

## A CASE OF PSITTACOSIS.

BY

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ON first observation the case reported below suggested a typhoid group infection of about the third week. The period of fever lasted twenty-three days, and coma about three weeks. Treatment was symptomatic.

The fact that the patient was in close contact with his pet parrots for about a fortnight in a cabin 7 ft. by 6 ft. by 7 ft. suggests that he was infected by them. The birds were not caged, but were chained to a perch which consisted of a floor board, a vertical pole 12 in. long, and a horizontal perch of 9 in. This contrivance rested on the patient's tool chest, and when he had occasion to open the latter, the perch was placed on the floor. The patient cleansed the floor board, etc., every morning himself.

A.C., aged 53, ship's carpenter, ex s.s. *B*—, from Buenos Aires and Rosario, was admitted on December 9th, 1929, to the Port of London Hospital, Denton, Gravesend, as a suspected case of typhoid fever. The vessel had left Buenos Aires on November 9th after a visit to Rosario. The patient became ill on or about November 20th; he felt weak, and had to remain off duty for the remainder of the voyage. Subsequently he complained of shivering, sweating, diarrhoea, and some cough. His temperature ranged about 102° F., and when he was admitted to hospital he was still suffering from diarrhoea.

On admission he was almost comatose; he could be roused to answer questions, but would soon relapse into an apathetic state. He had a dry tongue and a foul mouth; there was fullness in the right iliac region, but very little general distension; the spleen was not palpable; there were no rose spots on his skin, and his body had no characteristic odour. His temperature was 100.4° F., his pulse was dicrotic, its rate being 108, and his respiration rate was 32. Some bronchitic sounds were heard over the bases of the lungs. Till he had been some days in hospital he could remember nothing of what had happened to him, and even then he had no memory of any events that had occurred after the first week of his illness.

For the first three days in hospital (December 9th to 11th) his evening temperature was 103° F., his morning temperature 100.4° to 101° F. On the fourth day his temperature began to fall by lysis, reaching normal on the seventh day (December 15th), and remaining normal thereafter. Enemata every other day produced light, semi-formed stools, and the distension disappeared. The tongue cleaned and the apathetic condition which had lasted throughout this period gradually passed off. There was general pleurisy affecting the left lung from December 13th to 16th. On December 14th the skin was clammy and there was general perspiration. The patient's mental condition was improving, but there was still some confusion in the evening. He had tremors of the hands and tongue.

His subsequent progress was satisfactory. On December 24th the heart muscle showed lack of tone; exercise tolerance 108-144, and after 2 minutes' rest, 108. There was slight oedema of feet, but no albuminuria. The patient said he felt perfectly well, but he still had tremors of the hands. He was discharged from hospital on January 1st, 1930.

**Previous History.**—The patient stated that he bought two small parrots at Buenos Aires and kept them on board in his cabin on a perch while the vessel proceeded to Rosario, and subsequently returned to Buenos Aires, before sailing for London. These birds were in his cabin for about a fortnight; he occupied the room alone. Parrot No. 1 became sick one to two days after the ship had left Buenos Aires for London; it was drowsy and off its feed, and the patient knocked it on the head and threw it overboard. Parrot No. 2 had diarrhoea a few days later; it was seen to fall off its perch, and was picked up dead and thrown over the side by the patient. The patient's illness began four to five days after the death of parrot No. 2.

**Agglutination Reactions.**—A specimen of blood sent to the bacteriological laboratory of the Seamen's Hospital, Greenwich, was reported to be negative to *B. typhosus*, paratyphoid A, paratyphoid B, *B. psittacosis*, and *B. Acettrycke*, in dilutions 1/10 to 1/640. These findings were confirmed by the Bacteriological Department of the Ministry of Health.

**Remarks.**

The diagnosis is somewhat obscure. Clinically the case suggested typhoid fever, but the symptoms were by no means typical, and the agglutination reactions were all negative. A specimen of faeces showed an excess of *B. pyocyaneus*, but no typhoid bacilli. Pneumococci were not discovered in the sputum.

On the other hand, it is known that at the time the s.s. *B*— was in Buenos Aires there were several outbreaks of psittacosis in the Argentine. The fact that there were no other cases of illness on board, and that the patient alone had any association with the sick parrots, strongly suggests that he derived his infection from them, though the diagnosis of psittacosis was not confirmed bacteriologically.

I am indebted to Dr. C. F. White, medical officer of health for the Port of London, for drawing my attention to the prevalence of psittacosis in the Argentine and to the close association of this patient with sick parrots.

**Memoranda:****MEDICAL, SURGICAL, OBSTETRICAL.****AN OBSCURE CASE OF INTERNAL  
HAEMORRHAGE.**

THE following case is interesting because it shows how much damage may result to a patient from an apparently trifling cause.

