

evidence of active disease, no sputum, still a little cough, temperature and pulse normal, gain in weight 3 st. 3 lb., lesions in throat cured. Discharged. In 1923 the patient is quite well and engaged in unusually strenuous work.

## CASES 19 AND 20.

Two severe cases of pulmonary tuberculosis whose records are unavailable. One improved with partial serum treatment, the other died after a few injections, his case being probably too far advanced to respond to the very partial treatment available.

## CASE 21.

R. K., aged 45; engineer. Comes from tuberculous stock. History of pleurisy and malaria in 1917 in East Africa. Second attack of pleurisy in 1918, followed by two bad attacks of influenza. Severe bronchitis in October, 1919, never cured. At the end of 1919 a cavity was located at the right apex and tubercle bacilli found in sputum. Came to Europe in August, 1921. When first seen, in September, 1921, he had cough, abundant purulent blood-stained expectoration (tubercle bacilli present 40 to 60 per field), emaciation, haemoptysis, severe sweating, much dyspnoea. Signs of extensive infiltration of right lung, with large cavity in upper lobe, and scattered infiltration in left lung. Spahlinger's treatment was commenced in October, 1921. At the end of December, 1921, the patient had improved—expectoration had diminished by two-thirds, temperature and pulse normal, night sweats stopped. He developed malaria early in 1922. He remained in bed during January and nearly all February with severe attacks of malaria; parasites traced in blood. Acute heart troubles. Partial serum treatment intensified. Lost 6 lb. In March the patient improved rapidly. In July physical signs were practically dry; tubercle bacilli still present, but scanty, weight and strength normal, dyspnoea on exertion; the patient felt very well and was able to lead a normal life until February, 1923, when a renewed attack of malaria occurred. In March partial serum treatment had to be resumed on account of reactivity of pulmonary lesions. At the beginning of April the signs in the chest had dried up considerably and sputum decreased, but the patient was still suffering from malaria. On April 14th, 1923, the patient died of heart failure. He had been so weakened by tropical residence and tropical disease that his power of resistance gave out.

## CASE 22.

D. B., a well nourished man, aged 26; clerk. In January, 1920, he had a profuse haemoptysis; tubercle bacilli found in sputum. When first seen, in October, 1921, he had cough, expectoration purulent, often blood stained (tubercle bacilli present 10 to 20 per field), haemoptysis, emaciation, night sweats, dyspnoea on exertion. Signs of infiltration of left lung and softening at left apex, also infiltration at right hilus. Spahlinger's partial serum treatment was commenced in October, 1921. Several attacks of haemoptysis until June, 1922, when the patient was much improved. In July he had pneumonia, followed by profuse haemorrhages and exacerbation of all physical signs; partial serum treatment intensified. In August his condition had much improved; temperature and pulse normal. In April, 1923, the patient was feeling very well and had been leading a normal life since January. There was still a little sputum in which few tubercle bacilli were occasionally present. Physical signs practically dry; probability of cavitation at base of left upper lobe. General condition very satisfactory.

## CASE 23.

L. H., a man aged 46; engineer. Comes from tuberculous stock. History of pleurisy. Tubercle bacilli found in sputum in 1908. Repeated sanatorium and tuberculin treatment. Artificial pneumothorax in 1918. Disease never arrested. When first seen, in September, 1922, cough was very troublesome, there was abundant often blood-stained expectoration (tubercle bacilli present 20 to 30 per field), slight pyrexia, pulse 100, emaciation 2 st., intense dyspnoea, palpitations, pleurisy on right side, weakness, flatulence, anorexia, anaemia, clubbing; he complained of ulcerated throat. There were signs of bilateral infiltration and softening at both apices. Spahlinger's partial serum treatment was commenced in September, 1922. In July, 1923, his condition had much improved; there was still a little cough in the morning; expectoration diminished by two-thirds (tubercle bacilli scanty), temperature and pulse normal, increase in weight 10 lb., dyspnoea less troublesome but still present, chest practically dry.

[Cases 10, 11, 15, 17, 18, 21, 22, and 23 were accompanied by skiagrams which appear to support the statements in the text, but are not found quite suitable for publication.]

## Memoranda:

## MEDICAL, SURGICAL, OBSTETRICAL.

## CANNABIS INDICA IN SMOKING TOBACCO.

I WAS summoned one evening to see a young woman who was reported to have become suddenly "paralysed." On arrival at the house the mother told me that about two hours previously her daughter had introduced into her nose some tobacco dust, after which she had become very giddy and had lost the use of her legs. It appeared that a young man spending the evening with them had induced the girl, and also her sister, by way of a rather foolish joke, to sniff up the dusty tobacco at the bottom of his pouch in the manner of snuff. The sister, aged 17, had shortly afterwards vomited violently, and no further untoward symptoms developed in her case. The patient, however, aged 18, I found in a very curious condition.

