notes of a case of chronic obstructive jaundice due to enlargement

surgery. But for preventive medicine the era of bacteriology had not dawned and the light of entomology in relation to public health was still further below the horizon. In the absence of such guidance the new medical officers of health, of whom Dr. Alfred Hill was one of the chief, were wisely relying on the establishment and maintenance of municipal cleanliness as the mainstay of their policy. Dr. Hill, both chemist and health officer, was concerning himself with and writing on such basal subjects as water supply in large towns in relation to health, house drainage, sewage disposal—a particularly difficult problem in a large city far from the sea—and the regulation of house building. At the time when he became medical officer Europe was being swept by the great pandemic of small-pox which followed the Franco-Prussian war, and health authorities and their medical advisers were realizing more clearly than they had ever done before, excepting in Germany, the need for revaccination in supplement to primary vaccination. The importance of hospital provision for the isolation of infectious diseases was also pressing itself on public and professional attention. Compulsory notification came later, and was dealt with by Birmingham's medical officer.

I had the pleasure of meeting Dr. Hill when I presided over a conference of health officers at Birmingham close on a quarter of a century ago. His work only I had known previously. I recollect him as a handsome man, of fine presence and old-fashioned courtesy. He did a great work for the industrial capital of the Midlands, and he has enjoyed a long evening of honoured retirement after his life-duty was accomplished. He leaves behind him sons who worthily and successfully follow him in the field of disease prevention, and in the education of yet another generation of doctors in the principles and practice of hygiene and public health.

ALEXANDER STEVENSON GREENWAY, T.D., Lieut.-Col. R.A.M.C. (T.F.), died at Belvedere, Kent, on February 20th, aged 69. He was educated at Edinburgh University, where he graduated M.B. and C.M. in 1874, and M.D. in 1880; he took the M.R.C.S. in 1878. After filling the posts of house-surgeon of the Hertford British Hospital in Paris, senior resident medical officer of St. Mary's Hospital, Manchester, and house-surgeon of the county hospital at Huntingdon, he went into practice at Belvedere, Erith, Kent, where he was medical officer of the Belvedere dispensary and Erith cottage hospital; surgeon to the metropolitan police, to the post office, and to the Royal Alfred Institute for Aged Seamen, and ex-president of the Belvedere and Erith Natural History and Science Society. He had served for a long time in the auxiliary medical force, volunteer and territorial, and attained the rank of lieutenant-colonel, R.A.M.C. (T.F.), on April 1st, 1908, as commandant of the 4th London (Woolwich) Field Ambulance, which post he still held when the war began in August, 1914. He had received the Territorial Decoration.

JAMES NEAL MACMULLAN, T.D., Major R.A.M.C. (T.F.), died at Woking on February 23rd. He was educated at Queen's College, Belfast, and took the Scottish triple qualification in 1893. Before the war he was in practice at Regent's Park, London. He joined the R.A.M.C. (T.F.) as lieutenant and medical officer of the Herefordshire regiment on August 1st, 1903, became captain on November 1st, 1906, and was promoted to major on August 5th, 1914. He had received the Territorial Decoration.

THE death is announced of Dr. C. T. CAMPBELL, of London, Ontario, in his 79th year. He received his medical education at Cleveland, obtaining his licence from the Canadian Board in 1856. He was formerly a member of the Ontario Medical Council, became vice-president of the Canadian Medical Council in 1892, and president in the following year. He served for many years on the London Board of Education, of which he was chairman in 1884; he was also an alderman, and in 1905 mayor of the city. He was much interested in historical research, was first president of the local historical society, and was a contributor on historical subjects to various magazines. He was twice married, and is survived by his widow.

ACCORDING to the *Deutsche medizinische Wochenschrift*, the losses of Germany in the war were 1,838,545 dead and 4,247,143 wounded, the medical profession figuring in these totals with 1,675 dead and 2,200 wounded.

Universities and Colleges.

UNIVERSITY OF MANCHESTER.

