

## Memoranda: MEDICAL, SURGICAL, OBSTETRICAL.

### BRONCHIAL ASTHMA.

MORE than forty years ago, in conjunction with my father, I treated asthma amongst the miners of the county of Durham. It was common in those days when the ventilation of the mines was much worse than the conditions now prevailing.

Having had the privilege of acting as a deputy physician to out-patients at the City of London Hospital for Diseases of the Chest, Victoria Park, E., for the last eighteen months, I have been brought into contact with asthma as witnessed amongst those who work with furs, or follow dusty occupations, or more probably live in small, badly-ventilated rooms.

From notes of 94 cases, I find that in 25 per cent. the condition is hereditary; that it afflicts all ages, from 6 or 8 years of age to 60; that certain seasons aggravate the complaint, whether this be due to the humidity of the atmosphere or a fall in the barometer. Dry frosty weather agrees best with most asthmatics. Any indiscretion in diet is certain to be followed by a night of asthma; and here we notice the analogy between asthma and epilepsy. In each case it is a madness of the nerves; in bronchial asthma it is the pneumogastric nerve that is at fault. In each complaint an error in diet aggravates the trouble. Sometimes premonitory symptoms or warnings are recorded in epilepsy and asthma. With asthma there may be a tickling or stuffiness of the nose just previous to the attack.

An asthmatic patient feels well for three or four weeks and then may be laid low for a whole week; this resembles the story given by the epileptic. Most asthmatics have constipation, and the same condition aggravates the lot of the epileptic. Bromides relieve the epileptics, whilst iodides do much good to the asthmatics. As described by many authors, the asthmatic has not only his struggle to breathe, but he has a violent cough which continues until he can bring up a pellet of mucus, and then he finds relief and may get some sleep. For the severe attacks of asthma a preparation "Grindelene" does good. It contains grindelia, potassium iodide, liq. trinitrin., and tincture of *Euphorbia ptilifera* (Oppenheim). For chronic conditions of asthma which generally came before me, when the patient is seldom free from the wheezing and contraction of the chest, nothing does so much good as a combination of potassium iodide and magnesium sulphate, 5 grains of the former and 1 drachm of the latter, in an ounce of water, taken three times a day, two hours after a meal. The preparation of this combination requires consideration; it is necessary first to dissolve the magnesium sulphate in hot water before adding the potassium iodide. If the two salts are mixed without this precaution a solid mass will result. I prescribed the preparation for all the cases which came under my care. If a toxin exists in asthma, as some assert, then the iodide will destroy that toxin. It will cause also a flux or flow of watery mucus from the bronchial tubes, much to the relief of the patient. The magnesium sulphate removes any constipation that may exist, and, acting upon the first part of the intestinal tract, washes away any effete matters which may offend. In addition to the drug treatment I always gave strict injunctions as to diet, and generally provided a printed form for the guidance of the patient.

Ruislip, Middlesex.

EDWARD JEPSON, M.D.

### BASOPHILIA IN THE DIAGNOSIS OF LEAD POISONING.

SOME years ago I convinced myself that the presence of punctate basophilia was a valuable help in the diagnosis of lead poisoning, as several writers had insisted. By treating eight suitable cases—diarrhoea, haemorrhage, etc.—with lead acetate, after the manner of an older generation, I found that in seven punctate basophilia appeared on the third to the seventh day of treatment. In a case of uterine haemorrhage it did not appear during a fortnight's treatment. Recently I was consulted in the case of a painter who believed himself to be suffering from lead colic. The result of a careful examination was negative, but my view was not accepted. Later I was consulted again. I had examined the patient's blood without finding basophilia.

I was aware that this did not exclude lead, but it occurred to me that, if I carefully examined the blood again without finding a trace, I might quite safely give him a few doses of lead and watch the result. On the fourth day punctate basophilia was distinctly observed, and the medicine immediately stopped without any bad result whatever. The inference appears to me to be quite legitimate that the man's blood reacted in a normal manner to lead, and that the previous absence of basophilia might be accepted as evidence against lead poisoning.

Ealing.