She was lying on a couch, frankly intoxicated (no alcohol had been administered), talking incoherently and giggling in a fatuous manner. She could not move her lower limbs, the feet and lower legs being completely anaesthetic, and there was general paraesthesia. The pupils were dilated and the pulse was frequent. She was oblivious to her surroundings unless well shaken, when she took some notice and would answer questions.

While some of these phenomena might possibly be attributable to nicotine, the highly emotional state, in one of a normally placid temperament, made me suspect cannabis indica. I accordingly impounded what remained in the pouch (the tobacco being of a well known and popular brand of a cheaper type) and had it analysed by Dr. Herbert Henstock, M.Sc., Ph.D., of this town, and I am much indebted to him for the trouble he took and his report. He stated that he found "0.66 per cent. of solid cannabis indica in the sample, equivalent roughly to about 1 drachm of the B.P. tincture per ounce of tobacco."

This is not a large proportion, perhaps, but evidently the amount taken was sufficient to cause toxic symptoms. Seven and a half minims of the tincture have been known to produce toxic effects. That the condition was not one of mere hysteria is, I think, proved by the vomiting of the sister, in whose case the nicotine effect predominated, and rapid elimination prevented further trouble. This all seems to show that tobacco, when absorbed from the nasal

mucosa, has a much more profound effect on the system than when smoked in a pipe. In the latter case the nicotine is known to be largely converted into pyridine bases during combustion, and probably cannabis indica, if present, is also changed in some way.

The patient, after the administration of an emetic, strong coffee, etc., slowly came round.

Shrewsbury.

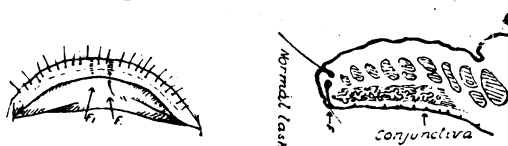
R. L. E. DOWNER, M.D. Lond.

## EYELID PENETRATED IN SEPARATE PLACES BY EYELASHES.

THE following case may be of interest to your readers, as by a strange coincidence the lid was penetrated in two places by separate eyelashes.

On June 30th, 1923, Miss A. B., aged 23, consulted me, complaining that a lash had been irritating her left eye for the past three weeks. Until then there had been no previous trouble, and the lashes and lids were apparently normal except for two lashes as at F and Fi in the diagrams.

On the free edge of the upper lid were seen two faintly



blue vertical streaks an eighth of an inch apart; on evertting the lid, these were seen to run backwards towards the sulcus subtarsalis, where one of them terminated in the free tip of an eyelash, F. The second one, although it had penetrated the lid, had not perforated the conjunctiva, and was left for the time, as it was causing no irritation. As it was impossible to see the proximal end of either lash the former was removed by cilia forceps from its free end. It came away complete and with no trouble. Apparently both lashes had grown backwards from their roots, through the substance of the lid.

London, W.

SYDNEY TIBBLES, L.R.C.S. and P. Edin.

## PSEUDO-CYESIS.

THE following notes on a case of pseudo-cyesis, which came under my notice some time ago, appear to be sufficiently interesting to be recorded. I have altered the dates throughout, for obvious reasons.

In the middle of June, a woman, aged 46, who had had several children but had been a widow many years until she remarried late in the preceding year, consulted me about her condition as she thought she was pregnant again. I ascertained that the menstrual periods were quite regular and found no signs of pregnancy, and informed her that she was mistaken, and to convince her pointed out that there was no enlargement of her breasts and that they contained no secretion as they had no doubt done in her previous pregnancies.

She went away convinced of her mistake, as I thought, but returned in September and informed me that I must have been mistaken about her condition as she was sure she was pregnant, and that now her breasts had enlarged and contained milk. This, to my surprise, proved correct, but she was not pregnant, and she denied having stimulated the breasts in any manner. I again assured her that she was not pregnant. She returned, however, early in the following November to ask when the baby would be born. Examination then showed a copious secretion in both breasts. After further assurance she went away, and although I saw her several times afterwards the subject was not mentioned again.

D. S. PRACY, F.R.C.S. Edin.

## VOLVULUS OF AN ASCENDING COLON.

MRS. —, aged 69, who had been delicate as a girl, spending eight winters on the Riviera, and in whom shocks such as bad news usually caused vomiting, had, when I saw her, for one month experienced some abdominal discomfort, but "nothing to speak of."

