

pyrexia, and after some days a typical eruption of erythema nodosum appeared on the legs. This disappeared in about three weeks, but pyrexia continued for some five weeks, and then gradually subsided. Tuberculosis was suspected, but the patient returned to work later in the year, still in indifferent health. In August, 1918, there was an attack of pleurisy, pyrexia recurred, and continued until her death from pulmonary tuberculosis in March, 1919. When seen, early in February this year, there were extensive physical signs of phthisis, with cavitation and fibrosis on both sides.

The eruption of erythema nodosum in this case coincided with the outbreak of a previously smouldering pulmonary tuberculosis, and could reasonably be attributed to that cause.

CASE II.

Mrs. H., 44, the mother of the girl whose history has just been narrated, had never been very strong, and months spent in nursing her daughter broke down her health. Early in April, 1919, an eruption of erythema nodosum appeared on the forearms and dorsum of the hands, on the legs and feet; at the same time a cough commenced, and pyrexia, reaching to 102° in the evenings. There were also night sweats and progressive emaciation. When seen early in May this year the marks of fading erythema nodosum were visible on the arms and legs. In the chest there were physical signs suggestive of somewhat extensive arrested tuberculosis on the right side, and some signs at the left apex also. The disease quieted down again in a few months.

Here the eruption coincided apparently with the recrudescence of an arrested lesion. It is interesting that a similar condition occurred in mother and daughter.

CASE III.

M. H., a married woman aged 27, was run down and anaemic early in 1913. In April there was an attack of pyrexia and pleurisy, accompanied by a typical eruption of erythema nodosum. Tuberculosis was diagnosed; bacilli were found in the sputum, and the patient was for some months an inmate of Winsley Sanatorium. After this she remained well until August, 1915, when pleurisy recurred, and an exacerbation of tuberculosis, but this time there was no erythema nodosum. In July, 1916, when last seen, the patient was well in health, but there were a few physical signs at both apices.

CASE IV.

In July, 1916, W., the two-year-old daughter of the above patient, had an attack of unexplained pyrexia, accompanied by erythema nodosum. In a month she was well again. No physical signs were detected in the chest, but the child was of a tuberculous type, and had a slight general enlargement of the cervical glands. The probabilities are, therefore, that this attack, which would have to be classified as that type of erythema nodosum which is accompanied by prolonged pyrexia, was due to tuberculosis.

Here also mother and daughter were both affected.

CASE V.

Miss G. is now 27 years old. Her father died of phthisis at 43, and one brother died at 16 of the same disease. At the age of 16 she first became ill with erythema nodosum and pyrexia, and from that time to the present she has been under treatment, intermittently, for pulmonary or glandular tuberculosis. This year she developed a typical erythema induratum on the legs, which is still under treatment.

In this case erythema nodosum and erythema induratum occurred in the same patient after an interval of ten years.

Discussion.

It is not for a moment suggested that tuberculosis is the only cause of erythema nodosum, but merely that a similar cutaneous manifestation may be due to many different poisons, one of which is that of tuberculosis. Moreover, the constitutional peculiarity which gives rise to this skin reaction seems to be inherited, as are other peculiarities—such, for instance, as the well known disposition to epidermolysis bullosa after slight injuries. We find instances of a similar reaction to different poisons in other structures besides the skin. In joints, for example, we may see an identical clinical picture due to different causes, and the same is true of the kidneys, the heart, and the lungs.

Out of 4,000 cases of tuberculosis and contacts under annual observation I have not yet noticed any other skin condition (apart from the well recognized tuberculides) which is definitely connected with tuberculosis. It has been stated that lupus erythematosus is attributable to tuberculosis, and I have seen a few cases of this disease, but not more than would be accounted for by coincidence; not more, for instance, than the cases of lichen ruber planus, which no one suggests is due to tuberculosis.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

X RAYS IN THE TREATMENT OF TUBERCULOUS ADENITIS.