ROBERT CRAIK.

## Reports of Societies.

### VALUE AND LIMITATIONS OF SANATORIUM TREATMENT FOR TUBERCULOSIS.

At a meeting of the Medical Society of London on November 12th, the President, Sir STCLAIR THOMSON, being in the chair, a discussion was opened on this subject, and adjourned to Monday next.

#### INTRODUCTION.

Dr. T. D. LISTER said that according to the annual report for 1916-17 of the medical officer of the Local Government Board, the deaths from pulmonary tuberculosis had increased 12 per cent. since 1913, the mortality depending on environment rather than on infection. Since 1911 the number of beds available for the treatment of tuberculosis had doubled, and tuberculosis dispensaries had increased over twelve-fold. He disagreed with the statement made in the report that measures for the treatment and prevention of tuberculosis were, to a large extent, identical. He had seen better results from sanatorium treatment in certain bad cases when they had come from the industrial group than in certain good cases coming from a higher social class. The industrial patient sometimes got a better chance because he got a bigger change. Sanatorium treatment could not be carried out in the majority of homes. Too much might sometimes be claimed as the result of the institutional training, and the lessons learnt were, more often than not, largely forgotten after leaving. He thought that efficient treatment at home was more expensive than that at a sanatorium. The after-history depended largely upon opportunity. Few patients would or could change their environment afterwards. He asked whether the value of the sanatorium method was increased by using any of the derivatives of the tubercle bacillus, and if so, what were its uses in the many cases of mixed infection and the relatively few cases in which a pure infection could reasonably be inferred? The association with tuberculin of vaccines for mixed infection was difficult, costly, and complicated. Such methods were better carried out in sanatoriums under full control, but were only adapted for a very small proportion of the total mass of cases in institutions, so that the value of sanatorium treatment could be little affected by them. The carefully planned scale of diet of the sanatorium, with general attention to digestion, rest and exercise adjusted to meal times, might in some proportion of patients be sufficient to turn the scale in the right direction, but there were some in whom improved nutrition and consequent formation of immunizing bodies was impossible because of an original fault in their bio-chemistry. The manner in which a family resisted or succumbed to tuberculosis was of great importance in prognosis; diet was often a matter of family tradition, and a type of bio-chemistry was readily inherited. The results attained by those who gave much or little medicine by mouth or in other ways did not seem to differ greatly. Creosote was still variously used. Nascent iodine treatment did not seem to give all the results hoped for, and latent syphilis should be excluded before ascribing any improvement to the effect of this method on tubercle. The gradual fall of the total death-rate was, he thought, due to the creation of a race resistant to tuberculosis by the ruthless methods of nature, and if nature was to be assisted there was perhaps more to be said for prophylactic inoculation than for increased institutional treatment. The real value of the sanatorium was that it demonstrated, how resistance was regained, and inferentially, therefore,

officer to the Bendigo Hospital, where he was responsible for a large amount of surgical work and was held in high esteem as a surgeon. Failing health compelled his retirement in 1912. He leaves a widow, two sons, and a daughter.

DEPUTY SURGEON-GENERAL JOHN DAVIDGE, Army Medical Staff (retired), died at Hove on October 23rd, aged 86. After taking the diploma of L.R.C.S.I., he entered the army as an assistant surgeon on August 5th, 1858, nearly sixty years ago. He became surgeon on August 5th, 1870, surgeon-major on March 1st, 1873, and retired as brigade surgeon, with an honorary step on retirement, on October 4th, 1886. He served on the North-east Frontier of India, in the Bhutan campaign of 1865-66, receiving the medal and clasp, and in Egypt in 1882, receiving the medal and the Khedive's bronze star.

MAJOR-GENERAL T. ROSATI, surgeon-general of the Italian navy, recently died at the age of 57. He was formerly professor of diseases of the ear and throat in the University of Naples.

## Universities and Colleges.

### UNIVERSITY OF LONDON.

A MEETING of the Senate was held on October 24th.

