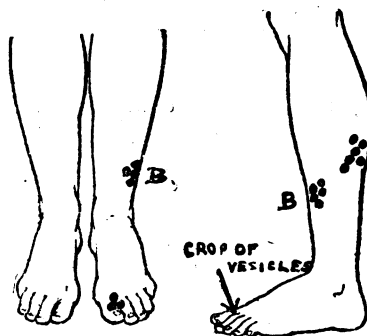


Memoranda: MEDICAL, SURGICAL, OBSTETRICAL.

HERPES ON THE LEG.

THE comparative infrequency of herpes on the lower part of the leg has been noted by Dr. Laslett in his comments on a case which he recorded in the JOURNAL of October 28th. A case of similar character I saw last year in a man aged 40, a boilermaker. In Dr. Laslett's case the skin areas



supplied by the third and fourth lumbar nerves were the seats of the eruption. It will be seen from the diagram that, in my case, the skin areas supplied by the fifth lumbar and first sacral were involved. The larger eruption occurred over the first sacral area, in the form of two crops, situated on the outer and anterior aspects of the lower part of the calf. The only eruption in the skin area of the fifth lumbar was a small crop of vesicles between the first and second toes. The distribution therefore suggests a still lower segment of the cord as being concerned in its production than that noted by Dr. Laslett.

C. E. LEA, M.D.,
Assistant Director, Clinical Laboratory,
Manchester Royal Infirmary.

DELIRIUM IN AN ADULT DURING PNEUMONIA.
READING Dr. Tyson's article in the JOURNAL for October 7th reminded me of a case which I had seen twenty-six years ago. Although I have seen a great deal of croupous pneumonia in young and old, this is the only case of mental disturbance in the adult met with in thirty-nine years' practice. The salient points of my case are as follows:

A. L., an active, spare, temperate man aged 35, had a chill on the afternoon of April 2nd, 1885, and remained indoors next day. I saw him at 8 a.m. on April 4th, when the pulse was 104, small but soft; respirations 44 and the temperature 103.6° F. He complained of pain during inspiration and also on palpation over the spleen, which was not enlarged. The expectoration was glairy, yellowish, rust-coloured, or streaked with blood in turn. I found the lowest and middle lobes of the right lung, and the lower lobe of the left lung consolidated, with pure tubular breathing.

On April 5th the expectoration was very distinctly tinged with arterial blood in the morning; in the evening it was bright red but scant. On April 6th it was more abundant and rust-coloured. He was delirious during the night of April 6th. On the morning of April 7th the expectoration was quite dark; the right lung was clearing; temperature 101.3° F. He was delirious most of the day, and the expectoration again became bright red. I began to give him brandy, $\frac{1}{2}$ fluid ounce, with quinine, gr. iij every six hours, and also bromides. On April 8th, after a good night, the pulse was 74, full and quiet; the respirations 24 and the temperature 98.6° F. The right lung was almost clear, and the left clearing. I directed the brandy and quinine to be continued every four hours. On the morning of April 9th he had hallucinations and delusions, and acting on them he got up and dressed at 5 a.m. On April 10th he was rational. On April 12th both lungs were normal, and he was allowed to get up. His recovery was complete.

Stillorgan.

P. O'CONNELL, M.D.

A SERIES OF CASES OF CATARRHAL JAUNDICE OCCURRING IN EPIDEMIC FORM.

To supplement the report of Dr. Pinniger's series of cases of catarrhal jaundice occurring in epidemic form, which appeared in the JOURNAL of November 18th, I beg to send the following.

On October 21st last I was called to see a pupil in a

ladies' school (of 50 boarders), who had been very sick during the previous night. She did not disturb any one, and the vomit was described to me as being a yellowish-coloured fluid, about a pint in quantity; it remained in the hand-basin all night.

She was not isolated. Two other pupils slept in the same room, and three days afterwards they became ill—one with similar vomiting, the other with nausea and malaise. On the following day, in an adjoining room, another girl fell ill; and on the fifth day, in another part of the house, two more became ill, and on another floor one more fell ill—all within the week. The youngest girl attacked was 11, the oldest 15 years of age.

