

## Memoranda :

### MEDICAL, SURGICAL, OBSTETRICAL.

#### THE RELATION OF OBESITY TO DIABETES MELLITUS, AND SO-CALLED LIPOGENIC DIABETES.

A good deal has been written on the Continent in the past about "lipogenic diabetes"—that is to say, diabetes mellitus depending on or induced by obesity or a tendency to obesity. Everyone is, indeed, familiar with the common cases of mild diabetes in somewhat elderly fat individuals (especially Hebrews) in which the prognosis is usually good and in which the urine often becomes free from sugar under simple dietetic treatment. Such cases seem to favour the view that diabetes mellitus may sometimes be of lipogenic origin. The true explanation, of course, may be merely that two metabolic disorders, obesity and diabetes mellitus, often tend to occur in the same individuals and to run in the same families. In some cases the diabetes mellitus is apparently grave enough to prevent the occurrence of obesity, which would otherwise be present—that is to say, it prevents a constitutional (possibly familial) tendency to obesity from manifesting itself. The tendency to obesity in such cases remains latent because grave diabetes is present. It is in this way that one can explain the occasional occurrence of obesity in *grave* cases of diabetes mellitus when the latter is successfully kept under by insulin treatment. The insulin prevents the waste due to the *chief* metabolic defect, and enables the patient to become abnormally fat on a diet of relatively low calorie value. Such cases are, I think, examples of a latent constitutional tendency to obesity kept in check by grave diabetes mellitus, but becoming manifest when the diabetes mellitus is, so to speak, suppressed by insulin therapy, which may be, indeed, of use in the treatment of non-diabetic emaciated patients of certain kinds; in the diabetic class to which I refer, however, the insulin actually, by its successful employment, produces obesity (which is hardly desired), though a diet of relatively low calorie value is maintained.

London, W.

F. PARKES WEBER, M.D., F.R.C.P.

#### HYPERGLYCAEMIA AS A CAUSE OF PRURITUS VULVAE.

In view of the section on skin complications in Professor Nixon's illuminating lecture on insulin treatment of diabetes, reported in the *BRITISH MEDICAL JOURNAL* of January 16th, the following case may be of interest.

An unmarried woman, aged 56, was admitted complaining of irritation and stinging pains about the vulva, so severe as frequently to prevent sleep. The condition had been present for four years, and she had been subjected to the usual forms of treatment, including high frequency. Locally there was slight thickening and darkening of the integuments, probably due to prolonged irritation and to the application of various remedies. Glycosuria had never been observed in the patient or her relatives, but she stated that she was still living on a diet prescribed for rheumatism three years before admission. This contained very little meat and no sugar, and was not such as to tend to cause hyperglycaemia.

On admission the urine was sugar-free, but the blood sugar was 0.18 per cent. The patient was given ordinary full diet for two days, when the blood sugar rose to 0.19 per cent., the urine remaining clear. The diet was now reduced to one containing 18 grams of carbohydrate and yielding 400 calories a day. When the blood sugar had dropped to 0.08 per cent. the diet was gradually increased till the patient was receiving 12.5 calories per lb. of body weight. The blood sugar was now 0.115 per cent., and the pruritus had entirely disappeared. When the diet, and consequently the blood sugar, were increased beyond these limits there was a return of the symptoms, and as the patient found the mixed diet giving 12.5 calories per lb. weight sufficient for her needs, and more generous than that on which she had been subsisting previous to admission, she was dismissed after sixteen days, free from symptoms. When last heard from she was keeping to the prescribed diet and had remained free from irritation and also from rheumatism.

There can be little doubt that in this case the slight hyperglycaemia, though not manifest as glycosuria, was the cause of the pruritus.

My thanks are due to Dr. Alice J. McLaren, gynaecological surgeon, for permission to publish this note.

EVELYN MCPHERSON, M.B., Ch.B., D.P.H.,  
House Surgeon, Redlands Hospital for Women, Glasgow.