**Examiners.**—The following were appointed examiners for the second examination for medical degrees, Part II, in the session 1917-18: Anatomy: Professor J. E. S. Frazer (St. Mary's Hospital Medical School), together with the external examiner, Professor R. W. Reid (chairman). Pharmacology: Dr. E. Mellanby (King's College for Women), together with the external examiner, Professor R. B. Wild (chairman). Physiology: Dr. J. Mellanby (St. Thomas's Hospital Medical School), together with the external examiner, Professor D. N. Paton (chairman).

**Regulations in Medicine for Internal Students (War).**—The regulations (September, 1917) were amended to provide that during the continuance of the war internal students who at the first examination for medical degrees in December complete that examination by passing in the subject in which they have previously been referred, and students who, having obtained exemption in two subjects of the first examination for medical degrees in December, will be admitted to the second examination for medical degrees, Part I, in the following March, provided that they shall, after the date of reference or exemption, have attended as internal students for the prescribed number of hours courses of lectures and practical work for that examination.

**Committees.**—Sir Frederick Taylor has been elected chairman of the Committee of Medical Members of the Senate, and Sir David Ferrier chairman of the Laboratory Committee.

### ST. THOMAS'S HOSPITAL.

The Grainger Testimonial Prize of 30 guineas at St. Thomas's Hospital, given for a series of specimens illustrative of recent anatomical and physiological research, has been awarded to R. S. Foss.

### UNIVERSITY OF GLASGOW.

At a graduation ceremony held in the Randolph Hall of the University on November 10th, Principal Sir Donald MacAlister conferred the following medical degrees:

M.D.—R. T. Leiper, J. L. Boyd, W. H. McKinstrey, D. Smith, S. H. Bennett.

With honours. With commendation.

### ROYAL COLLEGE OF SURGEONS OF ENGLAND.

AN ordinary Council was held on November 8th, when Colonel Charters J. Symonds, A.M.S., Vice-President, was in the chair.

Diplomas of membership were granted to eighty-seven candidates found qualified at the recent examinations.

Sir Herbert Waterhouse was elected to represent the College on the Managing Committee of the Schiff Home of Recovery and Sir George Makins and Sir John Bland-Sutton to represent the College on the Board of Scientific Societies.

### CONJOINT BOARD IN ENGLAND.

THE diplomas of L.R.C.P. and M.R.C.S. have been conferred upon the following candidates who have passed the final examination:

Esawy Ahmed, E. B. Ash, Ruth Balfour, N. A. H. Barlow, G. E. Birkett, J. A. Birrell, A. Blackstock, Numa Sylva Bonard, G. Bourne, J. W. Brash, A. Bulleid, H. B. Bullen, E. Camber, W. A. Clements, B. S. Collings, J. D. Constantin, G. W. Combes, J. R. Cox, E. H. T. Cummings, D. R. Currock, W. L. Dandridge, Hari Das, T. Davies, L. P. de Abrew, B. G. Derry, W. L. de Silva, J. D. Dimock, J. S. Ellis, M. W. G. Geffen, Satyapriya Ghosh, E. A. Gibb, J. C. Gie, C. E. H. Gilmore, L. O. Goument, Lilian M. Griffiths, D. V. Halstead, E. C. Hinde, W. O. Holst, P. G. Horsburgh, R. Hunter, J. W. D. Hyde, C. V. Isard, T. G. James, N. R. Jenkins, M. H. Jupe, Nai Kanchorn, D. J. A.

Lewis, Emily C. Lewis, T. P. Lloyd, Alice T. Lloyd-Williams, A. V. Lopes, J. G. McCann, J. S. Matthews, L. C. Moore, A. H. Morris, W. P. Nelson, J. W. McK. Nicholl, W. D. Nicol, F. C. Odling, D. F. Panton, C. S. Parker, R. W. Payne, C. F. Rainer, H. Ratnarajah, F. N. Reynolds, H. E. Rhodes, Helen Roth, H. B. Russell, Khan Sahib, J. J. Savage, S. C. Shaw, C. Shaw-Crisp, C. E. A. Shephard, Charlotte A. Shields, M. O. Simpson, Ram Sinha, B. L. Skeggs, R. C. W. Staley, H. Taylor, H. G. Taylor, O. S. Thompson, J. F. Twort, P. Ward, C. H. Warner, A. W. Wells, A. Winfield, K. M. C. Woodruff, E. B. Woolf, I. H. Zortman.