DR. H. R. DEAN, as announced last week, has been appointed professor of bacteriology at University College Hospital Medical School, London, and has in consequence resigned the Proctor chair of pathology and pathological anatomy. The Council, in accepting the resignation with much regret, expressed to Professor Dean their cordial thanks for the valuable services he has rendered to the University during the last seven years in teaching, in research, and, in particular, in the reconstruction of the department of pathology. They offered their congratulations to Professor Dean on the important post to which he has been appointed, and wished him all success and happiness.

The Council also expressed congratulation to the following on their recommendation for election as Fellows of the Royal Society: Professor F. L. Pyman, formerly a student, and at present professor of technological chemistry in the University; Professor D. M. S. Watson, formerly a student, and later a member of the staff of the University; Mr. C. G. Darwin, formerly a member of the staff of the University.

The Services.

TUBERCULOUS OFFICERS AND NURSES.

THE Ministry of Pensions announces that officers and nurses suffering from pulmonary tuberculosis accepted by the Ministry as attributable to or aggravated by service in the great war will, under certain conditions, receive retired pay or pensions at special rates for certain periods:

1. Officers and nurses who have completed a course of sanatorium treatment, and who are certified as likely to benefit by a further course of extended treatment combined with training will, if they decide to undergo such a course, continue to receive retired pay or pension at the rate for the highest degree of disablement (100 per cent.) from the commencement of the course until its termination. After the further course has terminated they are entitled without further medical examination by a Ministry Board to retired pay at the rate of 100 per cent. for a period of six months, and at the minimum rate of 50 per cent. for two years thereafter. These awards, which may cover a period of two and a half years in all, are subject to the condition that the officers present themselves for examination by a tuberculosis officer from time to time as directed. The concession applies only to officers and nurses certified as likely to benefit by the further course referred to, and agreeing to undergo and undergoing such a course.

2. Officers and nurses who are discharged from sanatoriums on or after December 22nd, 1921, will be granted retired pay or pension at the special rate of 100 per cent. for a period of six months after leaving the institution, provided that the course of treatment was satisfactorily completed, and that the pecuniary circumstances of the officer or nurse are such that worry and uncertainty which might be prejudicial to health would result if the special rates were not granted. The grant will not be retrospective before December 22nd, 1921. At the end of the six months period an award will be made at the rate of not less than 50 per cent. for a further two years, subject to the same conditions, and provided that the officer or nurse continues to comply with the medical requirements of the Ministry.

DEATHS IN THE SERVICES.

Lieut.-Colonel Frederick Rowland Barker, M.B.E., R.A.M.C. (retired), died at Worthing on January 22nd, aged 68. He was born at Stoke-on-Trent on March 18th, 1853, and received his medical education at St. Thomas's Hospital. He took the M.R.C.S. in 1877, the L.S.A. in 1878, the M.B. London in 1879, and the D.P.H. Cantab. in 1887. He served as surgeon to the Red Cross Society in the Turko-Servian war of 1876-77, receiving the fifth class of the Medjidie, and as surgeon to the Stafford House Committee in the Russo-Turkish war of 1877-78, receiving the Turkish war medal and the fourth class of the Order of the Osmanli. At that time the terms of service in the Army Medical Department were not considered satisfactory by the profession, and finding it impossible to obtain medical officers of good qualifications on the old terms, the War Office found it necessary to offer much better terms of service. The first competitive examination held under the new and improved terms took place in the latter part of 1879, the selected candidates being commissioned after their Netley training from March 6th, 1880. There was a great rush of candidates for commissions under the new terms, and at the examination Barker headed the list of successful candidates, the second place being taken by one who was destined to go much further, Sir Alfred Keogh. Barker became lieutenant-colonel on March 6th, 1900, and retired on September 15th, 1900. He served in the South African war in 1892-1900, receiving the Queen's medal with three clasps.

Major Walter Tibbits, R.A.M.C. (retired), was killed by a fall from a train near Stowmarket on January 15th. He was born at Warwick on March 25th, 1870, and educated at Edinburgh, where he graduated M.B. and C.M. in 1892, and at the Middlesex Hospital. Entering the army as surgeon-lieutenant on January 29th, 1894, he became major on October 29th, 1905, but was not further promoted, and retired after the war was over, on February 1st, 1920. He was still employed, however, after retirement in medical charge of the dépôt at Ipswich. He served with No. 1 General Hospital in the Tirah campaign on the North-West frontier of India in 1897-98, and in the South African war in 1901-02, receiving the Queen's medal with two clasps.