I was interested to read in the *BRITISH MEDICAL JOURNAL* of November 29th an article by Mr. E. S. Molyneux on the use of radium in tuberculous glands of the neck.

The results of unaided surgery in such cases can hardly be considered good; recently I came across a case on which fourteen operations had been performed within six years, and a fifteenth was in contemplation. This may be an exception, but half a dozen operations are quite usual, and the cosmetic results leave much to be desired.

The effects of treatment by radium on early cases are no doubt excellent, but the point I wish to make here is that eminently satisfactory results may be attained by *x* rays, which are, as a rule, more readily available than radium. While *x*-ray treatment alone will cure the very early case, it is, in my experience, usually desirable to call in a surgeon when all the periglandular inflammation has subsided, and the glands can only be detected on careful palpation. An operation at this stage—which is usually reached after about six to eight weeks of *x*-ray therapy—is a very simple matter, and the scar should be practically invisible. If the operation be not done, a considerable number of apparent cures will relapse, and do not a second time yield so easily to treatment. Pre-operative treatment, if given with proper dosage and filtration, does not in any way unfit the skin to withstand surgical trauma.

A case in which softening is already present should be dealt with at once surgically, but should be treated by *x* rays very soon after the operation. If this is done, discharging sinuses will heal in a few weeks, instead of taking months, as is sometimes the case if they are left to themselves.

London, W.

FRANCIS HERMAN-JOHNSON.

A RARE CASE OF LEFT INGUINAL HERNIA.

The following case is of sufficient rarity and interest to warrant a brief report. Within a left inguinal hernial sac were contained (1) the pyloric end of the stomach; (2) several feet of small intestine; (3) the caecum and appendix.

The patient, a man aged 54, was admitted to the General Hospital, Wolverhampton, on November 12th, 1919, as a case of strangulated inguinal hernia. He had suffered with this hernia for eighteen years, during which time he had had occasional vomiting. This had been almost constant for the week preceding admission, and was accompanied by scrotal pain. On admission he was very ill, indeed almost moribund, and stated that he had been losing weight for two years. He was incessantly vomiting typical dilated-stomach contents. He had a left inguinal hernia the size of an adult head, and this was easily reducible in part. The abdomen was greatly distended and universally hyper-resonant. A distended stomach, probably due to a pyloric cancer, was diagnosed. Under a general anaesthetic the abdomen was opened above the umbilicus. An enormously distended stomach was discovered which occupied almost the entire abdominal cavity. It was incised, and three pints of liquid contents escaped together with a great quantity of gas; even then the pyloric end of the stomach could not be drawn into the wound, but on introducing the left arm into the abdominal cavity the stomach was easily traced into the inguinal hernia, from which it was withdrawn in company with the caecum and appendix, and a great length of small intestine and mesentery. The laparotomy wound was rapidly sewn up, and a radical cure of the 4-in. hernial opening completed. The distal end of the stomach showed a marked constriction corresponding to the level at which the neck of the hernial sac had gripped it.

The patient died within twenty hours. *Post mortem* the stomach was found to be two feet in length, and easily to contain thirteen pints of water. The ascending colon was constricted just distally to the imprisoned caecum. A few proximal feet of the small intestine were distended, the rest collapsed. The mesenteries were very greatly elongated, and the entire colon was pelvic in position. There was no visceroptosis present apart from that of the alimentary canal.

Thanks are due to Mr. Deanesly, under whom the patient was admitted, for permission to publish these notes.

C. A. STIDSTON, M.D., B.S. Lond.,
Honorary Assistant Surgeon, General Hospital,
Wolverhampton.

must take the necessary steps to obtain a reception order in the usual way. In other words, he must convert the "alleged lunatic" into a "lunatic."

In these proceedings the justice may, if satisfied that the case is one for reception in a workhouse and that the workhouse is provided with proper accommodation for the reception of the lunatic, order the lunatic to be received into the workhouse as a lunatic.