## Medical News.

DR. CARREL being detained in America by official duties, the Harben lectures he was to have delivered at the end of this month have been postponed.

SIR WILLIAM MACEWEN, C.B., Dr. Robert Kennedy, and Dr. John Macintyre have been appointed Deputy Lieutenants of the county of the City of Glasgow.

SIR ARTHUR NEWSHOLME will give the Lady Priestley Memorial Lecture of the National Health Society on Wednesday next at 3 p.m., at the house of the Royal Society of Medicine. The subject is "The child and the home"; Mr. Hayes Fisher will preside.

At the quarterly meeting of the Medico-Psychological Association on Tuesday, November 27th, at 3 p.m., at the rooms of the Medical Society of London, Chandos Street, Cavendish Square, Drs. David Orr and R. G. Rows will contribute a paper, illustrated by lantern slides, on experimental toxic-infections of the central nervous system.

CAPTAIN KEYWORTH has brought out a third edition of his little pamphlet *Easy Italian and How to Pronounce It*, in the expectation that it will be found useful by British troops now in Italy. It contains a short vocabulary and a few simple phrases. It is published (price 3d.) by Combridges, 56, Church Road, Hove, and can be obtained at many of the principal stores and shops in London.

ALDERMAN A. MACGREGOR SINCLAIR, M.B., C.M.Aberd., Surgeon to the Victoria Hospital, Burnley, has been elected Mayor of Burnley for the third year in succession. No previous mayor of Burnley has served for more than two years in succession. Dr. MacGregor Sinclair has the confidence of all parties. His work as chairman of the tribunal has been arduous and has been carried out faithfully and justly to all concerned.

THE Royal Society has awarded the Copley medal to Dr. E. Roux, Director of the Pasteur Institute, Paris, for his services to bacteriology and as a pioneer in serum-therapy, the Buchanan medal to Sir Almoth Wright for his contributions to preventive medicine, and the Hughes medal to Professor C. G. Barkla for his researches in x-ray radiation.

THE new scheme for voluntary rations contains the statement that the consumption of milk and cheese should be restricted as far as possible, these foods being reserved for persons for whom they are indispensable. As it is difficult to think of a person for whom cheese is indispensable, it may be assumed that the last clause has in view the need of children for milk. In Paris steps are being taken to ensure that children under three years of age and the sick should have preference in obtaining milk. Persons desiring to take advantage of the system must obtain a ticket and hand it in with a medical certificate at the mayor's office, when the quantity of milk to be delivered daily will be fixed.

As already announced, Dr. Christopher Addison, Minister of Reconstruction, will deliver an address on "Health problems and reconstruction," at the Central Hall, Westminster, on Saturday, November 24th, at 12 noon. Mr. H. Kingsley Wood, L.C.C. (Chairman, Faculty of Insurance), will be in the chair, and among those who intend to be present are Dr. Alfred Cox, Dr. H. B. Brackenbury, and Messrs. W. A. Appleton, C.B.E. (General Federation of Trade Unions), Edwin Potts, LL.B. (National Association of Insurance Committees), W. Edwards (Refuge Assurance Co.), William Marlow (Ancient Order of Foresters), C. Tuckfield (National Deposit), F. Coysh (Holloway Union), and P. Rockliff (London Insurance Committee). Tickets can be obtained free on application to 3 and 4, Sicilian House, Southampton Row, W.C.1; 112, City Road, E.C.1, or to the office of this JOURNAL.

