

cases. He agreed with Lieutenant-Colonel Raw as to its beneficial effects on skin lesions, chancres, mucous patches, and rupia, but had not seen any benefit in old lesions of the nervous system. His experience had been confined to the intravenous method. Many surgeons complained of the difficulty experienced in inserting the needle into the vein; this difficulty, he thought, was due to using a blunt needle, and could be obviated by using a fresh needle for each case. Mercury must be employed in combination with salvarsan, and for preference strictly according to the Aix-la-Chapelle formula, as he considered this method to be far superior to the injection treatment.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

A CASE OF "THYMUS DEATH."

EARLY one morning in April of this year I was summoned to see F. H., aged 4 months, who was said to have been taken suddenly ill and to be dying. On arrival at the house I found the infant (whom I had known previously to be a perfectly healthy nursling) dead. He was not yet cold, there was no rigor mortis, the lips were markedly cyanosed, and some yellowish (blood-stained?) froth exuded from the nostrils. There were no other external signs of note.

The mother's story at the inquest which was ordered was to the effect that she put the child to the breast at 7.30 a.m., that he seemed perfectly well and played with her and her husband for a time; then while she was in the process of dressing him he suddenly stretched himself and gasped a little, and turned his eyes upwards. A neighbour whom she called in said she thought the child was dying or dead, and came for me. The mother stated on oath that neither she nor her husband went to sleep after she had fed the baby at 7.30 a.m.

By order of the coroner I made a *post-mortem* examination. On removal of the sternum and cartilages the thymus was seen to be greatly enlarged, concealing practically the whole pericardium, and extending nearly the whole length of the sternum. There was some excess of free fluid in the left pleural cavity, and the left lung was engorged with blood, as were the left pleura and lung, but to a less degree. There was no sign of pleurisy or pneumonia. The air passages were perfectly patent, no foreign matter being present. Examination of all other organs showed them to be normal.

The jury returned a verdict in accordance with my evidence, that death was due to the thymus enlargement solely, this being a recognized, albeit uncommon, cause of sudden death.

Stafford.

A. E. HODDER, M.B., B.C. Cantab.

HYPOSPADIAS—AN UNUSUAL CASE OF GANGRENE.

THE following case appears of interest, particularly with regard to the occurrence of an acute spreading gangrene commencing in the penis of a patient aged 45, the subject of hypospadias. At the first visit he complained of somewhat vague symptoms, including general malaise, occasional shivering, profuse sweating, and loss of appetite. There was no rise of temperature, and the pulse was normal. He admitted a fairly free use of alcohol for about a week previous, and as he appeared rather debilitated his present state was no doubt due in good measure to this. On the third day of attendance he complained of some difficulty in passing urine, also some smarting pain on the right side of the body of the penis. On examination, the patient was found to be the subject of hypospadias, the meatus being about $\frac{3}{4}$ in. in front of the scrotum and the organ rather under-developed. There was some swelling, and on the right side of the penis a small circular facet-like area with inflammatory reaction around. The urine contained some albumen, no sugar. The following morning there was much swelling of the penis, and around the small area referred to on the right side the tissues had become gangrenous. Very rapidly practically the whole organ became the seat of a spreading moist gangrene.

The abdominal wall was very soon invaded by the process, two large gangrenous areas appearing on either side about midway between the umbilicus and anterior superior spines. The abdominal discoloration reached eventually almost as high as the umbilicus in front. The spread on the lateral aspects was very extensive, reaching on the left side as high up as the axilla, and on the right to a level with the nipple.

The patient died on the morning of the fifth day from the appearance of gangrene. The temperature throughout was normal; pulse eventually very rapid and thready. Fluid from a large bulla on the lower part of the abdominal wall was sent for bacteriological examination. No micro-organisms of any kind were found by direct examination of stained films made from the fluid, and cultivation, both aerobic and anaerobic, failed to demonstrate the presence of any organisms. Bathing the surface immediately around the bulla with a lysol solution may have sterilized the fluid as it escaped, although this does not seem too probable, as nothing could be got even from direct films stained.

J. G. McDOUGALL, M.B. Ed.

Kinlochleven, Argyllshire, N.B.

Reports

ON

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

CHURCH MISSIONARY SOCIETY'S HOSPITAL, AMRITSAR.