A patient of between 50 and 60 years of age came to me recently complaining of indigestion, a trouble from which she had suffered before, but never so persistently. There were no physical signs or other indications of organic trouble. She had not suffered from sickness or had increased discomfort after food. She looked an extremely healthy and well-nourished woman, and had no other ailments.

In the course of conversation it came to light that, about six weeks previously, she had been eating chicken curry, when she thought a piece of bone stuck in her throat. As this did not seem to move, her family advised her to see a doctor, but she refused, saying that she "hadn't troubled doctors in her life, and was not going to start now." After about three weeks she told her daughter that she thought the bone had gone and that she felt nothing of it.

The next event was the starting of indigestion some days before she came to see me. The patient did not associate her indigestion with the bone. In fact, it was more or less by a chance question that this part of the history was elicited. It was therefore by no means certain that the bone was at the root of the trouble, and I dismissed the patient with some general advice.

Later the same evening events took a serious turn, and what follows of the history is as it was told to me by the daughter. "At about 9 o'clock mother did not feel so well, and vomited about a teacupful of bright blood. We put her to bed, but she would not have a doctor. She had some sleep during the night and felt better next morning, deciding, however, that she would not get up till after lunch as she felt rather weak. I was with her till 10.30, and she was reading quite happily. At a quarter to 11 I returned, and was horrified to find mother sitting in bed with blood pouring from her mouth. I thought she was dead." When I arrived shortly afterwards she was dead.

At the post-mortem examination my partner and I found the colon and rectum full of dark-coloured blood. The small gut was empty, except for the last few inches of the ileum, which also contained blood. All the abdominal organs were bloodless. The stomach was very large, and also full of blood, but of a fresher nature than that found in the colon. In the anterior wall of the stomach, and protruding at each surface, was a small but exceedingly sharp piece of copper turning, barely a quarter of an inch in length, and bent on itself. In its passage through the stomach wall it had transfixed a large vessel, and there is, I think, no doubt that this had caused the initial bleeding. In the oesophagus were three small ulcers at the level of the bifurcation of the trachea. One of them was found to communicate with the aorta. The sudden perforation of this ulcer, the largest of the three, and measuring half an inch across, had no doubt been the cause of almost instantaneous death. One imagines that the small ulcers were caused by the copper turning when it—and not, as the patient had thought, a bone—became embedded in the oesophagus, and the ulceration started in this situation continued after the copper had passed further down.

It seemed extraordinary that a piece of metal so small could do so much damage, and after doing its worst in the oesophagus should descend and pierce an important vessel in the stomach, when, considering the amount of stomach wall free from large vessels, the chances against its doing damage must have been very great indeed.

The next question is, What was the nature of the offending metal? It struck us at once that it was a fragment from one of those sponge-like saucepan cleaners which are made from brass or copper turnings, woven into a ball.

On inquiry we found that one had been used. It is easy to understand that, at any rate after much use, small fragments may become detached, and, with a little carelessness on someone's part, find their way into food.

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Cowfold, Sussex.

#### URTICARIA WITH ASTHMATIC SYMPTOMS.

It may be of interest to record a further case of urticaria with asthmatic symptoms very similar to that reported by Dr. F. F. Wheeler in the *Journal* of November 2nd, 1929 (p. 806).

On June 2nd, 1929, I was called to see a patient who was suffering from acute generalized urticaria of sudden onset. A male, aged 26, he had been seen ten minutes previously when he had applied for a laxative. His only complaint at that time was that he had been constipated for the past twenty-four hours. Mist. alba was administered; he had had this before with no untoward effect.

The second time he was seen he was barely recognizable on account of the swollen condition of his face and closure of the eyes from oedema of the lids. His respirations were laboured, the accessory muscles being used; musical, sibilant rhonchi were heard over both lungs. He became cyanosed and collapsed, having a subnormal temperature and rapid thready pulse. After two or three minutes he began to improve rapidly, and before any treatment had been given all adventitious sounds had disappeared from the lungs and the respiration had become normal. About ten minutes after the onset of the attack he was given a hypodermic injection of 10 minims of adrenaline hydrochloride and 30 grains of calcium lactate by the mouth. At 3 p.m. that day there was no evidence of any rash or other abnormality, and he felt quite well again. He stated that he had had two similar attacks previously, in 1922 and 1927. No dietetic or other cause could be found for the condition.

J. J. KEEVIL, L.R.C.P., M.R.C.S.

## Reports of Societies.

### TROPICAL DISEASES ARISING FROM DIETETIC DEFICIENCIES.

THE Sections of Tropical Diseases and Pathology of the Royal Society of Medicine combined for a discussion, on January 7th, of tropical diseases arising from dietetic deficiencies.

