

Memoranda : MEDICAL, SURGICAL, OBSTETRICAL.

PAROXYSMAL PULMONARY OEDEMA.

WITH reference to the article in the *EPITOME* of the *BRITISH MEDICAL JOURNAL* of April 22nd on "Paroxysmal Pulmonary Oedema," and the later article in the *JOURNAL* of June 10th, page 1373, on the same subject, I should like to say that, in my opinion, most, if not all, of these cases of paroxysmal pulmonary oedema, where recovery is prompt and apparently complete and the health is normal between attacks, are due to giant urticaria of the mucous membrane of the pharynx and larynx. The sudden and marked swelling of the throat seriously interferes with respiration and produces engorgement of the lungs, with consequent exudation of serum churned up with air and containing some blood corpuscles, as is the case in asphyxiation from any cause.

Attacks of giant urticaria sometimes follow on ordinary urticaria, or may be caused by alcohol, syphilis, various drugs, hysteria, the climacteric, intestinal parasites, abnormal genital conditions, or by faulty or peculiar metabolic processes—shown by certain articles of diet provoking an attack.

I gave a death certificate as "fulminating pulmonary oedema" in the case of a Chinese sailor who jumped overboard in Kobe Harbour. He was rescued and walked up the accommodation ladder unaided. He was apparently all right for some hours after, and was sitting on a hatch on deck when he became unconscious and cyanotic, and blood-stained froth issued from his lips. He died within ten minutes. Unfortunately, I was on shore. At the *post-mortem* examination, which I performed, I found the pharynx and larynx congested and swollen, the lungs congested and dark and full of frothy blood-stained serum. The right side of the heart was dilated and full of dark fluid blood. There was also red-coloured serum in the pleural cavities—about 6 oz. in each. A medical man resident in Kobe agreed with my finding. In this case it appeared to be the irritation of the sea water (possibly the iodine), either directly or through the blood, which caused the sudden swelling of the air passages.

In the case mentioned in the *JOURNAL* of June 10th the causes previously enumerated might be borne in mind and a trial made of ichthyol internally, hypophosphites of lime and cod-liver oil, change of air, and possibly antipyrin.

Liverpool.

ANDREW S. McNEIL, L.R.C.P.S.E.

EPIDEMIC JAUNDICE.

REFERRING to Dr. K. R. Collis Hallowes's interesting article on an epidemic of infectious jaundice,¹ I have had several cases of this type of disease within six weeks. All my cases occurred in children whose ages ranged from 4 to 12 years. The symptoms in many respects resembled those occurring in ordinary catarrhal jaundice, but the clinical courses were somewhat different. The onset was fairly acute, and always preceded by vomiting, shivering, and mental and physical depression. The kind of history given was that the child had been languid and out of sorts for a few days; that it had shivered, vomited, and become yellow.

On examination it was found feverish—temperature 102°, the tongue thickly coated, conjunctivae yellow, pulse rapid, bowels confined, and urine high coloured and full of bile. The disease lasted from seven to ten days. The condition differed from ordinary catarrhal jaundice in the following:

(1) It was epidemic in character; (2) the onset was fairly sudden; (3) its duration was short; (4) it was free from relapses; (5) the jaundice was slight; (6) there was no history of catarrhal gastritis of any duration.

The obstruction being incomplete there was an absence of those characteristic symptoms accompanying obstructive jaundice, and which are due to the prolonged presence of bile in the blood, and its absence from the intestine.

For instance, in my cases:

(1) The pulse was not slow; (2) the skin was not irritable; (3) there was no yellow vision; (4) the constipation was not

severe; (5) the motions contained bile and were not unduly offensive (evidence against complete obstruction).

With regard to the cause of this form of epidemic jaundice, I think everything points to a polymicrobial infection, and, although this infection affects the stomach and bile ducts, it does not appear to cause complete obstruction, or its duration is so short that the symptoms are not well developed. The chief offending germ is the pneumococcus, which is always in evidence, and which germ, according to some authorities, exists in a perfectly harmless state in the mouth and throat of every healthy individual. Now, when this germ is present in the mouth and throat of a child possessed of feeble vitality, exposed to chill, and probably with its mouth full of septic teeth, the pneumococcus, reinforced by other virulent germs, such as the *Bacillus septus*, *Diplococcus catarrhalis*, Friedländer's bacillus, and the *Bacillus coli communis*, is anything but a harmless germ.

My reasons for considering this form of epidemic jaundice to be due to a polymicrobial infection (pneumococcal infection) are as follows:

(1) Its epidemic character; (2) it cannot be traced to any vegetable irritant poison, such as that form of jaundice occurring in delayed mushroom poisoning, and so ably described by Sir Jonathan Hutchinson; (3) it is not due to metallic irritants or phosphorus; (4) it is not due to ptomaines; (5) it cannot be traced to sewage; (6) it cannot be traced to any waterborne source; (7) it cannot be attributed to the milk supply.

