

and sudden close from failure of cardiac function, occurring often in persons whose hearts are far from being worn out, but on the contrary are endowed with myocardial power amply sufficient not only for quiet existence but not infrequently for the demands of considerable bodily and mental activity.

There is reason to believe that in man, as in animals, an undue susceptibility to fibrillation is sometimes a temporary phenomenon depending on circumstances that may be more or less markedly transitory, though no doubt it is very often a persistent condition depending on abnormal changes in the ventricular musculature; in the latter case immunity from sudden death must in large measure depend on avoidance of the directly provocative causes of fibrillation in a predisposed heart, such as sudden muscular exertion, especially when accompanied by emotional stress, etc.

## REFERENCES.

- <sup>27</sup> Allbutt: *Diseases of the Arteries*, etc., London, 1915, ii, 58. <sup>28</sup> Osler: *Allbutt and Rolleston's System of Medicine*, London, 1909, vi, 144. <sup>29</sup> Russell: *Arterial Hypertension, Sclerosis and Blood Pressure*, Edinburgh and London, 1907. <sup>30</sup> Pal: *Gefasskranken*, Leipzig, 1905. <sup>31</sup> MacWilliam and Melvin: *BRITISH MEDICAL JOURNAL*, 1914, ii, 777. <sup>32</sup> MacWilliam and Kesson: *Heart*, 1913, iv, 279. <sup>33</sup> MacWilliam and Webster: *BRITISH MEDICAL JOURNAL*, 1923, i, 51. <sup>34</sup> Gross: *The Blood Supply of the Heart*, London, 1921. <sup>35</sup> Jex-Blake: *BRITISH MEDICAL JOURNAL*, 1913, i, 548 and 601. <sup>36</sup> Embley: *BRITISH MEDICAL JOURNAL*, 1902, i, 817, 885, 991. <sup>37</sup> Laslett: *Quart. Journ. of Medicine*, 1908-9, ii, 347. <sup>38</sup> Allbutt: *Loc. cit.*, p. 475. <sup>39</sup> Lewis: *Heart*, 1920, vii, 175. <sup>40</sup> MacWilliam: *Proc. Roy. Soc.*, 1918, B, xi, 302.

## Memoranda:

### MEDICAL, SURGICAL, OBSTETRICAL.

#### AN UNUSUAL VARIETY OF "SORE THROAT."

CASES are frequently met with in which sensations of pain or discomfort in the pharynx are complained of but no cause can be found on physical examination. It has long been recognized that the styloid process may project into the tonsil even to such an extent as to form a projection in the lateral wall of the pharynx. This elongation is probably due to ossification extending down the stylo-hyoid ligament, but has been regarded as an anatomical curiosity rather than as of clinical importance. I have recently met with two cases in which this condition gave rise to symptoms which were entirely relieved by removal of a portion of the bony process.

A woman, aged 30, had for two weeks suffered discomfort and dragging sensation in the left side of the throat, especially on swallowing. There had been no previous throat symptoms. An ill defined projection of the lower pole of the left tonsil could be seen, and the patient had herself discovered this hard "knob" with her finger, and ascribed her sensations to this situation. Under a general anaesthetic an incision was made through the anterior pillar of the fauces, the bony process freed, and three-quarters of an inch removed with bone forceps. The wound was sutured and recovery uneventful.

A woman, aged 37, had had pain in the left side of the throat for three months. On examination a similar condition was found to that existing in the previous case, and here also the patient had herself discovered the hard swelling. A similar operation was performed, during which it was found that the styloid process on the right side was also elongated and palpable, but to a less degree. This was not interfered with.

In addition to these two cases, I have collected eight others from the literature. Of the total of 10 cases, 7 were females, only 3 males. The ages ranged from 23 to 55. In 7 of the cases the left side was involved, and in 2 an elongated process could be felt on both sides, but only gave rise to symptoms on one. The period during which symptoms had been noticed varied from a fortnight to ten years, with an average of three years. In all cases the symptoms were very similar, consisting of discomfort and dragging sensation in one side of the throat, most marked on swallowing and sometimes on talking. In some of the cases there was a history of previous attacks of tonsillitis. Trauma as a possible factor was present in one case, symptoms being first noticed after a violent blow on the head. Nine of the 10 cases were submitted to operation, with relief of symptoms in every case. In some of the cases the tonsil was removed in addition to the portion of the styloid process, but the results seem to have been equally good where this was not done.