(Two Cases reported by SOMERTON CLARK, F.R.C.S. Edin.)

CASE I.—*Strangulated Infantile Hernia.*

THE patient in the following case, a Sikh male child, aged 2 years 1 month, was admitted on March 26th, 1912, with a history to the following effect:

During the past eight months the child had had a swelling in the right scrotum which alternately ascended and descended. During the past ten days it had been constipated, and during the last five days it had had vomiting and fever.

The obstruction became complete twenty-four hours before the child was brought to hospital. The scrotum was red, heavy, and as large as a man's fist.

Operation.—An incision 3 in. long was made into the scrotal skin, which was much thickened and very vascular. The sac consisted of two distinct outer layers as thick as the leather and rubber of a football. The third layer was thin, and contained a loop of bowel firmly adherent to the testis and loosely adherent to the inguinal canal. When the adhesions to the testis were separated, a bare area the size of a shilling was exposed on the small gut, which was indurated. As invagination was impossible, 2 in. of intestine were excised, and the ends of the small intestine united with linen thread. The abdomen was filled with double saline solution. The sac was ligatured and the ring closed after with two sutures. The pulse was barely perceptible and the lips pale, so double saline was given by the rectum and into both axillae.

Progress was uninterrupted, and the child left hospital on the tenth day.

CASE II.—*Hydatid of the Neck.*

The patient in this case was a Mohammedan female, aged 16 years, who was admitted on April 6th, 1912. She complained of a swelling in the neck which was especially marked below the left sterno-mastoid. It had existed for two and a half years, and gave rise to dysphonia, dyspnoea, and dysphagia.

On April 9th, 1912, a transverse incision 1 in. long was made through the left sterno-mastoid, and on pressure hydatids escaped. On further pressure the mother cyst was invaginated and removed.

The cavity of the tumour extended behind the larynx and trachea.

The patient left hospital three days later, relieved of her symptoms.

The correction of the specific gravity of liquids for the buoyancy of air (with R. W. Merriman, M.A.—1909). His research on the destruction of rodents and ship disinfection was published in a report of the Local Government Board. His book, *Introduction to Organic Chemistry*, passed through many editions, and was translated into foreign languages.

Though largely occupied in teaching and research, Dr. Wade took a keen interest in the affairs of the University of London, and, as a member of the Senate, he will be greatly missed. He was a keen champion of the external side of the university, and pointed out to the Royal Commission on University Teaching in London how, without the facilities offered by the external side, he would never have been able to attain the position he held in the scientific world. He was strongly opposed to the project of concentrating preliminary science teaching at South Kensington, and the abandonment of that scheme was largely owing to his influence; he maintained that the local teaching of science subjects at the medical schools was to their material advantage, and was not, as they had presupposed, carried on at a pecuniary loss. He, too, was strongly of the opinion that science subjects are best taught to small classes under direct personal supervision rather than in a great institution such as the one then projected.

We would offer his widow, his family, and his numerous friends our sincere condolence. His teaching will be a great loss to Guy's, and both staff and students will lament the loss of his able, genial, and kindly personality.

Universities and Colleges.

UNIVERSITY OF LONDON.

THE following candidate has been approved at the examination indicated:

M.S. (*Branch I, Surgery*).—John Philip Buckley, University of Cambridge, and Victoria University of Manchester.

UNIVERSITY OF ABERDEEN.

GILCHRIST BEQUEST.

DR. ALFRED GILCHRIST bequeathed his estate, subject to his widow's interest, to the University Court for the establishment of two bursaries, one in arts, and the other in medicine, and two endowed lectures to be given free to the general public, the one on the progress and present aspects of medical science by the Professor of *Materia Medica*, and the other on the progress and present aspects of educational science, by the Lecturer on Education.

Medico-Legal.

MEDICAL ETIQUETTE.

At the last Bedford Assizes was tried an action for libel and slander involving several points of medical interest. Both the plaintiff and defendant were medical practitioners, and the alleged offences consisted in a communication by the defendant to one of the plaintiff's patients of the contents of a letter which the defendant had sent to the plaintiff concerning the super-session in the case of the former by the latter. It was held that the words used in making the communication amounted to a statement that, in consequence of the plaintiff's conduct, his colleagues would refuse to meet him, and that as such allegation constituted an attack upon him in respect of his occupation, it justified, unless well founded, more than nominal damages. The plaintiff, who was represented by counsel instructed by Messrs. le Brasseur and Oakley on behalf of the London and Counties Medical Protection Society, was awarded £50 damages and costs.

