

the gyrus uncinatus, when it is the seat of an irritative lesion, either primary or encroaching from adjoining parts.

The association of the two types of fit may be met with in the same case. Thus, a warning sensation of flavour or of smell or taste may be followed by general convulsions. In one case general epileptic fits occurring only during sleep were succeeded by others during the day of a warning sensation of a disagreeable taste coming up from the stomach into the mouth.

Just as the "Broca" fit, already mentioned, has features locating the lesion in the left inferior frontal gyrus and adjacent tissues, so the "uncinate" fit is distinguished by outstanding characters which it is perhaps unnecessary to recall in detail here, and locating the lesion on the mesial aspect of the temporo-sphenoidal lobe. It may be mentioned, however, that the symptomatology of the fit refers especially to the digestive system. Warning sensations of smell and flavour—in some cases of a pleasant, in others of a disagreeable kind—may be followed by a "dreamy" state, in which smacking movements of the lips, chewing movements, and sometimes spitting acts, have been observed.

In the later stages these attacks may be accompanied by paraesthesias of one side of the body or by convulsive movements of the limbs on the side opposite to the lesion.

The attacks of minor epilepsy described in tumours of the temporo-sphenoidal lobe, in addition to those already mentioned, are "dreamy" sensations, temporary lapses of memory, and momentary blurrings of consciousness, in which the face changed colour and objects might be dropped from the hands.

Summary.—In the foregoing remarks I have attempted to show briefly that tumours involving the cortex and sub-cortical white matter of a cerebral hemisphere may give rise to seizures having features characteristic of idiopathic epilepsy. These attacks may precede the onset of the symptoms and signs of intracranial tumour by many years and render the diagnosis of the true cause of the attacks well-nigh impossible. The existence of certain signs, however, favours the presence of an organic lesion; such are a well-defined local warning, the presence of some degree of post-convulsive hemiplegia, inequality of the deep reflexes on the two sides, unilateral abolition or impairment of the abdominal reflexes, and, above all, the development of an extensor plantar response. Eventually more decided evidence of a destroying lesion is shown in hemiplegia, hemianaesthesia, hemianopsia or aphasia, according to the locality of the tumour. When along with such well-marked signs, optic neuritis and the other general symptoms of intracranial new growth are present, there is no longer any doubt that the seizures are symptomatic of a cerebral tumour. It is therefore important in all cases of epilepsy to examine the reflexes and the optic discs from time to time, especially if a decided change occurs in the character of the fits or a new symptom develops.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

THE TREATMENT OF ENTERIC FEVER.

AN experience during the South African war which much impressed me at the time is recalled to my mind by Major Broadbent's advocacy of the use of an icebag suspended near to the patient's abdomen.

In June, 1901, when on the high veldt, I had among my patients about twenty suffering from enteric fever. Our camp had been surrounded and attacked the whole day, so that when night fell there was no opportunity for repitching tents, and one had to leave the men, well wrapped in blankets, out in the open. The night was intensely cold, and it was with forebodings of finding several dead that I went to see them in the morning. None were dead; and to my astonishment the most severe cases showed a wonderful improvement, and the whole picture was in striking contrast with that presented by the same men who had previously been treated in army tents. Delirium and restlessness were quieted, temperatures were lower, tongues and mouths were cleaner and moister. I could

only attribute the good effects to the antipyretic action of the cold air respired by the lungs. My cases being quickly removed to a base hospital, I had no opportunity of further adopting this treatment.

Hydrotherapy has claimed good results; is it not possible that the persistent inhalation of cold air might prove more efficient and safer? I venture to suggest that the improvement which Major Broadbent has observed is due more to the cooling effect of the ice upon the air than to the local effect upon the exposed portion of abdomen.

Since that war I have had little experience in the treatment of enteric fever, and I do not know whether cold dry air has been tried in the treatment of this particular disease, or for diseases such as malaria, sprue, etc., which tend to persist in hot countries, and are generally quickly benefited by change to a cooler one,—I am, etc.,

London, E.C.

OLIVER BEDDARD, M.D.

Reports of Societies.

ULSTER MEDICAL SOCIETY.