#### VAGINAL CALCULUS.

I SHOULD like to record another case of vaginal calculus. I removed a calculus from the vagina of a child aged 10, a paraplegic, and an inmate of Yatton Hall Institution for Mental Deficients, in January, 1918. It was the size of a large walnut, and was removed without difficulty. There was no vesico-vaginal fistula, and the suggestion made by the late Professor Shattock, to whom I sent the specimen, was that it was caused by the constant trickle of urine into the vagina, owing to incontinence and the patient lying in the dorsal position.

The specimen, I believe, is now in St. Thomas's Hospital museum.

Wrrington.

HUBERT C. BRISTOWE, M.D.Lond.

#### CONGENITAL HYDRONEPHROSIS IN A NEWLY BORN INFANT.

NUMEROUS cases of congenital hydronephrosis have been described, but most of them were in advanced stages of dilatation and the primary etiological factors could not be easily deduced. A short account is given here of congenital hydronephrosis in a stillborn infant in which the dilatation is not very great and the causative factor can be demonstrated; it has, therefore, been thought to be of sufficient interest to warrant its publication.

The large intestine, in this child, passed from the right iliac fossa upwards, backwards, and to the left to the splenic flexure. The part representing the ascending colon was, as is usual, very short, and there was a typical infantile caecum and a long appendix; it was, however, situated much lower than usual and lay in the iliac fossa. The first part of the oblique portion of the gut had not acquired its usual relation to the duodenum, but crossed the lower pole of the kidney, to which it was firmly bound by strong fibrous tissue. This part of the gut was a narrow cord-like tube with an extremely narrow lumen; it was, further, bent upon itself almost at right angles. The remainder of the colon, beyond this constriction, was greatly dilated and filled with meconium. On dissection, the ureter was found to pass downwards over the anterior surface of the lower pole of the kidney and to be compressed between it and the cord-like portion of the gut. Above this point, the pelvo-ureteric junction, the ureteral pelvis was greatly dilated, forming a hydronephrosis of the pelvic type, and there can be little doubt that this condition was due to the compression of the ureter by the gut.

RICHARD H. HUNTER, M.D., M.Ch.,  
Lecturer in Anatomy, Queen's University, Belfast.

#### PULMONARY EMBOLISM FOLLOWING OPERATION FOR CATARACT.

I HAVE just reread Dr. Wynne Parry's interesting account (*BRITISH MEDICAL JOURNAL*, October 10th, 1925, p. 649) dealing with the above condition. What would appear to be an almost identical case occurred a few days ago at the County Hospital, Lincoln.

A married woman, aged 75, was admitted for cataract extraction on January 8th, 1926. She had had a preliminary iridectomy some months ago. The left lens was extracted bloodlessly and without difficulty on January 11th. The anaesthesia was produced by cocaine and adrenaline. A very small conjunctival flap was made. The operation was followed by practically no reaction in the eye, and the wound healed perfectly. A certain amount of debris was left in the anterior chamber.

Owing to there being a heavy rush of emergency work in the ward (a general one) the patient remained in bed for five days instead of the usual three. On the sixth day after operation, while completing her dressing, and while sitting at the edge of the bed, she suddenly became very pale, and complained of pain in the chest and difficulty in breathing. She collapsed on to the bed, with respirations becoming slow, irregular, and laboured. Respirations ceased in two minutes, the patient dying in extreme cyanosis.

I think this case also lends further support to Mr. Lockhart-Mummery's recent statement that the fatal clot forms, not at the site of the operation, but in all probability in the great veins of the lower abdomen, and that this condition is brought about by stagnation. *Post-mortem* examination was refused.

THOMAS H. CRESSWELL, D.O.Oxon.,  
Honorary Ophthalmic Surgeon to the County  
Hospital, Lincoln.