Details of the various cases are given in the *Journal of*

*Laryngology*, 1915, pp. 116, 176, and 303; the *Laryngoscope*, November, 1915, November, 1918, and May, 1920; and in the *Journal of Ophthalmology, Otology, and Laryngology*, May, 1917.

Bristol.

A. J. WRIGHT, M.B., F.R.C.S.

#### THE CAUSE OF "STITCH."

"STITCH" is a very common condition among adolescents; it is a very severe pain, felt generally at the costal margin on one side; it is brought on by running or riding, and ceases at once when the pace is reduced to a walk. There is another "stitch," which is felt above the clavicle on one side, in the same circumstances; this is much less common than the subcostal type.

There are two possible causes for "stitch": stretching of pleural or peritoneal adhesions, or interference with the action of the diaphragm by gas in the stomach or colon. The condition seems to me to be too frequently met with to be due to pleural adhesions, since these are not very common in young subjects.

I recently saw a boy, aged 12, who, when he ran, always got "stitch," generally below the left costal margin; he had become so much worse that he had lately been compelled to sit down after walking a few hundred yards. He had had tuberculous glands in the neck, so that the existence of pleural adhesions was quite a reasonable assumption in his case; but I was struck by finding extreme tympany in the splenic region. He was habitually constipated, as many boys of his age are. Thinking that the gas was probably in the splenic flexure I gave him a short course of grey powder, and a prolonged course of dimol. In three days he was able to walk and run without any suspicion of "stitch"—a thing he had never been able to do before. But he gets recurrences if he leaves off the dimol for more than a few days.

Westgate-on-Sea.

FREWEN MOOR, M.D.

#### ACTINOMYCOSIS OF THE RIGHT ILIAC FOSSA.

THE case here reported is of interest, not only owing to its rarity, but also because it demonstrates how few symptoms may be present in such cases.

A boy, aged 12, was admitted to the Southend Victoria Hospital at the end of March with a large swelling in the right iliac fossa. He stated that a week previously he had been kicked in this region whilst playing football. Three days later he noticed a swelling, which later on became tender. He felt unwell. There had been no vomiting nor acute pain. He was not constipated. The boy was pale, thin, and looked ill; the temperature was 99.4°, and the pulse 94. There was a large fluctuant, tender swelling in the right iliac region, and the diagnosis of an abscess resulting from infection of a haematoma of the anterior abdominal wall was made. The abscess was incised and packed with flavine gauze; during the next month it healed, leaving a small sinus. The boy put on weight rapidly; the temperature, however, remained persistently high (103° at night, 99° in the morning) and was not affected by vaccine therapy.

Mr. Maingot found that a probe could be passed down the sinus into the right iliac fossa; its passage was followed by escape of offensive pus showing typical sulphur granules, which microscopically proved to be actinomyces. For the next month intensive treatment with potassium iodide was employed; the sinuses were also excised. The temperature was quite unaffected, however, and after a month it was again considered advisable to explore the right iliac fossa, as the condition of the boy had become very serious. At the time of operation a hard mass was found in the right iliac fossa, but there was no evidence of the pus having tracked towards the kidney or diaphragm. The boy unfortunately was in such a weak condition that he died under the anaesthetic. No *post-mortem* examination could be made. It is of interest that the temperature was not affected by potassium iodide; this was possibly due to a secondary infection being present.

I am indebted to Dr. Cleveland Smith for permission to publish this case.

ROBERT R. FOOTE, M.R.C.S., L.R.C.P.Lond.