At a meeting on November 26th, Dr. J. S. MORROW, President, in the chair, Dr. J. A. Milroy and Dr. J. F. Craig, of Bangor, were elected Fellows, and Drs. John Ewing, W. R. Hayden, J. B. Logan, S. McComb, W. Patton, H. L. Greer, G. B. Purce, W. McDermott, Elizabeth Robb, E. McSorley, W. G. Anderson, J. Cathcart, N. C. Graham, E. C. T. Emerson, all of Belfast, were elected members. Dr. CALWELL showed (1) a case of *Tertiary syphilitic affection of face*, with a slight resemblance to a disseminated lupus; owing to the shortage of neo-salvarsan, the patient was put on large doses of iodide and intramuscular injections of mercury, the result being rapid healing; there had been a positive Wassermann reaction. (2) A case of *Pruritus in a neurasthenic*. (3) Early *Lupus erythematosus* treated with CO₂ snow. (4) *Psoriasis in the face* in a girl. (5) *Acute generalized prurigo* in a young child. (6) Photographs of two cases of *Pernicious anaemia*, which showed marked increased and decreased skin pigmentation in patches (melanoderma and leucoderma) instead of the customary lemon tint; of a case of *Fröhling's syndrome* (dystrophia adiposo-genitalis) in a young woman; and of a case of severe *Molluscum contagiosum*. Dr. McKISACK showed a case of *Acromegaly* in the early stage; improvement had taken place under thyroid gland administration. Mr. A. B. MITCHELL showed: (1) A case of *Solid oedema of the eyelids*, and explained the treatment he had successfully adopted in previous cases of artificial lymphatic channels by means of sterilized thread; (2) a specimen of a *Gall bladder filled with stones* which he had successfully excised; (3) a patient with *Skin grafting of upper eyelid*. Mr. T. S. KIRK sent a specimen of *Ulcerative colitis treated by excision*. Mr. FULLERTON showed a case of *Club-foot treated by tarsotomy*, and explained the rationale and method of the operation. Dr. THOMAS HOUSTON showed a number of cases of *Acne treated by vaccines*. He emphasized the necessity of finding the microbes which caused the disease; he did not believe in compound vaccines, as one could not increase either independently; one might desire to increase the acne bacillus, but the staphylococcus would be increased far beyond the proper dose in doing so. Long periods of treatment were sometimes necessary. He thought it better to begin with small doses of one microbe, and increase gradually. Dr. J. C. RANKIN showed a series of cases of *Lupus vulgaris* and of *Rodent ulcer*, showing Lenthal Cheate's distribution, and remarked on the frequency of lupus of the mucous membrane of the nostril causing stenosis of the tear duct, for which the patient not infrequently went to the ophthalmic hospital. Dr. T. KILLEN (Larne) showed (1) A specimen of *Calcified hydrocele of the tunica vaginalis testis*; (2) A *meningocele*, which he had successfully removed from a child aged three weeks; the child was still alive a year and nine months later, but was showing signs of idiocy.

THE late Dr. William Thomas Fernie, of Richmond, Surrey, author of several books on cooking and herbal remedies, left estate valued at £14,983.

of Colles's fracture, Pott's fracture, Pott's disease, Bright's disease, Addison's disease, Jacksonian epilepsy, Hutchinson's teeth, or any other of equal importance, there might be some excuse for this superstition; as it is, there is none. But it is especially in mental science that the reputation of the Germans is most exalted and is least deserved. For every philosopher of the first rank that Germany has produced England can show at least three, and in the value of their contributions the comparison is immeasurably in favour of the English. It is absurd to compare the fumbling of Hegel and his disciples in impenetrable fog with the transparent clearness of English philosophy from Hobbes and Locke to Spencer and Mill. It is absurd to compare the logic of Sigwart and Lotze with that of Hamilton and J. S. Mill; and it is absurd to compare the lagomachy of Kraepelin and the filth of Freud with the classical writings of Maudsley and the clinical insight of Clouston. In every branch of mental science the English are immeasurably superior to the Germans.