DURING their visit to Bath on November 9th, the King and Queen made a brief inspection of the Combe Park War Hospital, which now has accommodation for 1,200 patients. The principal bathing establishments were also visited, and Their Majesties were shown some of the methods of treatment, more especially those which are applicable to wounded and invalided soldiers. At the outbreak of war the Bath Corporation offered the Government free

treatment for all wounded and invalided officers and men sent by the naval and military authorities. This offer was accepted, and thousands of the military cases have been treated without interfering with the accommodation for civilians. Including hydrotherapeutic measures at the Royal Mineral Water Hospital, which has admitted 2,275 military patients, the contribution of the hot springs of Bath towards the cure and relief of soldiers of all ranks consists of treatments numbering nearly 160,000.

J. L. BAKER and H. F. E. HULTON reported to a recent meeting of the Society of Public Analysts the result of the analysis of peeled chestnuts and peeled acorns. The percentage of starch in three specimens of chestnuts averaged 44.2, but in a fourth specimen was as low as 21.9. The amount of cane sugar varied from 8.1 to 17.5, possibly in relation to the degree of ripeness. Diastase present behaved like the diastase of an ungerminated cereal. The percentage of starch in two specimens of peeled acorns was 57.1 and 55.7 respectively. There was very little cane sugar in either specimen, but some reducing sugars. No diastase could be found in the acorn either before or after germination.

The fifteenth annual report of the Gordon Memorial College at Khartoum, for 1916, states that the research work of the college, which is one of its most valuable features, has, unfortunately, had to be curtailed, and the staff has for the time being confined its energies almost solely to matters of immediate practical application to Sudan problems. The paramount claims of various war services upon the staff, together with the growing shortage in the supply of reagents and other chemicals, have brought many branches of work practically to a standstill. Dr. Chalmers, in his report on the work of the Wellcome Tropical Research Laboratories, expresses the hope that some arrangement will be made for the resumption of the publication of full reports on the lines of those issued by Dr. Andrew Balfour. The research work of the bacteriological section has been maintained, but the routine examinations were many less than in 1915, when there was an epidemic of cerebro-spinal meningitis. Work on streptococcal infections included an inquiry into the puerperal fevers of the Sudan.

## Letters, Notes, and Answers.

CORRESPONDENTS who wish notice to be taken of their communications should authenticate them with their names—of course not necessarily for publication.

AUTHORS desiring reprints of their articles published in the BRITISH MEDICAL JOURNAL are requested to communicate with the Office, 429, Strand, W.C.2, on receipt of proof.

The telegraphic addresses of the BRITISH MEDICAL ASSOCIATION and JOURNAL are:

1. EDITOR of the BRITISH MEDICAL JOURNAL, *Aitology*, Westrand, London; telephone, 2631, Gerrard.
  2. FINANCIAL SECRETARY AND BUSINESS MANAGER (Advertisements, etc.), *Articulate*, Westrand, London; telephone, 2630, Gerrard.
  3. MEDICAL SECRETARY, *Medisecra*, Westrand, London; telephone, 2634, Gerrard. The address of the Irish Office of the British Medical Association is 16, South Frederick Street, Dublin.
- The address of the Central Medical War Committee for England and Wales is 429, Strand, London, W.C.2; that of the Reference Committee of the Royal Colleges in London is the Examination Hall, 8, Queen Square, Bloomsbury, W.C.1; and that of the Scottish Medical Service Emergency Committee is Royal College of Physicians, Edinburgh.

### LETTERS, NOTES, ETC.

#### HOMES FOR INCURABLES.

A CONSIDERABLE number of requests are received for the publication of inquiries for homes for persons suffering from various chronic crippling conditions, especially chronic nervous and rheumatic disorders. Two recent inquiries refer to a woman, aged 28, able to pay 5s. a week, and to a young man suffering from specific cerebro-spinal disease, able to do light out-of-door work.

The publication of such requests, often accompanied by a description of the symptoms, occupies space which can ill be spared, very rarely elicits any reply, seldom or never any satisfactory reply. The accommodation provided in homes for incurables and other charitable institutions is limited and admission to the large institutions is usually by election (subscribers' votes), with all that that entails. Other smaller institutions admit by payment. These are mostly for women. If the annual income available is sufficient, the best course seems to be to set up the sufferer in a local cottage with an attendant. If only a small weekly payment can be provided, a respectable cottager may be found in the neighbourhood willing to take the case. The clergy and district visitors are usually willing to exercise some supervision. If the patient has no resources, there remains only the Poor Law infirmary or workhouse.