Southend-on-Sea.

graduated M.D., R.U.I., in 1865; he took the diploma of L.R.C.S.Edin. in the same year. For nearly half a century he practised medicine in Sudbury and the surrounding district, but he had retired from practice some time ago. He was honorary consulting physician to St. Leonard's Hospital, Sudbury, having formerly been for a long period a member of the active medical staff, and at the time of his death he was chairman of the committee of management. For many years he was medical officer of health for the borough of Sudbury, and for Glemsford Urban District Council and Melford and Belchamp Rural District Councils. He was one of the senior members of the Sudbury bench of magistrates. He was an old member of the British Medical Association, an ex-president of the East Anglian Branch, and a representative. He was the contributor of a number of articles in our columns during the eighties. He was also ex-president of the Cambridge Medical Society.

We regret to announce the death, on August 8th, of Dr. MARY K. HELENE NEARY, aged 40, wife of Dr. John F. Neary of Blackheath. She was the eldest daughter of the late Dr. Thomas Griffin, Louisburgh, co. Mayo, and niece of the late Sir Peter Freyer. She received her medical education at the Cecilia School of Medicine, Dublin, and the Royal Infirmary, Edinburgh, and obtained the L.A.H.Dubl. in 1918. Dr. Neary served as resident medical officer at the Jenny Lind Hospital for Children, Norwich, for over two years, and subsequently entered into general practice at Stoke Newington and Blackheath. She was a member of the Lewisham Division of the British Medical Association and took great interest in the infant welfare scheme, for which she will long be remembered in Bermondsey, where she did a large amount of work in connexion with the movement. She greatly endeared herself to her patients by her kind manner and the confidence she inspired, and many will mourn her untimely death.

The death, from appendicitis, of Dr. K. I. S. SMITH, at the early age of 30, occurred at Sunderland on July 20th. Dr. Kirton Ivor Seager Smith was educated at the Newcastle School of Medicine of Durham University, and graduated M.B., B.S.Durh. in 1914. Shortly after the war broke out he obtained a commission in the Northumbrian Field Ambulance, R.A.M.C.(T.F.), in which he eventually held the rank of major. On his return home from Salonica in 1919, he went into general practice at Sunderland, where he soon became very popular. He leaves a widow and a young child.

The death is announced, by cable, of Dr. ARTHUR POOLE, of Umzinto, Natal. Dr. Poole graduated M.B., Ch.B. at Glasgow University in 1911, and held a commission in the R.A.M.C. from 1915 to 1919. After practising for a short time in Manchester he went to South Africa a year or two ago. He is survived by his widow, to whom he was married in 1921.

## The Services.

THE KING has conferred the Royal Naval Volunteer Reserve Officers' Decoration upon Surgeon Captain Arthur R. Brailley, M.C.

### DEATHS IN THE SERVICES.

Colonel Henry John Waller Barrow, Army Medical Service (retired), died at Weymouth on July 30th, aged 73. He was the son of Inspector-General T. W. Barrow, A.M.D., and was educated at Guy's. He took the M.R.C.S. and L.S.A. in 1871 and entered the army as assistant surgeon on September 30th, 1871; while the regimental medical system was still in force he served for a time in the 43rd Foot, now the 1st Battalion of the Oxford and Bucks Light Infantry. He attained the rank of colonel on September 25th, 1901, and retired on July 7th, 1910. He rejoined for service during the recent war, from December 24th, 1914, and was for some time in charge of a hospital at Epsom. In September, 1873, he served in medical charge of a company of the 43rd L.I., which attacked and destroyed a company of Moplah fanatics at Kolatere, on the Malabar coast of Southern India. Twelve years later he served in the Sudan expedition of 1885, at Suakin, and in the Sudan Frontier Force in 1885-86, when he was present at the action of Giniss and received the Egyptian medal

and the Khedive's bronze star. Colonel Barrow's family have contributed several officers to the medical service of the army. His father, Inspector-General T. W. Barrow, served in the Crimea. His elder brother, Lieut.-Colonel T. S. Barrow, served in the A.M.D. from 1864 to 1884. His twin brother, Lieut.-Colonel F. E. Barrow, entered the same day as himself, but two places senior to him, served in Egypt, the Sudan, and South Africa, and retired in 1893. His son, Colonel H. P. W. Barrow, C.M.G., D.S.O., is now serving.