Professor J. W. D. MFGAW spoke first of the relation between the total available food supply and the population in tropical regions. In many such countries the food supply was insufficient, even in normal seasons, so that failure of a crop immediately brought about a state of famine. Another important consideration was the protein factor, which had been shown by McCay to be the most important of the dietetic constituents which were commonly in defect, and, finally, there was the question of the vitamins. Vitamin B deficiency had received special attention because of the belief that beri-beri was due to a shortage of this factor. The generally accepted views as to the causation of beri-beri were very clear and simple, but if they were wrong or only half true their attractiveness and apparent completeness made them the more dangerous. In the speaker's view the vitamin deficiency theory had not been established to such an extent that all other theories were put out of court. So far as he was aware, there were no cases on record in which a disease of the beri-beri type had been produced as a result of feeding persons on a diet which was satisfactory in other respects, but deficient in vitamin B, and, on the other hand, there were numerous outbreaks of beri-beri in which the diets of the persons concerned had been beyond reproach in the matter of vitamin B. There was really very little evidence of a uniform association between human beri-beri and vitamin deficiency. Beri-beri was a name which had been used for many years as a designation for some combinations of disease manifestations. It was likely that two or more diseases had been called beri-beri, but these had not yet been differentiated with any conclusiveness; probably one of the diseases was due to a poison formed in rice which had been stored under hot and damp conditions. Each disease had its own essential cause, though there might be various contributory factors. He believed epidemic dropsy

to be a form of beri-beri, though there was no reason for thinking that this disease was an avitaminosis. From a practical point of view the practitioner would be justified in regarding epidemic dropsy as the beri-beri of parboiled rice, whereas the beri-beri of the Far East was essentially a disease of the eaters of over-milled rice.

Dr. G. M. FINDLAY, speaking from the pathological standpoint, surveyed the present knowledge of deficiency diseases which had been gained from animal experiments, mentioning the known vitamins, and the diseases attributable to their deficiency. In vitamin B, in addition to B<sub>1</sub>, which was the original thermolabile antineuritic factor, second and third thermolabile factors had been described, and also, in addition to B<sub>2</sub>, a second thermostable factor. To these he added bios, a substance present in yeasts, and necessary for their growth, and apparently quite distinct from vitamins B<sub>1</sub> and B<sub>2</sub>; bios was regarded as a factor preventing pink disease. Beri-beri might appear as either the dry or the wet form (with definite oedema), and it seemed probable that the latter variety had been mixed up with other oedematous conditions. One type, never recorded as having been produced in animals, but which had occurred in famine-stricken human beings, was known as hunger oedema; it was probably due to protein deficiency of some type. The condition of epidemic dropsy seemed to occur only in rice eaters, whereas beri-beri appeared quite frequently in persons who never had rice at all, but who were living on a diet deficient in vitamin B<sub>1</sub>. Epidemic dropsy also did not seem to develop in breast-fed children, whereas the wet form of beri-beri did so. With regard to Professor Megaw's suggestion that epidemic dropsy was due to a toxin in rice, the speaker thought it should not be difficult to obtain some of this so-called "bad" rice, feed animals with it, and produce the same symptoms in the presence of ample supplies of vitamin B.

Dr. H. B. DAY (lately professor of clinical medicine, Royal School of Medicine, Cairo) discussed pellagra, which, he said, bore the same relation to the consumption of maize as beri-beri did to the consumption of rice. From his own experience in Egypt he would put pellagra next to ankylostomiasis and bilharzia infections as one of the great weakening factors among the poor fellaheen. Opinion varied for a time between the view that maize was deficient as a diet for man, and the view that in damaged maize, owing to the growth of fungus, toxins were produced which were responsible for the appearance of the pellagra. The deficiency idea had now rather gained the day. Shortly before the war the idea of pellagra as having an infectious causation obtained some currency. This theory was based upon the almost epidemic outbreak of pellagra which then occurred in some of the southern States of America; no one, however, had succeeded in transmitting the disease. In Egypt during the war a large number of Turkish prisoners were assembled in camps, and in them pellagra made its appearance. With regard to clinical types, the first symptom, and the one which was in favour of the infectious origin, was diarrhoea, which occurred together with general symptoms of weakness and mental depression. Finally, there was a rash—an aggravated form of sunburn—not appearing, however, for some time. The actual cause of pellagra had something to do with the nutrition of the skin, the mucosa of the intestinal canal, and the central nervous system. Deprivation of vitamin B led to an atrophy of the intestinal mucosa, and it was probable that the maldigestion or malassimilation of food which ensued completed the vicious circle; for this reason pellagra was noteworthy among deficiency diseases for running a chronic course.

Dr. G. W. BRAY (late Government medical officer at Nauru, in the Pacific) gave an account of infantile beri-beri among the native population of the island, in whose food there had been an absence of vitamin B factor. The position had been entirely altered, however, by the giving of "toddy," an extract from the coco-nut palm, and this, with cod-liver oil, had proved so beneficial that the death rate from infantile beri-beri on the island had fallen to zero.

Dr. J. TERTIUS CLARKE (formerly medical officer, Federated Malay States) said that dry beri-beri had been very common in Malaya, but as soon as the polished form of the rice was abandoned the disease came to an end.

