

is the only treatment which affords any real chance of a permanent cure to sufferers from this condition when it has been in existence for more than a short time.

A cure has sometimes been effected by x-ray applications in large doses, but I have been very much disappointed with x-ray treatment in pruritus, most of my cases in which it has been tried having been complete failures. I have several times operated with success after x rays had entirely failed.

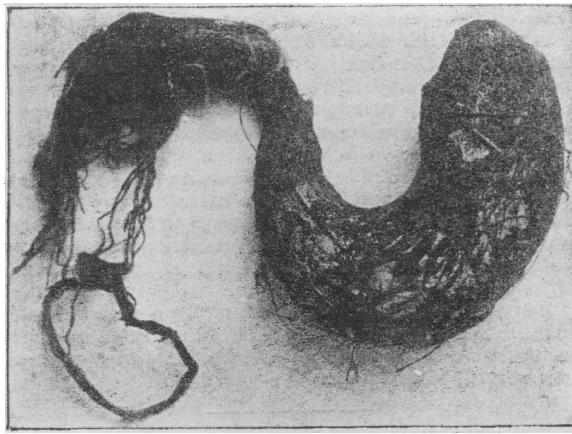
Memoranda : MEDICAL, SURGICAL, OBSTETRICAL.

FOREIGN BODY IN THE STOMACH.

AN idiot, M. E. J., was admitted on September 13th, 1906, at the age of 6 years. It was expressly stated by his parents that he had never suffered from epilepsy or convulsions of any kind.

In August, 1907, however, he was sent to the institution infirmary suffering from a succession of convulsions with severe collapse. The ordinary treatment for collapse was resorted to, and in addition the patient was ordered an enema, which resulted in the evacuation of a large quantity of such rubbish as hair, bits of bootlace, string, etc. He continued to pass this stuff for some days, but eventually recovered completely.

He was never a strong boy, and constantly suffered from lung trouble, colds, and diarrhoea, but there is no further



note of his having had another fit until May 6th, 1915, while in the infirmary with general debility and persistent diarrhoea. On this date he was very much collapsed, everything having failed to relieve the very persistent and offensive diarrhoea. Just before death he had an epileptic seizure, from which he never rallied.

On *post-mortem* examination, the stomach and beginning of the duodenum were distended and very hard. I removed the lower part of the oesophagus, the whole of the stomach, and the duodenum.

On opening these I found a hard, solid, and compact mass of hair, tape, bootlace, etc., as shown in the illustration, forming a complete cast of the stomach, and weighing 14½ oz. The stomach was slightly dilated, but showed no sign of ulceration; the remainder of the intestines were normal.

This case is of interest in two ways:

First, was the gastric irritation set up by the presence of this foreign body the cause of the boy's epilepsy?

Secondly, so much controversy has been raised lately regarding the shape of the stomach that I think the accompanying photograph is interesting as showing the shape, at least, of the contracted stomach.

The Royal Earlswood Institution,
Redhill, Surrey.

J. M. GAGE.

IT is reported that in Hungary several doctors have been arrested on the charge of improperly giving medical certificates to persons who sought to avoid military duties.

D

Reviews.

ARTERIAL DISEASE AND ANGINA PECTORIS. THE unstinted admiration of the profession will be accorded to Sir THOMAS CLIFFORD ALLBUTT for the untiring energy which he has displayed in the devotion of the later years of his busy life to the advancement of medical knowledge and to the promulgation of new lines of thought on many of the obscure phases of medical science.

Many as have been the subjects to which he has devoted his remarkable powers of clinical investigation, there are few to which he has given more earnest thought than to the problems associated with arterial pressure and the conditions under which it may be modified.

The depth and wide range of his study of this subject may be judged by the two weighty volumes on *Arterial Disease and Angina Pectoris*,¹ which have recently been made public. Nearly a quarter of a century has passed since he made his own views on these points known to the profession, and on several occasions in recent years he has pressed some of them home in addresses and lectures, but the difficulties and intricacies of the research have been made increasingly manifest as time has gone on, and the literature of the subject has reached huge proportions. In order to deal fairly with the observations and conclusions of others, Professor Allbutt has expended a vast amount of energy in the attempt to bring them into some sort of line and order. His readers will readily concede the claim, laid down in the introductory chapter, that such labour has been honest labour, undertaken with the sole desire to unravel a very tangled skein. Although described as the winter fruitage of an old tree, they will also find it to possess the soundness of maturity, delightfully blended with the mellowness of age. The perusal of a work such as this is indeed a delight to the clinical reader.

