

Memoranda :

MEDICAL, SURGICAL, OBSTETRICAL.

EVIDENCE OF SEVERE ILLNESS AFFORDED BY APPEARANCE OF NAILS AFTER RECOVERY.

The amount of interesting correspondence occasioned by the publication of cases illustrative of this subject induces me to think that the following case occurring in my practice may be interesting to your readers. I must admit that my attention has never been directed to the subject up to the present time, but evidently such cases are common enough, and therefore warrant careful consideration. I have had under my observation for several years a man between 70 and 80, who has during several winters suffered severely from chilblains on his hands, and in the morning when dressing, and after washing, the tips of the fingers as far as the first joint, especially the first and second fingers, become almost white and void of feeling. This is only relieved by brisk friction. In frosty weather this condition prevails till after the midday meal, even in a warm room, accompanied by blueness beneath the nails. At a later stage the chilblains vesicate, and considerable inflammation and swelling of the parts occur. With more or less severity, during the cold weather, relieved somewhat by intervals of cessation of frost, the symptoms persist, the nails now (June 6th) presenting the appearances as in Figs. 1 and 2, pages 869-70, BRITISH MEDICAL JOURNAL, April 15th, the white lines not being quite so distinct, but the nails present a patchy appearance; those of the little fingers on each hand have a faint purple appearance, the other fingers and thumbs being thus less marked. All the nails have ridges and depressions extending the whole of their length and width, the depressions being tender when pressed upon, and presenting a bluish tint beneath; on coming to the end of the finger they get thin, and exhibit a tendency to longitudinal splitting. A peculiar appearance is presented by the ring fingers of both hands, under the nails a thick pulpy substance raises the nail above its level, and apparently threatens its destruction. The left ring-finger nail has a dark appearance, especially at the base of the lunula, very tender to the touch. The lunulae are absent, except those of the thumbs, and the first and second fingers of the right hand. Doubtless, as in former years, later in the summer the nails will grow into a normal condition. I think the worse condition of the left fingers may be due to that hand hanging down in walking, cold and congestion thus having more effect upon it.

Since these notes were compiled the condition of the nail of the left ring-finger justifies my opinion that the interruption of the circulation at the matrix has proved sufficient to destroy its vitality, for now the whole of the nail is evidently dead, of a dirty bluish colour, and raised at the extremity by a substance of a warty character, apparently extending to some distance beneath the nail. And as yet there is no appearance of a new nail coming to replace the old. There is no pain, and the parts remain stationary.

As Dr. Flower suggests, a severe illness may without doubt often cause this peculiar affection of the nails, but all the correspondence, supplemented by Sir Samuel Wilks's very interesting notes, recording his own case as well as those of "Sea Sickness" and "English Cholera," warrant the conclusion that any temporary depressing influence may produce such results, especially if frequently, as in my own case, and still more marked in Sir Samuel Wilks's case of the two attacks of sea-sickness, therefore, as he says, "though at first he was under the impression that they were indicative of some previous severe illness, he concluded it could not be so, otherwise they would be of everyday occurrence and well known to every medical man." The intimate connexion of the nails with the skin fully justifies the idea that scarlatina may often be attended with these peculiar appearances, especially if desquamation should be very profuse. I think, then, we may conclude that such conditions may be, and generally are, produced by a sudden, more or less complete, obstruction of the capillary circulation around the matrix of the nail, which would suffice to destroy its vitality, but, if not too long continued, it may be restored by the free anastomosis

of the vessels. If, however, it lasts long enough, death and desquamation of the nail would occur, just as with frostbite, which, if neglected or treated injudiciously by application of sudden heat, causes gangrene of the affected part.

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BREECH PRESENTATION.

Mrs. A., Eurasian, aged 31, has had eight children, four being head and four breech presentations. The first child was born when the mother was 22 years old. All the children were full-term, were of normal size, and were born alive, and six of them are still living. The other two died at the ages of 1 year 7 months and 2 months respectively. The labours have all been quite easy, and in no case was assistance necessary.

The first, fifth, sixth, and seventh labours were breech presentations, and the second, third, fourth, and eighth head presentations. I have examined the mother carefully, both during pregnancy and between pregnancies, and can find no abnormality whatever to account for the repeated breech presentations. The usual causes mentioned as likely to give rise to breech presentation (twins, premature child, dead child, contracted pelvis, excess of liquor amnii, etc.) have been absent.

With regard to the fact that laxity of abdominal walls and obliquity of uterus common in multiparae tend to cause breech presentation, it is interesting to note that the first labour was a breech presentation.

