

## MEMORANDA:

### MEDICAL, SURGICAL, OBSTETRICAL.

#### DEPRESSION OF SKULL: OPERATION SIX HOURS AFTER BIRTH: RECOVERY.

Mrs. H. was confined at 9 a.m. on June 13th, 1907, of a female child, after being in labour thirty hours. The child was delivered by forceps with great difficulty, and a depression of the right frontal bone the size of a crown piece was noticed; the bones were well ossified, the fontanelle small; as manipulation made no effect on the depression, there seemed little chance of the skull righting itself. I decided without waiting for symptoms to elevate the depressed bone before it became firmly fixed in its abnormal position. I had the child removed to the Phillips Hospital, and at 3 p.m. (six hours after birth) made an incision  $1\frac{1}{2}$  in. long,  $\frac{1}{2}$  in. to the outer side of the depression; after deflecting the scalp and pericranium, with a Hey's saw I removed a narrow V-shaped piece of bone, inserted an elevator under the depressed bone, and lifted it into its normal position; on pressing firmly, the bone rebounded suddenly like a celluloid ball, regaining its shape; the edges of the wound were stitched with horsehair, and "new skin" painted over; no other dressing was applied.

The operation was performed without an anaesthetic, but the child did not seem to feel any pain; it neither cried or struggled, though it was perfectly conscious all the time; no doubt the prolonged pressure during labour had numbed the feeling of the scalp.

For about an hour after the operation the infant suffered slightly from shock, but with hot-water bottles this passed off; it passed a good night and was sent home next morning to its mother. The stitches were removed on the tenth day; the wound being soundly healed.

The child was well developed and the bones of the skull abnormally hard for a child at birth. According to the mother's reckoning (that is 280 days from the end of the last period) the child's birthday should have been May 20th and not June 13th; this may have accounted for the difficulty at birth and the bony condition of the skull. I feel sure the depression would not have recovered spontaneously, from the amount of force required to raise the bone, and I believe the longer the operation was delayed the more the risk, as later on an anaesthetic would be required, and in a young child this would add very greatly to the danger of the operation.

Bromley, Kent.

H. WYNNE THOMAS.

#### THEOSINE SODIUM ACETATE.

WITH reference to Dr. Campbell's article in the *BRITISH MEDICAL JOURNAL* of August 17th, the following very recent experience of the value of theosine sodium acetate may be of service:

I was hastily summoned on August 13th to see a gentleman aged 50. I found him suffering from vomiting and considerable dyspnoea; the pulse was 120, the apex beat in the sixth space extended over a considerable area with a heaving impulse; the heart's dullness extending well to the right of the sternum, and a systolic bruit was heard over a large area in the region of the apex and impulse; the arteries were atheromatous. The liver descended 3 to 4 fingerbreadths below the ribs, and there was some ascites; considerable oedema over both tibiae and ankles, with much solid oedema of the calves of both legs and the fleshy inner parts of both thighs. The urine contained plenty of albumen, and he had passed less than half a pint in twenty-four hours.

*History.*—In April, 1906, he had first been troubled with his heart; his legs had been swollen for weeks together, and he had had several bad attacks at intervals similar to the present one but never so bad. I at once administered 2 grains of calomel from my pocket case, ordered a tablespoonful of magnesium sulphate to be taken in an hour, and told him to sip hot water frequently. I prescribed pil. hydrarg. 2 grains each night, and digitale naturelle cristallisée  $\frac{1}{2}$  milligram every four hours.

On August 14th there was slight improvement, the amount of urine passed in twenty-four hours was  $\frac{1}{2}$  pint, the bowels had acted freely twice, the pulse was 110, there

was no change in the abdomen or legs, and I gave him a hot pack and ordered a hot pack for the next day.

On August 15th the pulse was 100, and he was ordered pil. digitalis et scillae co. three times a day.

On August 16th there was slight improvement,  $1\frac{1}{2}$  pints of urine had been passed in twenty-four hours. The hot packs were stopped.

On August 17th I saw Dr. Campbell's note, and at once requested the local chemist to obtain some theosine sodium acetate. This arrived on August 20th, and I prescribed a mixture containing tinc. digitalis  $\text{m}\text{ij}$ , tinc. scillae  $\text{m}\text{x}$ , with 5 grains of the theocin in a cachet to be taken thrice a day. The legs were still oedematous over the tibiae but the solid oedema had disappeared, and 2 pints of urine were passed in twenty-four hours.

On August 21st—after three or possibly four doses—the change was extraordinary; the urine passed in twenty-four hours measured 3 to 4 pints, the oedema was completely absent from the legs, the abdomen was almost normal, and the patient much better, with a pulse of 80. I ordered him to continue the cachets three times a day, and to take one dose of the mixture a day.