The case turned largely on what is the accepted rule of conduct for a practitioner who finds himself in attendance, either in an emergency or at the beginning of a new illness, on a patient whose name is on the books of another practitioner in the same locality. On behalf of the plaintiff, it was argued that the rule is for the superseding practitioner, so soon as the immediate need for his services are over, to suggest to the patient his retirement in favour of the former medical attendant, but that if the patient requests him to remain in charge, he is at liberty to do so and need take no further step in the matter. On behalf of the defendant, it was urged that, though a medical man is at liberty to attend upon the patient of another practitioner if the patient definitely asks him to do so, it is the duty of such medical practitioner not only to suggest retiring as soon as an emergency is over, but also, if this course is declined, to write a note explaining the circumstances to the superseded practitioner.

The evidence in favour of the plaintiff's view included that of Dr. Major Greenwood, while the contrary view was supported by Dr. Bateman.

In the course of his summing-up, Lord Coleridge pointed out to the special jury the value to the public of professional etiquette in the present and other connexions, but said there must always be border-line cases, and no hard-and-fast rule could well be laid down. If, for instance, a medical man had not been in actual attendance on a given patient for, say, five years, there could be no occasion for the new medical man to communicate with the old one. If, however, the old one had been in attendance, say, five days previously, it was clearly the duty of the new one to communicate with him. The witnesses had left it uncertain what was the common view of the medical profession, and possibly the jury would consider that the plaintiff should have made the communication in the present instance, but infraction of a rule of etiquette or acting on an erroneous view thereof could hardly in itself be held to entitle a person to say that the erring practitioner was not a gentleman and that other medical men in the town would not associate with him.

The jury eventually gave the verdict already mentioned.

INSURANCE ACT.

PROSECUTION OF EMPLOYER.

THE first case in which an employer has been prosecuted for failing to comply with the provisions of the Insurance Act in regard to the contributions to be paid by the employer was heard at the Lambeth Police Courts on August 20th. The defendant was Mr. Hurlock, draper and clothier of Walworth Road, Vice-President of the Walworth Liberal and Radical Association, and formerly Mayor of St. Albans, where he resides. He was defended by the Insurance Tax Resistance Society which had instructed Mr. Jellicoe. Mr. Travers Humphreys, who conducted the prosecution which was instituted by the Insurance Commissioners, said that if by reason of the failure of employers to pay their proper contributions the insurance fund did not reach the expected standard, the result might be that insured persons might receive lower benefits than they otherwise would. No person was entitled to sickness benefit until twenty-six contributions had been paid and the defendant's failure to pay his contributions had the effect of keeping his employees out of benefit for a longer period than would otherwise be the case. If the refusal continued over a year the insured person would only be entitled to a reduced rate of benefit. Under Section 69, the penalty for each offence was a fine not exceeding £10. The summonses were in respect of three persons and were in identical form.

An inspector appointed by the National Insurance Commissioners stated, in evidence, that on August 1st he had called at Mr. Hurlock's premises, and had been shown eighty insurance cards, none of which were stamped.

The defence was, in the main, that liability on the part of the contributor did not arise until the insurer (the Crown) had performed all conditions which the Insurance Commissioners ought to perform properly to administer the Act. The Commissioners had not fixed any time for the payment of contributions, yet it was urged against the defendant that the contributions become payable on every weekly pay day after July 15th. Substantially, no provision for sanatorium or medical benefit had been made at the time the information was laid, and it could not have been the intention of the legislature to make non-payment weekly an offence, whether the insurer was able to provide medical and sanatorium benefit or not.

Mr. Lawrence George Brock, Under Secretary to the Insurance Commissioners, who was subpoenaed by the defence, stated that the regulations governing medical benefit only existed in a draft form. He could not give a definite date for their issue, but it would probably be in the third or fourth week in September. Neither could he produce regulations as to sanatorium benefit, because none had been made.