### A FORTUNATE ESCAPE FROM SYMPATHETIC OPHTHALMIA.

SIR,—With reference to Dr. Lawson L. Steele's interesting memorandum on "A fortunate escape from sympathetic ophthalmia" in the *JOURNAL* of January 30th (p. 187) one feels that this title may strike a somewhat too optimistic note. The great majority of experience goes to show that sympathetic ophthalmitis is a calamity that may ensue at any time up to twenty years or even longer after the original perforating injury was sustained. The ability of the eye to make a good recovery from the initial wound depends on the amount of trauma suffered by the ciliary body. Where the wound does not involve the ciliary region the prognosis would be hopeful, even good, if the lips of the wound are free from uveal tissue. Any wound that involves the ciliary region (except perhaps in young children) is so liable to entail a sympathetic ophthalmitis that excision of the eye is almost a necessity. This case seems to bear out the above principles, for Dr. Steele mentions a corneal wound with its perforating extremity towards the centre of the cornea, and so one implies that the ciliary region was not implicated. The recovery of the eye to a vision of 6/12 is so good as to make certain that the ciliary body escaped actual damage. Dr. Lawson Steele's concluding epigram is only too true if the ciliary body itself is wounded.—I am, etc.,

GEORGE F. B. LOWE, D.O. Oxon.

St. Leonards-on-Sea, Jan. 30th.

### XEROPHTHALMIA.

SIR,—Mr. J. S. Arkle's remarks on xerophthalmia, reported in the *JOURNAL* of November 21st, 1925 (p. 952), are of interest. In Trinidad this conjunctival condition is common amongst the native population, and particularly so among the East Indian community and those suffering from advanced ankylostome infection. The condition seems to start in the region of the internal canthus and gradually spreads until the whole of the bulbar conjunctiva becomes dry and crimped and appears like thin smoked parchment. Corneal ulceration ending in keratomalacia finally ends the clinical picture.

If treatment is started in the very early stage the result is promising, but in the advanced stage where the conjunctiva is darkened the result in my experience is disheartening. The condition was present in cases of advanced anaemia and emaciation resulting from ankylostomiasis. Treatment consisted in applying drops of castor oil to the conjunctiva three or four times daily, followed by anthelmintics of thymol or carbon tetrachloride; later, cod-liver oil and vitamin food, including metagen gr. v. The results on the whole were not encouraging.—I am, etc.,

H. E. KING FRETTS, F.R.C.S. Ed.

Weymouth, Feb. 7th.

### FINAL NURSING EXAMINATION.

SIR,—When the syllabus of subjects for examination was first introduced by the General Nursing Council in 1922 a protest was made by the honorary staff of the Staffordshire General Infirmary in regard to the scope of that syllabus. This protest was disregarded at the meeting then held. Following the general approval of the scheme, however, the members of the staff responsible for lectures have diligently attempted to follow that syllabus in spirit and letter, with careful attention to that sentence in the preface which states, "The examination shall be of a simple and practical character."

In the Final State Examination papers are set on medicine and surgery apart from medical and surgical nursing. The papers for February 2nd, 1926, contained the following questions:

Describe the early symptoms of a case of typhoid.

What are the symptoms of gastric ulcer? From what other abdominal conditions has it to be diagnosed? Give points of distinction.

What is meant by retroversion? What symptoms does this cause, and how is it treated?

I may observe in regard to the third question, that retroversion and displacements of the uterus receive no mention in the syllabus.

I protest that such questions are unwarranted, that symptoms and differential diagnosis should not enter into

an examination on nursing. The matter is a serious one for small provincial hospitals. Candidates for nursing training are scarce, and the general standard of education among them is not high; they will disappear altogether if such an academic examination be insisted on. My experience is that many practical and useful trained nurses will be excluded from registration. The public and the medical profession require women well trained in practical nursing and the management of patients, not encyclopaedias of medicine and surgery.—I am, etc.,

E. J. BRADLEY,

Honorary Surgeon, Staffordshire General Infirmary.

Stafford, Feb. 6th.

## Universities and Colleges.

### UNIVERSITY OF CAMBRIDGE.

DR. R. D. GILLESPIE, resident medical officer of the Cassel Hospital for Functional Nervous Disorders, Penshurst, has been appointed to the Piusend-Darwin Studentship in Mental Pathology at a stipend of £200 a year for three years. Dr. Gillespie was educated at the University of Glasgow, where he graduated M.B., Ch.B. in 1920 and M.D. with honours in 1924.