If, however, for any reason the official who brought the alleged lunatic to the workhouse omits to carry out his duty to obtain a reception order within the three days so that there is a danger of a man, who in fact ought to be under restraint, being able to get out free of control, it is open to the medical officer of the workhouse, under Section 24 of the Act, to issue a certificate:

1. That the man is a lunatic, giving the grounds for his opinion.
2. That he is a proper person to be allowed to remain in a workhouse as a lunatic; and
3. That the accommodation at the workhouse is sufficient for his proper care and treatment, and having regard to the presence of other inmates in the workhouse.

On this certificate the lunatic may be detained for a further period of fourteen days, at the end of which time, unless a reception order has been made in the interval in the ordinary way, he must be released.

PROSECUTION FOR FAILURE TO PROVIDE SPECTACLES.

IN the *Bootle Times* for November 14th, 1919, an account is given of the prosecution of a parent for neglect to provide spectacles necessary for his child. The prosecution was undertaken by the National Society for the Prevention of Cruelty to Children. It was stated that the child's eyes had been found to be defective on medical examination, the parent had been urged to provide glasses, but had declined to do so. It was for the court to decide whether the child should have glasses or not. Dr. R. E. Harcourt said he had examined the child and found it short-sighted. Glasses were ordered, but were not provided. The neglect had undoubtedly caused the child suffering. She would be unable to see the blackboard without straining her eyes, and in trying to do so might suffer from headaches and pain in the eyes. Defendant said that the child's eyes were as good as his own. Defendant was fined 40s., and directed to pay the costs of the society and of the summons.

The primitive objection to the use of glasses by children dies hard, probably by reason of the dislike on the part of parents to be told that their children are not such perfect products as they would wish to believe. But the necessity for prosecution to convince refractory parents that their neglect means a real injury in prospect to the child is getting rarer as the benefit to the child of comfortable eyes, even though with glasses, is appreciated.

Universities and Colleges.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

AN ordinary council was held on December 11th, when Sir George Makins, President, was in the chair.

Primary Fellowship.—At the recent examination in Anatomy and Physiology 141 candidates were examined; of these, 53 were admitted under the special war conditions, and of them 37 were successful; 88 were admitted under the ordinary conditions, and of these 30 were successful. It was decided that a special examination be held in November, 1920, in addition to the special examination to be held in May, 1920.

Diploma of Fellow.—The diplomas of Fellow were conferred upon the following candidates who were successful at the recent final examination:

A. W. Adams, G. V. W. Anderson, Margaret M. Basden, Rustam Nusserwanji Cooper, A. G. T. Fisher, M.C., W. A. Hailes, R. T. Jones, T. Julian, R. Kennon, F. B. McCarter, F. A. Maguire, E. T. C. Milligan, C. M. Ockwell, M. H. Oldershaw, A. B. P. Smith, W. A. Pocock, A. Radford, Tribhovandas Oghaddar Shah, S. C. Shaw, Ragbunath Dadoba Shirwalkar, A. J. Trinca.

Diploma of Member.—The diplomas of member were conferred upon the following, who have now complied with the by-laws:

G. Perkins, H. H. Perry.

Dental Surgery.—At the recent examination 44 candidates qualified for the Licence in Dental Surgery.

Court of Examiners.—Mr. H. S. Pendlebury was elected a member of the Court of Examiners, and Mr. John Murray a member of the Board of Examiners in Dental Surgery.

ROYAL COLLEGE OF PHYSICIANS OF EDINBURGH.

AT the annual meeting of the Royal College of Physicians of Edinburgh, on November 27th, the following officers were elected: *President*, Sir Robert Philip; *Vice-President*, Dr. A. H. Freeland Barbour; *Treasurer*, Dr. Norman Walker; *Secretary and Registrar*, Dr. J. S. Fowler; *Librarian*, Dr. D. Berry Hart; *Curator of Research Laboratory*, Dr. J. J. Graham Brown; *Members of Council*, Dr. F. D. Boyd, Dr. G. M. Robertson, Dr. Robert Thin, Dr. Lamond Lackie, Dr. Harry Rainy.