The magistrate, in giving his decision, said that he had not to decide whether or not the Government or the Insurance Commissioners had or had not made arrangements for administering the benefits under the Act: the point he had to decide was whether the contributions had been made as they ought to have been made. They had not been made, not owing to inadvertence, but because it was deliberately intended not to carry out the intentions of the Act. He imposed a penalty of £5 upon each of the three summonses, with £5 5s. costs on the first, and made an order for the payment of the contributions. In reply to a request to state a case for the High Court, the magistrate said that if an application were made in writing he would consider it.

The Services.

MEDICAL MOBILIZATION STORES IN INDIA.

THE Government of India has sanctioned the scheme for the formation of a central store in each of the nine divisions, in which will be stored all the field hospital equipment, field medical store dépôts, and the medical stores of general hospitals allotted to the division.

Medical News.

DR. SIDNEY MATTHEWS, public vaccinator for the Crawley District, has received the Government grant for successful vaccination.

THE portrait of Guybert, published on August 17th in illustration of the article on the Charitable Physician, was reproduced, by permission, from a print in the possession of the Royal College of Physicians of London.

THE International League for the Study of Epilepsy will meet at Zurich on September 6th and 7th. The first meeting will take place at 9 a.m. on September 6th in the Swiss Institute for Epileptics.

THE Local Government Board in England and Ireland have issued orders adding acute poliomyelitis and cerebro-spinal fever to the diseases which must in all cases be notified under the provisions of the Notification Act.

A CONGRESS on the care of infants, organized by the German Society for the Protection of Infants, is to be held in Darmstadt from September 20th to 22nd. Among the subjects to be discussed are the education of infants' nurses and the instruction which should be given in girls' schools in relation to the care of infants.

IT was stated last week that at the Third International Congress on Industrial Accidents held recently at Düsseldorf Dr. James R. Kerr was appointed a member of the International Committee. It ought to have been added that Dr. F. Shuffebotham of Newcastle-under-Lyme was also elected to be a member of that committee.

MESSRS. THOMAS COOK AND SON have arranged to conduct a party to Berlin to attend the sixth International Congress of Obstetrics and Gynaecology. The party will leave London on Saturday evening, September 7th, and will arrive in Berlin on the afternoon of the following day, in time for the opening meeting of the Congress on September 9th. The party will leave Berlin on the return journey to London on September 14th. The fare of 11 guineas includes second class travelling to and from Berlin and hotel accommodation there.

THE inaugural meeting of the newly-formed Section of Ophthalmology of the Royal Society of Medicine will be held on Wednesday, October 23rd, at 8.30 p.m. All registered medical practitioners are eligible as members of this section. The council of the society has resolved to offer special terms to new members of this section who also become fellows of the society. These terms can be obtained on application to the secretary of the society. Only those whose applications for either fellowship or membership have been received on or before October 5th and have been accepted by the councils of the section and of the society will be qualified to take part in the inaugural meeting.

OWING to the munificence of a private donor a school for research and clinical instruction in diseases of the chest has been established in connexion with the Royal Hospital for Diseases of the Chest, City Road, London. The new building of the hospital is equipped with pathological and bacteriological laboratories, a radiographic department, and lecture room, and provided with modern apparatus. An introductory lecture will be given about the middle of October, and it is intended to issue a full syllabus towards the end of September. Arrangements are being made for demonstrations in recent methods of diagnosis and treatment, including the administration of tuberculin. Further information can be obtained from the Acting Dean, Dr. Barty King, Royal Hospital for Diseases of the Chest, City Road, London, E.C.

SINCE it has been shown that beri-beri is produced by the continuous consumption of white polished rice and not by the older-fashioned hand-milled rice, many attempts have been made to determine the nature of the substance removed from rice by the process of steam milling which produces the polished grain. In a paper in the last number of the *Annals of Tropical Medicine and Parasitology*, Edie, Evans, B. Moore, Simpson, and Webster, after reviewing briefly the literature of the subject and directing special attention to Funk's isolation from rice meal of a crystalline nitrate of an organic base, which was active in reviving pigeons with polyneuritis produced by feeding on polished rice, go on to relate the promising results of some experiments with yeast. Having found that yeast possessed marked preventive and curative properties, an extract of yeast was prepared, which in minute doses had a very remarkable and very rapid curative effect. The experiments are not complete.

Letters, Notes, and Answers.