Dr. James Desmond McCarthy, C.M.G., late R.N., died at Sway, Hampshire, on July 28th, aged 84. He served as surgeon in the Royal Navy from 1872 to 1874, when he resigned in order to enter the Colonial Medical Service, in which he served for sixteen years on the West Coast of Africa. He was assistant colonial surgeon at Lagos from 1877 to 1880, and full surgeon from 1880 to 1884, when he became chief medical officer of the Gold Coast Colony. In 1891 he received the C.M.G. and retired in 1893. He served under Sir Garnet, afterwards Lord, Wolseley in the Ashanti expedition of 1873-74, and was present at the capture of Kumasi, being mentioned in dispatches and receiving the medal with a clasp.

## Universities and Colleges.

### UNIVERSITY OF OXFORD.

At a congregation held on August 8th the degree of doctor of medicine (D.M.) was conferred upon M. O. Raven.

### LONDON INTER-COLLEGIATE SCHOLARSHIPS BOARD.

THE following awards of medical scholarships and exhibitions have been made on the results of the Board's examinations held in June:

*University College.*—Bucknill Scholarship: J. B. Pierre. Medical Exhibitions: A. S. Hatch, M. Levy.  
*Westminster Hospital Medical School.*—Natural Science Scholarship: H. J. Shorvon.  
*London (Royal Free Hospital) School of Medicine for Women.*—Mabel Sharmán Crawford Scholarship: Marguerite M. Fenn. St. Dunstan's Medical Exhibition: Joyce R. Woods. Isabel Thorne Scholarship: Decima M. Tracey. Mrs. George M. Smith Scholarship: Kathleen E. Gambrell.

## Medical News.

THE formal opening of the winter session, 1923-24, of the Middlesex Hospital Medical School will take place on Tuesday, October 2nd. The introductory address will be delivered at 3 p.m. at the Scala Theatre by Mr. Somerville Hastings, F.R.C.S., on team work in nature. The prizes to successful students will then be distributed by H.R.H. Princess Alice, Countess of Athlone. The annual dinner will be held the same evening at 7.30 at the Trocadero Restaurant, with Sir John Bland-Sutton, P.R.C.S., in the chair.

THE movement known as Health Week was instituted in 1912, and in 1914, at the request of a meeting of local authorities, the Royal Sanitary Institute appointed a committee to undertake the central organization; but local celebrations in each centre are organized and controlled by local committees. The object of Health Week is to focus public attention for one week in the year on matters of health, and to arouse that sense of personal responsibility for health without which all public work, whether by the Government or local authorities, must fall far short of its aims. The next celebration will be held from October 7th to 13th.

ELSEWHERE in this issue (p. 292) is published an article on pure milk in which reference is made to the new tract on pasteurization published by the Ministry of Health. We are informed that a national milk conference will be held in the Guildhall, London, on November 21st. Papers are then to be read on every important aspect of pasteurization—methods and processes, physical changes, chemical changes, bacteriological changes, biochemical changes, and the financial and commercial aspect. The conference is being organized by the National Clean Milk Association, 3, Bedford Square, London, W.C.1.

THE address on "The adaptional machinery concerned in the evolution of man's body," delivered recently by Sir Arthur Keith as the twelfth Huxley Memorial Lecture, is published in full as a supplement to *Nature* of August 18th. The lecture by Professor N. Bohr on "The structure of the atom," published as a supplement in *Nature* of July 7th, is now obtainable separately at 6d., or by post at 7d.

In his annual report for 1922 on the work of the South Travancore Medical Mission Dr. S. H. Pugh records that Mr. Howard Somervell, F.R.C.S., a member of the recent Mount Everest Expedition, has decided to join the staff of the institution.

AN extraordinary meeting of the Committee of Management of King's College Hospital was held on August 9th to authorize the establishment of a Dental School under the direction of Dr. Alexander Livingston of Liverpool University. At the same meeting the Committee received the resignation of Mr. F. F. Burghard, senior surgeon, to whose work in connexion with the Hospital and Medical School a tribute was paid by the Chairman, Viscount Hambleden. Mr. Burghard is succeeded on the Committee as senior surgeon by Sir G. Lenthal Cheatle, K.C.B.