On September 1st he had been walking about on one landing, was relatively well and passing 3 to 4 pints of urine in the twenty-four hours. The sodium acetate has caused no nausea or disagreeable symptoms. The heart was in the same state, but he had a pulse of 84; counted with the stethoscope the heart's beats were 88 to 92, so I suggested two doses of the mixture instead of one.

Sidmouth.

W. FRANK COLCLOUGH, M.D. Cantab.

## REPORTS

ON

### MEDICAL AND SURGICAL PRACTICE IN THE HOSPITALS AND ASYLUMS OF THE BRITISH EMPIRE.

#### COVENTRY AND WARWICKSHIRE HOSPITAL.

CASE OF WOUND OF CORNEA AND TRAUMATIC CATARACT CAUSED BY A PECK FROM A BANTAM COCK.

(Reported by T. HARRISON BUTLER, M.D. Oxon., Honorary Ophthalmic Surgeon to the Hospital.)

On March 27th, W.B., a boy aged 5, was sent to me at the Coventry and Warwickshire Hospital, by Dr. R. C. Tweedy, of Kenilworth, suffering from a punctured wound of the cornea. The boy stated that a bantam cock had pecked him in the eye the day before.

*State on Admission.*—He was found to have a punctured wound, 2 mm. long, in the outer and upper quadrant of the right cornea. There was a large prolapse of the iris, and the lens was completely opaque.

*Operation.*—Chloroform was at once administered, and the eye washed out for a long time with 1 in 10,000 perchloride lotion. The wound was enlarged with scissors at each end, the prolapsed iris drawn out, and cut off flush. As much lens matter as possible was allowed to escape along the curette. The eye was well irrigated and the iris replaced.

*Progress.*—The anterior chamber was reformed the next day and the eye looked quiet. On April 5th the anterior chamber was full of soft lens matter. There was little injection of the eye, and no definite iritis.

*Result.*—The boy was discharged fourteen days after admission. The eye was not injected; there was a coloboma of the iris upwards and outwards, which was full of soft lens matter and capsule. He attended a week later as an out-patient, but he then contracted diphtheria, and was in the Warwick Fever Hospital for several weeks. On July 22nd, four months after the accident, he was readmitted to the Coventry and Warwickshire Hospital. The eye was perfectly quiet, with no injection. Tn. V. = light perception with good projection. The original coloboma had been drawn up to the size of a pin's head, and was filled with capsule. An iridectomy was done for optical purposes down and in. The coloboma was needled on August 20th, and he now has a good black coloboma, through which a normal retina can be seen. He can count fingers at 2 metres, and can see his way about with the good eye closed.

The injury, although caused by a cock's beak, which one would expect to be the most septic of instruments, caused no inflammation whatever, and the boy has an eye which has quite sufficient vision to enable him to avoid being knocked down by a motor car, and which will be useful to him in many ways.

total admissions to population this, like the previous year, shows a satisfactory diminution on the preceding year, having fallen from 6.33 to 6.31 per 10,000. The private admissions to population fell from 0.68 to 0.65, the pauper admissions remained stationary at 5.59, and the criminal lunatic admissions increased from 0.06 to 0.07 per 10,000. This satisfactory state of affairs is further borne out by the ratio of first admissions to population—itsself a criterion of the greatest value. Since 1902, when the ratio of first admissions stood at 5.76 per 10,000, it dropped steadily to 5.21 in 1905, and still further to 5.16 for 1906. The tables showing the numbers and proportions of first admissions only date back to 1898, but the Commissioners have been able to collect statistics from institutions for the insane as regards the "first" and "not-first" attacks in those annually admitted for a period of thirty years. The results have been tabulated in quinquennial periods showing yearly averages. Contrasted with the annual admissions for the same period, the first attacks are found to have increased relatively to population to a greater extent than the total admissions, the ratio of first attacks for the quinquennium 1901-5 per 10,000 of population being higher than that of any other quinquennial period in the thirty years under review.

(To be continued.)

## MEDICAL NEWS.

THE KING has been pleased to grant to Mr. Bryden Glendining, M.B., Physician in Attendance on Her Majesty the Queen of Spain, permission to accept the Insignia of Caballero of the Order of Carlos III, conferred upon him by His Majesty the King of Spain, in recognition of valuable services rendered by him.

THE Local Government Board for Scotland has issued regulations with regard to cholera, yellow fever, and plague similar to those noted in the JOURNAL of last week, p. 757, as issued by the Local Government Board for England.