Careful observation, checked by critical acumen; reasonable deduction tempered by common sense and well-balanced conclusions enunciated after judicial summary; are the distinguishing features of the methods adopted throughout this important work. No one, and least of all the author himself, would claim that finality has been reached. There is far more yet to learn than has hitherto been achieved, but a definite classification is possible which, if accepted, may go far towards a better understanding of the disease and its treatment in time to come.

Arterio-Sclerosis and "Hypertension."

Degeneration of arteries, localized or diffuse, producing visible lesions, has been recognized since the earliest days of medicine, but it was not until the middle period of the last century that the microscopic changes in vascular walls began to be noted and described. The condition known as arterio-capillary fibrosis was gradually demonstrated and its close association with renal disease was generally accepted. With it also was associated the condition of increased tension within the pulsating vessels, and this high tension was directly attributed to the altered condition, with loss of elasticity in the vascular wall, coupled with the hypertrophy of the left ventricle of the heart, which was, in itself, the consequence of the obstructed circulation. About the year 1875 the late Dr. Mahomed of Guy's Hospital brought forward some striking evidence to prove that the condition of high tension was not always the consequence but might be the forerunner of the renal and vascular changes of a later stage. Although it was afterwards abundantly proved that such cases of high vascular tension might continue for long periods without producing the more obvious lesions either in the renal or other organs, still the work done by Mahomed definitely established the fact that high tension might be present without any recognizable cause for it.

It is to this form of high arterial tension unassociated with renal disease that Sir Clifford Allbutt has devoted his best powers of study and investigation during the last twenty years; the outcome is embodied in the work under review. While others have been content to follow their leaders in maintaining that high tension is produced by

¹ *Diseases of the Arteries, including Angina Pectoris.* By Sir T. Clifford Allbutt, K.C.B., M.A., F.R.C.P., F.R.S., Hon. M.D. Dub., LL.D., D.Sc. In two volumes. London: Macmillan and Co. 1915. (Med. 8vo. pp. 546 and 565. 30s. net the two volumes.)

Dr. Mann took a prominent part in the civic life of the city, having been a member of the city council for twelve years, chairman of the Public Health Committee for four years, and sheriff of the city in 1904-5. During his tenure of the chairmanship of the Public Health Committee he did much to further the efficiency and working of that department, the housing of the poor being a question in which he had always taken a burning interest, and which formed the theme of his first, and also of his last, speech in the council. He was a good speaker, with a clear and incisive style, marshalling his facts accurately, so that it was always a pleasure to listen to him.

Pressure of professional work necessitated his retirement from the council in 1912, at a time when his fellow councillors would willingly have accorded him the highest civic honours. The regret, freely expressed in the council, at his retirement found its counterpart in the opinion of the citizens generally.

In 1913 he was appointed a magistrate for the city, an appointment which gave universal satisfaction. He was a member of the Chester Port Sanitary Authority, and represented the council on the Chester Insurance Committee.

He married Miss Lilian Skelton of Norwich, who survives him with their family of two sons.

CAPTAIN JOHN CHARLES GILLMAN, I.S.M.D., died in the General Hospital, Calcutta, on July 2nd. He was born on July 27th, 1862, and entered the service in 1881, rising to commissioned rank as lieutenant on July 23rd, 1908, and becoming captain on September 23rd, 1912. He served in the Sikkim war of 1888, gaining the frontier medal with a clasp, and also a special promotion to 1st class assistant surgeon. Most of his service, however, was spent in civil employ in Bengal, where he held the posts successively of medical officer to the pilot brigs at the Sandheads; the civil surgeonies of Sinhblum, Ruri, Dinajpur, Serampur, and Sambalpur; while since 1909 he had been medical inspector and certifying surgeon of factories in Bengal. He was also medical officer of the Cossipur Artillery Volunteers. He qualified as L.S.A. in 1886.