It must be remembered that pelvic disturbances which occur subsequent to the introduction of the ring are not necessarily caused by the ring. They may be due to infection with the gonococcus or with some other pathogenic organism at a later date.

If I may draw an analogy, a good splint properly applied in a suitable case is very useful. If the practitioner uses a splint unsuitably or applies it badly, or neglects to warn the patient that numbness, swelling, blueness of the limb, etc., are danger signs, or if the patient disregards such danger signs for some time, the splint may eventually cause ulceration or gangrene. But in such a case we do not condemn splints *per se*, but merely blame the particular doctor or patient in question. So it is, I suggest, with the Gräfenberg ring. Of course, if further experience leads to the conclusion that the risk of such complications is too great to compensate for the advantages of the method it must be abandoned. An accurate judgement can only be formed when a considerable number of cases have been observed over a sufficiently long period.—I am, etc.,

London, W.1, Jan. 9th.

NORMAN HAIRE.

#### PSITTACOSIS.

SIR,—An investigation on psittacosis is at present being carried out at the London Hospital, and I should be grateful if any doctor who has had to deal recently with a case of the disease would communicate with me. I should also be glad if any parrot suspected of conveying the disease could be sent to Dr. Western, Bacteriological Department, London Hospital, E.1.—I am, etc.,

32, Devonshire Place, W.1, Jan. 14th.

ROBERT HUTCHISON.

#### THE CLAIM OF MEDICAL CHARITIES.

SIR,—About a year ago you allowed me to contribute to your columns a plea that those members of the medical profession who are without dependants, or have more than sufficient to provide for their dependants, should be urged, when disposing of their property by will, to consider the claims of the two great professional charities—the Royal Medical Foundation of Epsom College and the Royal Medical Benevolent Fund.

From certain private correspondence which ensued, I have reason to believe that this plea may in time bear some fruit; but it has by no means gained sufficient acceptance, to my mind, and I ask your permission to reiterate it. Only last week the press contained particulars of the will of a doctor of medicine who left over £100,000 for distribution between ten charities: had he added the two I have mentioned to the list, he would have solved many difficulties for their councils, which are seriously hampered for lack of funds. Another member of our profession left £10,000 last year to charity—half to a hospital and half to the Lifeboat Institution, if I remember rightly. Yet another left a large sum, about £50,000, I believe, to an educational foundation in the North.

There are few of us who can ever hope to distribute money to charity on this scale. But those few can do so much for their professional colleagues, through the two great medical charities, that they may surely be urged to recognize a duty in this matter superior to other claims, even when the latter include such excellent institutions as hospitals, universities, and lifeboats.—I am, etc.,

London, S.W., Jan. 12th.

HENRY ROBINSON.

### The Services.

#### DEATHS IN THE SERVICES.

Surgeon Commander Eustace Arkwright, R.N. (ret.), died at Roxdene, Hamilton, Bermuda, on December 9th, 1929. He was the son of the late Charles Arkwright of Ashlands, Lincoln, and was educated at Edinburgh, where he graduated as M.B. and C.M. in 1896, after which he entered the navy as surgeon, attained the rank of surgeon commander on May 25th, 1913, and retired after the war. He served through the war of 1914-18.

Lieut.-Colonel John Hoysted, R.A.M.C. (ret.), died on November 5th, 1929, a few days before his eighty-first birthday. He was born in County Kildare on November 8th, 1848, and was educated at the Ledwich School, Dublin, taking the

L.R.C.S.I. and L.K.Q.C.P. in 1870. Entering the R.A.M.C. as surgeon on September 30th, 1874, he attained the rank of surgeon lieutenant-colonel after twenty years' service, and retired on January 16th, 1895. After retirement he was employed for some time at Norwich. He served in the Perak expedition of 1875-76 (medal with clasp), in the Afghan war of 1878-80 (medal), and in the Sudan campaign of 1885 at Suakin (medal with clasp and Khedive's bronze star).

The issue of the *West African Medical Staff List*, dated November, 1929, shows a total strength of 239 officers, an increase of 6 on the establishment during the past twelve months. The number of senior specialist and research appointments is 82. The names of 14 women medical officers are contained in supplementary lists.

### Universities and Colleges.

#### UNIVERSITY OF LONDON.

A COURSE of four lectures on the physiology of posture and movement will be given by Dr. Samson Wright at King's College, Strand, W.C.2, on Tuesdays, January 21st and 28th, February 4th and 11th, at 5 p.m. Admission to the lectures is free without ticket.

The following have been recognized as teachers of the University in the subjects indicated and assigned to the Faculty of Medicine:

London (Royal Free Hospital) School of Medicine for Women: Dr. Harold G. Hill (medicine) and Miss Ida Caroline Mann (ophthalmology).

London School of Hygiene and Tropical Medicine.—Miss Hilda M. Woods (epidemiology and vital statistics), Dr. Walter R. Wooldridge (biochemistry), Lieut.-Colonel George S. Parkinson (public health and preventive medicine), Mr. Guy T. P. Tatham (hygiene), and Mr. Guy P. Crowden (physiology).