TELEGRAPHIC ADDRESS.—The telegraphic address of the EDITOR of the BRITISH MEDICAL JOURNAL is *Aitiology, Westrand, London*. The telegraphic address of the BRITISH MEDICAL JOURNAL is *Articulate, Westrand, London*.

TELEPHONE (National):—

2631, Gerrard, EDITOR, BRITISH MEDICAL JOURNAL.
2630, Gerrard, BRITISH MEDICAL ASSOCIATION.
2634, Gerrard, MEDICAL SECRETARY.

Queries, answers, and communications relating to subjects to which special departments of the BRITISH MEDICAL JOURNAL are devoted will be found under their respective headings.

QUERIES.

SALWERKHTIMAH asks whether the number of sweat glands and hair follicles with which an infant is born increases with the growth of the body.

ANSWERS.

FLYPAD.—We are informed that the Wilson flypads are made by Mr. Archdale Wilson, Hamilton, Canada.

IN reply to "E. P.," who asks for advice in the treatment of an adult suffering from angio-neurotic oedema, "T. M." would suggest a course of ichthyol, 5 to 10 grains thrice daily, in pill.

"H. J. T." suggests the following: Ferri ammon. citratis, gr. x; syr. cascari. sag., m v to m x; ammon. bromide, gr. x; sp. chloroform, m xx; inf. calumb., 3 j; t.d.s.

IN the answer to "L. S." in the JOURNAL of August 3rd, p. 284, as to practice in Canada, the prices of the publications of the General Medical Council given were those of earlier editions. The reference should read: *Digest of the Laws in the British Empire and Foreign Countries for the Prevention of Medical Practice by other than Legally Qualified Persons* (2s. 6d.), and *Report as to the Conditions under which Medical and Dental Practitioners Registered or Legally Qualified in their own Country may Practise Abroad* (fourth edition, price 1s.). Both are published by Spottiswoode and Co.

LETTERS, NOTES, ETC.

THE individual who goes about selling sparking plugs at various prices, or some one else who imitates his method, appears now to be working the North of England.

ADMINISTRATIVE MEASURES CONSEQUENT ON THE COMPULSORY NOTIFICATION OF PHTHISIS.

IN the report published last week of the discussion on this subject in the Section of State Medicine the remarks made by Dr. John Brown (p. 366) were incorrectly reported. The points he desired to make were that, after thirty-four years' experience in Lancashire, he finds: (1) That, as in scarlet fever, small-pox, etc., the type of consumption is far more mild and amenable to treatment. (2) This is due to better housing and better living and greater resistance. (3) Tubercle bacilli are ever present in all our crowded towns, in our milk, food, etc., but less virulent and our resistance is much greater. (4) That we can and do cure cases in the houses of the people. (5) That the house of the consumptive is to be the sanatorium, and for an allowance of 5s. he could for that sum, or even less, get the house, and his committee would pay the extra. In this way the patient would be cured under conditions which would be that under which he earns his food. Also his family would have better conditions for health.

CYCLONIER PUNCTURE REMEDY.

THE Cyclonier puncture remedy has been brought to our notice by Messrs. Christy and Co. (4, Old Swan Lane, London, E.C.). It is a fine grey powder which is poured through the valve of the tyre into the inner tube; a small amount of water is then poured through the valve. The tyre is inflated and the wheel revolved for about a minute. If a puncture has occurred, the solution in the inner tube oozes through the opening and becomes hard, and the puncture is thus repaired. A trial of some weeks appears to prove that a repair thus effected lasts well; further, in a tyre so treated, a subsequent small puncture does not seem to be followed by deflation. The inventors state that the solution does not injure the inner tube, but rather helps to preserve it, and that the effect lasts for two years. The cost of the material sufficient for the two wheels of a bicycle is 2s. 6d.

SCALE OF CHARGES FOR ADVERTISEMENTS IN THE BRITISH MEDICAL JOURNAL.

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Eight lines and under	0 4 0
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A whole column	2 13 4
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All remittances by Post Office Orders must be made payable to the British Medical Association at the General Post Office, London. No responsibility will be accepted for any such remittance not so safeguarded.

Advertisements should be delivered, addressed to the Manager, 429, Strand, London, not later than the first post on Wednesday morning preceding publication, and, if not paid for at the time, should be accompanied by a reference.

NOTE.—It is against the rules of the Post Office to receive *postes restant* letters addressed either in initials or numbers.