

2. With Physical Signs.

(a) Cases of infiltration and consolidation :

- (1) With one lobe affected, 11 cases; 8 gave a positive and 3 a negative result.
- (2) With two lobes affected, 7 cases; 5 gave a positive and 2 a negative result.
- (3) With three lobes affected, 2 cases; 1 gave a positive and 1 a negative result.

(b) Cases of excavation.—Two cases; one case had one lobe affected, the other four lobes. In both instances the reaction was positive.

(c) Cases of pleurisy, with effusion.—Two cases, in both of which the fluid, when aspirated, showed a lymphocytosis; one gave a positive and one a negative reaction.

CASES OTHER THAN PULMONARY TUBERCULOSIS.

The ophthmo-reaction was applied in 17 non-tuberculous cases with the following results :

Three cases of mitral regurgitation; 2 positive, 1 negative.
One case of double mitral disease; positive.

The reaction was negative in—

One case of lymphadenoma,
Two cases of bronchitis,
Five cases of bronchitis with emphysema,
One case of bronchiectasis,
One case of gastric ulcer, and
Three cases in which no pulmonary or other disease was found.

CONCLUSIONS.

1. A negative result by no means excludes pulmonary tuberculosis; here I am in close agreement with Mr. Hosford.

2. A positive result cannot be held to be diagnostic of tuberculosis, for although the majority of the non-tuberculous cases did not give the reaction, yet it was given by 3 cases of morbus cordis, in which no other evidence suggestive of tuberculosis was obtained. Further, the 2 positive cases, classified under the clinical diagnosis of chronic pulmonary tuberculosis without physical signs, which have been under observation for a period of two years, support this conclusion. It may be urged that the investigation should have been carried out on a larger number of cases than are recorded here, but one non-tuberculous case that gave the reaction would be sufficient to vitiate the accuracy of the test. That the cardiac cases, giving the reaction, were the subjects of tuberculous endocarditis is a view more hypothetical than probable.

3. The ophthmo-reaction appears to be an adjunct to the diagnosis of pulmonary tuberculosis.

I am indebted to Dr. Hector Mackenzie for permission to carry out these investigations on cases under his care.

REFERENCE.

BRITISH MEDICAL JOURNAL, September 2nd, 1911, p. 471.

ON THE USE OF THE SPHYGMO-OSCILLOMETER OF PACHON.

BY

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THE employment of the Pachon's sphygmo-oscillometer is still in its infancy. Although it has been in the hands of French observers for a couple of years, it has only recently been used in this country. Three notes upon its use have been published in this country by Eckenstein¹ and Halls Dally.² Before any further observations are made with it, it must be pointed out that the results obtained are vitiated by the fact that the armlet adopted by Pachon is too narrow to furnish readings which can be accurately compared with those of other sphygmomanometers.

It has been abundantly proved that readings of arterial pressure are markedly higher with a narrow than with a wide armlet. The question has been fully considered by Janeway,³ who has most carefully analysed all previous work upon the subject. The usual forms of Riva-Rocci

apparatus are furnished with an armlet measuring 14 cm. in breadth, while the oscillometer of Pachon is provided with one which only measures 7.8 cm. The possibility of discrepancies is enormously increased by this difference in the mode of applying the counter-pressure. Even with low arterial pressure the variation in the readings is quite perceptible, while with high arterial pressure it may be very high indeed.

The following case in Dr. Gibson's ward may be taken as an example. It is that of an elderly woman suffering from aortic obstruction and incompetence. With the Riva-Rocci apparatus the diastolic pressure in the left arm was 80 mm. Hg and the systolic pressure was 145, while in the left leg the diastolic pressure was 90 and the systolic pressure 225; but with the instrument of Pachon the diastolic pressure was 85 and the systolic 160 in the left arm, while in the left leg the figures were 100 diastolic and 290 systolic. When the oscillometer was in this case employed with an armlet of the same breadth as that which we always use with our mercurial sphygmomanometers, it gave a diastolic pressure in the arm of 85 and a systolic pressure of 150; in the leg it gave a diastolic pressure of 95, while the systolic was 230.

Many other cases have been tested in the same clinic, and in every instance the readings obtained with the oscillometer are considerably higher than those obtained with the Riva-Rocci apparatus.

REFERENCES.

- ¹ BRITISH MEDICAL JOURNAL, 1910, vol. ii. ² Medical Magazine, February, 1911, and BRITISH MEDICAL JOURNAL, 1911, vol. ii, p. 813.
³ The Clinical Study of Blood Pressure, 1907, p. 57.