### UNIVERSITY OF LONDON.

#### UNIVERSITY COLLEGE.

FOURTEEN entrance scholarships and exhibitions are available for award to students entering University College, London, in October, 1926. Three of them are tenable in any of the five College Faculties (Arts, Laws, Science, Engineering, and Medical Sciences) or in the School of Architecture. Two of them are tenable in the Faculty of Arts only, one in the Faculty of Science, one in the Faculty of Engineering, one in the Faculty of Laws, three in the Faculty of Medical Sciences, two in the School of Architecture, and one in the School of Librarianship. Most of the scholarships and exhibitions are of the value of £40 a year for three years, but the value of any scholarship or exhibition may be increased by the grant of a supplementary bursary if the circumstances of the scholar or exhibitor make such a grant necessary. Particulars of all these scholarships and exhibitions may be obtained from the Secretary, University College, Gower Street, W.C.1.

### LONDON SCHOOL OF MEDICINE FOR WOMEN.

At a special meeting of the council held on February 4th Lady Barrett, C.B.E., M.D., M.S., was elected to the honorary office of Dean of the London (Royal Free Hospital) School of Medicine for Women.

### UNIVERSITY OF BIRMINGHAM.

DR. WILLIAM H. WYNN, F.R.C.P., physician to the Birmingham General Hospital, has been appointed joint professor of medicine.

### NATIONAL UNIVERSITY OF IRELAND.

THE Senate at its meeting on February 5th had under consideration the reports of the examiners upon the results of the pre-registration examination in physics and chemistry, December, 1925, and the M.B., B.Ch., B.A.O. degrees examination, January, 1926, and awarded passes, honours, etc., in connexion therewith.

The following appointments were made:—*University College, Dublin*: Lectureship in gynaecology, Reginald J. White, F.R.C.S.I.; lectureship in obstetrics, James J. O'Kelly, B.A., M.B., B.Ch., B.A.O. *University College, Cork*: Professorship of obstetrics and gynaecology, John J. Kearney, M.D., D.P.H.

## The Services.

### TERRITORIAL DECORATION.

THE KING has conferred the Territorial Decoration upon the following officers of the R.A.M.C., T.A., under the terms of the Royal Warrant of October 13th, 1920: Lieut.-Colonel William Archibald, Major Oskar Teichman, D.S.O., M.C.

### DEATHS IN THE SERVICES.

Inspector-General Thomas Browne, R.N. (ret.), died at Weymouth on January 29th, aged 84. He was born in 1841, and educated at Queen's College, Belfast, where he graduated as M.D. with first class honours and gold medal in 1862, also taking the L.R.C.S. Ed. in the same year. Entering the navy as assistant surgeon in January, 1863, he reached the rank of Deputy Inspector-General in December, 1893, and of Inspector-General in July, 1899, retiring two months later. He served in the Naval Mental Hospital at Yarmouth from July, 1880, till February, 1894, for the greater part of the time in charge, and on his promotion to Deputy Inspector-General a petition was sent to the Admiralty asking that he might be allowed to retain charge of that hospital after promotion. As Deputy Inspector-General he served in charge of the Royal Naval Hospital at Bermuda from 1894 to 1897, and as second in command of the Royal Naval Hospital, Plymouth, from 1897 to 1899. He was a keen golfer, and is said to have been the introducer of the term "Colonel" Bogey for the par score. In 1871 he married Miss Agnes Robertson Dall, daughter of James Dall, J.P., of North Berwick, and leaves a widow, a son, and five daughters.

irate husband dragging him, a 16-year-old apprentice, and the dispenser to attend his wife at her confinement, Dr. Evershed being away. He also had very interesting stories of the superstitions, medical and otherwise, of his Devonshire practice. He was a member of the British Medical Association, and represented the local Division on the committee of management of Salisbury General Infirmary.