Captain Andrew Cooper Cassells, late South African Medical Corps, died at Maritzburg, South Africa, on December 18th, after a long illness. He was the fourth son of James Cassells, of Leven, and was educated at Dundee and St. Andrews, where he graduated as M.B. and Ch.B. in 1915, after which he took a commission as lieutenant in the Special Reserve of the R.A.M.C., subsequently being transferred to the S.A.M.C.

Medical News.

THE forty-fourth annual meeting and St. Patrick's Day dinner of the Irish Medical Schools' and Graduates' Association will be held, on March 16th, at Pagani's Restaurant, Great Portland Street, when Major-General Wallace Kenny, C.B., will resign the presidency to Dr. J. A. Macdonald, who will take the chair. The Right Hon. Edward Shortt, Home Secretary, will be the special guest at the dinner, on which occasion the Arnott gold medal of the association will be presented to Lieut.-Colonel Robert McCarrison, I.M.S., M.D., LL.D. Tickets (9s. each) may be obtained for the dinner from Dr. F. Howard Humphris, 8, West Chapel Street, W.1.

At a meeting of the Manchester Clinical Society, to be held in the physiological theatre of the University of Manchester on Thursday, March 16th, at 4.30 p.m., Professor Leonard Hill will give an address on the physiological principles underlying light treatment and heliotherapy; all medical practitioners are cordially invited.

WE are asked to state that hospitals in the county of London, or within nine miles of Charing Cross, desiring to participate in the grants made by the King Edward's Hospital Fund for London for the year 1922, must make application before March 31st to the Honorary Secretaries, 7, Walbrook, E.C.4. Applications will also be considered from convalescent homes which are situated within the above boundaries, or which, being situated outside, take a large proportion of patients from London.

A DEPUTATION, organized by the Catholic Women's League, waited recently upon the Minister of Health to protest against the active propaganda carried on by individuals and certain public bodies regarding birth control. The deputation asked as ratepayers that advice or lectures on the subject should not be given in the maternity and child welfare centres which received grants from the Ministry of Health. The deputation was sympathetically received by Sir Alfred Mond.

A POST-GRADUATE course dealing with recent ideas in medicine and surgery on diseases of the liver, bile ducts, and pancreas, and on diabetes will be held at the Hôtel Dieu, Paris, commencing on April 10th, and continuing for two weeks. The instruction will take a practical form, and will be carried out under the direction of Dr. Maurice Villaret, with the collaboration of M. Okinczyk and others. The fee is 150 francs, and further information may be had from the secretary of the Faculty of Medicine, Paris.

CAPTAIN STEWART RANKEN DOUGLAS, I.M.S. (ret.), Director of the Department of Bacteriology, Protistology, and Experimental Pathology at the National Institute for Medical Research, is among the fifteen candidates selected by the council of the Royal Society for election into the society.

THE proceedings on the conference on lunacy administration in London on January 19th and 20th, under the presidency of Sir Frederick Willis, chairman of the Board of Control, were reported in our issue of January 28th. An official verbatim report has now been issued by the Stationery Office, and can be purchased through any bookseller, price 2s. 6d.

ALTHOUGH the City of New York has been experiencing an outbreak of pneumonia and influenza, the bulletin issued by the Health Department on February 2nd appears to show that down to that date there had been no unusual prevalence of these diseases in the State of New York. In spite of the recommendation of vaccines for the prevention of pneumonia by the New York City health commissioner the State Health Department does not favour their use, the report indicating that during the last epidemic little or no protection against pneumonia appeared to be afforded by the use of vaccines.

A RESOLUTION that dogs should be exempted from scientific experimentation was put before the New York City Federation of Women's Clubs at its annual convention, but was defeated by an overwhelming vote.

A NEW radium institute has recently been opened at Naples with much ceremony and a banquet; its foundation is due to the initiative of Dr. R. Stanziale, professor of dermatology and syphilis.