Memoranda :

MEDICAL, SURGICAL, OBSTETRICAL.

BLOOD PRESSURE AT THE CLIMACTERIC.

THE use of the sphygmomanometer, though more common than formerly, is not as general as it should be, and when the blood pressure is taken, it is interpreted more in the light of a *symptom* than as a *cause* of disease.

The object of this communication is to show that increased blood pressure may be the immediate cause of disease, and that active treatment directed to its reduction may have the happiest result.

It is generally known that in menstruating women the blood pressure increases before the flow, and diminishes after. Consequently, at the climacteric, when the monthly loss ceases, the many subjective symptoms of that condition appear, and there is a tendency to permanent increase of blood pressure. Should a violent attack of menorrhagia occur, and flushings of the skin supervene, they should be looked upon as desirable safety-valves. It is well known that various forms of mental disease may appear at the climacteric, and women who have safely passed through puerperal periods may mentally break down at the menopause. Melancholia is most common, but cyclic conditions are not unknown. In any books I have read, and among the neurologists I have consulted for this condition, I have never seen much stress laid upon increased blood pressure as being a *cause* of the mental condition, though it may be recognized as a symptom. Consequently no active measures are taken to control it; in fact the treatment generally advised (blood tonics, and feeding to keep up nutrition) have the opposite effect. The following case shows the necessity of directing attention to the blood pressure :

A lady, aged 47, was suddenly attacked with considerable mental excitement; in a few weeks this changed to a condition of melancholia alternating with stupor and illusions. Six months later the menses stopped, to reappear irregularly. The mental state continued for two years. The blood pressure went up to 170 and 180 mm. Hg, and was always highest when the mental state was worse. Then an attack of hemiplegia supervened, evidently haemorrhagic; active measures were taken to reduce the blood pressure, namely, purging daily, nitro-glycerine, and suitable feeding. The blood pressure fell to and remained at 110 to 120 mm. Hg, and all mental symptoms disappeared.

Porlock, Taunton.

J. HOPE POTTER.

on ambulance work, and also a book on *Phonetic Spelling as an Aid to National Education*. He was a keen fisherman and an excellent teller of stories.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently died are: Dr. H. Gibbons, Professor of Gynaecology in the Cooper Medical College, San Francisco; Dr. Vinzenz Fukara, a well-known ophthalmologist of Vienna, aged 64; and Dr. Eyvin Dang, Editor-in-Chief of the *Norsk Magazin for Laegevidenskaben*.

Universities and Colleges.

UNIVERSITY OF CAMBRIDGE.

Proposed Demonstration in Medicine.

THE General Board of Studies has recommended that, in place of the Lectureship in Medicine, a Demonstrator in Medicine should be appointed by the Regius Professor of Physic to give elementary instruction in medical diagnosis, and, in addition, to give assistance to the Regius Professor.

Degrees.

The following degrees have been conferred:

M.B., B.C.—R. D. D. Brownson, A. F. Morcom, W. Shipton.
M.B.—P. S. Wilson.

UNIVERSITY OF GLASGOW.

Appointments.

THE Glasgow University Court has appointed Dr. William B. M. Martin as Lecturer in Bacteriology, to succeed Dr. Carl H. Browning, who has been placed in charge of the new clinical laboratory at the Glasgow Western Infirmary. Dr. Martin graduated M.B., Ch.B., with honours, in 1905, at Glasgow. In 1906 he was appointed to a Carnegie Scholarship in Pathology, and in April, 1908, to a Carnegie Fellowship in Experimental Pathology, which he held till April of the present year. He graduated M.D., with honours, in 1910.

The following University assistants have also been appointed: *Muirhead Chair of Obstetrics and Gynaecology*, A. Louise M'Iroy, M.D., D.Sc.; *St. Mungo Chair of Surgery*, W. C. Mackie, M.B., Ch.B.; *Notman Chair of Pathology*, A. M. Kennedy, M.B., Ch.B.; *Muirhead Chair of Medicine*, J. Henderson, M.D.; *Chair of Pathology*, G. H. Wilson, M.B., Ch.B.

Public Health

AND

POOR LAW MEDICAL SERVICES.

POOR LAW MEDICAL OFFICERS' ASSOCIATION OF ENGLAND AND WALES.

A COUNCIL Meeting of this Association was held at 34, Copthall Avenue, on November 21st. Surgeon-General Evatt, in the absence of Dr. Balding, Chairman of Council, presided. A letter was read from Dr. Balding regretting his inability to be present on account of illness. On the motion of Dr. Holder (Hull), a letter of sympathy was directed to be sent him.