Dr. Finniger, having courteously allowed me to continue on the lines of his analysis, mine reads as follows:

No. of Case.	Date of Attack.	Date of Convalescence.	No. of Days Ill.	Highest Temperature.	Extent of Jaundice.	Symptoms.	Enlargement of Liver.
1	Oct. 20	Nov. 7	18	105°	Full	Vomiting	2 in. below costal margin
2	Oct. 23	Nov. 3	11	101°	Full	Malaise and nausea	Nil
3	Oct. 23	Nov. 1	9	100°	Full	Malaise	Nil
4	Oct. 24	Nov. 4	11	100°	Slight	Vomiting	Nil, abdominal pains
5	Oct. 25	Nov. 7	13	103°	Full	Malaise and vomiting	Nil
6	Oct. 25	Nov. 4	11	99°	Slight	Malaise	Nil
7	Oct. 27	Nov. 10	14	101°	Full	Malaise	Nil, abdominal pains

The staining of the conjunctivae, dark urine and clay-coloured stools occurred about the third to fifth days.

All the pupils live under the same conditions as regards food and habits of life; the sanitary arrangements of the school are in excellent order and are supervised by an inspector every holiday. I am at a loss to trace the cause of the outbreak. The pupils had all been out for a walk on the 20th, which was a cold and wet day. There had been no previous illness in the school this year. Between October 10th and 17th I revaccinated 31 of the pupils, all successfully; these seven were among the number.

Windsor.

WM. BROWN HOLDERNES.

CONGENITAL ELEVATION OF THE SCAPULA.

MIGHT not the title of "Sprengel's deformity" be dropped for good in favour of the above, which is already extensively used? Much may be said against attaching a man's name to a deformity when a descriptive name of moderate length is forthcoming, but with regard to this deformity the objection can be raised that Sprengel was not the first to give a detailed description of the affection. While the first case, I believe I am right in stating, was described by Eulenbergh in 1863, a minute description of a dissected specimen, together with the associated deformities of the muscles, ribs and vertebrae, was reported in the Medico-Chirurgical Society's *Transactions* in 1880 by Willet and Walsham.

In reporting a case in the BRITISH MEDICAL JOURNAL of November 25th, Mr. A. Mitchell refers to some of the various theories which have been advanced to explain this deformity, but he does not mention the only one which seems to me to account for all the cases. I have notes of some 15 cases which I have had the opportunity of examining, thanks to the kindness of colleagues and friends, and in this series are cases which differ very markedly in the complexity and number of the abnormalities which they present. On the one hand is a case of simple displacement of the scapula, which is only slightly misshapen, and with only a minimal amount of abnormality of the muscles attached to the bone, while on the other hand there is a case of bilateral elevation of the scapulae, both of which are anchored to the spine, one by a cartilaginous bar, the other by fibrous bands, and associated with gross maldevelopment of the ribs and spinal column, to say nothing of suppression of one radius and the corresponding thumb. Between these two extremes are a graduated series of cases, forming a complete chain. A very much larger but precisely similar series of cases may be collected from the literature of the subject. I think we can fairly

place all these cases under one heading with a common cause. For we may see two cases which appear on clinical examination to be precisely similar in every way, both being of a mild type, yet skiagrams may show fusion or imperfect ossification of ribs in one, while in the other nothing abnormal can be made out except the elevation of one scapula. To explain these gross errors in development in muscles and bones we must look to the earliest embryonic days, when the differentiation of the mesoblast is taking place. Errors in the segmentation of the mesoblastic tissues would account for fusion or suppression of ribs, suppression of half a vertebra, or the whole of one or more vertebrae, the muscular abnormalities, and the occasional presence of an abnormal bridge of bone between the scapula and spine, as well as the faulty position and shape of the scapula itself.

Though this theory still leaves us in ignorance of the cause of this mesoblastic error, it does place the cases on a common foundation, and it has the support of several writers upon this subject. Though traumatism and deficiency of the liquor amnii might explain the malposition of the scapula in some cases, it cannot explain the associated skeletal deformities. Dr. H. W. Harding ends his report of another case in the same issue of the *JOURNAL* with the following: "Would the lessened function of the left arm account for the smaller size of the scapula?" Assuredly we must admit that this might be true, but I venture to suggest that it is more probable that the scapula in his case had always been deficient in size. The deformity does not always lead to deficient use of the arm, though the scapula is almost invariably smaller than its fellow, and abnormal in shape, and moreover this alteration in size and shape may be found soon after birth. I have had the opportunity of examining a case after death at the age of six weeks, in which both scapulae were anchored to the spine as mentioned above. The right scapula was of very fair shape and size, while the left was much smaller and deformed.

