

first saw her there was a combination of the two conditions. In this case faradism quickly dissipated the anaesthesia, and improved the muscular power, which at first was completely absent in the wrist and fingers. The type of the contracture was also complicated, as there was a combination of the lead-pipe rigidity common in hysteria, with the true organic shortening of the flexor tendons due to the ischaemic myositis. Thus, though the wrist was flexed by contracture, and the fingers tightly bent into the palm, they could be considerably extended, the rigidity being about equal in all positions. The fingers and wrist could not, however, be both completely extended, and after the hysterical part of the contracture had been got rid of under treatment, there still remained a certain amount of organic shortening of the flexor tendons. The presence of deep anaesthesia of the hand without other evidences of severe neuritis, such as reaction of degeneration, would be strong evidence in favour of hysterical contracture, as anaesthesia of the hand due to neuritis accompanying ischaemic myositis is always associated with well marked reaction of degeneration in the intrinsic hand muscles, and in some cases of the flexors in the forearm also.

The contracture of the hand in athetosis due to infantile hemiplegia or diplegia should not present any real difficulty. Although there is usually present organic shortening of the tendons of the flexors, yet the presence of spontaneous movements, the increase of the deep reflexes, weakness of the leg and face on the same side, and the absence of any history of injury to the arm will suffice to distinguish the two forms.

The distinction from neuritis is sometimes more difficult, especially in those mixed cases such as I have described in Cases I, III, IV, V, VI, VII, VIII. It is to be remembered that in ischaemic myositis the muscular contracture practically always affects the flexors of the fingers and wrist, and that it develops very early, and may be noticed in slight degree the same day that the splints and bandages are loosened. At the same time the presence of pressure sores on the forearm will be evidence of the tightness of the bandaging. The contracture usually increases in degree for many weeks, and the muscles may be noticed to be firmer and altered in appearance. Though they become wasted, sometimes excessively so, they still react briskly to faradism unless there is an additional neuritis. When neuritis also affects the flexor muscles, as in my Cases I and VIII, the deciding point in the diagnosis of the ischaemic myositis is the early organic shortening of the flexor tendons, appearing within a few days of the loosening of the bandages.

As I have shown in 7 cases out of my 9, additional neuritis is frequently present, and it affects mostly the skin, joints, and musculature of the hand, while in a certain number of the more severe cases, as in Cases I and VIII, the flexors and even the extensors in the forearm may also suffer. The evidences of neuritis will be pain and tenderness, coldness, and sometimes blueness of the extremity, peeling of the thick skin from the palm of the hand and fingers, and, later, thin, glossy, moist skin; wasting of the finger pads and of the muscles, oedema of the back of the hand, and sometimes puffiness of the whole hand, fixation of the interphalangeal joints, and sometimes of the wrist, from fibrous periarticular adhesions; and, lastly, reaction of degeneration of the muscles, especially in the thenar eminence and interossei. The joint adhesions resulting from the neuritis is the most serious disability, as it cripples the hand for a year or two, and sometimes permanently. The only treatment of these fibrous joint adhesions is patient, long-continued passive movements.

Forcible movement of the joints under an anaesthetic to break down the adhesions resulting from neuritis of the hand and wrist invariably makes the condition worse, as this sets up such acute pain, swelling, and tenderness, that it is impossible to move the joints again for two or three weeks, when the adhesions will be found to be even more extensive than before.

Pressure from a bandage applied to the forearm probably never sets up neuritis alone without some degree of ischaemic myositis, the nerve trunks being probably damaged partly by the direct pressure, and partly, perhaps, by an ischaemic condition of the nerve trunks themselves. In the axilla, however, pressure from a pad may set up

very severe brachial neuritis, as I have seen resulting from the treatment of a case of fracture of the upper portion of the humerus by a pad in the axilla, the arm being tightly bandaged to the side, with the forearm flexed, for ten days.

The treatment of the contracture resulting from ischaemic myositis should be by massage, given if possible twice daily, and to produce any good result it must be maintained for a year or longer, as Dudgeon has shown. If, in spite of this treatment, or if for various reasons the massage is not continued, then in order to correct the deformity, and thus allow the extensor muscles to act, surgical measures may be next advised. Some surgeons, as Page, Littlewood, and others, have had good results from lengthening of the tendons, but it is a very difficult and lengthy operation, and it is not always followed by good results. Other surgeons have adopted the shorter method of excising pieces of bone from the radius and ulna, so as to shorten the forearm, and thus allow the contracted flexors to be extended.