Dr. Jonathan Campbell Meakins has been admitted to Membership of the College.

The following distinguished and representative men, having accepted the offer of honorary fellowship, have been unanimously elected honorary Fellows of the College: Professor Hermann M. Biggs, M.D., M. Georges Clemenceau, Professor Kitasato.

Obituary.

WE have to record with regret the death, on November 28th, of Dr. ROBERT MCKELVIE, of Brundall, Norfolk, at the age of 78. He was born in Whithorn, Wigtonshire, and graduated M.D. Edinburgh in 1865. He first settled in Cromer, where he became surgeon to the cottage hospital. After leaving Cromer he went first to London and then to Scotland. He finally settled at Brundall, where he won many friends. Dr. Michael Beverley, in a tribute to the memory of Dr. McKelvie, says: "He was brought up in the old school of medicine, and was wedded to much of its style and methods, but kept himself well up to date. He was a keen reader of recent medical publications and journals, and followed with great interest the fresh developments of medical science. Although greatly inclined to give free play to the *vis medicatrix naturae*, he was a great believer in the efficacy of drugs, and his patients, especially the poor, never suffered for the want of them. In consultation with his professional brethren, whilst holding with characteristic tenacity to his own opinion, he was always open to conviction. In the days of long ago, when I so frequently met him in consultation in the cottage homes of the Cromer and Sheringham fishermen, I was struck with the confidence they reposed in his judgement and the friendship between them. This applied equally to his more wealthy patients. He had an extensive practice amongst all classes, and his departure from Cromer was much regretted. Although coming to Blofield and Brundall comparatively late in life, Dr. McKelvie soon secured the confidence of a new clientele of patients, and the estimation of a large circle of friends."

THE death took place recently, at Coventry, of Dr. ARTHUR ORTON, at the age of 71. He was the third son of John Orton, M.R.C.S. All three sons became doctors, and continued their father's practice at Bedsworth, near Foleshill, Coventry. Dr. Arthur Orton and his brothers represented the sixth generation of medical practitioners, the family having been established in practice at Earl Shilton, Leicestershire, until the death of Arthur Orton's grandfather, John Orton, who was killed by a fall from his horse. The practice was then sold, and Arthur Orton went to Australia about twenty-six years ago, and began medical work at Stanthorpe, Queensland. He acquired there a large practice over a wide area, visiting on horseback small isolated towns at regular intervals. He became a justice of the peace, and amassed a competency, which enabled him to return to this country several years ago; unfortunately his health failed soon after his return. Dr. Orton leaves six nephews in the medical profession, including Dr. L. E. Orton, of Bedsworth, and Dr. John Orton, chairman of the Coventry Division of the British Medical Association. He obtained the L.S.A. diploma in 1880, and the M.R.C.S. two years later.

LIEUT.-COLONEL ROBERT WILSON, C.A.M.C., died recently at Toronto at the age of 53, after undergoing an operation on the previous day. After graduating M.D. at McGill University, Montreal, he commenced practice in Point St. Charles, and was for some years superintendent of the Western Hospital, Montreal. He was greatly interested in x-ray work, and built the first static x-ray machine used in Montreal. He came overseas with the first Canadian contingent, and was attached to the 1st Canadian General Hospital in France; later he was attached to the Granville Canadian Special Hospital at Ramsgate, and was subsequently transferred to London, and given charge of the x-ray work and equipment in all the Canadian hospitals overseas. When this work had been thoroughly organized he was ordered back to Canada, where he was appointed consulting surgeon in electro-hydrotherapy to the Canadian military hospitals.