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A CASE OF ANENCEPHALUS WITH SPINA BIFIDA AND EXCESSIVE LIQUOR AMNII.

The patient, an unmarried woman of 36 years of age, consulted me recently about her condition. Her last period was in November, 1910, the latter part, but she stated that conception occurred during the second week in December. On examination the abdomen was found to be distended to an enormous size, and the child could be distinctly made out, but apparently not of any great size; no neck could be made out definitely. She had had great sickness during the whole time of carrying the child, and had increasing constipation, accompanied with great flatulence. I was sent for recently by the nurse. Up to then there had been no evidence of premature labour. The nurse informed me that the patient had passed nearly two chambers full of water, which, on examination, proved to be liquor amnii. On examining the abdomen, which had been distended to its utmost capacity previously, it was found to be much reduced in size. The caput "per vagina" was felt as an irregular mass, but high up, the os only being dilated sufficiently to pass the forefinger. On being sent for a second time the nurse informed me that labour was coming rapidly, with only very moderate pains, and that something was protruding from the vagina, which she thought was the placenta. On examination (*per vaginam*) a soft mass could be seen and felt surrounding a sharp and irregular edge of the vertex, which was obviously absent; furthermore a soft, pappy, and brainy-looking exudation was coming away, which facts led me to suppose that the case was probably the rare example of an anencephalic monster. Shortly afterwards a male was born dead with ease, except for some difficulty as regards the shoulders, which were very broad, and gave some little trouble, as is often the case with these monsters. The child was apparently seven months old, and weighed over 4 lbs. It had a spina bifida extending down to the middle dorsal region of the vertebral, probably of the syringo-myocele variety. The placenta was very small (also the cord), and adherent more or less, and had to be carefully pared away, the patient being well doused afterwards. She lost very little blood all through, and was very comfortable. The rarity of these cases and the difficulty in diagnosis sometimes led me to think this case worth commenting upon. Anencephalic monsters occur, roughly, one in nine hundred cases. At the Rotunda Hospital, Dublin, out of 11,521 births, thirteen of them were anencephalic monsters.

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diabetes, his last volume on the subject having been published so lately as this spring."

The portrait reproduced on p. 777 is a facsimile of an original drawing made by Mr. W. Strang, A.R.A., in 1908. This very characteristic work, which shows Dr. Pavay in his habit as he lived, hangs in the rooms of the Royal Society of Medicine. It was issued in a limited number by Mr. Thomas R. Way, of 6 and 7, Gough Square, Fleet Street, London, E.C.

Dr. HALE WHITE contributes the following personal appreciation: There is no doubt that English medicine is the poorer now that Dr. Pavay has passed away, not only on account of his contributions to it, but also because he has always been a shining example to all of us to try and get at the truth of things. Long after the time at which most men rest from their labours he has continued his quest. The last conversation I had with him was but a few weeks ago; he then said he hoped he would die while still following his researches. He has had his wish. He was quiet and reserved, but his face lit up and became suffused with a smile of pleasure if he talked about any research in which he was at the time interested, and he was always on the side of the investigator. Hence it was a sincere pleasure to him to be the President of the Association for the Advancement of Medicine by Research, and even in his later years he took much trouble to attend the meetings of the Physiological Society. Not long ago the members of this society conferred a unique honour upon him by giving him a silver bowl to signify their admiration of his lifelong devotion to research. He was much touched by this, and very proud of the bowl. I was at a small dinner party he gave after he had reached the age of 80; the bowl stood on the table, and it was pleasant to see how greatly the gift had added to the happiness of this veteran, because he felt it showed that his long devotion to scientific investigation had been appreciated by those who by their training were capable of appreciating it. Often the love of original investigation is combined with an unmethodical use of time. Not so with Dr. Pavay; he was punctual in his attendance at the hospital, and almost always, after he had finished his round, he retired to his laboratory. He spared neither time nor money on it. He did not teach much at the bedside, except to those who were willing to learn by observing how thorough he was. The Sister always carried round with her a tray full of apparatus for testing the urine, so that Dr. Pavay might, if he wished, check the statements made by the clerks about it. He did not often give his reasons for a particular diagnosis or treatment; I remember he astonished us one afternoon by ordering a red-hot iron to be applied that evening to the spine of a man who said he could not walk, and whom we believed to have organic paraplegia. No sooner had we left the ward than the malingerer fled the hospital cured of his paraplegia. Pavay was an admirable general physician; no one had less reason to be afraid that his diagnosis would be shown to be wrong by the demonstrator of morbid anatomy. He was a strong man, never afraid of expressing his opinions, provided he had time and facts to form them; therefore it behoved those who engaged in controversy with him to see to the joints of their armour before they began. His precision, punctuality, love of order, and firmness, all combined to make an excellent chairman; a meeting always went smoothly if he presided over it. His strength of character made him remarkably self-reliant; this was shown in an amusing way after he had reached 80. He was telling some of us that he was going to a congress at Budapest; one of us had friends there, and offered to write and get rooms for him and look after him. He thanked us, but replied that he enjoyed travelling alone and fending for himself, which he did excellently on this occasion and many others. That he worked with the true scientific spirit of trying to solve problems apart from any further reward than the satisfaction of arriving a little nearer the truth is shown by his continuing his researches till his death, but it so chanced that they made him famous as an authority on digestion and diabetes, and hence a large practice flowed towards him. This was fortunate, for he was by nature both hospitable and generous; he enjoyed giving excellent dinners, and, as those who dined with him know, he understood the art of doing better than most men. Many years ago