The disease appears similar to that outbreak of jaundice described by Mathias which occurred among the troops in South Africa. There is no doubt that the pneumococcus alone, or in conjunction with other infective microbes, has been the primary cause of many diseases of late, such as pneumonia, pleurisy, disease of the frontal and maxillary sinuses, pneumococcal infections of the throat, adenitis of the glands of the neck, and last, but not least, I believe, epidemic jaundice.

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NEURALGIA OF THE EDENTULOUS ALVEOLUS.

UNDER the heading "Toothache in the Toothless," attention is drawn, in the *BRITISH MEDICAL JOURNAL* of May 27th, to the work of Melchior, who

believes the pain to be due to the compression of nerve endings in the alveolar border by dense, ivory-like bone, and states that when this is excised a prompt and radical cure is effected.

The following case, although falling just short of complete cure, well illustrates the relief to be obtained, in suitable cases, from this operation.

The patient, a pilot aged 59 years, was referred to me by Dr. R. H. Clay.

History.—For the past two years he had suffered from intense intermittent neuralgia in the right lower gum, from which all the teeth had been extracted with the object of relieving the pain. When seen there was exquisite tenderness, localized in an area the size of a pea situated on the free upper border of the gum, in the position originally occupied by the second bicuspid tooth. The pain had prevented sleep for the last eleven nights, and the patient said that life in such a condition was not worth living.

Operation.—Under general anaesthesia the gum was incised along its upper border for 2 inches, and the muco-periosteum reflected inwards and outwards. No tooth stump was found. The alveolus appeared normal, except in the region of the tender spot, at which the muco-periosteum was intimately adherent to the bone. The alveolus, including the tender area, was chiselled away for a length of 1 inch, extending downwards to within $\frac{1}{2}$ inch of the lower border of the jaw. The muco-periosteum was sutured over the alveolus.

Result.—On recovery from the anaesthetic the pain had disappeared. The patient writes on June 5th, 1911 (seventeen months after operation): "I have not had a return of the severe pain, but occasionally, with a cold, I find it is very sensitive. The gum is firm, but at times there is a little stiffness. I can eat well and sleep well, and I have not lost a day's work since the operation."

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¹ *BRITISH MEDICAL JOURNAL*, June 24th, p. 1464.

THE OBLIGATIONS OF A SUBSTITUTE.
DEVON.—As B. was not asked by A. to attend as his substitute, he is not under any obligation to A. other than that which deters practitioners from seeking to take advantage of the temporary absence of a colleague. If B. felt this obligation we do not understand why he ultimately consented to continue to attend. If he considered himself A.'s substitute, as he says he did, the obligation not to take the case seems all the greater, and if he continued to attend, it could only be as A.'s substitute, for whatever length of time his attendance might be necessary.

Medico-Legal.

ILLEGAL ASSUMPTION OF TITLES.
At the Bath Police Court on August 10th a medical student was summoned at the instance of the Director of Public Prosecutions for having unlawfully used the name of a certain physician (his father), for falsely pretending to be a physician, and for using the letters M.R.C.S., L.R.C.P., thus implying that he was recognized at law as a surgeon. The Bench found the offence had been committed, but, taking into consideration the fact that the father had given his son authority to sign certain certificates and that the defendant might have thought that he had a right to do what he did, dismissed the action on payment of costs.

RECEPTION OF INSANE PATIENTS.
IN reply to a further question from "A. T." arising from the answer concerning two uncertified insane persons, published in the BRITISH MEDICAL JOURNAL of July 15th, p. 142, the answer is that the same liability applies even "if she receives only one insane person."

Universities and Colleges.

UNIVERSITY OF EDINBURGH.
The following names were accidentally omitted from the list, published in our issue for August 12th, of those who graduated M.D. at the summer graduation ceremony:

*C. M. Campbell, M.A., B.Sc., A. G. Carment, †M. Carthew, R. J. Raymond, G. S. Clark, M.A., B.Sc., *J. D. Comrie, M.A., B.Sc., M. Corry, Captain I.M.S., *F. W. Cragg, Captain I.M.S., G. P. Crerar, †W. B. A. K. Cullen, Captain I.M.S., S. G. Davidson, M.A., †A. M. Elliott, J. Letitia D. Fairfield, *W. J. Feltham, W. P. Ferguson, M.A., B.Sc., J. M. R. Flament.

* Highly commended for thesis. † Commended for thesis.

UNIVERSITY OF LONDON. UNIVERSITY COLLEGE.

Department of Applied Statistics.

THE prospectus of the department of applied statistics has been issued by the University. The department consists of the Galton Laboratory for National Eugenics, founded by Sir Francis Galton for the study of those agencies under social control that may improve or impair the racial qualities of future generations either physically or mentally, and the Biometric Laboratory, which is assisted by a grant from the Drapers' Company, and is intended for the statistical study of biological problems. Two courses of lectures are given—an introductory course on statistics for those intending to take up social, medical, or eugenics problems by Dr. David Heron, and a more advanced course on the general theory of statistics by Professor Pearson. In addition, a course of public lectures will be given during the second term on (1) alcohol, (2) tubercle, (3) infant mortality and the employment of women; each subject will be dealt with in two lectures. Students sufficiently trained to carry on research work are admitted to the laboratories of the department, and are assisted in investigations with materials, instruments, and advice. Applications for admission to the department should be addressed to Professor Karl Pearson, F.R.S., University College, Gower Street, London, W.C.