But let me give the Germans their due. There is one department of activity in which they easily excel all other nations on earth. I do not speak of their skill in espionage, for a spy bureau that will give a handsome reward to a poor boy for information copied out of *Whitaker's Almanack* is not so magnificently competent. No, I refer to their genius for self-advertisement. They have contrived, upon a very slender basis of achievement, to impress themselves upon the world as the most scientific nation on earth. Never was there a greater imposture. Scientific, indeed, they are in one sense—more scientific than any other nation—for, as Dr. Greeley points out, there is a far greater proportion of medical men working at science in Germany than in any other nation; but what have they to show for it all? Less, in proportion to the number of workers, than even Japan, which has so lately entered the field. But in getting themselves accepted at their own valuation they are immeasurably superior to every known example—even to Mr. Bernard Shaw. True, they do not follow his method of beating the big drum with frenzied energy and blowing their own trumpet till their cheeks crack, but they display the same adroitness in foisting upon a gullible world their scientific achievements as their shoddy commercial wares, and the two are of much the same value—made for show and not for endurance—in short, made in Germany.—I am, etc.,

Parkstone, Dorset, Nov. 30th.

CHAS. A. MERCIER.

NUTRITION AND MEAT EXTRACTS.

SIR,—Believing that what may be called the multiple body-building theory regarding meat extract had been definitely shattered, it was my intention, when last writing, not to trouble you again with it, but Professor Thompson sends you a third letter,¹ in which he shows so little disposition either to meet my criticisms or admit the illusory character of his doctrine that the facts of the case are obscured, and I feel that, in the interest of prescribers and consumers of meat extract, the following brief summary should be presented to them:

A body-building power of from 10 to 20 times the amount taken was claimed for meat extract as the result of two series of experiments: First, upon 5 dogs,² and secondly, upon 2 dogs and 2 human subjects.³

If the extract really had such a power, through (as the authors believed) a superior utilization of the other food, an animal previously in metabolic equilibrium upon a particular diet should, when regular additions of extract are made to that diet, show regular increments of weight, and these increments should be from ten to twenty times the quantity so added, for the diet previously sufficient has, according to the theory, become more than sufficient in consequence of its more efficient utilization.

Now, a reference to the figures quoted in my first letter,⁴ and to the other abstracts from Professor Thompson's paper, prove:

1. That at the end of several days with extract the animal, as a rule, weighed no more than on the first day—sometimes less.

2. That an increase on the first day of a meat extract period was followed generally by no augmentation of weight on

succeeding days, but, on the contrary, a fall usually occurred, notwithstanding successive doses of extract.

3. That after a period without extract the animal sometimes weighed more than after a similar period with extract.

4. That any spasmodic rise in weight which did take place was largely due to water.

This is, I consider, quite sufficient to show that the theory is untenable.—I am, etc.,

Hornsey, N., Nov. 30th.

CHARLES E. SOHN.

BELGIAN MEDICAL MEN.

SIR,—Could not the services of these gentlemen be used for medical attendance on their fellow countrymen? In this immediate district we have 18 wounded and invalid Belgian soldiers and about 50 refugees. My knowledge of Flemish is *nil* and of French limited, so that I need an interpreter. My old friend and tutor, Dr. Gee, used to say it was an advantage that he could not understand what his patients said, thus leaving him to find out their ailments. This is true no doubt, but it is a disadvantage not to be able to direct them as to treatment.—I am, etc.,

GEORGE F. SYDENHAM,

M.O.H. South Molton R. District.

Dulverton, Somerset, Nov. 28th.

* * The Medical Act of 1859 provides that any person, not a British subject, having obtained from any foreign university a degree or diploma of Doctor in Medicine, and who shall have passed the regular examinations entitling him to practise medicine in his own country, shall not be prevented from being and acting as the resident physician or medical officer of any hospital established exclusively for the relief of foreigners in sickness, provided always that such person is engaged in no medical practice except as such resident physician or medical officer. The Medical Act of 1886, Part II, permits registration by the General Medical Council of a foreign general practitioner with a recognized diploma, provided that His Majesty in Council is satisfied that the foreign country to which the practitioner belongs affords to the registered medical practitioners of the United Kingdom such privileges of practising in the foreign country as to His Majesty may seem just. The application of the law to the foreign practitioner can only be set in motion at the instance of the Government of the foreign country which desires to establish reciprocity of practice with this country.

Universities and Colleges.

UNIVERSITY OF EDINBURGH.

Privileges to Students in the Services.

THE following privileges have been approved by the Senatus of the University of Edinburgh for students in the Faculty of Medicine who have joined or may join any of His Majesty's services in connexion with the war:

1. Bursaries, scholarships, etc., held by students absent on war service will, unless there are legal difficulties in any particular case, be reserved for the holders until they are able to resume their studies.