Conditions of Poor Law Appointments.

It was reported that the dispute between the Islington Guardians and the local profession had been settled, and the "Warning Notice" withdrawn. There had been several applications for the appointment, but Dr. Cox, Deputy Medical Secretary of the British Medical Association, had interviewed these candidates, who had all agreed to refuse to undertake, in event of appointment, difficult midwifery cases on any other terms than those laid down by the Poor Law Orders. The "Warning Notice" was accordingly withdrawn, and the candidate finally chosen was not required to accept the conditions complained of.

It was reported that in the dispute between the Shoreditch Guardians and the local profession, Dr. O'Sullivan had been elected to the medical officership of the No. 3 District, but the Honorary Secretary pointed out that the effect of local professional action had been to raise the salary of the No. 3 District from £115 to £150 a year, and this was a distinct gain.

Medical Fees in Case of Paupers Leaving Money.

Correspondence between the honorary secretary and Dr. Pineo of Axbridge and the clerk to the Axbridge Guardians was laid before the Council. Dr. Pineo had attended under a medical order a pauper who had died leaving a considerable estate. The doctor claimed to be paid extra out of this estate for medical attendance on the deceased. The next-of-kin, who inherited the money, did not dispute Dr. Pineo's claim, and so the matter ended satisfactorily as far as he was concerned; but letters had passed between the clerk to the Axbridge Guardians and the honorary secretary as to the legal position of the guardians in the matter. In a report of a board meeting pub-

lished in a local paper the clerk was said to have advised his board that it could not recover medical expenses out of the estate of a deceased pauper. The honorary secretary had written disputing the accuracy of this ruling. He had contended that under the Poor Law Amendment Act of 1834 the guardians were entitled to recover the cost of "maintenance" of a pauper under such circumstances, and that "maintenance" included medical charges. The clerk to the Axbridge Guardians, however, had not been converted to his view. The Council expressed its satisfaction that Dr. Pineo had recovered his charges, and thought that the legal opinion of the honorary secretary was probably correct.

National Insurance Bill.

The Honorary Secretary reported the action taken with regard to the effect of the National Insurance Bill on the interests of Poor Law medical officers, if it became law. The Council had seen in the last issue of the *Poor Law Medical Officer* the memorial sent to the Chancellor of the Exchequer in answer to his request to have in writing a statement of the grievances likely to arise to Poor Law medical officers through the working of the Act. No further communication had as yet been received. It was resolved to postpone further consideration of the matter till an answer was received from Mr. Lloyd George, and in the meanwhile to leave it in the hands of the honorary secretary.

Statistical Returns.

The Council considered the recent circular of the Local Government Board respecting statistical information with respect to all paupers under treatment on November 4th last. A letter was read from Dr. Milward of Cardiff, enclosing another from the clerk to the Cardiff Guardians, which very clearly denoted the amount of extra work thereby thrown on the medical officers if the requirements of the Local Government Board were to be properly carried out. He wished to know if any action was to be taken by the association.

The Honorary Secretary said that he had written to the Local Government Board on the subject, but had as yet received no answer. He thought, personally, that such duties did not come under Art. 205, and that some extra payment ought to be made, but it was difficult to say what action could be taken at the present time. The Council was strongly of opinion that extra payment should be made for this work, but did not think the time opportune to press the matter. It was resolved to wait till an answer was received from the Local Government Board to the honorary secretary's letter. A reply was subsequently received, and the correspondence is printed below:

34, Copthall Avenue, E.C.,

November 11th.

Secretary, Local Government Board.

Sir,

Special Return of Paupers under Medical Treatment.

On October 27th last a circular was issued by the Local Government Board to boards of guardians in England and Wales, asking for a special return of paupers under medical treatment. In consequence, a request has been made by the clerks of the various unions to the district medical officers throughout the country to furnish a considerable number of details at the cost of much time and labour. It is generally thought throughout the Poor Law Medical Service that some payment should be specially made for this work as not appertaining to their official duties. This matter is to be considered at a council meeting shortly to be held, and I should be greatly obliged if you could give me the following information:

(1) In the opinion of the Local Government Board, is the return referred to above comprised in the duties of Poor Law medical officers under Art. 205, Cons. Ord., July, 1847?

(2) Would the Local Government Board be prepared to sanction a payment made by the guardians for this work?

