

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

A CASE OF RHUS TOXICODENDRON DERMATITIS.

A SEVERE case of rhus poisoning is, perhaps, sufficiently interesting to warrant my sending a few notes on one which has come under my observation lately.

The victim was a gardener, who came to me last autumn complaining of an itching, burning, erythematous and herpetiform rash, resembling the not uncommon *Primula obconica* rash, to which I attributed it, though the patient did not remember having handled the plant.

Some days later, however, he remembered he had been plucking leaves from a tree which was afterwards recognized as the *Rhus toxicodendron*.

The eruption, beginning on the wrists, soon spread to the eyelids and face. Papules, vesicles, and bullae quickly formed until the whole body was more or less affected. The skin on the hands, forearms, face, neck, and prepuce



RHUS TOXICODENDRON, OR POISON IVY.

became very oedematous, and covered with broken bullae with profuse discharge.

The irritation of the rash was very severe, preventing sleep, and his discomfort was increased by conjunctivitis and tightly-closed eyelids—a condition which lasted for five days.

Calamine and lead lotion were successful in relieving the distress, but it was quite seven weeks from the commencement of the attack before he was able to resume his work.

Crocker, in his *Diseases of the Skin*, states that some people are much more prone to be attacked than others. Evidently this man is one who is very susceptible to it, for, though he pruned the plant with the greatest of care in the spring, he was threatened with another attack this year, which fortunately spread no further than the forearms.

But the curious feature of the case is that, although the patient is so susceptible at present, he could not always have been so, for he has pruned and plucked leaves from the tree with impunity in former seasons.

The illustration is the reproduction of a photograph of the tree for recognition. Although the tree is nearly 20 years old, this is the first time it has been known to poison anyone.

Little Sutton, Chester.

H. W. NOTT, M.R.C.S., L.R.C.P.

A CASE OF INCOMPLETE DEVELOPMENT OF THE EXTERNAL AUDITORY MEATUS.

At the school medical examination of a boy, aged 5, in West Glamorgan, it was found that the right external auditory meatus was only about a quarter of an inch long, and appeared to be lined throughout by normal skin. There was no trace of cerumen, and on palpation with a blunt probe against the skin at the end of the cul-de-sac no bone could be felt. The pinna was normal, but a sessile projection, slightly smaller than a split pea, immediately in front of the tragus, probably represented a

supernumerary auricle. On the left side the ear and hearing were normal. The existence of the condition was unknown to the mother, and is the first case I have seen in the examination of over 10,000 children.

Coats states, in his *Manual of Pathology*, fifth edition, p. 1257:

Congenital contraction and closure of the canal have been observed in various degrees.

With regard to treatment, Lake, in his *Handbook of Diseases of the Ear*, second edition, p. 70, says:

It is generally useless to attempt to restore the external meatus, as there is in these cases bony occlusion of the canal beyond the membranous cul-de-sac.

Swansea.

THOS. E. FRANCIS, M.D., B.S., D.P.H.

Reports

ON

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

WESTMINSTER HOSPITAL.

CASES OF HIRSCHSPRUNG'S DISEASE.

(Reported by GORDON R. WARD, M.R.C.S., L.R.C.P., House-Surgeon.)

HIRSCHSPRUNG'S disease, which is, perhaps, better known as "idiopathic dilatation of the colon," seems always to involve some loss of the motor function, whatever the other facts may be. Excessive length of the gut or mesentery are often associated, as in one of these cases about to be mentioned. What exactly the atonic condition depends on is a matter of dispute, but its resulting symptom—namely, constipation—is always prominent.

Of the three cases now to be recorded the first illustrates the condition in childhood, with death from constipation and auto-intoxication. The second illustrates a less severe type, but with death from complications. The third is one in which the symptoms were relieved from the time of operation. I am much indebted to Mr. W. G. Spencer for permission to publish these cases, which were under his care at the Westminster Hospital.

CASE I.

H. F., female, aged 3 months, had suffered since birth from extreme constipation. There had been no action of the bowels during the six days previous to admission. The child was wasted, and vomited frequently, the abdomen was distended, and the coils of the intestine were plainly outlined, even in the absence of peristalsis. Medical treatment proved of no avail, and an operation appeared to offer the only chance of life, although a slender one. Mr. Spencer accordingly performed a laparotomy, and tied a gastrotomy tube in the colon. Any more protracted operation was contraindicated by the condition of the patient. The patient died twelve hours later.