Prevention, however, is better than cure, and the moral of this paper is a plea for greater insistence in the surgical teaching for the future on the great danger of tight bandaging, at any rate of the upper extremity, and that a moderately tight bandage kept on for some weeks may do as much harm as an excessively tight one may produce in one day. If students were thoroughly taught this danger, there would be less risk of the treatment of comparatively trifling injuries of the upper extremity setting up a far worse condition of paralysis and disablement.

## Memoranda :

### MEDICAL, SURGICAL, OBSTETRICAL.

#### INTRAUTERINE DEATH: HYDROCEPHALIC FETUS.

ON June 8th, 1908, I was called to a lady, who told me she was about eight months advanced in her first pregnancy, reckoned from the cessation of menstruation. During the twenty-four hours preceding my visit she had had intermittent abdominal pain, slight at first but increasing later.

The fundus uteri was just above the umbilicus, with palpable intermittent contractions. The fetus I made out to be in the long axis of the uterus, and I thought the head was engaging in the brim of the pelvis. At this point I elicited from the patient the fact that abdominal enlargement had ceased about two months previously, as had also the fetal movements. I accordingly told the patient that in all probability the child had been dead some time. On vaginal examination I found the cervix about three-quarters dilated. Bulging through the os I felt what I took to be a rather thick bag of membranes, which during a uterine contraction came down into the vagina. I was somewhat surprised not to feel the head. Instead I found some movable, bony prominences which I took for portions of a foot, and came to the conclusion that my abdominal examination had been faulty. After about three-quarters of an hour, during which time the uterus had been contracting well, I decided to rupture the "membranes." Without any particular difficulty, during a pain, I pushed my finger through the bulging bag. A small quantity of fluid escaped. What was my surprise, on inserting a finger, to find that I had unconsciously performed perforation on a hydrocephalic and macerated head! The head was easily delivered, aided by a little traction on the scalp, which I seized in my fingers. The rest of the delivery was complicated by the anterior shoulder becoming hitched above the symphysis pubis, necessitating administration of chloroform and a hand in the uterus. The third stage was normal, and convalescence uncomplicated. The fetus was the usual macerated specimen of about six months' gestation. The case is of interest on account of the ease with which I mistook the head for the bag of membranes. The previous death of the fetus and the consequent mobility of the cranial bones (one parietal bone came away in my hand) no doubt assisted in the error, along with a not too satisfactory examination owing to the nulliparous condition of the patient. I did not see any liquor amnii.

Boothle.

T. EDGAR WALKER,  
M.D. Liverpool, M.B., B.S. Lond.

the Zoological Gardens on Monday night; a banquet was arranged for Tuesday evening; the Opera and Municipal Theatre were thrown open to the members for Wednesday night; the Municipality entertained the congress on Thursday night in the Gürzenich, and various excursions were arranged for Friday and Saturday.

Special general meetings of the medical group were planned to take place at the Lindenburg Hospital.

(To be continued.)

## Medical News.

THE Municipal Council of Lausanne has decided to establish a crematorium in that town.

THE Italian Surgical Society will hold its twenty-first Congress in Rome on October 27th and two following days.

A PROPOSAL for the foundation of a chair of social medicine in the University of Prague is now under the consideration of the Austrian Government.

THE French Urological Association will hold its twenty-second annual meeting in Paris under the presidency of Professor Guyon from October 8th to the 10th.

THE presidential address at the West London Medico-Chirurgical Society is to be delivered at the West London Hospital by Colonel Hendley, C.I.E., at a meeting on October 2nd at 8.30 p.m.

THE Young Turk Committee has extended its scheme of reform to medical matters, and has suggested that the Military and Civil Medical Schools of Constantinople should be amalgamated into a Medical Academy.

THE annual meeting of the Society of German Medical Total Abstiners is to be held this year at Frankfurt-on-the-Main on October 3rd. The sixth meeting of the German Total Abstinence Society will be held in the same place from October 1st to the 4th.

THE autumn meeting of the Medico-Psychological Association (South-Eastern Division) is fixed to take place at Leavesden Asylum on October 6th. Previous to the meeting, which is timed for 2.45 p.m., members will be afforded an opportunity of inspecting the asylum and its grounds, and are invited to luncheon by the medical superintendent, Dr. Elkins.

RECENTLY published official statistics show that the revenue last year from the patent medicine duties was the largest ever recorded. It represented a hypothetical value in medicine at sale price of no less than two and a half million pounds sterling. Of the total amount received by Government, £334,142, Scotland only contributed £3,407—a fact suggestive of the proverbial "canniness" of its inhabitants.