2. The period of war service will not be reckoned in calculating the time limit for honours or for scholarships, etc.

3. Students whose attendance on any course is interrupted by the absence on war service may resume and complete their attendance at a subsequent date without additional fee.

4. The Faculty will do everything to facilitate the completion of the curricula of students who undertake approved service with H.M. Forces. On the conclusion of such service the case of each student will be individually considered, and steps will be taken to grant him any concessions which are consonant with carrying out the regulations of the General Medical Council.

5. Clinical service during the continuance of the war for any period of not more than twelve months in a medical unit of the Army (Regular or Territorial), or in a hospital or detachment of the Red Cross Society, or in any hospital recognized by the naval or military authorities for war purposes, will be accepted by the University as equivalent to the medical and surgical practice in a recognized hospital for an equal period; and, further, a portion of the time so spent, not exceeding six months, may be accepted as equivalent to clinical surgery or clinical medicine at the choice of the candidate.

Notice of war service should in every case be given to the Dean of the Faculty as soon as possible. These or similar arrangements will be in force during the war.

LIEUTENANT J. CROCKET, R.A.M.C., who was killed in action at the battle of the Aisne, left estate valued at £441.

¹ BRITISH MEDICAL JOURNAL, November 21st.

² Professor Thompson, British Association Report, 1910.

³ Dr. Thompson, William Caldwell, and T. A. Wallace, BRITISH MEDICAL JOURNAL, September 16th, 1911.

⁴ BRITISH MEDICAL JOURNAL, October 17th.

he took an active interest in the public and political life of the district. He was a prominent Freemason, and assisted in the formation of a lodge at Hebden Bridge. He settled in Blackburn in 1896. He had introduced the St. John Ambulance movement at Hebden Bridge, and maintained his connexion with it at Blackburn. He was also ambulance instructor to the London and North-Western Railway Company in Blackburn, and was held in the highest esteem by the employees. Dr. Bradley was devoted in his attention to his patients, and was especially popular among the poor. He was a member of the Blackburn Division of the British Medical Association and contributed reports of cases to the *BRITISH MEDICAL JOURNAL*. All his life he had taken a keen interest in dogs and canaries, and whilst in Yorkshire figured among the prizewinners at various leading shows. On removing to Blackburn he continued to take a very active interest in the canine world, was an enthusiastic member of the local canine association, and bred St. Bernards, Russian wolf hounds, and Irish terriers.

THE news of the death of WILLIAM ROBERT RIDLEY, of Rothbury, Northumberland, at the early age of 33, will be received by his large circle of friends with profound regret. He left England early in September to take charge of a field hospital in Servia, and died on November 3rd from an attack of dysentery, at Krajewatz Field Hospital. Dr. Ridley graduated M.B., Ch.B. Edin. in 1910, and held appointments in Leith and Sunderland Infirmarys, as well as at the Newcastle-on-Tyne Dispensary. His work was marked by ability and great promise, and being of the most genial and kindly disposition, his friendship was highly esteemed wherever he went. A striking eulogy of his work and high devotion to duty has been received by his parents from the Servian Government, through the Servian Minister in London.

DR. ALEXANDER W. WOODMAN DOWDING, who died recently, was born at Westbury, Wilts, in 1852. He was educated privately, and in 1872 entered as a student at the London Hospital. He obtained the diploma of L.S.A. in 1875 and that of M.R.C.S. in the following year. He graduated M.B., M.S. at Durham in 1880, proceeding to the M.D. degree in 1882. In 1881 he became a Member of the Edinburgh Royal College of Physicians. He held several appointments at the London Hospital, and was for a time resident clinical assistant at the Borough Asylum, Newcastle-on-Tyne. He was also at one time physician to the Plaistow Dispensary for Women and Children. Later he practised during the winter at Algeciras. He was a member of the Gibraltar Branch of the British Medical Association, of which he was Vice-President. Dr. Dowding was the author of contributions to medical literature on the treatment of whooping-cough and on Algeciras and its climate. He leaves a widow, one son, and one daughter.

PROFESSOR AUGUST WEISMANN, who had been professor of zoology in the University of Freiburg since 1867, and whose name is known to all students of biology in association with a well-known theory of heredity, died recently, aged 80.