Abdominal pain and vomiting commenced on April 29th, 1923, and continued during the night. When seen next day the abdomen presented a smooth elastic swelling about the size of a full-time foetal head, above and to the left of the umbilicus; it was movable, resonant, fluctuant, with no fluid thrill and no pelvic attachments. The next day she was comfortable, but after visiting her physician and dining, vomiting recommenced. She was not seen for forty-eight hours, when it was evident that an acute condition existed in the abdomen.

I made a median incision from the xiphisternum to below the umbilicus; at first sight the rounded swelling appeared to be a distended stomach, but the hand moved freely round it and the appendix presented on the top of it. It was easily delivered; the ileum was above and in front of the liver and stomach, and wound round the hepatic flexure clockwise. After unwinding and replacing the small bowel the transverse colon was demonstrated; the hepatic flexure was thoroughly freed from adhesions, the transverse colon inflated well, and the caecum and ascending colon were replaced; breathing being difficult, further operative procedure was contraindicated.

With the exception of difficult deflation she made an uninterrupted recovery.

Guildford.

A. H. BRODRIBB.

## WANDERING SPLEEN IMPACTED IN THE PELVIS.

THE following case appears worthy of record, as without laparotomy a true diagnosis could not possibly have been arrived at.

A Mohammedan woman, aged 28, was admitted to hospital on May 31st, complaining of a tumour in the abdomen which caused pain. She gave its duration as two years, stated that her periods had been regular during this time, but that she had had frequent attacks of malaria. The history in such cases is as a rule unreliable, since patients' ideas of time are vague, and they have an impression that the longer they state they have suffered from a disease the

more attention will be paid to their case. In this case, on examination, a centrally situated, hard, irregularly nodular tumour was found rising to within an inch of the umbilicus. A provisional diagnosis of fibroids was made. On examination per vaginam, a hard tumour was found occupying the whole of the true pelvis. Attempts to pass a sound failed on two occasions, and it was thought one had to deal with a cervical myoma. The woman was kept under observation for five days, during which time she had evening rises of temperature to 100° F. or so, on alternate days, and she was given quinine.

Preparations having been made for dealing with a difficult hysterectomy I opened the abdomen on June 5th. Exposure of the upper end at once revealed the nature of the tumour, as splenic tissue was recognized. The incision was enlarged downwards, the absence of adhesions verified, and the tumour easily brought out of the abdomen. The pedicle being long its ligature and division was a simple matter. The condition of the other pelvic organs was then looked into. The uterus was found flattened out against the rectum, and had the appearance of a broad thick ribbon; hence my inability to pass a sound. The patient made an uneventful recovery and was discharged cured (*minus* her spleen) on June 21st, sixteen days after operation.

The pathological report by Lieut.-Colonel F. P. Mackie, I.M.S., states as follows:

"The tumour in the spleen was originally of a cystic nature, evidence of loculi still remaining. At some time suppuration must have taken place and probably some haemorrhage. The structure is now that of dense sclerosing connective tissue, laminated at the peritoneal edge and more open in the interior. No signs of pus are now present, nor were micro-organisms seen. There is no evidence of hydatid membrane."

A. J. VERNON BETTS, M.B. Lond.,

Civil Hospital, Nasik, India.

Lieut.-Colonel I.M.S.

## Reports of Societies.

## REST IN THE TREATMENT OF PHTHISIS.

At a meeting of the Brighton and Sussex Medico-Chirurgical Society, held on September 6th, with the President, Dr. ELIOT CURWEN in the chair, Dr. A. NEVILLE COX read a paper on local and general rest in the treatment of phthisis. He referred to the effects of overfatigue in industry, and its share in causing the breakdown in cases of phthisis. The betterment of industrial conditions, especially in shortening the hours of work, brought about by the Factory Acts and otherwise, must have played an important part in the reduction of phthisis mortality among women. Up to 1866 the female death rate was higher than the male, but since that time the female rate had always been lower, and was falling more rapidly. In Dr. Cox's opinion the increased mortality among women during the war was due largely to physical overstrain in the munition factories, combined with poorer feeding. Where fatigue had been the chief cause of a disease, rest must be the chief measure in its treatment. The literature of tuberculosis showed remarkable changes of opinion on the relative merits of rest and exercise in the treatment of phthisis. Even now there was one school, especially in America, which advocated rest and another which relied rather on exercise; in this country the tendency was to underrate the importance of rest. The indications for rest were the toxæmic symptoms. Dr. Cox described the methods of securing general rest for the body in the several stages of the disease, and in particular the details of "absolute rest" as laid down by Paterson. He pointed out that the phthisis patient, even when his disease was becoming quiescent, should do everything "on low gear," and should stop short of fatigue in his exertions; hence the great difficulty for exsanatorium patients in competing with healthy men at their old occupations. The success of pneumothorax treatment and of the conservative treatment of surgical tuberculosis had led to renewed interest in the possibility of obtaining local rest for the affected lung. The natural means by which the body endeavoured to limit function in the diseased lung were outlined; and several ways in which this process might be helped, by posture, control of breathing, and various forms of lung-splints, were described.