THE *Yearbook of Livingstone College* for 1908, which is now obtainable, contains, in addition to a report on the work of the school and other allied matter, such as letters from old students recording their experiences, a good summary of recent discoveries in tropical medicine as obtained from a review of recently published works in this department and from new editions of older books.

THE chairman at the annual dinner of the Bristol Medical School is to be Major Thurston, C.M.G., D.S.O., of the Royal Army Medical Corps. As already announced, the dinner will take place on October 1st, the guest of the evening being Sir Rubert Boyce, F.R.S. Application for tickets. (price 5s.) should be made to the Honorary Secretary of the Dinner, Bristol Royal Infirmary.

RECENT work on the presence of antitrypsin in blood, including the experimental discovery that a preliminary introduction of trypsin into dogs prior to the implantation of pancreas prevented the auto-digestion of the pancreas, led von Bergmann and Bamberg (*Berl. Klin. Woch.*, July 27th, 1908) to endeavour to ascertain whether the antitryptic content of blood could be raised by treatment with trypsin. They employed a method which Fuld has worked out estimating quantitatively the trypsin content. The fluid is tested with a solution of casein. The trypsin-containing solution and the casein are incubated for half an hour and the undigested casein is then precipitated by alcoholic acetic acid. Dogs were injected subcutaneously every four to eight days with from 0.1 to 0.5 gram of trypsin from the middle of November until the end of January. At the end of this time, the antitryptic power had become doubled. The pancreas of one dog was implanted under aseptic precautions into the abdominal cavity of a second dog. This was followed by acute necrosis of

the pancreas, analogous to an auto-digestion, and the animal died within twenty-four hours. This was repeated on two other dogs with the same result. The blood taken shortly before death was considerably more antitryptic than before the operation. The same result was obtained when a 4 per cent. solution of trypsin (20 c.cm.) was injected after a meal and the blood tested on the following day. It has been suggested that this phenomenon might be utilized in the differential diagnosis of acute pancreatitis.

A MAGNETIC HEALER.—The "magnetic healer" to whose startling claims attention was drawn some time ago has since had their value as well as his motives and morals formally appreciated by a judge and jury. His patient, a young woman, had been wearing a glass eye for many years, and this the "professor" undertook to replace by a natural but newly-grown organ of vision—of course for an adequate consideration. Having received on account an amount which satisfied him he commenced the treatment, which appears to have consisted mainly in laying the patient on her face, covering her with some green cloths, and then thumping her on the back, shoulders, and head. After about a month of this treatment she applied at Middlesex Hospital for information as to whether her new eye really was growing as she was told, and in this way the matter came to the notice of the police. The "professor" gave evidence in his own defence, claiming that he was a fifteen years' student of the laws of magnetism and the discoverer of the fact that it was the basis of life. He desired to clear his honour in the matter, or his work for the good of man would be ruined. There was no proof that it was impossible to grow an eye; in fact, in this case, after three weeks' treatment, the new eye was complete except as far as concerned the bringing of the sight in contact with the brain. The judge directed the jury that if they regarded him as an honest enthusiast who really believed he could do what he said, he must be acquitted. On the other hand, the view might be taken that his pretensions were merely a device for extracting money fraudulently. The jury preferred the latter alternative, and the judge, after receiving an expression of opinion from the assistant medical officer at Brixton Prison that the prisoner was of unsound mind, sentenced him to nine months' imprisonment in the second division, stating that during that time he would be kept under observation, and if necessary removed to an asylum.

THE CHOLERA OUTBREAK IN RUSSIA.—The epidemic of cholera in St. Petersburg seems to be pursuing its normal course, and though the type of the disease seems to be comparatively mild it has already caused a good many deaths, and may be expected to cause many more before the city is finally declared free from the disease. There is no indication, however, that the outbreak is likely to reach the proportions of that which occurred in the same city some twelve years ago. That many deaths should have occurred and that the authorities so far should not have got the outbreak under control is in nowise remarkable. The population is a large one, and the city itself in many of its quarters merely a whitened sepulchre from the point of view of sanitation, as that term is understood in these islands. Broad and handsome as are the majority of its streets, even in the working-class quarters, it needs but little pedestrian acquaintance with them to discover that their paving and drainage is very defective; while those who have been curious enough to enter the dwellings which abut on them know that the conditions prevailing within their curtilages are often unspeakable. It is not improbable that the disease may spread to other cities of the Continent besides those within Russian territory; but they are all upon their guard, and there is little reason to suppose that many, or any, of them will find material difficulty in extinguishing an outbreak. So far as England is concerned, it is quite likely that we may hear shortly of the arrival of a certain number of cholera patients at one or more of the various seaports, and cases may even occur in the country. Anything, however, in the way of a real outbreak is exceedingly unlikely, as methods by which cholera is disseminated are now thoroughly well understood, and it is not difficult to guard against their action. Moreover, we have been accustomed in this country for many years past to make the most exacting requirements in respect of the public water supply, and the authorities have not to deal with a population such as that which chiefly inhabits St. Petersburg, where the number of totally ignorant and almost animal-like persons employed as day labourers greatly exceeds anything which can be found in any city in this country. In the present outbreak at St. Petersburg we understand that the hot bath treatment of cholera patients is being found very useful, and that Haffkine's anticholera injections are also proving satisfactory.