#### TREATMENT OF PEDICULOSIS PUBIS.

MAJOR WALTER BARTY, C.A.M.C., writes to condemn the treatment of pediculosis pubis by shaving and application of mercurial ointments. The discomfort of the shaving, he says, is great, particularly when the armpits and hairy parts of the chest, arms, and legs, are covered with parasites, as often happens with patients infected from blankets. He recommends in its place the application to all parts of the body of petrol (gasoline) which he has seen employed for years. It gives instant relief and appears to destroy the lice and the nits almost immediately. It causes no discomfort and the odour quickly disappears. When petrol is not available, paraffin (coal-oil or kerosene) may be employed in the same manner. This, however, causes a burning sensation and may even take the skin off in the fork and over the scrotum so that the excess should be quickly wiped off or bathed off with soap and warm water. He adds that the usual precautions must be taken with the clothing, but where ordinary sterilization is impossible the free use in them of petrol or paraffin will be found quite effective.

#### POISONING BY LABURNUM SEEDS.

DR. G. F. SYDENHAM (Dulverton, Somerset) writes: I saw two cases of poisoning by the seeds of laburnum on October 22nd at 7 p.m. in children aged respectively 5 and 3. They had been very sick and vomited up both husk and berry. They were unconscious, with very dilated pupils, which did not act to light. The temperature was not raised; the pulse, so far as it could be counted, was very feeble. The heart sounds were feeble. There were no convulsions and no diarrhoea. The treatment was expectant. Both children were comparatively well next morning.

In this connexion I may say I have a curious freak in my garden. Twenty years ago I planted a small bush of lilac laburnum. This year the tree as it now is, had three distinct coloured flowers on it—lilac, a deep purple, and yellow. The different colours were on separate branches. Each branch was a distinct colour.

\* According to Wynter Blyth's *Poisons: Their Effects and Detection*, the active principle is an alkaloid (cytisine) which occurs in many plants belonging to the *Leguminosae*, but is best obtained from the seeds of laburnum. The same alkaloid, or one nearly allied to it, occurs in the flowers, bark, wood, and root of laburnum (*Cytisus laburnum*). The symptoms of poisoning by cytisine are mainly referable to the gastro-intestinal tract, and consist of acute pain in the stomach, vomiting, and diarrhoea. In 155 cases, 120 of which were instances of accidental poisoning of children, collected from the medical literature by Falck, there were only four deaths—2.6 per cent. The symptoms produced by eating the root, which, like other parts of the tree, is sweet, are more severe, vomiting being followed by narcosis, convulsive movements of the limbs, and dilatation of the pupils.

#### AN INQUEST ON A LEG.

LIEUTENANT W. A. MURRAY, M.B., D.T.M., R.A.M.C. (London), writes: The note by Mr. Norman Porritt in your issue of October 13th reminds me of an incident that occurred to me last year when I was acting as civil surgeon of Chittagong, Bengal. I received a notice from the police to perform a *post-mortem* examination, and on going to the mortuary found a solitary leg on the table. A glance was enough to show that it had been amputated by a surgeon, and on further examination I recognized it as one I had myself amputated in hospital the day before for disease (I forget now what). The explanation was this: Amputated limbs, tumours, and other such products of hospital activity were put into a receptacle which was emptied and the contents removed daily by the municipal sweepers, to be taken with the night-soil to be dug in at the trenching ground outside the town. On the day in question a heavy rainstorm had occurred while the sweepers were on their way to the trenching ground, so, in order to save themselves further trouble, they had emptied their carts into the nearest ditch and made off; the night-soil and other matters had been washed away by the heavy rain, but the leg being heavy had remained and been found by the police, who solemnly sent it to the mortuary for examination. The story is interesting or amusing according to the way it is regarded.

#### SCALE OF CHARGES FOR ADVERTISEMENTS IN THE BRITISH MEDICAL JOURNAL.

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