St. Thomas's Hospital.—Dr. Henry Yellowlees (psychological medicine) and Mr. R. H. O. Betham Robinson (surgery and anatomy).

St. George's Hospital Medical School.—Dr. John F. Taylor (pathology).

A University readership in anatomy is to be instituted at King's College in accordance with the regulations on University titles.

#### UNIVERSITY OF LIVERPOOL.

THE following candidates have been approved at the examination indicated:

D.P.H.—I. S. Jones, J. C. McFarland, E. Miles.

#### UNIVERSITY OF GLASGOW.

##### Harry Stewart Hutchison Prize.

THE University of Glasgow announces in our advertisement columns that the Harry Stewart Hutchison prize, of the value of about £50, will be awarded in 1931 for the best writing or writings embodying original research work in a branch of medical science relating to children. Graduates of not more than ten years' standing from first graduation of all British, home, and colonial universities may be competitors. Compositions must be submitted to the clerk of the Senate, University of Glasgow, by March 31st, 1931. Each must be distinguished by two mottoes, and accompanied by a sealed letter bearing on the outside the same mottoes, and containing a declaration subscribed by the author that the composition is entirely his own.

#### NATIONAL UNIVERSITY OF IRELAND.

THE following medical degrees were conferred on January 11th:

M.D.—W. H. Ashmore, M. R. Brady, T. E. Pierce.  
M.B., B.Ch., B.A.O.—L. K. Malley, P. J. Campbell, J. Coffey, P. H. Curran,  
T. N. Fogarty, T. G. Hynes, Margaret M. Maguire, K. C. Mallen,  
J. R. O'Donnell, T. G. O'Donnell, Una M. O'Mara, J. G. O'Reilly,  
H. C. O'Rourke, M. C. H. Purcell, J. J. Sheridan, H. P. Teevan.

#### ROYAL COLLEGE OF SURGEONS OF ENGLAND.

A QUARTERLY Council meeting of the Royal College of Surgeons was held on January 9th, when the President, Lord Moynihan, was in the chair.

Diplomas of Membership were granted to Rose E. Chamings, B. S. Cornell, A. N. Duggal, A. H. Gurney, and H. P. Nelson. Diplomas were granted jointly with the Royal College of Physicians to eleven candidates in psychological medicine and to eighteen candidates in laryngology and otology.

A report was read from the Board of Examiners in Anatomy and Physiology for the Fellowship, stating that at the examination held in December, 1929, 155 candidates were examined, of whom 49 were approved and 106 rejected. The Hallett Prize was awarded to Hedley John Barnard Atkins, of the University of Oxford and Guy's Hospital Medical School.

Mr. R. H. Burne, the physiological curator, was appointed acting conservator during Sir Arthur Keith's absence on his visit to Egypt. Mr. T. B. Layton was appointed to give one Arnott demonstration on the Onodi collection, illustrating the anatomy and pathology of the nasal and accessory nasal cavities, and Sir Frank Colyer was appointed to give two Arnott demonstrations, the three demonstrations to be given in March.

A report was received from the Committee of Management submitting regulations for a Diploma in Gynaecology and Obstetrics, to be granted by the two Royal Colleges. The thanks of the Council were given to members of the Committee of Management for their report and to the gynaecologists and obstetricians who assisted them in drawing up the report.

Hugh Falconer Oldham was born in 1853 in India, where his father, Professor Thomas Oldham, was director-general of the geological survey. He was educated at Rugby, and later went to Trinity College, Dublin, graduating M.B., B.Ch. there in 1883, and M.D. in 1886. After holding some resident appointments at Liverpool and Manchester, he settled down in general practice in the North Lancashire seaside resort in 1890.

From the inception of the national health insurance scheme Dr. Oldham took a great interest in the administration of the insurance medical service. From 1912 until 1928, when he retired, he occupied the chair of the Lancashire County Local Medical and Panel Committees, a record of length of service which cannot have many rivals, although London also furnishes another example of continuing chairmanship. Dr. Oldham was a member of the Insurance Committee of his county, and served on its various subcommittees. For many years he was the authentic spokesman of the insurance practitioners of Lancashire and of the North of England, and no better man could have been found. On the occasion of a presentation made to him on his retirement from the chairmanship of the Panel Committee the language used in the address was much more than conventional eulogy: "We appreciate your untiring energy and zeal in upholding the rights and furthering the interests of panel practitioners, your wise counsels and guidance in matters of difficulty, your unfailing patience and courtesy, and the vast amount of time and personal sacrifice which your devotion to our interests must have involved."

