

NATIVE POPULATION.

It is impossible to deal even cursorily with all the eye afflictions peculiar to a subtropical climate. I have, however, selected the following conditions about which to make some remarks: acute ophthalmias, chronic ophthalmias, ankylostomiasis and changes in the appearance of the fundus oculi, bilharziasis and eye conditions, an epidemic of chancres of the eyelid, and fly-blown orbit or orbital myiasis.

Acute Ophthalmias.—The number of new patients attending the hospitals is very much greater in the summer than in the winter, increasing from a winter figure of about 400 a day to a summer maximum of 2,800 a day. The increase is largely made up of acute conjunctivitis cases, especially of gonococcal conjunctivitis. This condition is usually of non-venereal origin, the infection spreading from eye to eye, by means of the fingers, towels, etc. Flies also play a part in the transference of the infection (this was discussed, but cannot be dealt with in an abstract). Travelling to the hospitals is easier in the summer, but the increase in the number of patients is more closely related to the increase of temperature, curves representing these showing similar variations.

[The author also dealt in some detail with the subjects mentioned in the previous paragraph.]

Memoranda :

MEDICAL, SURGICAL, OBSTETRICAL.

DIPHTHERIA AT THE AGE OF SEVENTY-TWO.

In view of the rarity of diphtheria at any age over 50, the case here described may be worth publishing.

A lady, aged 72, was admitted on December 17th, 1924, for a fracture of the neck of the left humerus. She was feeble, childish, and demented. On January 24th, 1925, she was noticed to have a purulent, slightly haemorrhagic discharge from the left nostril. A case of diphtheria had occurred in the ward a few days before. A swab was forwarded to the Clinical Research Association, which reported Klebs-Loeffler bacilli present. There was no faecal exudation. A second swab on January 26th was also positive. In view of the unusual age, a third swab was taken on January 27th, from which the Clinical Research Association kindly did a test for virulence. A pure culture of Klebs-Loeffler bacilli was isolated and proved fatal to a guinea-pig in forty-eight hours. The patient's condition forbidding her transfer to an isolation hospital, she was isolated throughout in a small ward here. She received in all 24,000 units of antitoxin. A swab on February 12th was still positive. On February 20th, however, it was negative, and again on February 25th. Meanwhile, on February 23rd, she had a cerebral haemorrhage; she died on March 2nd. I do not thin the diphtheria had anything to do with her death.

In my own experience, which has included three years in an isolation hospital, I never met with a case of diphtheria at this age, or indeed anywhere near it, nor have I heard of one.

I am indebted to my colleague, Dr. Thomas Dolan, for the prompt detection of the case, as well as for the treatment and notes.

London, E.11.

J. C. MUIR.

GALL STONES IN A MALE AGED EIGHTEEN:
CHOLECYSTECTOMY: RECOVERY.

I READ a report of this case to the Cambridge Medical Society on February 6th, and as no one present could parallel the age in a male subject I venture to think that it may be of sufficient interest for publication. I have heard of the same condition in a female of 16 years, at St. George's Hospital.

A somewhat frail-looking, pale undergraduate of 18, medium height, and spare, enjoyed ordinary health until the spring of 1924, when he had acute appendicitis, which was "sat on" for ten days. He was ultimately seen when an abscess had formed, and dealt with by a London surgeon, undergoing, in all, three operations. He made a good recovery.

For two or three weeks in November, 1924, the patient had discomfort in the epigastric region about one and a half hours after meals; this subsided with dieting and medicine. On November 17th, while walking in the street with a friend at 2.30 p.m., he was suddenly seized with violent abdominal (epigastric) pain, which doubled him up and made him sweat. He reached home with difficulty, supported by his friend, who put him straight to bed, and called me to see him.

When I saw him at 3.15 p.m. he looked thoroughly ill. The temperature was 97.2° F., pulse 80, respirations costal. The pain

had become less severe. On palpation the upper right rectus muscle was rigid and exceedingly tender. There was no jaundice. The patient did not seem ill enough for perforation, yet the findings, in conjunction with the history and the age, seemed to suggest that the most probable provisional diagnosis was that of a perforated duodenal or gastric ulcer, and I therefore sent him to a nursing home for observation. At 4.30 he was easier, but the pulse had risen to 96. At 7 o'clock the pain had become very severe again, and he looked worse. Laparotomy was decided upon.