London, W.

H. A. T. FAIRBANK, M.B., F.R.C.S.

Reports

ON

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

STATION HOSPITAL, BARRACKPORE, BENGAL.

A CASE OF DIFFUSE TRAUMATIC ANEURYSM AND LIGATURE OF
THE FIRST PART OF THE SUBCLAVIAN.

(By Captain C. G. BROWNE, R.A.M.C.)

LIGATURE of the first part of the left subclavian artery is an operation attended by many difficulties and dangers. I have only been able to find two successful cases recorded of ligature on the right side and none on the left. My references are, however, limited. Erichsen condemns the operation as "bad in principle" and "most unfortunate in practice," and considers that it should be "banished from surgical practice." Hence a few notes on a recent successful case may be of interest.

Private C. was brought to the hospital on the evening of August 25th, 1911. He was faint and his clothes were blood-stained. He had been on guard, had fainted, and fallen forwards on to his bayonet, the point of which had entered through the left anterior axillary fold for an uncertain distance. There was no bleeding from the wound, but there was evidence of a collection of blood in the subclavicular region and inner part of the axilla. He complained of an aching distended feeling in the arm. The wound was dressed and pressure applied. The temperature in the evening was 100.6°.

The patient had a restless night, but no external haemorrhage; there was marked pulsation and a bruit over the subclavian swelling, which had not increased in size. The left radial pulse, which was at first feeble, was now equal to the right. The venous return from the arm was apparently slightly obstructed. The temperature was 99.8° in the morning and 100.4° in the evening. He had another restless night, and on the morning of August 27th he

complained of severe pain down the arm, which was slightly swollen; the pulsation, bruit, and size of the swelling were unaltered. The temperature was 99.6° in the morning and 100.4° in the evening. He had a very restless night, being almost delirious with pain, and had attempted to tear off his bandage. On August 28th the arm was more swollen, and the obstruction to the venous return was more obvious. I saw him for the first time on this day in consultation with Lieutenant-Colonel F. J. Morgan, R.A.M.C., and decided to operate at once. The temperature was 99.4°.

Operation.

The usual incision for ligature of the third part of the subclavian was made, the omohyoid was pulled up, and the outer border of the scalenus anticus exposed. Owing to the clavicle being very much pushed upwards and forwards, the wound was of considerable depth. No trace of either subclavian artery or vein could be found external to the scalenus anticus muscle. The wound was extended inwards and the sterno-mastoid partially divided; the depth of the wound increased, and presently a large artery, partially overlapped on its inner side by a vein, was exposed, descending vertically along the inner border of the scalenus anticus. The wound was now very deep, and the greatest care had to be exercised. Unfortunately at this point a small vein was torn close to its junction with the large vein and the wound was flooded with blood. A ligature was placed on this after much trouble and waste of valuable time. The artery was now compressed by the finger and the radial pulse was at once obliterated; pulsation below the clavicle also ceased. The vessel was taken to be the first part of the subclavian and was ligatured. The passing of the ligature took some time, as I had to proceed with the utmost caution; and the depth of the wound and condition of the patient did not warrant me in tracing the artery any further. The wound was sewn up, leaving a gauze drain. The axilla was then opened, clot and serum evacuated, and a large drainage tube inserted. The temperature in the evening was 102.8°.

On August 29th the part was dressed, a light plug inserted in the upper wound, and a tube left in the lower. The temperature was 99.4°. He stated that he was absolutely free from pain in the arm but there was slight tingling of the fingers. There was no pulsation below the clavicle and no radial pulse. The arm was kept swathed in cotton-wool.

On September 4th he was doing very well; there was a little serous exudation from the upper wound.

On September 18th both wounds were completely healed; there was some stiffness about the muscles of the shoulder, which was being massaged. No pulse could be felt in the radial artery.

On September 27th he was discharged from hospital, complaining of some numbness of the first and second fingers.

On October 11th he was marked "light duty" for one week [before resuming his full military duty on October 18th]. No pulsation was felt in the radial artery.