Dr. Oldham did not confine his interests to the County Palatine. For many years he was a valued member of the Insurance Acts Committee and a leading figure at successive Panel Conferences. The Conference of 1928 was the first from which he was absent for many years—he was even then in failing health—and almost the first business of the Conference was to send him an affectionate message. In the central debates and negotiations he was always listened to with respect. He was not a frequent or a fluent speaker, but he was always alert and well informed, as well as courteous and tolerant. He was one of those men who loved this kind of work, and the more involved and complicated it became the more joy he found in it.

In the affairs of his own town Dr. Oldham interested himself on many sides. For a time he served on the local municipal council, and for a longer period on the Education Committee. On his settlement in Morecambe he was the prime mover in founding a local corps of the ambulance brigade, with which he was for many years connected as divisional surgeon. For his services in this connexion he was made a Knight of Grace of the Order of St. John of Jerusalem. He also founded, more than twenty years ago, a branch of the District Nursing Association. During the war he was responsible for the establishment and maintenance of an auxiliary hospital at Morecambe, where much good service was done on behalf of wounded soldiers. Another war-time activity of his was the organization of a local milk supply for the poor. Other activities were connected with the organization of the Morecambe Musical Festival. He was also a devoted worker at the parish church, and for many years a warden.

Dr. Oldham leaves a widow and one son, who is following his father's profession. The funeral, which took place on January 8th, showed in what high regard Dr. Oldham was held by his fellow townspeople, his colleagues in the profession, and those who had been brought into touch with him in local and central affairs.

Dr. FREDERICK NICHOLAS HEYGATE, who died on January 1st, was born in 1852, and received his medical education at St. Thomas's Hospital. He obtained the diplomas M.R.C.S.Eng. and L.S.A. in 1880. After practising for thirteen years in Wellingborough he moved to Sussex thirty-five years ago, and built up a large practice in the neighbourhood of Horsham. He was a keen member of the British Medical Association, and a most regular attendant at Divisional meetings. In addition to being a popular practitioner in a large country area, he was a well-known sportsman in the county and a J.P.

## Medico-Legal.

### DEATH FROM HYDROCYANIC ACID GAS POISONING.

On January 6th Dr. F. J. Waldo, City coroner, held an inquiry into the death of a chemical laboratory assistant, aged 17, who, in the course of his duties, had accidentally inhaled fumes of hydrocyanic acid. The deceased, it was stated, was overcome while cleaning out a tank containing a deposit of silver cyanide, and though he received prompt attention, and every possible means of saving his life was tried, he died in hospital. The coroner said that the case was the first of its kind within his experience. Cases of suicide by means of hydrocyanic acid taken in liquid form were common, but in none of the works dealing with medico-legal matters which he had consulted could he find any reference to death by inhalation of hydrocyanic acid. Mr. Arthur William Scott, a metallurgical chemist, explained that the sludge in the tank consisted of nitrate of silver and sodium cyanide, which produced silver cyanide and sodium nitrate, both innocuous chemical substances. In cleaning out the tank the deceased would have stirred pure water into the solution, and at the time he was overcome he would have had only a little more stirring to do. Mr. Scott suggested that the hydrocyanic acid gas was lying in a concentrated form in the sludge, and that it escaped when the sludge was stirred. The deceased had probably not stirred the solution far enough, and the sludge, therefore, had not mixed with the water as it should have done. Sir Bernard Spilsbury, who performed the post-mortem examination, said that the lips and finger-nails of the deceased were livid, and the heart was slightly enlarged, with all its cavities dilated. The heart muscle was pale, and the muscle cells, on microscopic examination, showed a trace of fatty degeneration; the mitral valve was slightly thickened. The air passages were deeply congested, and contained a frothy fluid; the lungs were large, heavy, congested, and oedematous. The lungs and the air passages smelt of, and gave a positive reaction to the chemical test for, hydrocyanic acid. Otherwise the organs were those of a healthy youth of 17. Sir Bernard Spilsbury added that one of the lungs was being retained for analysis to discover how much gas had been absorbed. The cause of death was coma due to poisoning from hydrocyanic acid gas. Probably no other case of such poisoning had occurred in the last hundred years. A verdict of death by misadventure was returned.

## Medical News.

THE second half of the 157th session (1929-30) of the Medical Society of London opened on Monday last with a pathological evening. At the meeting on January 27th Professor D. P. D. Wilkie will introduce a discussion on the etiology of gall-bladder infections. On February 10th a discussion on the surgical treatment of pulmonary tuberculosis will be opened by Dr. Maurer of Davos and Mr. Morrison Davies. The Lettsomian Lectures, on enlarged prostate and prostatectomy, will be delivered by Sir J. W. Thomson-Walker, on February 17th and 26th, and March 5th. A discussion on the treatment of syphilis will be opened by Colonel L. W. Harrison on February 24th. Dr. J. W. McNee will open a discussion on cardiac infarction at the meeting on March 10th, and on March 24th there will be a discussion on coliform infections of the genito-urinary tract, introduced by Sir Thomas Horder and Mr. Kenneth Walker. The anniversary dinner of the society will be held at the Hotel Cecil on March 6th. The annual general meeting of the society, at 8 p.m. on May 12th, will be followed by the annual oration, to be delivered by Sir Arthur Keith, on modern medicine and evolution, after which a *conversazione* will be held.