BRIGADE-SURGEON MELVILLE GEORGE JONES, retired Army Medical Department, died in London on August 6th. His first commission, that of Assistant Surgeon, was dated October 19th, 1857; that of Surgeon-Major, April 1st, 1873. He retired from the service with the honorary rank of Brigade-Surgeon, March 20th, 1880. According to *Hart's Army List*, he served with the 51st Light Infantry in the Jowaki campaign in 1877, receiving a medal with clasp, and in the Afghan war of 1878-80, receiving a second medal.

## Hospitals and Asylums.

### WEST RIDING ASYLUM, WAKEFIELD.

FROM the annual report for 1907 of Dr. Bevan-Lewis, Medical Superintendent of the Asylum, we see that on January 1st, 1907, there were 1,896 patients in this asylum, and on the last day of the year there remained 1,887. The total number of cases under care during the year was 2,443 and the average number daily resident 1,887. During the year 552 cases (541 persons) were admitted, of whom 443 were first and 109 not-first admissions. In 218 the attacks were first attacks within three, and in 72 more within twelve months of admission; in 121 not-first attacks within twelve months of admission; in 63, whether first attacks or not, of more than twelve months' duration; in 36 of unknown duration on admission, and 42 were congenital cases. The admissions were classified according to the forms of mental disorder into: Mania of all kinds, 115; melancholia of all kinds, 135; senile, secondary, and organic dementia, 53; delusional insanity, 55; general paralysis, 44; stupor, 20; primary dementia, 35; epileptic insanity, 32; moral insanity, 7; moral imbecility, 6; acute delirious mania, 8; confusional insanity, 8; alternating insanity, 1; and imbecility with and without epilepsy, 33. Regarding the probable causes of insanity in the admissions alcohol was assigned in 99 (principal cause in 66, contributory in 33) or just under 18 per cent., syphilis in 44, epilepsy in 35, other nervous diseases in 18, other bodily affections in 66, critical periods in 121, physiological defects in 74, child-bearing in 20, mental instability in 53, and mental stress in 110. An heredity of insanity was ascertained in 150, or 27.1 per cent., of alcoholism in 59, and of epilepsy in 16. During the year 215 were discharged as recovered, giving a recovery-rate on the admissions of 38.95 per cent., and as relieved or not improved 87. During the year 259 died, giving a death-rate on the average numbers resident of 13.73 per cent. as compared with the average for this institution of 12.55. The deaths were due in 75 to cerebro-spinal diseases, including 40 from general paralysis; in 135 to chest diseases, including 64 from pulmonary tuberculosis; in 21 to abdominal disease, and in 28 to general diseases. In all there were 77 deaths from various forms of tuberculous disease, giving the unusually high proportion to total deaths of 29.7 per cent. Four fatal cases were the subjects of coroner's inquests, all deaths, however, being returned as due to natural causes. During the year electrical treatment, mainly in the form of sinusoidal baths, was carried out by Drs. Birt and Parker. Of the males so treated, 68 per cent. recovered. The cases of stupor appear to have given especially good results, only 11.1 per cent. failing to be relieved. During the year 67 fresh cases applied for treatment at the out-patient department; 180 remaining on the books at the time of Dr. Bevan-Lewis's report. The great bulk of these patients suffered from epilepsy, but there many cases of neurasthenia, chorea, hemiparesis, insomnia, organic nervous diseases, and some of the psychoses. The work at Stanley Hall, the Idiot and Imbecile Home, was carried out as heretofore, but Dr. Bevan-Lewis offers some remarks with regard to undesirable admissions. In the first place, he emphasized the undesirability of allowing the Home to degenerate into a centre for the most degraded class of idiot and imbecile, but rather that it should be reserved for the children who, though certifiable, are educable and capable of being elevated to a higher level. In the second place, Dr. Bevan-Lewis urges the importance of setting an age limit, so that children of infantile years, whose convulsions, paralytic or other physical disabilities make them a burden to their parents, shall be refused admission; and, lastly, he recommends the provision of a separate isolation hospital for this department.