It is possible that this life might have been saved had the patient come under medical observation earlier; but, as it was, the *post-mortem* examination showed that there was already considerable ulceration in the splenic region, involving all but the peritoneal coat, while the rest of the colon was much congested and thickened. There was no very marked increase in length.

Such cases are not very hopeful from the point of view of treatment, and if purgatives, careful attention to diet, etc., are of no use, operation should be resorted to early. If by means of an appendicostomy or colostomy, lavage and the direct application of remedies to the colon can be resorted to, there is some hope of establishing the requisite amount of "tone." Nevertheless, it is obvious that in the case of young children, especially those of poor or ignorant parentage, the prognosis must always be grave.

CASE II.

G. S., male, aged 52, was admitted with symptoms of intestinal obstruction. The pulse-rate was 112, and there was distinct suggestion of general peritonitis. The history showed that he had been suffering from partial obstruction for ten days. As far as he could remember, he had always been the subject of more or less obstinate constipation, and had had more than one attack similar to the present one, but less

social reform; while the Archbishop of Canterbury and his whole Chapter are ready to baptize it and give it the blessing of the Church, as witness their recent deputation to the Government.

Seriously, this scheme is not political in its aspect and has a full tide of public opinion behind it, so that to ask, as Dr. Halstead does, the 40,000 medical practitioners to oppose it, is merely to ask them to butt their heads against a stone wall.

A closely allied subject is the recent debate at the Association meeting on the Poor Law Reform, opened by Mrs. Sidney Webb, and it is quite delightful to see Dr. Major Greenwood admitting (in combating Mrs. Webb's arguments) that the main propositions are correct, but that they hold for all medical practice in the lower classes. Precisely; that is the point, and that is why we require a liberal scheme of State sickness and invalidity insurance, working up as it must to a national medical service.

The authors of the Minority Report—and the Majority Report too, for that matter—merely think that things are a little worse in the Poor Law part than elsewhere; otherwise we agree with Dr. Greenwood that the failure to provide treatment at all for many cases, and to reach others at the incipient stage, applies to all medical practice at the present time. The case for a national medical service could not be more neatly or concisely put by any one.

The last point to which I shall refer is that of State hospitals. It is pleasing to me to note that one who takes so much interest in public affairs as Dr. McWalter approves of the principle, but I would venture to point out that no *real* sum of money is required by the scheme.

The money for the 3,000 beds of the Dublin hospitals has to be collected already; it is only necessary to collect it in a different way. From the generous hearted, both rich and poor, it is now begged in the most barefaced manner as so-called voluntary charity. Let us make the churl and miser pay his share also, distribute the burden all round, so making it lighter, and arrive at a proper hospital system.—I am, etc.,

Birkenhead, Aug. 22nd.

BENJAMIN MOORE.

THE LATE MRS. MARY MARSHALL, M.D.

SIR,—In the obituary notice of the late Dr. Mary Marshall in this week's JOURNAL, I see that an important and creditable incident of her career has been omitted.

When Dr. Mary Marshall presented herself to receive the degree of M.D. of Paris, the Vice-President of the Académie de Médecine, Professor Hardy, after referring in most complimentary terms to her thesis on mitral stenosis as an original and painstaking work, addressed her as follows:

Mais il y a un autre point sur lequel je désire vous offrir mes félicitations. Il y a quelques années on a beaucoup discuté si les femmes pouvaient être admises aux études médicales. . . . J'ai trouvé en vous une réponse à toutes les objections de vos adversaires. . . . Vous avez conquis le droit pour les femmes d'étudier la médecine. . . . Vous avez contribué à la solution d'une grande question sociale.

It seems to me that so appreciative an address should not be left unquoted in the record of a useful, laborious, and beneficent professional life. In all great social changes the pioneers are rightly praised, but those who, by their qualities and achievements, help to make the new order of things acceptable and appreciated ought not to pass out of the arena without some recognition of the services they have thus rendered.—I am, etc.,

London, N.W., Aug. 19th.

GABRIELLE ANDERSON.