At 8.30 I made an upper right rectus incision, displacing the rectus outwards after freeing it in its sheath. When the peritoneal cavity was opened no evidence of any perforation was discovered, but the gall bladder was found to be acutely inflamed and markedly thickened, especially towards the proximal end; it contained small, easily palpable stones. The gall bladder was freed and excised, the ducts being found to be free from further stones. A tube was put in, down to the stump, and the abdomen closed in layers. The patient made a complete recovery.

Pathological Report.—"The stones are dark reddish-brown, and consist of bilirubin chiefly. The wall of the gall bladder is very markedly thickened and tough, and the mucosa is very dark red, and apparently haemorrhagic. Microscopic section shows congestion and haemorrhage into the mucosa, a little superficial ulceration of epithelium, and much submucous round-celled infiltration and fibrosis. A chronic cholecystitis with recent subacute inflammation."

Cambridge.

R. SALISBURY WOODS, M.D., F.R.C.S.

ANTERIOR POLIOMYELITIS, HERPES ZOSTER,
AND VARICELLA IN SEQUENCE.

THE following case seems of sufficient interest to place on record. The sequence of events—*anterior poliomyelitis, herpes zoster, and finally varicella*—suggest the possibility of some connexion between the three conditions.

G. E., a boy aged 5 years, was admitted to University College Hospital under the Surgical Unit on September 4th, 1924, suffering from anterior poliomyelitis affecting all the muscles of the left leg. The condition dated from ten weeks previously. It commenced with headache and malaise, rapidly followed by inability to move the left leg. On admission there was marked wasting of the muscles of the left leg; no voluntary movement was possible in it except to a slight extent through the action of the glutei. The boy was treated by extension on a Thomas's splint and massage.

By October 15th some power had been restored to the extensor muscles. Two days later his temperature rose to 99.4°, and on October 18th herpes zoster developed along the distribution of the first and second lumbar nerves on the right side; an increasing number of vesicles appeared during the succeeding days. By October 23rd the temperature had reached 101°, a generalized chicken-pox rash appeared, and the child was removed to the infirmary. Thirteen days later two further cases of varicella occurred in the ward in which the boy had been.

Another case illustrating the connexion between herpes zoster and chicken-pox occurred some years ago. A girl returned home from school suffering from herpes zoster; her brother, who had been playing with her, but had not been exposed to any other infectious case, developed typical varicella thirteen days after the return of his sister.

London, N.W.

H. S. MORLEY, M.R.C.S., L.R.C.P.

GUMMA OF CAECUM MISTAKEN FOR
CHRONIC APPENDICITIS.

ABOUT a year ago I had occasion to treat a woman for a tertiary syphilitic condition. Her husband, when questioned, admitted that a few years previously he contracted syphilis, but that he was then quite "cured." I advised him to undergo treatment, but he refused. About a month afterwards I was called to see him. He complained of slight pain and discomfort in the right iliac region extending over a period of months; otherwise he stated that he was quite well and able to follow his daily occupation as driver of a wagon. I discovered a lump in the right iliac fossa, with slight tenderness on pressure, and made a provisional diagnosis of chronic appendicitis. I advised operation, and when I opened the abdomen discovered that the lump was an indurated, glistening enlargement of the lower end of the caecum, about the size of a duck's egg. The tumour had a springy feel, and the whole structure, including the appendix, was firmly bound to the posterior abdominal wall by a mass of adhesions. As it was futile to try to remove it the abdomen was closed.

When the abdominal incision healed sufficiently the patient was put on antisiphilitic treatment and the mass rapidly disappeared. When last heard from he stated that he was feeling quite fit and that the pain and discomfort previously complained of in the appendix region never troubled him again.

Lockeport, Nova Scotia.

F. H. ALEXANDER, M.B., Ch.B.

BRAIN ABSCESS SIMULATING DEMENTIA
PARALYTICA.