Medico-Legal.

A GERMAN DRUG COMPANY AND THE PATENT MEDICINES STAMP DUTY ACT.

WE take the following report of proceedings at the Mansion House Police Court on August 16th from the *Morning Advertiser* of the following day:

Knoll and Co., Ltd., of Harp Lane, and the secretary of the company, Walter Braun, whose address was given as Stradella Road, Herne Hill, were summoned before Alderman Sir John Knill for uttering, sending, and exposing for sale certain medicines or medicaments for the prevention, cure, and relief of diseases and complaints incident to and affecting the human body, without the stamp required by the Patent Medicines Act. There were eleven summonses.

Mr. Frank Dart, solicitor to the Customs, in opening the case, stated that since these proceedings the secretary of the company had been interned in the Isle of Man as an alien enemy, and he proposed to withdraw the case as against him, and to go on with the case against the company only.

Mr. Kerby, K.C., defending, said the only person able to give him proper instructions was this Mr. Braun, and they had applied for an adjournment, but this had been refused.

Mr. Dart said the company, although registered as an English company, was a German company pure and simple. It was run entirely by Germans, and all the directors, he was instructed, were Germans with addresses out of England. The case was an extremely bad one, for the company never stamped any of their articles, and in this way competed unfairly with firms who did properly stamp their articles. None of the articles, he contended, came within the exemptions as being an entire drug, but all were preparations and mixtures.

Mr. Chas. Simmonds, analyst to the Board of Customs, gave evidence as to the admixtures. In cross-examination, he said that the starch and sugar added to ovaraden might be for the purpose of holding the drug together. Strictly speaking, the coating of sugar on pills might be against the statute, but in practice the Commissioners of Customs did not so regard it.

Mr. Kerby submitted that there was no evidence to support the case as there had been no holding out of the preparations to the public. The price list of the firm was addressed to chemists and doctors, and as such was not a recommendation of the preparations to the public, which was the essence of the whole case. He also urged that the preparations were entire drugs, as they were mixed by something which had no medical effect.

They were dealing at present only with summonses regarding ovaraden, and if the decision was against him he should ask for a case to be stated, as he regarded it as a test case.

Sir John Knill decided to convict, and imposed a fine of £5, with 5 guineas costs on the first summons.

Mr. Kerby asked the alderman to state a case for the consideration of the High Court.

Sir John Knill: Certainly.

Mr. Kerby said that in the circumstances he would agree to a conviction on each of the ten remaining summonses, the penalty to be the same in each case, without costs.

The Services.

INDIAN MEDICAL SERVICE.

WAR CONDITIONS.

Retention on Active List after Retirement has become Due.

THE following is the text of the letter of the Government of India, Army Department, dated April 8th, 1915, conveying the decision that the period for which an officer of the Indian Medical Service is retained on the active list, in consequence of the war, after his retirement becomes due, will be permitted to count for pension:

No. H.4098.

Government of India.

Army Department.

Simla, April 8th, 1915.

To the Director General, Indian Medical Service.

Sir,—I am directed to acknowledge the receipt of your letter No. 90-357-A, dated February 10th, 1915, inquiring whether officers of the Indian Medical Service, who would have been compelled to retire under the operation of existing rules, but who have been retained on the active list in consequence of the war, will be permitted to reckon for enhanced rates of pension the service rendered by them after their retirement ordinarily becomes due.

2. In reply I am to say that the period of retention of the officers referred to will count towards pension—that is, their pensions will be calculated with reference to their total service at the time of retirement.

3. I am to add that the extra pensions of £100 each per annum granted under Army Regulations, India, Volume I, paragraph 734, should be allotted in the ordinary way to selected officers, but payment should be held in abeyance till they actually retire.—I am, Sir, your most obedient servant,

(Signed) B. HOLLOWAY, Brigadier-General,

Secretary to the Government of India.

Reversion to Military Duty.