THE inaugural address of the Pharmaceutical Society of Great Britain will be given on Monday afternoon, September 30th, by Professor Raphael Meldola, F.R.S., F.I.C., at 3 p.m. On the same occasion the President will present the Hanbury gold medal.

DR. G. N. STEWART, Professor of Physiology in the University of Chicago, has been appointed Director of the Laboratory of Experimental Medicine, Western Reserve University, Cleveland, U.S.A., recently endowed by Mr. H. M. Hanna and Colonel Oliver Payne.

DR. T. G. PROSSER, who has been for twenty years medical officer to the Royal Monmouthshire Royal Engineers (Militia), has recently been presented by past and present officers of the regiment with a silver coffee service and salver, bearing a suitable inscription.

MESSRS. T. COOK AND SONS announce that they have added the new steamer *Egypt* to their Nile flotilla, and that twelve steamers altogether will be employed to work the various services on the Nile between Cairo, Assouan, and the Second Cataract during the coming season.

THE first meeting of the United Services Medical Society will be held at the Royal Army Medical College, Millbank, S.W., on Thursday, October 10th, at 8.30 p.m. The President, Inspector-General Sir Herbert Ellis, K.C.B., Director-General of the Medical Department of the Royal Navy, will read a short paper on the objects and uses of the society, and this will be followed by a discussion. The Honorary Secretaries of the Society are Fleet Surgeon W. W. Pryn, R.N. (18, Victoria Street, London, S.W.), and Lieutenant-Colonel C. H. Melville, R.A.M.C.

ON Wednesday afternoon, October 2nd, at 3 p.m., Sir Richard Douglas Powell, President of the Royal College of Physicians of London, and an old student of University College, will unveil the medallion portraits of the late Dr. G. V. Poore and the late Mr. Christopher Heath, which have been placed in the entrance hall of the new University College Hospital Medical School. The medallions have been made by Mr. H. R. Hope-Pinker, and the cost has been defrayed by subscription. A bed in one of the medical wards will also be endowed as a memorial to Dr. Poore. On the same day Sir Richard Douglas Powell will deliver the introductory address of the session, and will present the medals and prizes. In the evening the annual dinner of the old and present students of University College Hospital Medical School will be held in the library of the school; the chair will be taken by Sir William Gowers at 7.30 p.m.

HEALTH CONDITIONS IN THE SEYCHELLES.—The Seychelles, according to the report of the Governor (Mr. Davidson) to the Colonial Office, are blessed with an almost perfect climate, temperate, healthy, and equable, with an entire immunity from hurricanes and earthquakes. The death-rate has hitherto been low, and was only some 14 per mille in 1905, but last year an epidemic of whooping-cough occurred, which was rather fatal amongst very young children, and the death-rate rose to 17.28. Eleven cases of beri-beri, 7 from Marie Louise, Id., in the Amirantes, and all from one or other of the outlying islands, were recorded, and of these 3 died. There is a distinct increase of tuberculosis in South Mahé. The numbers of lepers is not stated, but the disease is said not to be increasing. The number of cases in the leper hospital is only 12, but segregation is not obligatory, although it is suggested that it ought to be made so. Lunatics have hitherto been sent to Mauritius, there being no asylum in the archipelago, but one is in course of erection. In addition to some 300 in-patients in the Victoria Hospital, the six dispensaries relieved 4,842 out-patients, or more than double the number attended in 1902. This great increase is due to the poverty caused partly by two years of drought and partly by the enormous fall in the value of vanilla—the great product of the island—which is now less than one-sixth of its price in 1900.

THE CEREBRO-SPINAL FLUID IN HUMAN TRYPA-  
NOSOMIASIS.—To the *Archivos de Hygiene e Pathologia Exoticas*, published by the Lisbon School of Tropical Medicine, Professor Magalhaes contributes a paper, very important from the therapeutic point of view, on the permeability of the meninges in cases of human trypanosomiasis. Following up some similar experiments made by Professor Kopke in 1905, he shows that certain drugs given by the mouth or subcutaneous injection do not pass into the cerebro-spinal fluid, and so do not affect any trypanosomes that may happen to be there. Iodine, potassium iodide, and methylene blue were employed both by the mouth and intramuscularly, but though later they were found abundantly in the urine, they never penetrated the meninges. Apparently also atoxyl, which has a real action on certain of the symptoms of the malady—notably on the fever and on the disappearance of the trypanosomes from the blood and the glands—does not penetrate, because, according to the author, the trypanosomes always persist in the cerebro-spinal fluid. The conclusion to be drawn from this, therefore, is that, in order to attack them effectively in this site, the drugs used must be introduced under the arachnoid directly. In the same issue—the second part of Vol. I of this publication—is a long article on blackwater fever by Dr. da Costa, and a paper on cerebellar and bulbar affections in sleeping sickness by Professor Magalhaes.