DONALD MACRITCHIE, who died at Huntingdon on January 28th, after a short illness, at the age of 71, received his medical education in Aberdeen and Edinburgh. He graduated M.B., C.M.Aberd. in 1875, and obtained the L.R.C.S. and L.M.Edin. in 1876. After holding the post of assistant medical officer to the Royal Asylum, Aberdeen, he came south in 1877 and was appointed house-surgeon at the County Hospital, Huntingdon. There he remained until 1880, when he resigned to join Dr. Ballard in the county town. He was in the same year elected honorary surgeon to the County Hospital, a position he held until his death. His life was entirely devoted to his practice and the hospital, where he was to be found at stated times with unfailing regularity. To the hospital his loss will be very great, for he was ever at hand to advise and to undertake responsibility for action in the absence of his colleagues. A colleague writes: He was a man of wide experience, ripe judgement, acute observation, and practical shrewdness in rare combination. His patients will miss a true friend, counsellor, and a genuine sympathizer with them in their troubles. As a member of the British Medical Association his retiring nature made him unwilling to accept the publicity of the highest honour the local Branch wished to confer upon him.

The funeral service for the late Mr. CHARLES P. CHILDE, F.R.C.S., Past-President of the British Medical Association, who died at Monte Carlo on January 30th, was held in St. Jude's Church, Southsea, on Wednesday, February 10th, at noon, and the interment followed at Highland Road Cemetery. The Council of the British Medical Association was represented by Dr. David Ewart, O.B.E., of Chichester, and the headquarters staff by Dr. C. Courtenay Lord, Assistant Medical Secretary.

## Medical News.

THE chairman, H.R.H. Prince Arthur of Connaught, and the Board of the Middlesex Hospital, have issued invitations to the opening of the hospital annexe to be performed on Tuesday, February 23rd, at 3.30 p.m., by the Right Hon. Neville Chamberlain, M.P., Minister of Health.

THE trustees of the Will Edmonds Clinical Research Fund invite applications for a Fellowship. The salary is £500 per annum, and the holder is eligible for annual re-election up to five years. The successful candidate will be required to devote his whole time to research in a metropolitan hospital. Applications must be sent to the honorary secretary of the Fund, 68, Great Cumberland Place, London, W.1, on or before February 27th.

A COURSE of three lectures on some principles of therapeutics will be given by Professor D. Murray Lyon (Edinburgh) at St. Thomas's Hospital Medical School, Albert Embankment, S.E.1, on February 22nd, 23rd, and 24th at 5.30 p.m. Professor H. Maclean will take the chair at the first lecture. Admission to the lectures is free.

THE Fellowship of Medicine announces that on February 18th a lecture on artificial pneumothorax as a means of treating pulmonary tuberculosis will be given by Dr. R. A. Young at 11, Chandos Street, at 5 p.m.; this lecture is free to all members of the medical profession. Mr. J. Swift Joly will hold a special clinical surgery demonstration at 2 p.m. at St. Peter's Hospital, on February 17th, for members of the Fellowship or holders of its general course tickets. Beginning on February 15th, the Queen Mary's Hospital, Stratford, will hold a fortnight's course in general medicine and surgery, from 10 a.m. until 5 p.m. daily, except Mondays, when the sessions start at noon. During the first fortnight in March at the Royal Eye Hospital there will be a special course in ophthalmology, with clinical demonstrations each afternoon from Monday to Friday inclusive. During the early part of March also, the Westminster Hospital will arrange a special course in bacteriology. The Chelsea Hospital for Women

will give a course in gynaecology occupying the last three weeks of March, consisting of operations, lectures, and demonstrations, and during the last fortnight the Brompton Hospital will hold an all-day course in diseases of the chest. From March 15th to 27th there will be a daily course in general medicine and surgery at the Hampstead General Hospital from 4.30 to 6 p.m. for general practitioners. A course in tropical medicine, consisting of two sessions weekly at the London School of Tropical Medicine, will begin on March 16th. Copies of all syllabuses and of the general course programme may be had from the Secretary of the Fellowship of Medicine, 1, Wimpole Street, W.1.