The following is the text of Army Department letter, dated July 3rd, 1915, intimating that it has been decided that officers of the Indian Medical Service reverting to military duty from permanent civil employment, in consequence of the war, whether they proceed on active service or remain in India, are entitled to pay not less than that of an officer of their standing in permanent medical charge of a regiment:

No. H.6006.

Government of India.

Army Department.

Simla, July 3rd, 1915.

To the Director, Medical Services in India.

Sir,—I am directed to say that the Government of India have decided that officers of the Indian Medical Service reverting from permanent civil employment in consequence of the war, whether they proceed on active service or remain on military duty in India, are entitled under paragraph 153-II, Army Regulations, India, Volume I, to pay not less than that of officers of their standing in permanent medical charge of a regiment.—I am, Sir, your most obedient servant,

(Signed) B. HOLLOWAY, Brigadier-General,

Secretary to the Government of India.

TERRITORIAL FORCE.

EXCHANGE DESIRED.

LIEUTENANT A. G. S. LOGIE, R.A.M.C.(T.), 21st South-Eastern Mounted Brigade Field Ambulance, Maresfield Park, Sussex, wishes to find a substitute so as to enable him to transfer to a unit going on foreign service. He would exchange with an officer in a unit going abroad or already abroad.

Universities and Colleges.

UNIVERSITY COLLEGE. DUNDEE.

AT a meeting of the Council on August 11th it was announced that a bursary in memory of Mr. Robert Hepburn had been founded by his sister. It will be open to any male or female student of medicine at the College, and will be tenable for three years.

Medical News.

THE French War Ministry has issued an official communication intimating that the statements to the effect that the French troops have used poisonous gases is incorrect.

THE Hygiene Committee of the Chamber of Deputies has nominated a committee composed of MM. Pottevin, Métin, and Foucher to proceed to the Dardanelles to study the working of the French medical service there.

MESSRS. SMITH, ELDER, AND CO. will publish a book in which Mr. Ian Malcolm, M.P., who has been serving with the British Red Cross, has embodied his experiences. The text is illustrated from original documents.

THE Swedish Academy has decided that the Nobel prizes shall not be awarded this year. It is stated that the funds which will thus be accumulated will not suffice to cover the special Swedish tax for national defence.

THE *Revue de Laryngologie, d'Otologie et de Rhinologie*, the editor of which is Dr. E. J. Moure of Bordeaux, has resumed publication, suspended since August last. Owing to difficulties created by the war it will for the present be issued every two months. The present number (August 15th) will continue the series interrupted in August, 1914.

WITH the issue of the *Athenaeum* for July 3rd was published the first instalment of a subject index to periodicals undertaken at the request of a committee appointed for the purpose by the Library Association. The progress of science and technology in 1915, with special reference to the war, is the first subject to be indexed.

SIR LAURENCE GOMME contributes a preface to Mr. Frederic Swann's *Primer of London Citizenship*, which Messrs. King of Westminster will publish shortly. The work is intended to explain the system of local government in force in London, to elucidate some of its intricacies, to point out some of its defects, and to examine those measures that have been proposed for its simplification and improvement.

A SPECIAL convalescent home for the French aviation services has been established in a country house with a large park at Viry-Châtillon, near Juvisy, where is the great aerodrome. The estate has been lent by Dr. Mougin, who is the medical officer in charge of the home, which has been recognized as an auxiliary military hospital. It has been equipped by public subscription, among the subscribers being the President of the Republic and the Presidents of the two Chambers. It provides forty beds, and not only pilots and observers but also mechanicians mobilized for service in the army or navy aviation corps are eligible for admission.