SIR,—In your obituary notice of the late Dr. Mary Adamson Marshall, the information you give regarding her antecedents is rather vague, and hardly does justice to the stock she came of, or the country that had the honour of giving her birth.

Her father, the Rev. Dr. Alexander Anderson, was a clergyman of the Church of Scotland, and minister of the parish of Boyndie, in Banffshire. At the disruption of 1843 he left the Church for "conscience sake," as you rightly express it, resigned his living, and joined the Free Church, which then came into existence. Afterwards he left the Free Church, and entered the Baptist communion. Except that he continued

to preach occasionally, he abandoned clerical work, took up education as a profession, and started in Old Aberdeen the private residential school, which, under the name of the "Gymnasium," became famous throughout the north-east of Scotland. To have been a pupil at the "Gym," as it was familiarly called, conferred a sort of distinction on a boy. Besides his successful work as a schoolmaster, the good that Dr. Anderson quietly did in helping and encouraging the sons of parents whose means were small was said to have been very great. The lady who became his wife and the mother of Dr. Mary Marshall, was Miss Gavin, daughter of Dr. Gavin, of Strichen, Aberdeenshire, who was succeeded in his practice by his son, her brother. The two Gavins, father and son, were highly accomplished men, and noble specimens of the country doctor of the old school.

The Rev. Dr. Anderson had a large family. One of the sons became the husband of Dr. Elizabeth Garrett. Another is Dr. Ford Anderson, of London, a well-known and much-esteemed member of the profession.

The Rev. Dr. Anderson's brother, Mr. James Anderson was head of the firm of Anderson, Anderson and Co., of the Orient line of steamships, and two of his sons, brothers of Dr. Mary Marshall, were leading members of that firm.—I am, etc.,

Oxford, Aug. 22nd.

JAMES NEIL, M.D.

Medical News.

FOUR new medical members were recently elected to the Hungarian Parliament, making a total of seven physicians at present in that legislative body.

THE fifth International Congress of Thalasso-therapy will take place at Kolburg in 1911. The President of the Organizing Committee is Professor Dietrich; the Vice-president, Dr. Rochling.

AN Arab Sheik, Hamed Waly, who is lecturer on the Arabic language in the Berlin Oriental Seminary, has been awarded the degree of doctor of medicine. This is said to be the first time that an Egyptian scientist has received a German University degree.

THE fourteenth Flemish Physical and Medical Congress will be held at Antwerp next month. In connexion therewith an International Scientific Exhibition will be held from September 17th till the 25th. This exhibition will include a physico-chemical section, biological and medical ones. For all particulars application should be made to Dr. G. Van der Gucht, Cuylltsstraat, 11, Antwerp.

A SHOCKING tragedy occurred on August 16th at Kingsand, a seaside village near Plymouth Sound. Major J. H. Nicholas, a retired officer of the Royal Army Medical Corps, was killed by his son, aged 26 years, with an Indian knife, whilst searching the house for supposed burglars. It appears that the son, who has only recently returned from New Zealand, where he had been sheep farming, had been a patient in the Auckland Mental Hospital. At the subsequent inquiry a verdict of wilful murder was returned against the son James. Major Nicholas entered the Army Medical Service in July, 1880, and retired therefrom in July, 1898. He held the degrees of Edinburgh and Dublin.

AT a public meeting held at Lymington Spa on August 8th, Dr. T. W. Thursfield had conferred upon him the freedom of the borough; this is an honour to which only three other persons have so far been deemed entitled. The parchment scroll containing the resolution of the Town Council to add his name to the brief roll was presented to him in a large and very handsome silver-gilt casket. Among other decorations it bears on various shields engravings of the town hall, the free library, the pump room, and the Warneford Hospital, these being the institutions in connexion with which Dr. Thursfield has been more especially prominent. Dr. Thursfield, who became M.D. Aberd. in 1860 and F.R.C.P. Lond. in 1890, has been in practice in Leamington since 1865. He joined the council of the borough in 1885, has occupied the mayoralty twice, and is still serving his townfellows as alderman and justice of the peace. Dr. Thursfield is also senior physician on the staff of the Warneford Hospital, the governors of which, in recognition of his great services, presented the institution with his portrait last year. It now hangs in the hospital board room. Dr. Thursfield was at one time President of the Birmingham and Midlands Branch of the British Medical Association.