CAPTAIN H. J. ANDREWS is reported in a casualty list published on November 24th to have been killed in action. He took a temporary commission as lieutenant in the I.M.S. on June 30th, 1917, and was promoted to captain on completion of one year's service. He received the M.B.E. on June 3rd, 1918.

CAPTAIN GEORGE HENDERSON BAIRD, R.A.M.C., died at Sandymount, Dublin, on November 9th. He was the son of the late James Baird, C.E., of Usher's Island, Dublin, and was educated at the Carmichael College, Dublin, and at St. Mary's Hospital, taking the L.S.A. in 1892 and the M.D.Brussels in 1898. After acting as resident assistant at the Jervis Street Hospital, Dublin, he went into practice at Woolwich, where he held the appointments of medical officer to H.M.S. *Monarch* and the Cable Department, Woolwich, to the Post Office and to the Linen and Woollen Drapers' Institute. He took a temporary commission as lieutenant in the R.A.M.C. on August 10th, 1916, and was promoted to captain after a year's service.

Medical News.

MR. A. A. LIPSCOMB, on retiring from practice after nearly thirty years' work in the Wrotham District of Kent, was presented by his patients and friends with an illuminated address and a very handsome cheque.

THE Great Priory of the Order of the Temple of England and Wales has contributed £1,657 13s. 8d. to the fund for reinstating and endowing the British Ophthalmic Hospital at Jerusalem, destroyed by the Turks when they evacuated the city.

MR. H. C. NANCE, F.R.C.S.Eng., was presented with a gold watch, a chiming clock, and a gold and pearl scarf pin on his retirement from practice in Norwich from "a few of his grateful patients." He also received a silver centrepiece from his late partners, Messrs. Hugh Whitwell and Bernard B. Riviere.

AT a general meeting of the local medical profession held at Limerick, on October 23rd, it was unanimously resolved that the scale of fees for life assurance should be as follows: Up to and including £500, a guinea; above £500 and less than £1,000, a guinea and a half; £1,000 or any higher sum, two guineas. This scale to take effect on and after January 1st, 1920.

A PAPER dealing with the recent experimental researches on alcohol and alcoholic intoxication will be read by Dr. Edward Mellanby at a meeting of the Society for the Study of Inebriety at the house of the Medical Society of London on Tuesday, January 13th, at 4 p.m.

A COURSE of lectures on mental deficiency and the care of defectives for health visitors and teachers has been arranged by the Central Association for the Care of the Mentally Defective (Queen Anne's Chambers, Tothill Street, S.W.1). The lectures will be given at the Fabian Hall, Westminster, during January, February, and March. The lectures will be given by Dr. Letitia Fairfield, Mr. Kenneth Richmond, and Miss Lucy Fildes, a research student at the Psychological Laboratory, Cambridge.

A SUCCESSFUL and largely-attended festival dinner was held at the Connaught Rooms, London, on December 12th, in aid of the progress fund of the Great Northern Central Hospital. The chair was taken by the President, H.R.H. the Prince of Wales, who was supported by many distinguished guests and friends of the institution, including (besides the speakers) the Duke of Argyll, the Duke and Duchess of Somerset, the Marquess of Dufferin, the President of the Royal College of Surgeons, the President of the Royal Academy, Lieut.-General Sir Arthur Sloggett, and Mr. G. Lawson Johnston. The toast of "The Imperial Forces" was proposed by Sir James Crichton-Browne, and supported by Mr. Horatio Bottomley, M.P., who each took the opportunity of saying something in support of the hospital's appeal, while Admiral Sir Doveton Sturdee and General Lord Rawlinson, in replying, paid tributes to the work of the medical profession with the armed forces. The toast of "The Great Northern Hospital Progress Fund" was given by the Chairman, who showed interest in the work of the institution and knowledge of its needs. Lord Northampton, chairman of the hospital, and the Right Hon. H. J. Tennant, vice-chairman, responded. After "The Health of the Prince of Wales" had been honoured with enthusiasm, on the proposal of Lord

Northampton and Lord Camden, and acknowledged with modesty by the Prince, Mr. Gilbert Panter, the secretary, read out the list of donations promised that evening, amounting to some £25,000.