ON July 28th a miner, named Coates, was buried in a fall of roof in the South Pelaw Colliery, near Chester-le-Street, Durham. The accident happened some time after 7 a.m., and he was found about 9 a.m. It was impossible to extricate him, and Dr. W. A. McKellar of Chester-le-Street, who had been sent for, went down the pit about 11.30 a.m., reached the man at the coal face by crawling for some distance, and, after several attempts, was able to inject strychnine into his back. As the right arm was terribly crushed, Dr. McKellar advised that an attempt should be made to hew away some of the fall so that the limb might be amputated. This was found impossible, and Dr. McKellar was able with difficulty to give another injection; when eventually, about 6 p.m., it was found possible to relieve some of the pressure, the man died. Dr. McKellar remained with him throughout. The coroner, in commenting on the incident at the inquest, said that Dr. McKellar's conduct in doing all that was possible in such difficult circumstances, and in remaining with the man till the end, was in the highest degree creditable. The jury heartily concurred with the coroner's remarks, and an official who prefers to remain anonymous, in calling our attention to the incident, expresses the opinion that Dr. McKellar's attempt to liberate the man under the conditions which obtained was highly commendable. This opinion, we are sure, will be shared not only by the miners, but also by the profession which Dr. McKellar has honoured.

Letters, Notes, and Answers.

THE telegraphic addresses of the BRITISH MEDICAL ASSOCIATION and JOURNAL are: (1) EDITOR of the BRITISH MEDICAL JOURNAL, *Artiology, Westrand, London*; telephone, 2631, Gerrard. (2) FINANCIAL SECRETARY AND BUSINESS MANAGER (Advertisements, etc.), *Articulate, Westrand, London*; telephone, 2630, Gerrard. (3) MEDICAL SECRETARY, *Medisecca, Westrand, London*; telephone, 2634, Gerrard. The address of the Irish office of the British Medical Association is 16, South Frederick Street, Dublin.

Querries, 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.

BUMBLE BEES.

INQUIRER writes: I recently noticed hundreds of "bumble bees" (the one with the two yellow stripes, one on thorax, the other on body) scattered on the ground dead under a lime tree in full flower, but the bodies (thorax) of nearly all had been hollowed out and the contents removed. In some cases their heads were off, but the abdomen and contents seemed untouched. Upon the branches of this lime and also in adjoining trees and on a tennis net near by were numerous young fly-catcher birds (*Muscicapa grisola*), continually on the wing and picking flies whilst in the air. Were these hundreds of bumble bees the victims of inebriation from the honey of the lime tree flowers or were they destroyed whilst feeding by the birds? Is this an observed phenomenon?

ANSWERS.

SHOULD SURGEONS WITH INFECTIVE THROAT LESIONS OPERATE?

COLONEL JOHN SMYTH, I.M.S.—A surgeon with a primary or secondary syphilitic lesion in the mouth or pharynx is not justified in operating or attending cases of confinement, even if he wears a mask. A man with active tuberculous ulcers on his tonsils would doubtless feel absolutely incapable of attempting such a task. The infective activity of tubercle in the air passages varies greatly in different cases. In cases of lupus it is so slight as to be practically negligible. In the case of miliary tuberculosis it is so active as to be dangerous.

HARE-LIP.

DR. J. E. MIDDLEMISS (Leeds) writes: The first of "R's" queries can be definitely answered in the negative. The types of deformity which are associated with neuropathic inheritance and which are recognized as stigmata of degeneration rarely include hare-lip or cleft palate. Tredgold, in discussing the malformations of the palate associated with amentia, says: "Cleft palate appears to be on quite a different footing, and it is doubtful if this condition and its common associate, hare-lip, can be regarded as real stigmata of degeneracy. It is but rarely met with in amentia, Langdon Down finding it only in 0.5 per cent., and Ireland in 1 per cent., of idiots; whilst Talbot examined 1,977 feeble-minded children without meeting a single instance. These proportions do not differ materially from the normal, for Grenzer (quoted by Talbot) found 9 cases on examining 14,466 presumably normal children. I have seen many instances of cleft palate and hare-lip in children who presented no other mental or physical imperfection whatever." Questions 2 and 3 are partly answered by the above. The probability of similar abnormalities in subsequent births would appear to depend on the ordinary laws of chance. Even the double occurrence of hare-lip, however, does not imply the probability of other developmental anomalies. The type of malformation which is likely to recur, and which depends on hereditary causes, is that which is associated with some degree of mental defect, of which in this case there is no question.

LETTERS, NOTES, ETC.

ERRATUM.

In the paragraph headed "Plague," in the last issue of the JOURNAL (p. 276, col. 1, line 21 from foot of page), for "5 per cent." read "0.5 per cent."

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