At the meeting of the London Clinical Society, on Tuesday, January 28th, Dr. Arthur Hurst and Mr. H. S. Souttar will open a discussion on the treatment of gastric ulcer. The meeting is at 8.45 p.m. at the London Temperance Hospital, Hampstead Road. All medical practitioners are cordially invited.

It is announced in the *St. Bartholomew's Hospital Journal* that Professor Joseph Barcroft, F.R.S., will deliver the mid-session address before the Abernethian Society on Thursday, February 6th, at 8.30 p.m. For title he has taken "*La fixité du milieu intérieur est la condition de la vie.*"

A MEMORIAL plaque to the late Sir William Glyn-Jones, in the examination hall of the Pharmaceutical Society of Great Britain, 17, Bloomsbury Square, W.C.1, will be unveiled by the Right Hon. Christopher Addison, M.P., M.D., on Wednesday, February 5th, at 3 p.m.

THE sixteenth annual conference of the National Association for the Prevention of Tuberculosis will be held at the British Medical Association House, Tavistock Square, W.C., on July 3rd, 4th, and 5th.

THE Royal Institution (21, Albemarle Street, W.1) has now issued its programme of lectures to be given before Easter, 1930. Among the Friday discourses we note one by Professor Leonard Hill, on February 7th, on "Diving," and another on March 14th by Professor Elliot Smith entitled "New light on vision." A course of four lectures on "The passage from mediæval to modern science" will be given by Dr. Charles Singer at 5.15 p.m. on March 11th, 18th, 25th, and April 1st; and Dr. H. A. Harris will give two lectures entitled "The Growth of children in health and disease" on January 23rd and 30th. During the reconstruction of the lecture theatre discourses and afternoon lectures will be given in the newspaper room on the ground floor. Owing to the limited accommodation special numbered tickets will be issued.

THE Fellowship of Medicine begins a new series of lectures on Tuesday, January 21st, when Mr. Geoffrey Keynes will speak on the present position of radium treatment of carcinoma; the lectures will be given at the Medical Society of London, 11, Cavendish Square, W.1, on successive Tuesdays at 4 p.m. On January 23rd, at 11 a.m., Mr. V. Zachary Cope will give a clinical demonstration at St. Mary's Hospital, and on January 24th, at 6 p.m., Dr. W. B. Winton will give a clinical demonstration at the Hospital for Diseases of the Skin, Blackfriars Road, S.E.1. No fee is charged for these lectures and demonstrations. One week remains of the special course in diseases of children at the Queen's Hospital; instruction is given throughout the day in all departments. From January 27th to February 8th an intensive course in medicine, surgery, and the specialties will take place at the North-East London Post-Graduate College (Prince of Wales's Hospital), Tottenham, N.15; the daily sessions are from 10.30 a.m. to 5.30 p.m., and members of the Fellowship of Medicine are invited to the formal lectures at 4.30 p.m. Special courses in February include: psychological medicine at the Bethlem Royal Hospital on Tuesdays and Saturdays at 11 a.m., February 4th to March 1st; gynaecology at the Chelsea Hospital, mornings and/or afternoons, February 10th to 22nd; tropical medicine at the Hospital for Tropical Diseases on Tuesdays and Thursdays at 2 p.m., February 11th to March 6th; dermatology, St. John's Hospital, every afternoon and evening, February 17th to March 15th; copies of the *Post-Graduate Medical Journal* and of all syllabuses, and information regarding the general course of work at the associated hospitals, may be obtained from the secretary of the Fellowship, 1, Wimpole Street, W.1.

A COURSE of post-graduate lectures and demonstrations at Ancoats Hospital, Manchester, will commence on Thursday, February 27th, when Mr. E. E. Hughes will discuss renal tuberculosis. The course will be continued on succeeding Thursdays till April 10th, when Mr. Harry Platt will lecture on injuries to the spine. The lectures, which are free to all medical graduates and senior students, will take place at 4.15 p.m., and tea will be served at 3.45 p.m. In addition to this course a post-graduate day of clinical teaching by the honorary staff commenced on January 16th and will be continued each Thursday during the Lent term.

PROFESSOR R. J. A. BERRY, who recently resigned the deanship of the Faculty of Medicine and the chair of anatomy in the University of Melbourne, has been appointed medical director, Stoke Park Colony, Stapleton, Bristol. Professor Berry has held many clinical appointments in Melbourne dealing with mental deficiency, and is regarded in Australia as one of its leading authorities on this subject.

THE Secretary of State for Home Affairs has issued an Order making Section 107 (relating to lists of outworkers) and Section 108 (relating to employment in unwholesome premises) of the Factory and Workshop Act, 1901, applicable to the manufacture of lampshades other than those made wholly of metal, glass, or stone.