THE following case may be of interest, as it shows how an abscess of the brain may cause many of the symptoms of general paralysis of the insane.

A man was admitted to this hospital on January 20th. He was dull and apathetic, listless, and indifferent to his surroundings, and had some difficulty in walking. No external marks were noticed on admission. His pupils were stationary, reflexes very exaggerated, gait unsteady, memory for recent and remote events poor, speech, though not slurring, very hesitant. He appeared to be drowsy. There was incontinence of urine and faeces. He was put on a liquid diet, which he was able to take without difficulty. In a few days he became less confused, and it was noticed that the left side of the body was paralysed. Lumbar puncture was performed on January 27th. The cerebro-spinal fluid was under very high pressure; the Ross-Jones and Weichbrodt tests were positive, as was the acetic anhydride, sulphuric acid test. The Wassermann test was positive 100 per cent. + 4 in the cerebro-spinal fluid and 40 per cent. + 2 in the serum. He was ordered potassium iodide 20 grains three times a day. On February 7th his temperature rose to 100° F.; the pulse was 140, respirations 22. At 9.30 the following morning he suddenly collapsed and died.

The necropsy revealed areas of suppuration in the upper and middle lobes of the right lung, and an area of softening in each corpus striatum and each internal capsule, more marked on the right side; otherwise the viscera were quite normal, and no gummata were found anywhere. The bacteriological examination of the abscesses showed some staphylococci and streptococci in the brain and the same in the lung with many other organisms.

The history, as given by deceased's wife, is that on January 13th the patient was knocked on the head by a trunk of a tree while unloading timber; that on January 15th he gradually became drowsy, complained of loss of memory, and could not look after himself.

S. GROSSMAN,
Assistant Medical Officer,
Cardiff City Mental Hospital.

INTRAPERICARDIAL RUPTURE OF AORTIC
ANEURYSM IN AN INFANT.

THE following notes on a case of aortic aneurysm in a child may be of interest in view of the rarity of the condition at that age.

A male child, aged 20 months, was admitted on November 16th, 1924, with enlarged glands in the left anterior triangle of the neck and high temperature. The child was fairly well nourished but was very flabby, with yellow skin, and presented a somewhat cretinous general appearance. The enlargement of the glands was probably largely due to pediculosis capitis, as they subsided considerably after a week in hospital. The temperature ranged from 100° F. in the morning to 103° to 104° F. in the evening till death. The abdomen was rather large for the age and somewhat doughy, and a provisional diagnosis of tuberculous peritonitis was made. Nothing abnormal was discovered during the routine examination of heart and lungs.

On November 28th, while sitting up having its meal, the child suddenly turned pale and fell back, and when I saw it about two minutes later was dead.

I performed the *post-mortem* examination on the following day. On opening the pericardium a large fresh blood clot was seen enveloping the heart. The pericardium was quite smooth, except the visceral layer over the aneurysm, which had small fibrinous deposits. There was no blood in the mediastinum. The left ventricle showed moderate hypertrophy. The valves were normal. The foramen ovale and ductus arteriosus were closed. Commencing three-quarters of an inch above the aortic ring, the anterior and right walls of the aorta were deficient for seven-eighths of an inch, the aorta opening into a saccular aneurysm which extended along the upper end of the ascending aorta, covering its anterior and right aspects. The aneurysm was one inch in diameter. Practically the whole aneurysm was inside the pericardial sac. The inner wall of the aneurysm was shaggy; there was no recent clot. No definite opening could be found, but over an area a quarter of an inch in diameter on the anterior surface the wall of the aneurysm thinned down to the thickness of note-paper, and through this the blood must apparently have leaked.

The lungs were normal; the thymus also was normal in size for the age. The mediastinal lymph glands were enlarged; there was no caseation. The liver weighed 1 lb. 3 oz. fresh; there was no macroscopic evidence of cirrhosis. The abdominal glands were rather large; there was no caseation. The spleen, kidneys, and intestine were normal; there was no evidence of peritonitis.