Yours very obediently,

MAJOR GREENWOOD, M.D., LL.B.,
Honorary Secretary.

Local Government Board, Whitehall, S.W.

November 23rd, 1911.

Sir,

I am directed by the Local Government Board to advert to your letter of the 11th instant, with reference to the special return required by them in regard to paupers under treatment on November 4th, 1911.

In reply, I am directed to state that it appears to the Board that, under Article 205 (1) of the General Consolidated Order of July 24th, 1847, it is the duty of a medical officer to furnish for the purposes of the return the requisite information respecting the case of any pauper who was under his care on the date in question.

I am to add that if in any particular case the guardians should be of opinion that an exceptional amount of work has been entailed upon the medical officer in connection with the return, the Board would be prepared to consider an application from the guardians for their sanction to the payment of a reasonable gratuity.

I am, Sir,

Your obedient Servant,
J. S. DAVY,
Assistant Secretary.

Major Greenwood, Esq.,
Honorary Secretary,
Poor Law Medical Officers' Association,
34, Copthall Avenue, E.C.

Derbyshire, 8.6 per cent.; and of those in Staffordshire, 5.5 per cent.; while no tuberculous samples came from Lancashire, Yorkshire, Shropshire, or Leicestershire. Taking an average, 6.4 per cent. of the farmers sent tuberculous samples, which is a slight increase over the figure for 1909, but decidedly less than in any other year. For the first time no single cow having disease of the udder escaped, every one being slaughtered in the presence of the inspector. All the carcasses were then inspected, and 19 condemned as unfit for human food, while 5 were passed.

IMPERIALIST.—A good description of a septic tank will be found in Reid and Manley's *Practical Sanitation*, published by Charles Griffin and Co. (Fifteenth edition. 1910. 6s.)

DEPUTY PUBLIC VACCINATOR.—Our correspondent should call the attention of the holder of the appointment to the irregularities, and get an undertaking that they shall not be repeated. Such irregularities are serious, and if not remedied by the action suggested it might become necessary to report the matter to the Vaccination Committee of the Board of Guardians.

PALINURUS.—There is no fixed time in the Poor Law Orders for giving notice of intention to resign an appointment of district medical officer. As medical officers are paid monthly, probably a notice of one month would be valid. The notice, however, should be "reasonable," and probably a notice of "three months" would best meet the necessities of the case. Immediately on the expiry of the notice the retiring medical officer should send in his claim for superannuation. It would probably come automatically, but it is advisable for the officer to claim his rights.

DISPENSING OF MEDICINES BY PAROCHIAL MEDICAL OFFICERS IN SCOTLAND.

SEPTIC states that for several years he has supplied drugs to his parish patients, but that the parish council now proposes to put a stop to this arrangement and to place all dispensing in the hands of a chemist who is resident seven miles from the doctor's house.

* * We may point out that the Local Government Board in Scotland, while not encouraging the dispensing of medicines by parochial medical officers, would not, we think, raise any objection to our correspondent continuing to do so, seeing that the chemist resides at a considerable distance from the doctor's house—a circumstance which is sure to cause no little inconvenience, owing to delay in getting his prescriptions made up. We would advise our correspondent to get some member of the parish council to raise the question and communicate with the Local Government Board, pointing out the distance the chemist is from the doctor's house. If he cannot get a councillor to do this, then he should communicate with the Local Government Board himself, laying all the facts before it.

OVERCROWDING IN HOUSES NOT UNFIT FOR HABITATION.

H.—If a sanitary authority, on the report of the medical officer of health or inspector of nuisances, is of opinion that a house is so overcrowded as to be a nuisance or injurious to health, a notice may be served upon the person responsible for the overcrowding calling upon him to abate the nuisance. If the person so called upon does not abate the nuisance he can be summoned before a court of summary jurisdiction. The court may make an order, with a daily penalty for disobedience, requiring the abatement of the nuisance within a specified time. The justices, before making an order, might take into account alleged inability to take a larger house, but there is no obligation upon the sanitary authority to find a house. There is an appeal from the decision of the court of summary jurisdiction to quarter sessions. The power to close a house unfit for habitation is not now in the hands of the magistrates. Under the Housing and Town Planning, etc., Act, 1909, a closing order can be made by a sanitary authority. An appeal against such an order may be made to the Local Government Board within a fortnight of the making of the order. In considering that appeal the Local Government Board would no doubt take into consideration the ability of the tenant to obtain another house.