THE Académie des Sciences has recently awarded the following prizes to well-known French medical men: Prix Montyon, three prizes of 2,500 francs to Dr. Gaston Cotte and Professor F. Rathery of Paris, and Drs. David and Jean Olmer of Marseilles; Prix Barbier of 2,000 francs to Professor P. Merklen and Dr. Wolf of Strasbourg; Prix Bréant of 3,000 francs to Dr. Marcel Léger, formerly director of the Institut Pasteur at Dakar, and of 2,000 francs to Professor Pierre Lereboullet and Dr. G. Boulanger-Petit of Paris; Prix Argut of 1,200 francs to Dr. Leroux-Robert, head of the department of oto-rhino-laryngological physiotherapy at the Hôpital St. Louis, Paris.

THE recently published first number of the thirty-fourth volume of *Strahlentherapie* is dedicated to the memory of Niels Finsen, on the occasion of the twenty-fifth anniversary of his death.

UNDER the title of *Sale of Food and Drugs Acts*, a pamphlet has been issued by H.M. Stationery Office, at the price of 1s. 6d. net, containing extracts from the annual report of the Ministry of Health for 1928-29, relating to this subject, together with an abstract of reports of public analysts for the year 1928. The Ministry's report from which these abstracts are taken was noticed in our issue of August 24th (p. 355).

THE offices of the Federation of the Health Resorts of France are now at Tavistock House (North), Tavistock Square, W.C.1.

THE Late Dr. William Robert Ashurst of Farningham, Kent, who died on November 11th, 1929, left estate of the value of £144,266 with net personalty £133,454. After payment of certain legacies he has bequeathed one-tenth of the residue of the property to each of the following institutions: The London Lock Hospital, the Free Homes for the Dying, Clapham Common, the British Hospital and Home for Incurables, Streatham, the Middlesex Hospital, Charing Cross Hospital, and St. Mary's Hospital, Paddington.

THE tenth Belgian congress of neuropsychiatry will be held at Liège, under the presidency of Professor X. Francotte, on July 26th and 27th, when the subjects for discussion will be: (1) angioneuroses, introduced by Divry and Moreau; and (2) congenital disturbances of speech, introduced by J. Ley. Further information can be obtained from the general secretary, Dr. Leroy, Rue Héricourt 40, Liège.

## Letters, Notes, and Answers.

All communications in regard to editorial business should be addressed to **THE EDITOR, British Medical Journal, British Medical Association House, Tavistock Square, W.C.1.**

ORIGINAL ARTICLES and LETTERS forwarded for publication are understood to be offered to the *British Medical Journal* alone unless the contrary be stated. Correspondents who wish notice to be taken of their communications should authenticate them with their names, not necessarily for publication.

Authors desiring REPRINTS of their articles published in the *British Medical Journal* must communicate with the Financial Secretary and Business Manager, British Medical Association House, Tavistock Square, W.C.1, on receipt of proofs.

All communications with reference to ADVERTISEMENTS, as well as orders for copies of the *Journal*, should be addressed to the Financial Secretary and Business Manager.

The TELEPHONE NUMBERS of the British Medical Association and the *British Medical Journal* are MUSEUM 9361, 9362, 9363, and 9364 (internal exchange, four lines).

The TELEGRAPHIC ADDRESSES are:

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The address of the Irish Office of the British Medical Association is 16, South Frederick Street, Dublin (telegrams: *Bacillus, Dublin*; telephone: 62550 Dublin), and of the Scottish Office, 7, Drumsheugh Gardens, Edinburgh (telegrams: *Associate, Edinburgh*; telephone 24361 Edinburgh).

## QUERIES AND ANSWERS.

### POST-MENSTRUAL PAIN.

"V. J." asks for suggestions as to the cause and treatment of a severe pain which immediately follows the cessation of the menstrual flow in a virgin; she has no pain before or during the flow.

### THE ETERNAL COLD QUESTION.

"H.H." writes: I am 54 years old, and during the last twenty years I have, without exception, suffered every winter from colds. I commence invariably in November, and continue with a succession of colds until the end of March. I have tried, without any success, an operation on the septum; innumerable vaccine inoculations; nasal douches, sprays, and snuffs; sun baths; Turkish baths; quinine tablets; iron and tonics; and emulsions. I am obliged to be most particular about changing on the slightest suspicion of dampness, and have been compelled to give up night work during the winter months, since it invariably brings on a relapse. I always avoid going out on wet days, if at all possible; in every other respect I am sound and healthy. I should be deeply grateful for any assistance, and any suggestion would be more than welcome, however much trouble the treatment might involve.

### TREATMENT OF PRURITUS VULVAE.

DR. CHRISTOPHER KEMPSTER (London, W.1) writes: In reply to "R. S.'s" inquiry under the above heading (January 4th, p. 54), I would suggest giving small doses of unfiltered x rays. I have treated many obstinate cases by this means, with excellent result. Some cases clear up with the first application.