AN additional telephone exchange was opened within the boundaries of the City of London on March 4th. The new "Bishopsgate" exchange is intended to serve an area embracing the thoroughfare of that name and extending to Whitechapel, Bethnal Green, and Haggerston. As it is situated within five miles of Oxford Circus, the central telephone measuring point, calls may be passed for 1½d. up to a distance of ten miles from Oxford Circus.

THE International Committee set up by the International Labour Office of the League of Nations to consider problems of war disablement met in Geneva on March 2nd. The British representative on the Committee is Major J. B. Cohen, M.P.; the Health Section of the League of Nations, the Red Cross Organizations, and the Inter-Allied Committee of Disabled Men are also represented. The subjects for discussion include the holding of an international exhibition to show the progress made in the manufacture and use of artificial limbs, and the administrative organization of prosthesis and orthopedy. A comparative study of the existing arrangements in the various countries and the results obtained will be undertaken, and the future of the organization for the supply of limbs will be discussed. The third question before the meeting is the organization of medical treatment for disabled men. This will also be dealt with by a comparative study of the existing national systems, and the Committee will be invited to discuss the methods by which men disabled in industry may receive the same benefits as men disabled in the war. Special consideration will be given to the position of disabled men who live abroad, and may therefore be unable to obtain prosthesis and medical treatment. Some States have concluded reciprocal agreements in order to deal with cases of this kind. The Committee will consider the possibility of promoting the wider adoption of such agreements, and the practicability of securing an international convention laying down fundamental principles for the international protection of men disabled in the war.

DR. C. A. MOORE, on the occasion of his retirement from the post of medical officer to the Leicester Post Office after thirty years' service, has been presented by the various staffs with an electro-plated breakfast dish, gold cuff-links and studs, and a case of pipes and a pouch, as a mark of their appreciation for his courteous attention to them during his term of office.

At the January matriculation examination of the University of London there were 101 successful candidates in the first division and 984 in the second division; the supplementary certificate in Latin was granted to 50 candidates.

THE number of prescriptions for alcoholic liquor issued in Ontario during December, 1921, was 71,028; 311 medical practitioners were suspended by the Board of License Commissioners for Ontario for exceeding their monthly quota of fifty prescriptions.

At Durham assizes, on March 3rd, Mr. Justice Bray passed sentence of twelve months' imprisonment in the second division upon Edward Ernest Willis, aged 50, a registered medical practitioner, who was found guilty of the manslaughter of the wife of a miner at New Herrington on October 13th, 1921. The prosecution alleged that in operating on the deceased woman Dr. Willis did not use reasonable skill and care, and was guilty of criminal negligence. Evidence was given that he attempted to perform an obstetrical operation while under the influence of drink, and fatal internal injuries were inflicted upon the patient. The accused held the salaried post of medical officer to the Newbottle Miners' Medical Club.

THE late Mr. E. J. Maher-Smith has bequeathed £2,000 to the Swansea General and Eye Hospital and £1,000 to Guy's Hospital. In addition Swansea Hospital receives one-fourth and Guy's Hospital one-eighth of the residual estate.

At the meeting of the Society of Public Analysts, on March 1st, Mr. Raymond V. Wadsworth reported that the analyses of cocoa beans from twenty-one different areas showed a variation in the theobromine content of the nib from 2.2 per cent. to 3.9 per cent., calculated on the dry fat-free material. The variation was due, first, to the variety of the bean, the Criollo bean containing much less theobromine than the Foresterio, and, secondly, to the amount of fermentation, for by it the theobromine was considerably reduced. In the shell the theobromine varied much more. During the process of fermentation the alkaloid is brought by the sweatings from the nib to the shell, and the amount naturally present in the shell, 0.19 per cent., might thus be increased to 2.89 per cent. During roasting there was practically no loss of theobromine from either nib or shell. The analyses of twenty-two brands of commercial cocoas showed a variation in the theobromine content of 2.39 per cent. to 3.55 per cent., calculated on the dry fat-free cocoa.

At a special council meeting of King Edward's Hospital Fund for London, held on March 8th, the main lines of a contributory scheme for the London hospitals and a combined public appeal were approved.

THE number of deaths from influenza during the week ending March 4th continued to show a decline. In the 105 great towns it was 306, against 525 in the previous week; in London it was 43, against 77.