DR. CHAMBIGE, Senator for the Puy-de-Dôme Department, Vice-President of the General Council, and Mayor of Pont-du-Château, died recently. He took his M.D. degree in 1879.

DR. JULES GACON, Senator and President of the General Council of L'Allier, Mayor of Donjon, died there on November 22nd after a long illness, aged 67. He had been a member of the Chamber of Deputies for many years, and in 1903 was elected a member of the Senate, in which he retained his seat to the end of his life. He was vice-president of the Left Democratic group of the Senate.

DR. T. P. FRASER, West African Medical Staff, who was killed in operations in the Cameroons, left estate valued at £770.

Medical News.

THE Chelsea Hospital for Women has received a second donation of £500 from the Drapers' Company to name in perpetuity a bed in the hospital now building.

SIR FREDERIC EVE, in his Bradshaw lecture before the Royal College of Surgeons of England on Tuesday, December 15th, at 5 p.m., will deal with acute haemorrhagic pancreatitis and the etiology of chronic pancreatitis.

A DISCUSSION on preventive inoculation will be opened by Professor G. Sims Woodhead at a meeting of the Royal Sanitary Institute at 90, Buckingham Palace Road, on Tuesday next. The chair will be taken at 7.30 p.m. by Sir Shirley Murphy.

THE last number of the *Proceedings* of the Royal Society of Medicine for the session 1913-14 presents a new feature in the form of a supplement, entitled, "New Books." In this supplement it is proposed each month to draw attention to the more important new medical works. It is not proposed either to praise or blame, but merely to analyse and to explain what the authors have attempted to accomplish.

AT its meeting on November 3rd, the Paris Academy of Medicine passed a resolution expressing its feeling that it was desirable that, for the duration of the war, Belgian doctors and dentists duly qualified to practise in their own country should be legally authorized to practise in the parts of France and Algeria which are insufficiently supplied with medical and dental practitioners. A similar resolution was passed in regard to pharmacists holding Belgian diplomas.

WE received recently from a correspondent some pills which are said to have a wide reputation in a part of the North of England as "female corrective pills." The directions were to take three night and morning. In one case the pills were taken according to directions for five days; on the fifth day haemorrhage occurred, and on the seventh day abortion at the fourth month. A qualitative analysis of the pills shows that they contain no diachylon or other lead compound. The ingredients are: Iron oxide and carbonate with a little sodium sulphate (evidently from a variant of Bland's pill formula), oil of pennyroyal, vegetable tissue, and a small quantity of a bitter substance which appears to be aloes. Microscopical examination of the vegetable tissue shows a good deal of ginger, cinnamon, and what appears to be canella. There is no evidence of anything else being present.

AS already noted in the *JOURNAL* (December 20th, 1913, p. 1606) an agreement has been made between the London County Council, the London Insurance Committee, and the Metropolitan Asylums Board, that the Asylums Board shall provide the sanatoriums needed for tuberculous persons in London, the capital cost and expenses of maintenance to be borne proportionately by the other two bodies mentioned. Under this arrangement the Asylums Board has now submitted to the Local Government Board plans for the erection of sanatoriums: (1) For 232 women at Hyde Style, near Godalming, estimated cost £42,000; (2) for 168 men at Felbridge, near East Grinstead, estimated cost £30,000; and (3) for 175 men at Ellisfield, near Basingstoke, estimated cost £31,000. In the case of the sanatorium near Godalming the approval of the Local Government Board has already been received.

THE usual quarterly meeting of the Medico-Psychological Association of Great Britain and Ireland was held on November 24th at the house of the Medical Society of London under the chairmanship of Dr. David G. Thomson. On the recommendation of the Council a resolution was adopted directing attention to the hardships of the staffs of the Royal Asylums of Scotland, which were not included under the benefits of the Asylum Officers' Superannuation Act. It was resolved to address letters on the subject to the managers of the Royal Asylums, the Scottish Board of Control, and Sir Robert Jardine. It was decided to hold the regular meetings of the association during the continuance of the war, but to abandon the projected visit to Birmingham next February, and to hold a meeting in that month in London. Resolutions of condolence with the families of Dr. Sidney Nelson Crowther, superintendent of the Netherne Asylum, who had enlisted as a motor cyclist, and was killed recently in action, and Dr. Harold Shaw, of the Isle of Wight Asylum, who died after a short illness, were adopted.