## The Services.

### DEATHS IN THE SERVICES.

Surgeon Commander William Perceval Hingston, R.N., was killed, along with his wife, at Yokohama, in the great earthquake in Japan, which destroyed Yokohama and Tokyo, on September 1st. He received his medical education at the Middlesex Hospital, took the M.R.C.S. and L.R.C.P. Lond. in 1903, and after filling the post of house-physician at the Middlesex Hospital entered the Navy. He attained the rank of surgeon commander on March 1st, 1917.

Surgeon Commander Alec Bedingfield Marsh, R.N., died at Haslar on September 7th, aged 46. He was the son of the late Henry Marsh, paymaster-in-chief, R.N., and was educated at Oxford (Merton College), where he graduated B.A. in 1899, and at Edinburgh, taking the Scottish triple qualification in 1903. After serving as assistant medical officer of the county asylum at Winwick, he entered the Navy in 1904, and became surgeon commander in June, 1917. He served along with the Prince of Wales on H.M.S. *Hindustan* and at the beginning of the late war was a shipmate of H.R.H. the Duke of York on H.M.S. *Collingwood*. Later he was on board H.M.S. *Dartmouth* when she was torpedoed in April, 1916, and afterwards served in the Royal Naval Air wing at Grantham. For the past two years he had filled the post of ear, nose, and throat specialist at the Royal Naval Hospital, Haslar. He made the observation that poison gas can produce fatal effects by entry through the ear, and invented an extension of the gas-mask to prevent such entrance. He acquired lung disease through exposure during the evacuation of Russian refugees in the Black Sea in 1919. He leaves a widow and two children.

## Medical News.

THE Prince of Wales, who is Chancellor of the University of Wales, has promised to visit the University College of Wales at Aberystwyth on October 30th, when he will open a students' club.

THE annual dinner of the Cambridge Medical Society will be held in the hall of King's College, Cambridge, by kind permission of the Provost and Fellows on Saturday, September 29th, 1923, at 7.30 for 7.45. Tickets, price 15s., inclusive of wine, should be obtained before September 27th from Dr. G. S. Haynes, 58, Lensfield Road, Cambridge. A meeting of the society will be held at Addenbrooke's Hospital on Friday, October 5th, at 2.30 p.m. By arrangement, all members of the Cambridge and Huntingdon Branch of the British Medical Association are entitled to attend the meetings of the society, which are held monthly, except during August and September, and count as clinical meetings of the Association.

THE annual dinner of the West Kent Medico-Chirurgical Society will be held at the Trocadero Restaurant, Piccadilly Circus, London, W.1, at 7 for 7.30 p.m., on Thursday, October 4th. Applications for tickets should be addressed to Dr. C. J. B. Buchan (Hon. Sec.), 326, Brownhill Road, Catford, S.E.6.

THE tenth Norman Kerr memorial lecture of the Society for the Study of Inebriety will be delivered by Sir William Willcox, K.C.I.E., M.D., at the house of the Medical Society of London (11, Chandos Street, Cavendish Square, W.) on Tuesday, October 9th, at 4 p.m. The subject chosen is drug addiction.

THE National Hospital for the Paralyzed and Epileptic has issued a syllabus of a post-graduate course to begin on October 8th and to continue until November 30th. After noon, each day will be pretty fully occupied by lectures and demonstrations on the pathology of the nervous system, by attendance at out-patient clinics, and by clinical lectures and demonstrations. Members attending the course will be entitled to witness operations. The inclusive fee will be 7 guineas, but any part of the course may be taken separately. Full particulars can be obtained from Dr. C. M. Hinds Howell, dean of the Medical School, at the hospital (Queen Square, Bloomsbury, W.C.1).

A POST-GRADUATE course will be held as usual this year at the Radcliffe Infirmary, Oxford; it will last from October 1st to 6th. There will be clinics and demonstrations each morning, and two sessions of one and a half hours during each afternoon. A detailed programme is being prepared and will be obtainable from either of the honorary secretaries, Dr. W. T. Collier or Mr. Hugh Whitelocke, at the Infirmary.