H. R. H. PRINCESS LOUISE, Duchess of Argyll, has promised to visit the exhibition and sale to be held at 19, Grosvenor Square, by permission of Mrs. Cazalet, on Monday, December 4th, from 3 to 6 p.m. The sale will include fine needlework, and woodwork from the Heritage Craft Schools in Sussex, and copper, silver, and basket work made by guild members at the various branches. The Guild of Play Children will give a recital of dance carols and court dances at 6 p.m. The Yuletide festival of the Guild of Play will be held on Saturday, December 9th, at the Bermondsey Town Hall. The programme will include carols, dances, and distribution of Christmas fare and gifts provided by Mrs. Emile Mond, who will preside at the festival.

Medical News.

THE German Balneological Congress will hold its thirty-third annual meeting at Berlin in 1912 (March 7th to 11th).

CAPTAIN THE HON. EDWARD STANLEY DAWSON, R.N., has been appointed Chairman of University College Hospital in succession to the late Earl Cathcart.

THE Bradshaw Lecture before the Royal College of Surgeons of England will be delivered by Mr. R. Clement Lucas on Wednesday next at 5 p.m. The subject of the lecture is "Some Points in Heredity."

MR. ARTHUR HOOD, who has been a member of the Committee of Management for many years, has succeeded the late Mr. John Hampton Hale as Chairman of the Royal Dental Hospital, Leicester Square, London.

THE Lord Mayor of London (Sir Thomas Crosby, M.D.) will preside over a meeting of the staff, teachers, and supporters of the London School of Tropical Medicine at the Mansion House on February 28th.

WE are asked to state that the Naval Medical Dinner, deferred on account of the movements of the various divisions of the Home Fleet, has now been fixed for December 19th. Officers concerned will receive a detailed notice.

MESSRS. SIEMENS BROTHERS AND CO. inform us that their electro-medical business will still be conducted at Caxton House, Westminster, and that all communications with regard to that department of their business should be forwarded to that address, which remains the registered offices of the company.

THE inaugural meeting of the newly-constituted Hospital Almoners' Council was held at Caxton Hall on November 24th, the Bishop of Stepney, Vice-President, in the chair. The council has considerably increased its membership, and now includes sixteen representatives of the governing bodies and medical staffs of twelve London hospitals. The heads of women's colleges in Oxford, London, and Dublin have also joined the council, together with hospital almoners working in London and others interested in the movement. The council will continue to select and train women for almoners' posts, and to recommend them to hospitals. At the meeting a constitution was adopted, and an executive committee chosen. The speakers were Mr. C. S. Loch, the founder of the movement, Sir Edward Brabrook (Vice-President), Dr. R. Hutchison, Dr. T. W. Eden, and Dr. A. Charles E. Gray, former Chairman of the Council.

DR. FREMONT SMITH was called to attend a woman, aged 23, in the eighth month of pregnancy. A child in her home had suffered from parotitis, epidemic at the time, without complications. The patient herself was attacked; the malady at first ran the usual course, but on the ninth day, when the ordinary symptoms were subsiding, inflammation developed in the thyroid gland; it became greatly swollen, and both lobes were involved. It did not return to its normal size and condition until the end of three weeks. The temperature rose, when the complication appeared, to 101°, but there was no abnormal change in the urine throughout its course. Fremont Smith observes (*American Journal of Obstetrics*, October, 1911) that a few cases of so-called metastatic thyroiditis have been recorded, chiefly by French writers, but he failed to find any note of its occurrence in a pregnant woman. This appears to him the more surprising as it is so well known that the thyroid is in an unusually susceptible condition. He quotes several reports of thyroiditis associated with mumps in men; Jourdan's case (1878) seems to be the first ever published. The complication—thyroid swelling—appeared on the fifth day in the left lobe; three days later the entire gland enlarged. The patient was a man aged 22; the sub-maxillary had been attacked simultaneously with the parotid gland, but the inflammation was moderate. Fremont Smith refers to cases of pancreatitis and orchitis following parotitis; the latter, on the other hand, has succeeded inflammation of the testis; nephritis, ocular and auditory complications, and endocarditis with pericarditis (1 case only—Zinn) have been recorded as sequels. In the discussion which followed the reading of the paper, much was said about these complications, but no speaker seemed to have had any experience of thyroiditis following mumps in pregnancy. King of Washington turned attention to the relation between the thyroid and parotid and the reproductive organs. He referred to a case where a woman had the thyroid so hypertrophied that solids could not be swallowed, but after the menopause the gland diminished steadily till the dysphagia disappeared.