ST. THOMAS'S HOSPITAL.

* The science scholarships of £150 and £60 have been awarded respectively to William Thomas, B.Sc.Lond., of St. Bartholomew's Hospital, and to F. Molina, of St. Thomas's Hospital. The scholarship in arts has been awarded to Ailwyn H. Clarke, of Haileybury College.

LONDON SCHOOL OF MEDICINE FOR WOMEN. Scholarships.

Entrance Scholarships of the value of £60 for three or five years, and £30 for one year, will be awarded on the result of an examination to be held on September 19th and following days. Forms of entry and all particulars can be obtained on application to the Secretary before September 12th. The Fishmongers' Company have awarded an exhibition of the value of £60 for three years to J. E. Hart, a student of the school.

Opening of Session.

The session will begin on Monday, October 2nd, when Sir Henry Butlin, P.R.C.S., will deliver the inaugural address at 4 p.m. Mrs. Garrett Anderson, M.D., President of the School, will take the chair.

ROYAL COLLEGE OF PHYSICIANS OF IRELAND.

Examination for Membership.

SOME important changes have been made in the examination for membership. It will in future consist of two parts: Part I, General, consisting of Medicine and Pathology; this examination will be conducted as follows: (1) A paper in Medicine and Therapeutics, (2) a paper in Pathology, (3) a Clinical Examination. Part II, Special, in one of the following groups: (a) Medicine, (b) Gynaecology and Obstetrics, (c) Pathology and Bacteriology, (d) any further group of subjects or subdivision of Medicine which, on application of a candidate, shall be judged by a three-fourths majority of the Fellows present to be equal in value to one of the preceding groups. The special examination in each case will consist of a written and oral examination and a practical or clinical examination. These new regulations will be enforced at the January examination, 1912, and all subsequent examinations.

Medical News.

THE usual courses of instruction in hospital administration for the Diploma in Public Health, arranged by the Metropolitan Asylums Board, will begin next session at the Grove Hospital, Tooting, on October 4th, and at the North-Western Hospital, Hampstead, on October 9th. Particulars can be obtained from the Clerk to the Board.

ON his retirement from the office of Medical Superintendent of the Edinburgh Royal Infirmary, which he has held for eleven and a half years, the managers presented Colonel Warburton with a handsome silver-gilt cup. At the same meeting they offered their congratulations to the Lord Provost and to Dr. Affleck on the honours conferred by the King during his visit to Edinburgh.

THE King has been pleased to give, and grant unto, Staff Surgeon Edward T. Burton, R.N., His Majesty's Royal licence and authority to accept and wear the insignia of Officer of the Order of St. Maurice and St. Lazarus, which decoration has been conferred upon him by His Majesty the King of Italy in recognition of valuable services rendered by him on the occasion of the earthquake in Southern Italy in the year 1908.

SIR JAMES BARR has been elected a member of the Canadian Public Health Association, the first annual meeting of which will be held in Montreal next November. His address to the Canadian Medical Association, published in the BRITISH MEDICAL JOURNAL last June, has been published also in the *Public Health Journal State Medicine and Sanitary Review*, which is the organ of the Canadian Public Health Association.

THE Esperantists are holding two congresses at Antwerp from August 20th to 30th—the seventh International Esperanto Congress and the second congress of the members of the Universala Esperanto Asocio. It is expected that the members will include persons of about forty different nationalities, and the only language used will be Esperanto. The British Esperanto Association will, it is announced, have many representatives at Antwerp, and a large proportion of its affiliated groups are sending delegates.

THE authorities of St. Marylebone General Dispensary are now using in connexion with its work a series of leaflets or pamphlets. Those we have had an opportunity of examining in detail deal with such matters as the management of children from 1 to 5 years of age, the care of children of school age, the feeding of infants, care of the teeth, prevention and arrest of consumption, points to be remembered by those suffering from indigestion, and fresh air and ventilation. The wording throughout is clear, and the teaching sound and, as it should be, dogmatic. The idea, both in its conception and execution, is excellent.

BOWMAN has recently reported a case of balantidium dysentery in the *Philippine Journal of Science* for April, 1911. The *Balantidium (paramoecium) coli* is a protozoal parasite belonging to the order *Ciliata*. Generally a parasite of the intestinal tract of swine, it may invade the same site in man, and in some instances gives rise to dysenteric symptoms. Bowman's patient, for example, complained of pain in the chest, cough, bloody diarrhoea, and fever. Bowman states that during the last three years he has seen 10 cases of infection with this parasite; two terminated fatally, but the others had no special symptoms other than an occasional diarrhoea. Even in severe infections the diarrhoea seems to be more or less intermittent, and the parasites were only found in the faeces during these attacks. In the case mentioned no form of treatment seemed to avail. Enemata of quinine, silver nitrate, and thymol were given, as well as large doses of ipecacuanha, by the mouth, but the patient's strength gradually failed, and he died.