THE Home Secretary has made a Regulation, dated September 10th, empowering port medical officers to issue certificates to masters of foreign ships authorizing them to obtain, within certain limits, preparations containing opium, cocaine, morphine, or heroin which are required to complete the necessary medical equipment of the ship. These certificates when presented are to be treated by the supplying chemist in a similar way to prescriptions given by a doctor to a patient.

As a result of the appeal for the British Empire Cancer Campaign nearly £55,000 has now reached the offices of the British Red Cross Society at 19, Berkeley Street, W.1. More than half the total number of subscriptions have been anonymous. The fund at its inception received an anonymous gift of £20,000. There has been also one anonymous gift of £2,000, two of £1,000, three of £500, and many others of smaller amounts, which bring the total of anonymous subscriptions to £28,000. This is held to indicate that a great many of the supporters of the campaign are sufferers or relatives of sufferers from the scourge.

THE opening meeting of the North-East London Clinical Society will be held on Thursday, October 4th, at 4.15 p.m., when Dr. G. F. Still will give a lecture on common errors of diagnosis in diseases of children; the president, Dr. A. J. Whiting, will be in the chair. The annual dinner of the society will take place at the Prince of Wales's Hospital, Tottenham, on October 11th, at 8 p.m.

DR. R. ANTONETTE MCF. SCOTT has been presented by the Women's Guild of the Parish Church, Laurencekirk, with a writing case and a wallet of Treasury notes on the occasion of her departure for P'chang, China, where she will take up duty in the Buchanan Memorial Hospital.

THE annual dinner of past and present students of University College Hospital will be held on Friday, October 5th, at the Hotel Cecil, Strand. Tickets (price 12s. 6d.) can be obtained from Mr. Gwynne Williams and Dr. T. R. Elliott at University College Hospital Medical School.

A WILLIAM FARR lecture, on the measurement of progress in public health, will be given by Sir Arthur Newsholme, K.C.B., M.D., on Thursday, October 4th, at 5 p.m., at the London School of Economics and Political Science (Houghton Street, Aldwych, W.C.2). The lecture is open to the public without fee.

THE Advisory Committee on Industrial Hygiene, which has just ended its sittings at the International Labour Office of the League of Nations at Geneva, adopted a resolution stating that the most effective method of securing the success of research into the prevention of anthrax would be the constitution of national committees to work under the general direction of the Health Committee of the League of Nations. Members might with advantage be appointed after consultation between the Health Committee of the League of Nations and the Government departments in each country which are responsible for the administration of the Factory Acts. Dr. Smyth, assistant professor of industrial hygiene at Pennsylvania University, described his method of iodine disinfection to the committee, which expressed the hope that his observations would be followed up. The committee also discussed the possibility of sterilization of the effluents of tanneries.

DR. STEPHAN VON APATHY, professor of zoology at the University of Kolosvár, who was well known for investigations on neuro-histology, recently died at the age of 60.

THE Society of Public Analysts will resume its monthly meetings on October 3rd. The society meets in the rooms of the Chemical Society, Burlington House, at 8 o'clock on each evening.

DR. C. E. LAY of Peasenhall has, on the occasion of his retiring after forty-two years' practice in the district, been presented by the parishioners of Badingham, Bruiyard, Heveningham, Huntingfield, Peasenhall, and Sibton, with a silver tray, suitably inscribed.

THE report for 1922-23 of the Professional Classes Aid Council, upon which the British Medical Association is represented by Dr. G. E. Haslip, shows that useful work continues to be done by this organization, which exists in order to assist in relieving distress among the professional and educated classes and their dependants. It does more than merely make grants of money, its aim being to enable the recipient of assistance to become independent of further help. During the year the council dealt with 538 new applicants (of whom 127 were, however, not within the scope of the organization and 22 were otherwise unsatisfactory) and 89 old applicants (of whom 32 had similarly to be refused). In addition, 50 families received assistance in providing education. The expenditure for the year amounted to £7,334, showing a deficit of £2,213, and an appeal is therefore made for increased financial support. The offices of the council are at 251, Brompton Road, S.W.3.

THE London School of Tropical Medicine has arranged to send an expedition to Samoa to study the prevention of elephantiasis and filariasis, diseases which affect 85 per cent. of the inhabitants of the Samoan group. The expedition will have its headquarters at Apia and will be away for two years; it will work in co-operation with the New Zealand Government, which is responsible for the administration of Samoa. The expedition, which will leave this country on November 15th, will be under the leadership of Dr. Patrick Buxton, who did valuable work on entomology in Mesopotamia during the war, and has recently been entomologist to the Palestine Government at Jerusalem.