THE Wellcome Historical Medical Museum will be closed for cleaning from September 1st to 30th inclusive.

THE National Association for the Prevention of Infant Mortality and for the Welfare of Infancy (117, Piccadilly, W.1) has arranged a course of lectures on infant care for health visitors, nurses, midwives, school teachers, voluntary infant welfare workers, and committees of nursing associations, to be held in the Lecture Theatre, University College, Nottingham, from September 24th to 28th, 1923, inclusive.

IN the paragraph published in our issue of August 4th (p. 213) regarding post-graduate courses in Vienna and stating that full particulars can be obtained on application to the Secretary of the Austrian Embassy, the address was incorrectly given; it should have been 18, Belgrave Square, London, S.W.1. We understand that the office is open to visitors from 11 a.m. till 1 p.m.

PROFESSOR ROBERT WIDERSHEIM, the well known comparative anatomist, for many years director of the Anatomical Institute of Freiburg University, has died at the age of 75.

THE twenty-second Flemish Medical Congress was held at Antwerp on August 11th and 12th. The following papers were read: The physiology of the heart, by Professor H. Zwaardemaker of Utrecht; extracardial influences on the heart, by Professor E. de Somer and Dr. P. Maeyer of Ghent; intracardiac arrhythmia, by Dr. S. de Boer of Amsterdam; pharmacodynamics and clinical administration of cardiac drugs, by Dr. U. G. Bijlsma and Dr. M. J. Roessingh of Utrecht; radiology of the heart, by Dr. M. Peremans of Antwerp; heart disease in pediatrics, by Dr. J. Lebeer of Antwerp.

THE Annual Educational Number of the BRITISH MEDICAL JOURNAL will be published on September 1st.

## Letters, Notes, and Answers.

ORIGINAL ARTICLES and LETTERS forwarded for publication are understood to be offered to the BRITISH MEDICAL JOURNAL alone unless the contrary be stated.

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

As, owing to printing difficulties, the JOURNAL must be sent to press earlier than hitherto, it is essential that communications intended for the current issue should be received by the first post on Tuesday, and lengthy documents on Monday.

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.

IN order to avoid delay, it is particularly requested that ALL letters on the editorial business of the JOURNAL be addressed to the Editor at the Office of the JOURNAL.

THE postal address of the BRITISH MEDICAL ASSOCIATION and BRITISH MEDICAL JOURNAL is 429, Strand, London, W.C.2. The telegraphic addresses are:

1. EDITOR of the BRITISH MEDICAL JOURNAL, Aitiology, Westrand, London; telephone, 2630, Gerrard.
2. FINANCIAL SECRETARY AND BUSINESS MANAGER (Advertisements, etc.), Articulate, Westrand, London; telephone, 2630, Gerrard.
3. MEDICAL SECRETARY, Medisecra, Westrand, London; telephone, 2630, Gerrard. The address of the Irish Office of the British Medical Association is 16, South Frederick Street, Dublin (telegrams: *Bacillus, Dublin*; telephone, 4737, Dublin), and of the Scottish Office, 6, Rutland Square, Edinburgh (telegrams: *Associate, Edinburgh*; telephone, 4361, Central).

### QUERIES AND ANSWERS.

#### FINE OR COARSE TEA.

"IGNORAMUS" (Christchurch, N.Z.) writes: Considerable discussion has taken place in New Zealand lately concerning the quality of tea that is imported and consumed here. Will any of your correspondents advise me whether there is conclusive evidence that "fine" teas, as I understand they are known to tea experts, have advantages from a health point of view over coarse teas.

#### MASTICATION.

IN reply to the questions asked by "Fletcherism" in our issue of August 11th (p. 268) Mr. Morley Roberts writes: Your correspondent may be interested to know that Horace Fletcher wrote two or three books on diet and worked at Yale with Chittenden and in Cambridge with Michael Foster, both of whom were favourably impressed by his experiments. Van Someren was Fletcher's son-in-law and used to practise in Venice. I regret to say I can at the moment give no references to the authorities mentioned, nor can I remember the titles of Fletcher's books. They should, however, be found in most medical libraries.