WE are informed that under the auspices of Johannesburg University College the new building for the University of South Africa Medical School has been commenced. It is situated close to the Johannesburg Hospital and to the South African Institute for Medical Research, with which institutions its work will be intimately associated. The departments of anatomy and physiology are already working, and it is expected that the present first-year students—twenty-five in number—will be able to complete their education in Johannesburg and graduate M.B., B.Ch. in the University of South Africa. The curriculum is the result of much painstaking work on the part of the leading medical men of the city, who have co-operated with the staff of the University College. It occupies six years, and meets the requirements of the local medical councils, and, being modelled on the curricula of the English and Scottish universities, it is hoped that the General Medical Council will in due course recognize the South African medical degree.

THE discussion on some aspects of the tuberculosis problem in life assurance, opened at the meeting of the Assurance Medical Society on November 5th by Dr. Otto May (BRITISH MEDICAL JOURNAL, November 8th, p. 597), will be resumed at the house of the Medical Society of London on Wednesday, January 7th, at 5.30 p.m. A special meeting of the society will be held half an hour earlier to consider the question of incorporation with the Royal Society of Medicine. If the proposal is accepted the society will become a section of the Royal Society of Medicine, and the reports of papers and discussions would appear in the *Proceedings* of the Royal Society of Medicine, and members of the Assurance Medical Society would receive the proceedings of the section as they appeared from time to time.

THE arrangements of the Royal Institution of Great Britain for the period before Easter include a course of three lectures by Professor G. Elliot Smith, F.R.S., on the evolution of man and the early history of civilization: the first, on January 27th, will deal with man's origin; the second, on February 3rd, with elephants and ethnologists; and the third, on February 10th, with the search for gold. In March Professor Arthur Keith, F.R.S., will give a course of four lectures on British ethnology and the invaders of England. The Friday evening discourses will be given this session at 9 p.m., the first, by Sir James Dewar on low temperature studies, on January 16th. Among other evening discourses is one on the volume of the blood and its significance, by Professor W. M. Baylis, F.R.S., which will be given on February 13th.

ON December 12th, in the physiotherapy department of St. Thomas's Hospital, a demonstration was given of the methods employed in training wearers of artificial limbs in the use of them, so that they may reap the greatest possible advantage from their prostheses and walk with the best obtainable gait. Miss Randell, the sister in charge, who is to be warmly congratulated on the excellence of the training, demonstrated to a number of interested visitors what surprising feats may be performed by a one-legged man even when blindfold. This blindfolding is more than an exhibition trick. By its adoption in training, the patient is led to develop, so to speak, a muscular sense, or, at least, a consciousness of the situation of his artificial foot and leg, much sooner than he would by the ordinary daily use of the limb. The demonstration concerned an officer with a short thigh stump, who, besides going through the special exercises, climbed a ladder, skipped, and walked along a narrow beam. It must, however, be admitted that when not using a stick he walked with a very notable limp, so that in his case the subsidiary object of the training, which we understand to be the concealment of mutilation, had not been perfectly attained.

A COMPANY has been formed for the purpose of continuing the *Review of the Foreign Press*, which was, during the war, published under the auspices of the Government, and appeared to meet a want felt for some time in political, financial, and commercial circles. The paper will be edited and managed by Captain W. E. Barber (who edited it for the War Office) with the assistance of many of the former staff, and under the general guidance of an editorial advisory council. Two publications will in future be issued weekly—the *Economic Review* and the *Political Review*.

THE boats of the Royal Mail Steam Packet Company will next month resume regular calls at Madeira and St. Vincent, Cape Verd.