he built, maintained, and gave to the students at Guy's an excellent gymnasium. Whatever he did, he always liked to do as well as possible. This came out even in little matters; for example, he was famous for the excellence of his horses, and artificial light being a necessity, he liked to light his house as efficiently as he could; consequently he was one of the first in London to install the electric light. But this characteristic also showed itself in great matters, for it, combined with an indomitable perseverance, was evident in all his work. The recollection of Dr. Pavay spending time, thought, and money in trying to unravel the problems of physiology and pathology up till his death, happily postponed till the age of 82, will always be a help to those who feel daunted and discouraged by the immensity and complexity of the riddles they are attempting to solve. None of us can tell what will be the fate of his most cherished views, but this at least we know, that for all time he will be an outstanding ornament to British medicine, for it is doubtful whether the physician ever lived who sought truth for so long or so whole-heartedly as did Dr. Pavay.

[We much regret that, owing to the absence from town of several of those who knew Dr. Pavay best, we have been unable to procure other appreciations.]

DR. THOMAS DWIGHT, the successor of Oliver Wendell Holmes in the Chair of Anatomy at Harvard, died on September 8th, in the 68th year of his age. Born at Boston in 1843, he took his Doctor's degree at Harvard in 1867. In 1872 he was Lecturer on Comparative Anatomy at Harvard. Later he was for a few years Professor of Anatomy in Bowdoin College. In 1883 he succeeded Holmes, whose close personal friend he was. Professor Dwight was for five years Editor of the *Boston Medical and Surgical Journal*, and was the author of several works on anatomical subjects.

Medical News.

THE total number of students in the universities of Italy who obtained the doctor's degree in 1910 was 643. The number of students registered in the several medical faculties during the present year is 4,326.

UNDER the will of the late Mr. Isaac Lovell Berridge, a hosiery machine manufacturer of Leicester, the infirmary in that town receives a bequest of £500.

DR. F. M. SANDWITH, Gresham Professor of Physic, will deliver four lectures on flies as carriers of disease at the City of London School, Victoria Embankment, on October 10th, 11th, 12th, and 13th. The lectures, which are free to the public, will begin at 6 p.m. on each evening.

THE seventeenth session of the School of Pharmacy, conducted by the Pharmaceutical Society of Great Britain, is to commence next Wednesday, the occasion being marked by the delivery of an inaugural address by Dr. J. Macdonald Brown. The Hanbury gold medal for the year will be presented on the same date.

AN examination of candidates for fifteen commissions in the Royal Navy Medical Service will be held at the Examination Hall, Victoria Embankment, on November 30th and following days. Full particulars and entry forms can be obtained on application to the Medical Director-General, Admiralty, S.W.

MR. M. GREENWOOD, jun., will begin a course of lectures and demonstrations at the Lister Institute of Preventive Medicine, Chelsea Bridge Road, S.W., on statistical methods and their applications in preventive medicine and pathology on October 16th at 5 p.m. The course is open free to medical men and others interested in the subject.

THE autumn meeting of the South-Eastern Division of the Medico-Psychological Association will be held at the Bucks County Asylum, Stone, Aylesbury, on October 4th. At 1.30 p.m. Dr. Hugh Kerr will entertain the members to luncheon. At 2.15 p.m. there will be a meeting of the Divisional Committee, and at 2.45 the general meeting will commence. Communications will be read by Dr. John Turner on "A Classification of Insanity," and by Dr. J. F. Corson on "Insane Heredity in the Insane of a Rural Population." It is proposed that the members will dine together after the meeting at the Café Monico, Piccadilly Circus, W., at 6.45 p.m., provided that a sufficient number of names are obtained.