FERTILIZATION IN LEUCOCYTES.—Mr. C. E. Walker, of the Liverpool Cancer Research Laboratories, has recently communicated to the Royal Society another series of observations on the life-history of leucocytes. The facts recorded were first observed among the leucocytes of *Axolotl*, which had collected in a mass owing to the presence of a foreign body or the infliction of a slight wound. Amongst the cluster of leucocytes thus obtained some were seen to be sending out protrusions from their nuclei, and where this occurred the action often seemed to be mutual on the part of two contiguous leucocytes. The subsequent changes were closely followed, and it was found that after a time the chromatin in one of the two nuclei began to disappear, whilst the amount of chromatin in the other very frequently showed a marked increase. This process was continued until one nucleus was completely denuded of its chromatin and the nuclear membrane collapsed. After establishing these facts in the relatively large cells of the *Axolotl*, the author searched for similar phenomena in mammalian cells, and succeeded in finding most stages of the same process of nuclear change in the normal mammalian spleen. He discusses the significance of this absorption of the nucleus of one leucocyte by another, and is led to the view that it must be regarded as a process of fertilization. These observations are regarded as confirmatory of what has been described as occurring in malignant growths. It has been stated that during the early stages of malignant growths leucocytes, entering into the cytoplasm of some of the tissue cells, proceed to divide mitotically, synchronously with the nucleus of the cell that they have invaded, the chromosomes of the leucocyte and the tissue cell becoming mixed, and being distributed between the daughter nuclei resulting from the mitosis. "This bastard form of fertilization seems to suggest some properties in the leucocytes different to those possessed by any other cells in the body, excepting perhaps the sexual cells."

have been made, not by the practice of medicine, but through holding several high posts in the offices of the paymaster of the forces, the prize agency officer, and the commissariat.

#### MEDICAL RELIEF IN INDIA.

A letter on the subject of the Indian Medical Service published in our issue of August 24th, and suggesting a re-organization based on the idea of ensuring that an officer's work increased in scope and responsibility *part passu* with his promotion, has evoked a letter dealing with the same general subject from another correspondent. In this doubt is thrown upon the suggestion that senior officers are at present comparatively unemployed as is suggested by the previous writer. Our new correspondent points to faulty distribution of work irrespective of rank, and overlapping of effort in many directions, as the errors in organization which must be eliminated if the medical service of India is to be carried on efficiently. The Government of India, he points out, has to care for a population of 300 millions. To perform such a task with a medical *personnel* of only some 700 officers would in any case be difficult, and it is rendered all the harder by the fact that these officers are rigidly divided into two sections, (1) those on the military side, who have too little to do; and (2) those on the civil side, who have many more daily tasks than they can possibly perform efficiently. He would have the hard-and-fast line between the two branches of the service abolished, so as to allow the efforts of the one to be supplemented by those of the other; in ordinary times the work of the country would thus be better performed, and the Indian Medical Service as a whole would prove a more efficient machine if ever circumstances demanded that all its officers should render assistance in time of war. Furthermore, there are at present, he points out, in every large station not one, but half a dozen Government institutions providing medical care for the population, civil and military, European and native; each of these requires a staff and absorbs the services of a greater or less number of Indian medical officers, whether on the civil or military side. He would abolish the whole of these hospitals, and substitute for them one large hospital which in its various pavilions would provide for the needs of all persons who are at present medically assisted by Government. In the different pavilions of such a hospital officers on the military and civil sides of the Indian Medical Service would work side by side, receiving more or less assistance from R.A.M.C. officers and others. The result, he thinks, would be economy of labour and the existence of a hospital in every district of an efficient and up to date character. By way of co-ordinating still further the whole medical work done for the people by the Indian Government and increasing its benefits, and keeping the *personnel* of certain departments constantly up to the mark, he would cause the field hospitals to perambulate the various districts, give such assistance to the people as their arrangements permit, and act as feeders for the great hospitals in each principal town sending on to them the more serious cases.

## UNIVERSITIES AND COLLEGES.

### UNIVERSITY OF CAMBRIDGE.

#### University Library.

THE report of the Library Syndicate for 1906, recently issued, states that the gift of £5,000 by the Goldsmiths' Company has made it possible to put in hand at once the whole of the structural work and most of the fittings connected with the utilization for library purposes on the ground floor and basement of Cockerell's Buildings formerly occupied by the Geological Museum. Progress was made with the work of recataloguing during the year, and a select list of current English periodicals was issued and can be obtained at the library. The number of printed books or documents received during the year was 58,668, and of manuscripts 131. The number of books borrowed from the Library was 30,184.