The Wassermann test was not made, nor have I been able to obtain the consent of either of the parents to a blood examination; but when the child was in hospital, about three months previously, an entry in the notes stated "Liver enlarged, (?) congenital specific."

I am indebted to Dr. Williams for permission to publish these notes.

B. GLUCK, M.B., Ch.B.,
Senior Resident Medical Officer, Kent and
Canterbury Hospital, Canterbury.

Reports of Societies.

COCAINE: GOUT: COLLOIDS.

At a meeting of the Section of Therapeutics and Pharmacology of the Royal Society of Medicine, held on March 10th, with the President, Professor A. J. CLARK, in the chair, Dr. J. TREVAN gave an account of the physiological properties of some derivatives of cocaine.

Dr. Trevan explained that Miss Boock and he had carried out certain experiments on eleven derivatives of cocaine prepared by Mr. W. H. Gray. These derivatives had been obtained by substituting aromatic alcohols for the methyl group of the cocaine molecule, and the substances used for experimental purposes also included two derivatives of pseudo-cocaine. The toxicity of these various compounds was estimated by the effect of intravenous injection of solutions into mice: by using a sufficient number of mice the average lethal dose was obtained for each derivative, and this was used for comparison with the figure obtained in the same way for cocaine. The series proved very irregular in its toxicity: the least toxic was the salic oil derivative. The next investigation was to estimate the anaesthetic power of the various compounds. Standard cocaine solution was instilled into one eye and a solution of the substance to be tested into the other, and it was sought to find the minimum concentration necessary to produce loss of the corneal reflex. The best results were given by the benzyl derivative of pseudo-cocaine. A further step in the investigation of the anaesthetic properties was a series of "blindfold tests" on guinea-pigs. One worker handed unknown solutions to the other, who injected them under shaved portions of the skin of the animals, which were then pricked over the site of the injections until they ceased to squeak. The time for this to take place was noted, and the results afterwards worked out with reference to the substance used and its concentration. An attempt had been made to determine a therapeutic ratio for each of the derivatives used. The average lethal dose was divided by the minimum anaesthetic concentration, and this again divided by the same figure for cocaine. Some of the derivatives showed a high therapeutic ratio. Dr. Trevan pointed out that the solubility of the various compounds added to the complexity of the problem, and, similarly, some of the derivatives were more irritant than others, which also had to be taken into account. Of the group examined, the pseudo-benzyl compound seemed to be the most satisfactory from all points of view.

Dr. J. H. BURN inquired whether the constrictor action of the various compounds had been worked out, since it was important to know how far a low toxicity to animals was a guarantee of therapeutic usefulness. He asked whether any of the substances produced necrosis, for example. The PRESIDENT inquired if mice varied a great deal as to the lethal dose required. Dr. TREVAN replied that there had not yet been time to investigate the constrictor action of the cocaine derivatives. With regard to the susceptibility of mice, ninety animals were necessary to get a result within 10 per cent. of accuracy.

Dr. W. J. SMITH JEROME read a paper on the unknown factors in gout. He apologized for submitting what was an unsubstantiated supposition, but he felt that his suggestions went a long way towards solving the problems long associated with the biochemical mechanism of gout. He suggested that there were two unknown factors in gout. The first was that in gout uric acid occurred in the body in an abnormal form. As a result of some infection certain tissue cells were broken down and their nuclein yielded an abnormal type of uric acid of a colloidal nature which was unable to pass through the kidneys and was retained. The ordinary crystalline variety of uric acid was excreted in the usual way. The second unknown factor was a disturbance of the saline equilibrium caused by a violation of Ringer's law. Dr. Jerome then described how his suggestions would explain the various problems of gout.

Miss STEABEN reported her observations on the action of colloidal substances on blood elements and antibody content. She explained that she had attempted to find some experimental evidence of the mechanism by which colloidal

Medical News.