The chief point of interest about the case was the abnormal course of the artery. When first exposed I thought it must be the common carotid from its vertical course. The result of the ligature, however, leaves no doubt that it was the subclavian. The vessel must have either (1) made a very high arch in the neck on the inner side of the scalenus anticus, or (2) taken origin from the common carotid in the neck instead of from the arch of the aorta, though this is an abnormality I have never read of. The almost immediate relief of the pain, presumably due to nerve pressure, was a gratifying feature. I am indebted to Lieutenant-Colonel F. J. Morgan, R.A.M.C., for his invaluable assistance during the operation and permission to publish this case.

A LADIES' Guild with Lady Violet Brassey as President, and Miss Broadhurst as Honorary Secretary, has been formed to assist the West End Hospital for Diseases of the Nervous System, Welbeck Street, W., to obtain gifts of vegetables, flowers, poultry, and clothing.

THE Wolseley Company has issued its catalogue for 1912. It is noteworthy on account not only of the number of chassis and bodies illustrated, but also of the succinctness with which the very comprehensive information about each of them is given. To facilitate reference, margins are step indexed.

are none, and especially an ancient one such as ours. But that Penryn is in such a state that it should be held up in the general and local press as being exceptionally bad, and a place to be avoided, I strongly object to and deny. Whenever defects arise they are attended to and remedied as soon as, and as far as, possible, and I have no doubt the same attention to the welfare of the place will be continued in the future.—I am, etc.,

Penryn, Dec. 5th.

JAMES BLANEY,
Medical Officer of Health.

GENERAL MEDICAL COUNCIL ELECTION.

SIR,—I wish to thank most sincerely those who voted for me at the last election as Direct Representative on the General Medical Council.

I think I may almost call them my personal friends, as owing to circumstances which are not necessary to detail now, those who voted for me were directly or indirectly influenced by old associations, and the fact that I have been connected with medical reform of the General Medical Council and elsewhere for a long period of years.

I also take the liberty of thinking that the principle of the judge not being the accuser, however indirectly, is a right one. All the direct Representatives are now the nominees of the British Medical Association, and, as such, will doubtless either have to act in the dual capacity or have to retire from the Council when cases of great interest to the profession are brought before it.—I am, etc.,

Plymouth, Dec. 4th.

GEORGE JACKSON.

Medical News.

THE annual meeting of the Surgical Aid Society will be held at the Mansion House on Monday, December 11th, at 4 p.m., under the presidency of the Lord Mayor.

A DISCUSSION on the treatment of tuberculous disease of the joints is to be held at a meeting of the pediatric Section of the Royal Society of Medicine next Friday, and those desiring to take part in it are requested to communicate with its Honorary Secretary, Dr. T. R. Whipham, 58, Park Street, W. The three opening speakers are Mr. A. H. Tubby, Sir Anthony Bowlby, and Dr. Butler Harris, who will deal respectively with the relative advantages of operative measures, the results obtainable without operation, and the value of vaccine therapy.

THE excellent practical training in handicrafts which is a distinguishing feature of the Heritage Craft Schools for Crippled Children at Chailey, Sussex, was once more evidenced by the charming exhibition and sale of work held by permission of Mrs. Cazalet at 19, Grosvenor Square, on December 4th. The schools are an offshoot of the Guild of the Brave Poor Things, whose object is to provide afflicted persons of all ages with fitting occupations; and therefore, besides the exquisite needlework contributed by the girls of the Heritage Schools, the stalls were furnished with a large assortment of knitted articles, toys, rugs, wood, metal, bead and basket work, made by the members of the various branches of the guild in aid of the establishment at Chailey. Another branch of this many-sided charity was represented by children belonging to the Bermondsey Guild of Play, who gave a most enjoyable entertainment in the form of the songs and dances for which they are famous. The sale was attended by H.R.H. Princess Louise, Duchess of Argyll, who made the gratifying announcement that the appeal which she issued last summer for funds towards the boys' new craft school had been so successful that the building was almost completed, and the boys would shortly be moving in.