A MEETING of the Society of Medical Officers of Health will be held in Glasgow on February 19th, at 2.30 p.m. The agenda includes a discussion on heart disease from the points of view of public health administration, the physician, the school medical officer, and the factory surgeon. Dr. J. J. Buchan will read a paper on his experience at Bradford of the new notification clauses with regard to venereal disease. A portrait of Dr. Chalmers, president of the society from 1913 to 1914, will be presented by the Scottish branch. Members attending the meeting will be entertained at luncheon by the Provost and Corporation of Glasgow, and those proposing to be present are asked to notify Dr. A. S. M. Macgregor, Sanitary Chambers, Glasgow, as soon as possible.

THE public health section of the College of Nursing has arranged a post-graduate course from April 1st to 15th. The first week will include classes in anatomy, physiology, hygiene, and sanitary law, and during the second week lectures will be given on Poor Law reform, State insurance, heliotherapy, diseases of early infancy, and similar subjects. Either week may be taken separately if desired, and it is stated that grants are obtainable from the local authorities towards the expenses of the nurses attending both courses.

A CLEAN milk and food exhibition organized by the Medical Officer's Department of the Borough of Hornsey will be held at Christ Church Hall, Edison Road, Crouch End, from March 2nd to 5th. It will be opened by the Right Hon. Neville Chamberlain, M.P., Minister of Health, at 2.30 p.m. on Tuesday, March 2nd.

A MEETING of the Central Midwives Board for England and Wales was held on February 4th, with Sir Francis Champneys, Bt., in the chair. The ordinary meeting was preceded by a penal session. It was announced that Sir Francis Champneys, Dr. R. A. Lyster, Mr. L. H. West, and Mrs. Bruce Richmond had been re-elected to the Board. Drs. Florence Benthall and Arthur R. Lister were approved as lecturers, and approval as a training school was granted to the Norwich Union Infirmary. It was stated that the training of pupil midwives had been discontinued at Islington Infirmary. Approval as teachers was granted to two applicants.

A COURSE in dermatology will be held at the Hôpital Saint-Louis in Paris, from April 12th to May 16th, followed by one in venereology from May 17th to June 11th, and another in therapeutics from June 14th to July 2nd. Throughout this period there will also be a course in laboratory technique. Further information may be obtained from Dr. Burnier, Hôpital Saint-Louis (Pavillon Bazin). The fee for each course is 250 francs.

THE Académie de Médecine de Paris has awarded the Buisson prize of 12,000 francs to Dr. Levaditi for his work on bismuth in the treatment of syphilis.

THE *Journal de Médecine de Bordeaux et du Sud-Ouest* for November 25th, 1925, contains a facsimile of the cover of the *Journal Médical de la Gironde*, which, as we stated in our issue of January 23rd (p. 174), was the original title of the journal.

THE following professors have recently been nominated in the French Faculties of Medicine: Dr. Pierret (chair of hygiene and bacteriology at Lille), Dr. Lafforgue (chair of hygiene and preventive medicine at Toulouse), M. Chaîne (chair of comparative anatomy and embryology at Bordeaux), and Dr. Baylac (chair of children's diseases at Toulouse). Dr. Rathery has been elected professor of experimental pathology, and Dr. Lemierre professor of bacteriology, in the Paris Faculty of Medicine, and Dr. Leblanc has been nominated professor of clinical surgery at the Algiers Faculty of Medicine.

PROFESSOR GARRÉ, director of the surgical clinic at Bonn, and Professor Minkowski, director of the medical clinic at Breslau, will retire on April 1st.

DURING 1925 Sao Paulo, Brazil, suffered from the severest epidemic of typhoid fever known in its history; 1,343 cases with 287 deaths were notified between December 1st, 1924, and May 31st, 1925.

ACCORDING to official investigations the number of dentists and midwives in Japan at the end of 1923 was 8,771 and 39,515 respectively—equivalent to 1.50 per 10,000 of the population of the former and 6.76 of the latter.