THE annual meeting of the Royal Medical Benevolent Fund was held on March 17th under the presidency of Sir Thomas Barlow. The treasurer (Sir Charters Symonds) said that the invested properties amounted now to more than £100,000. The amount voted in grants during 1924 was £5,616, and the grant department showed an adverse balance of £373, but this was apparent rather than real, because a proportion of the money, although voted, had not actually been paid out. The payments to annuitants amounted to £3,277. Certain considerable legacies were falling in, but it was the rule of the fund to invest all legacies for the benefit of annuitants. Dr. Newton Pitt, the honorary secretary, said that the committee had to record an increase of £1,000 in new subscriptions, a result largely attributable to the plan of appealing by means of letters written by vice-presidents or local secretaries in different areas. The ordinary subscription revenue, however, was down, and with fewer special gifts the general result was an increase in grant income of only £30 and in total income of only £130. Altogether 490 persons had been relieved during the year—343 by grants, which were not necessarily renewable, and 147 by annuities, which were in most cases renewed from year to year as a matter of course. The war emergency fund, which had been devoted chiefly to the education of children, would be absorbed by the early part of 1926, by which time most of the beneficiaries would have reached the age of 16. The Ladies' Guild continued its valuable help in the shape of personal contact with and gifts to the grantees. The British Medical Association had greatly assisted the fund by collecting subscriptions, and during the year it had forwarded £1,110, an increase of £200 on the amount collected in the previous year. Through the instrumentality of the Association also several cases requiring assistance had been brought before the fund. He referred with great regret to the death of Dr. G. E. Haslip, a member of the committee, who was instrumental in obtaining large grants for the fund from the Medical Insurance Agency. Changes made in the personnel of the committee included the election of two representatives of the British Medical Association, Dr. R. A. Bolam and Mr. Bishop Harman. The president remarked that the committee already had the advantage of the help of another representative of the Association, Dr. C. O. Hawthorne. Mr. Basil Hall, the President of the Association, was elected a vice-president. Thanks were expressed to the editors of the *British Medical Journal* and the *Lancet* for their readiness at all times to help the fund.

A MEETING of all members of the medical profession in practice within the hospital area will be held in the library of the Royal Devon and Exeter Hospital on Thursday, March 26th, at 3 p.m., to discuss the proposed contributory scheme. The question of the wage limit to be imposed is now under consideration, and the staff desires to ascertain the views of the local profession.

THE adjourned discussion on vitamin deficiency at the Royal Society of Medicine will be reopened on Monday next, March 23rd, at 5.30 p.m. The speeches made when the discussion was opened on February 16th were reported in our issue for February 21st (p. 358) and can be read in full in the March number of the society's *Proceedings*, and those who wish for a summary can obtain galley slips on application at the society's office, 1, Wimpole Street, W.1. The general discussion of these papers will be opened by Dr. William Hunter and Dr. Robert Hutchison.

THE Fellowship of Medicine announces that Mr. Ernest Clarke will lecture at No. 1, Wimpole Street, on March 30th at 5.30 p.m., on myopia, and on April 1st at the same hour, Dr. Robert Knox will give a lecture and lantern demonstration on the use of x rays in the diagnosis of lesions in the right upper quadrant of the abdomen. Members of the profession are cordially welcomed to these lectures whether members of the Fellowship or not. During the fortnight commencing April 20th an intensive course in all departments of hospital practice will be held at the Hampstead General Hospital. A course on diseases of children will also be held at the Queen's Hospital for Children on each day of the fortnight, and another on proctology at St. Mark's Hospital for Diseases of the Rectum. Early application for these courses is desirable. Copies of the syllabus of these courses may be obtained from the Secretary to the Fellowship of Medicine, No. 1, Wimpole Street, W.1.

THE annual meeting of the Society for the Study of Inebriety will be held at 11, Chandos Street, London, W.1, on Tuesday, April 21st, at 4 p.m. After the election of officers and the reception of the annual report of the council and the financial statement, Dr. Courtenay C. Weeks will open a discussion on alcohol in medical and surgical practice.