## Universities and Colleges.

### UNIVERSITY OF OXFORD.

H. C. BAZETT, B.A., Wadham College, was the successful candidate in the recent examination for the Universities' Scholarship at St. Thomas's Hospital. Mr. Bazett took a First Class in Physiology in the Final Schools last July.

OF 494 suicides officially reported in Berlin during the year 1905, 26, or 5.84 per cent., are attributed to alcoholism. In addition to these cases, however, drink was a factor in many cases recorded under the headings of mental disease, weariness of life, disgrace, etc.

## Letters, Notes, and Answers.

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—of course not necessarily for publication.

CORRESPONDENTS not answered are requested to look at the Notices to Correspondents of the following week.

MANUSCRIPTS FORWARDED TO THE OFFICE OF THIS JOURNAL CANNOT UNDER ANY CIRCUMSTANCES BE RETURNED.

In order to avoid delay, it is particularly requested that ALL letters on the editorial business of the JOURNAL be addressed to the Editor at the Office of the JOURNAL, and not at his private house.

COMMUNICATIONS respecting Editorial matters should be addressed to the Editor, 6, Catherine Street, Strand, London, W.C.; those concerning business matters, advertisements, non-delivery of the JOURNAL, etc., should be addressed to the Manager, at the Office, 6, Catherine Street, Strand, London, W.C.

AUTHORS desiring reprints of their articles published in the BRITISH MEDICAL JOURNAL are requested to communicate with the Manager, 6, Catherine Street, W.C., on receipt of proof.

TELEGRAPHIC ADDRESS.—The telegraphic address of the EDITOR of the BRITISH MEDICAL JOURNAL is *Attitology, London*. The telegraphic address of the MANAGER of the BRITISH MEDICAL JOURNAL is *Articulate, London*.

TELEPHONE (National).—

EDITOR,

2631, Gerrard.

GENERAL SECRETARY AND MANAGER

2630, Gerrard.

Queries, answers, and communications relating to subjects to which special departments of the BRITISH MEDICAL JOURNAL are devoted will be found under their respective headings.

### QUERIES.

We would request correspondents who desire to ask questions in this column not to make use of such signatures as "A Member," "A Member B.M.A.," "Enquirer," and so on. By attention to this request much confusion would be avoided. Correspondents are asked to write upon one side of the paper only.

DEFORMITY would be glad to know where he can get information concerning the serum treatment of rheumatoid arthritis.

M.D., D.Sc., notwithstanding much outdoor exercise, feels the cold very much, and is generally laid up twice or thrice during the winter with a "chill," often erroneously called influenza. He is anxious to learn the experience of others as regards clothing, baths, diet, tobacco.

N. T. would be grateful for any suggestions for the treatment of the following case: Traumatic injury of testicle six months old, great enlargement and very hard and irregular in outline, with fluctuating sensation over enlarged globus, major and minor, of epididymis. Mercury inunction, suspension, mercury and iodides, also arsenic and quinine internally, have been tried. No improvement. No evidences of tuberculosis, and none of syphilis.

WINDER asks for suggestions as to the cause of death in the following case: A man, aged 28, had suffered from tuberculosis of both lungs for seven months. No haemorrhage at any time. On September 2nd, when out walking, he was suddenly seized with a very severe attack of illness which completely prostrated him. The chief symptoms were very rapid and deep breathing, extremely rapid pulse, with great restlessness and anxious expression. Large quantities of sputum were coughed up, not tinged with blood, but there was no vomiting. There was no localized pain. In spite of treatment the patient died within four hours. He was quite conscious until near the end.

### INCOME-TAX DEDUCTIONS.

INCOME-TAX writes: I have purchased the house in which I live. Is it allowable to deduct a portion of the annual rental value in making the usual claim for professional expenses?

\* \* Yes. Our correspondent may deduct such a proportion of the full net rental value as the portion of the house used for professional purposes bears to the whole house.

### L'EAU DE MER EN INJECTIONS SOUS-CUTANÉES.

M.D. writes: I should be indebted to any member of the Association who, having had some experience of the above treatment, will kindly communicate to the JOURNAL his or her impressions of its therapeutic efficacy. The isotonic sea-water is sold for subcutaneous injection of from 50 to 500 c.cm., under the designation of "plasma de quinton." One or two of my patients who have had this treatment abroad speak highly of its tonic and strengthening effects, such as gain in weight and appetite, in sleeping power, and in the cessation of pains and aches. Some such favourable reports may, however, be the results of expectancy. Have any of my confrères observed some well-authenticated data as to the benefit or untoward results derived from this treatment? I am anxious to know if there be really anything in it.