THE International Opium Conference was opened at the Hague on December 1st by Dr. van Swinderen, the Dutch Foreign Minister, who, as *ex officio* honorary president, welcomed the delegates of China, France, Germany, Great Britain, Holland, Italy, Japan, Persia, Portugal, Russia, Siam, and the United States. All the Powers represented on the Shanghai Commission of 1909, excepting Austria, sent delegates. It was announced that the Turkish Government, though invited to take part, had declined. The first day's proceedings were confined to formalities and a speech by Bishop Brent, after which the meeting adjourned till December 4th, when committees were appointed (1) to frame a programme for the conference, (2) to edit the reports and records, and (3) to deal with press matters. In deference to the views of the Portuguese

delegates, it was decided to treat boiled opium as distinct from raw opium. Separate programmes of resolutions as to morphine, cocaine, and hashish remain to be determined.

AT the annual dinner of the staff and past and present students of the Royal Dental Hospital, on November 24th, Mr. Walter Harrison of Brighton, who was in the chair, suggested that a formal oration should be included in the proceedings at the annual "at home" at the school. Speaking of the work of the institution, he said that the number of ordinary cases treated in 1910 was 99,258, or more than three times as many as in the year that he himself had taken his first qualification some thirty years ago. The lines on which its work was conducted were of a most scientific kind, and great responsibility in helping to maintain the reputation which it had attained rested on the shoulders of its old students. For this reason he wished that a larger proportion of them would engage in original research. All should join the British Dental Association and the Odontological Section of the Royal Society of Medicine. These remarks were made in proposing the toast of the hospital and its school and past and present students, which was acknowledged by, among others, the Dean of the school, Mr. Dolamore. The popular lectures which had been introduced at the hospital had met with much success, and were proving, he believed, really useful. An event of interest during the year was the publication of the first volume of the reports of the hospital. It had met with warm reception from past students, and the school was much indebted to Mr. Colyer for his work in connexion with it. With regard to research work, he called attention to that recently performed by Mr. Hopewell Smith in connexion with the teeth of school children, and mentioned that Mr. Maggs, to whose generosity the school was already indebted, proposed to do something in the way of endowing research work within its walls. The school had now undertaken the teaching of chemistry and physics to its own students. The toast to the guests was acknowledged by Dr. William Hunter, who made allusion to the presence among them once more of the very popular secretary of the hospital, Mr. Pink, whom he congratulated on his restoration to health. Other speakers during the evening were Mr. G. Northcroft, Mr. E. B. Armitage, Mr. R. McKay, and Mr. C. Robbins. The latter proposed the toast to the chairman, which was greeted with musical honours. The evening then ended in the singing of "Auld Lang Syne."

Universities and Colleges.

UNIVERSITY OF LONDON.

MEETING OF THE SENATE.

A MEETING of the Senate was held on November 15th.

Recognition of Teachers.

Dr. Herbert Eldon Roaf has been recognized as a teacher of Physiology at St. Mary's Hospital Medical School.

Advanced Lectures in Physiology.

The Academic Council having reported that Dr. F. F. Blackham, F.R.S., would deliver eight lectures on vegetable assimilation and respiration instead of four as previously announced, it was resolved:

That the course numbered 6 in the list of advanced lectures in physiology be recognized as a course of advanced lectures which a candidate at the B.Sc. Honours Examination may name for part of his practical examination (Red Book, September, 1911, p. 235; see also Blue Book, p. 298).

Panel of Lecturers in Physiology.

Professor W. A. Osborne, M.B., B.Sc., and Mr. E. Mellanby, M.A., M.B., were added to the panel of lecturers in physiology.

Congress of Universities of the Empire.

Sir William Collins, Sir Edward Busk, Dr. H. A. Miers, F.R.S., and Professor M. J. M. Hill, F.R.S., have been appointed to represent the university at the Congress of the Universities of the Empire to be held in July, 1912.

Officers' Training Corps.

The new head quarters of the University Contingent of the Officers' Training Corps in the University Building, South Kensington, will be opened by Colonel J. E. B. Seely, Under Secretary of State for War, on December 12th, at 6.30 p.m., when the prizes will be distributed to the cadets of the contingent.

ROYAL COLLEGE OF SURGEONS IN IRELAND.

THE following candidates have been approved at the examinations indicated:

FIRST FELLOWSHIP.—W. H. W. C. Carden, H. de L. Crawford, M. A. Dobbin, E. A. M. Magennis, A. Merrin.
FINAL FELLOWSHIP.—J. T. Duncan, W. A. Fernando, W. P. Kelly, A. Stokes, H. R. Tighe.