### QUEEN'S COLLEGE, BELFAST.

#### Annual Report.

THE President has lately issued his annual report of the College. Seven new assistants have been appointed to the various chairs; among these are included Mr. Howard Stevenson, F.R.C.S.I., in Surgery, and Dr. C. G. Lowry, in Obstetrics. Mr. R. Mackay Wilson, of Dublin, has founded a Travelling Studentship to aid a fresh graduate in medicine in taking a further year of study abroad. As an illustration of the advances the College has made, the President says that twenty years ago there was but one laboratory, and it was condemned by the sanitary authorities; to-day there are eight, including chemical, biological, physiological, pathological, anatomical, and pharmaceutical, all well equipped and in the best modern spirit. A long list of some of the important distinctions and posts obtained by graduates bears evidence that the excellent work of the past is not failing.

## Medico-Ethical.

*The advice given in this column for the assistance of members is based on medico-ethical principles generally recognized by the profession, but must not be taken as representing direct findings of the Central Ethical Committee.*

#### THE INTERVIEWER AT SEA.

A CORRESPONDENT has sent us a copy of the *Sunday Times* of Sydney, N.S.W.—a newspaper which seems quite recently to have become aware of the fact that the transfusion of blood has been, and is still, occasionally practised. It accordingly sent forth a reporter to interview "the leading medical men in Sydney," but did not find them very ready to be pumped.

"Owing," our belated contemporary states, "to the action of the British Medical Association in debarring its members from giving opinions, or, rather, interviews, to the press, much information has to be presented in a form which lacks the individuality that would surround it if appearing over the names of the informants, but in two cases, where the information was obtained before the actual interview, names are mentioned. In these cases questions were asked, and in each case the request was made that no personal reference should be made, but, in view of the importance of the subject, we feel justified in breaking the self-erected bounds of the conservative B.M.A. and giving to the public that which is undoubtedly its due."

One of the medical men as to whose work information was obtained before the actual interview was Dr. W. J. Stewart McKay, and the interviewer appears to have become possessed of a drawing of an apparatus which Dr. McKay has devised for transfusion; this was reproduced on a large scale and contrasted with a drawing said to have been taken from a medical textbook. Dr. McKay appears to have declined to be interviewed and to have confined himself to an expression of an opinion that there was a great future before transfusion. The other medical man mentioned by name was Dr. Camac Wilkinson, who appears to have done little more than acknowledge the authenticity of the article published in these columns on June 1st last, p. 1298; we may suspect that he adhered more closely to the guarded opinion there expressed than the interviewer understood.

We cannot think that the public interest is really served by the publication of these so-called interviews. The validity of the objection of the British Medical Association to interviews could hardly be better illustrated than by the two topics selected by our contemporary. Transfusion is a most delicate operation and in unskilful hands might easily lead to disaster; further the scientific principles by which resort to the method should be guided have not yet been settled. As to the value of tuberculin as a curative agent very much the same may be said. Its indiscriminate use may undoubtedly do much harm. If it is to do good the physician must be left to exercise his unbiased judgement in the selection of suitable cases.

#### MEDICAL ETIQUETTE.

LEMCO asks for an opinion on the following case: A. and B. are partners, and have attended Z's family occasionally. (Z's family have been erratic, and often changed their doctors.) Z, being ill, his wife sent for C., who had not previously attended the family. C. was away, and when his *locum tenens* appeared he was not allowed to see Z. That afternoon A. received a telegram to go and see Z., and Z. wishes A. to continue his attendance after C.'s return, and has written C. to that effect. What ought A. to do?

\* \* The case is a little unusual, and we have not in mind any precedent which exactly fits it. We should be disposed to hold that any implied engagement of C. was cancelled by the refusal to allow the *locum tenens* to see Z., and that A. is not bound to look upon himself as acting as a substitute for C. A., we think, should explain the circumstances to C., by whom the explanation ought to be received in a friendly spirit.

## Medico-Legal.

#### MEDICAL WITNESSES' FEES AT INQUESTS.

M.B. writes: I attended under subpoena the inquest on the victim of a colliery accident. When the inquest was just finished—that is, after two and a half hours—the coroner said he did not require medical evidence. Am I entitled to a fee, and if not, why not?

\* \* Our correspondent is clearly entitled to a fee of 1 guinea for attending to give professional evidence, and can, if necessary, recover it from the coroner in the county court.