DR. J. R. KEITH (Driffield) writes: Dr. E. H. Van Someren, concerning whom "Fletcherism" has made inquiry, died at Syracuse on February 3rd, 1913, at the age of 41, from diabetes, from which he had suffered for two years. An article, "Was Luigi Coriario right?" which was read by him at the sixty-ninth Annual Meeting of the British Medical Association, appeared in the JOURNAL of October 12th, 1901. He was a son-in-law of the late Horace Fletcher, the other exponent of prolonged insalivation to whom "Fletcherism" refers. Mr. Fletcher died several years ago, at what age I do not know.

#### INCOME TAX.

"H. F. V." has claimed to deduct £20 for the expense on medical textbooks, and the local inspector of taxes says that such expenses cannot be allowed.

\* \* In our view expenditure on maintaining as distinct from improving a practitioner's supply of reference books is admissible, such expenditure being necessary and analogous to the upkeep of "plant and machinery."

### LETTERS, NOTES, ETC.

#### FREEDOM OF NEGRO RACES FROM CANCER.

IN the extracts from Dr. J. Bell Walker's letter on this subject published last week (p. 268) "Zanzibar" was printed in mistake for "Zomba." The sentence should read: "The patient was sent by the medical officer at Chirromo and transferred to Dr. Walker's care at the Livingstone Memorial Hospital, Zomba, for operation." We regret the printer's error which made Dr. Walker seem to place Zanzibar in Nyasaland.

#### EPITHELIOMA CONTAGIOSUM OF FOWLS.

DR. J. F. CARRUTHERS (Liphook) writes with reference to the note published on August 4th (p. 214) that *cholom* is the Tamil for Indian corn or maize (*Sorgum vulgare*).

#### A CASE OF FLAGELLATE DYSENTERY.

DR. CRAWFORD LUNDIE (Thaba 'Nchu, Orange Free State) writes: In view of the article by Dr. Whittingham on flagellate dysentery in the BRITISH MEDICAL JOURNAL of May 12th the following case may be interesting:

A man, aged 70, was first seen for a neighbouring doctor on May 9th, 1921. He had been ill at that time for two and a half months. The stools were at least half blood, very foul, and contained much mucus. He was put on no new treatment, but told to continue the bismuth and opium mixture prescribed by his own doctor. He was not seen again till August 7th, by which time he had been to at least one other doctor at some distance, and had not had his original doctor to see him for three months. To prevent him going to a quack the case was taken up rather reluctantly.

His condition was unchanged, except that he was much weaker and thinner. Before attempting any new treatment a bacteriological examination was made. The report was negative for amoebae and dysentery bacilli, but positive for *Haemamonas hominis*. As no specific treatment is known for that and no references to it could be found in the literature available a trial was made of various intestinal antiseptics. The first was thymol, as a short reference to its use in lamblia infections was found in one textbook, and it is the recognized treatment for hookworm. No benefit seemed to accrue. Of equally little use were beta-naphthol and creosote, the latter given in capsules of 5 minims each. All the time he was given a mixture of bismuth and magnesia, with an occasional addition of tincture of opium, when the pain was very bad, to soothe the irritation and griping. Starch enemas with an occasional addition of opium were also sometimes tried. Sodium sulphate treatment was also unavailing.

No improvement was noted till chinolol was tried. This was begun on August 18th in doses of 5 grains three times a day in the bismuth mixture and double that dose night and morning by enema. The blood gradually disappeared from the stools, as did the mucus, and the frequency of motions declined from every half-hour to twice a day. The patient left his bed and was able to walk about two miles. He required no medical attention from September 26th to October 31st; he put on a little flesh and regained a fairly good colour in that time. At the end of it, however, symptoms of liver trouble developed and steadily got worse till he died on January 22nd, 1922. He had no recurrence of severe diarrhoea nor of blood and mucus in the stools, however, and it is just a question whether the bismuth emetine treatment used by Dr. Whittingham would not have prevented the fatal complications, at least if he had been a younger man. Unfortunately it was not thought worth while to try emetine