A MEETING of the Tuberculosis Society will be held at Cambridge, from April 2nd to 4th inclusive. Professor W. E. Dixon will lecture on the treatment of disease with heavy metals and bactericidal agents; Dr. Lynham on x rays in the diagnosis of pulmonary tuberculosis; Dr. R. C. Matson, of the American National Tuberculosis Association, will deal with artificial pneumothorax and the value of surgical procedures; Mr. H. Platt will discuss forms of arthritis simulating tuberculosis; and Dr. L. Cobbett will consider racial susceptibility and resistance. Sir Henry Gauvain will lecture on the present position of light treatment in surgical tuberculosis. A visit will be paid to the East Anglian Sanatoriums. A limited number of rooms will be available in Clare College, and it is hoped that cheap railway tickets will be obtainable. Further information may be obtained from the honorary secretary of the Tuberculosis Society, Dr. F. J. C. Blackmore, 138, Herbert Road, Plumstead, S.E.18.

THE North-Western Tuberculosis Society will hold a meeting at the Skin Hospital, Quay Street, Manchester, on Thursday, March 26th, at 3.30 p.m., when a demonstration (arranged by Dr. G. H. Lancashire) of tuberculous skin cases and methods of treatment, including light treatment, will be given.

THE quarterly meeting of the Society of Superintendents of Tuberculosis Institutions will be held at 122, Harley Street, on Monday, March 23rd, at 3 p.m. Dr. R. E. Woodhouse (Secretary of the National Tuberculosis Association of Canada) will give an address on tuberculosis work in Canada, and Dr. N. D. Bardswell will report the results of an experiment in settling tuberculous men on the land. Dr. A. J. Shinnie (Westminster) and Dr. Esther Carling will open a discussion on the weak points in the public treatment of tuberculosis. It is hoped that a general practitioner will speak from the standpoint of general practice.

THE third dinner meeting of the Hunterian Society of London will be held at Simpson's Restaurant, 77, Poultry, Cheapside, on Monday, March 30th, at 7.30 p.m. After dinner a discussion on the use and abuse of drugs will be opened by Professor W. E. Dixon and Dr. H. H. Dale.

AT a conversazione organized by the Chelsea Polytechnic on March 13th demonstrations were given of the educational work in progress. The subjects included elementary, applied, and advanced physics; bacteriology, including the study of immunity and food and water examination; physiology, with especial reference to physical efficiency tests and biochemistry; elementary, technical, and advanced chemistry; botany; zoology; and the manufacture of pharmaceutical preparations.

THE Wellcome Historical Medical Museum will be closed for cleaning and decoration from April 1st to 30th inclusive.

A FUND has been opened for providing some addition to the building or equipment of Scarborough Hospital as a memorial to the late Dr. F. W. A. Godfrey, whose death we announced in our issue of February 21st (p. 389). It is also proposed to place a tablet in St. Martin's Church. Dr. Godfrey was connected with the Scarborough Hospital for more than thirty years, and devoted to it a very great amount of interest and labour. Contributions amounting to more than £450 have already been received or promised. Cheques, payable to the "Godfrey Memorial Fund," may be sent to the honorary treasurer, Mr. S. F. Linton, the Town Hall, Scarborough.

DR. J. WRIGHT MASON, who has retired from the posts of medical officer of health for Hull after forty-four years' service and of medical officer of the Hull and Goole Port Sanitary Authority for thirty years, was entertained at dinner on March 9th by members of the Corporation Health Committee and of the Port Sanitary Authority, and presented with illuminated addresses by both bodies. During the evening speeches were delivered by the chairmen of the Corporation Health Committee and of the Port Sanitary Authority, as well as by the Lord Mayor, eulogizing Dr. Mason's work in the interests of public health.

THE Harrogate Corporation has prepared an attractive Easter programme. Copies may be had from the General Manager, Publicity Department, Royal Baths and Wells, Harrogate.

DR. L. OMBRÉDANNE has been elected president of the Société française d'Orthopédie in succession to the late Professor A. Broca.

THE discussion on post-graduate study in London arranged by the Fellowship of Medicine and Post-Graduate Medical Association, which took place on Wednesday last (March 18th), will be resumed at 1, Wimpole Street, W.1, on Wednesday, April 8th, at 6 p.m.

THE announcement is made as we go to press that Sir Humphry Rolleston, Bt., K.C.B., has been appointed to be Regius Professor of Physic in the University of Cambridge in succession to the late Sir Clifford Allbutt.