

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

TREATMENT OF IRITIS WITH TUBERCULIN.

THE following case is of interest on account of the fact that tuberculous infection of the cornea and iris had evidently existed for a considerable time without doing any permanent damage, that local ophthalmic treatment had no effect on the disease, and that tuberculin, unaided by any other treatment, produced a cure in a short time.

A girl aged 15 years was brought to my out-patient department with a history that the right eye had been inflamed for four years; the inflammation had improved at times but had never got quite well. During practically the whole of the four years she had had special ophthalmic treatment, but the condition was as bad as when the attack first started. The left eye had never been involved. The cornea of the right eye showed a diffuse haze, and scattered through its deeper layers were some small yellowish-grey patches of infiltration. The iris was difficult to see owing to the corneal haze, but was contracted, discoloured, and did not react to light. There was intense ciliary and conjunctival injection accompanied by much photophobia and lachrymation, but very little pain. There was no ulceration of the cornea and no corneal staining with fluorescein. The tension of the eye was slightly reduced. There was a considerable degree of convergent strabismus. The patient's general condition was poor, and there were several enlarged glands on both sides of the neck. The condition was considered to be one of tuberculous kerato-iritis. An examination by a physician showed no other obvious tuberculous focus. The Wassermann reaction was negative.

The local treatment prescribed was atropine, hot bathing, and protection of the eye. A tonic was given also. This treatment, the child's mother told me, had been ordered many times before, but had done no good.

At the end of a month, as no progress was being made, injections of tuberculin were commenced, and all treatment to the eye discontinued. At the end of six weeks there was a very decided improvement. The cornea began to clear, the infiltrations in it grew smaller, and the iris, which became more clearly visible, showed some small buff-coloured nodules towards the periphery. The tuberculin injections were continued, the eye receiving no local treatment, and in another month (ten weeks from the commencement of the tuberculin treatment) the cornea and iris were perfectly clear and the ciliary and conjunctival injection had quite disappeared.

I have seen the patient at intervals for the last nine months. There has been no recurrence; the glands in the neck are considerably smaller, and the patient's general health is much improved.

I have to thank Dr. Campbell Faill, tuberculosis officer of this city, for kindly supervising the tuberculin treatment.

E. R. CHAMBERS, F.R.C.S.E., D.O.M.S.,
Ophthalmic Surgeon, Bristol Royal Infirmary.

A RECORD PLASMACYTOSIS.

A boy, aged 7 years, had a suppurating gland in the neck which was opened. After doing well for a fortnight he suddenly became ill, the wound became inflamed, and his temperature reached 104° F. Antistreptococcic serum was given. Next day (May 12th, 1919) he had a bright red rash like scarlet fever and the case was notified as such.

On May 13th at noon he was very ill—pulse 140, temperature 105° F. Blood films showed numerous well stained platelets, marked leucocytosis, and conspicuous iodophilia not entirely confined to polymorphs. The differential count was: myelocytes 6, polymorphs 86, lymphocytes 3, mononuclears 5. Neutrophil granules were intensely stained. The majority of the polymorphs had bar, bent, or S nuclei, and two distinct lobes or more were uncommon. In the former Döhle bodies were usual, in the latter vacuolation was frequent.

On May 14th the general condition and films were little altered. The rash was dusky, the tongue raw, the throat much inflamed, and the cervical glands swollen. Next day the general condition was better—temperature 100° F., leucocytosis less, and the differential count was: Myelocytes 1, polymorphs 80, eosinophils 1.5, lymphocytes 10, mononuclears 5, plasma cells 2.

On May 17th the boy was much better; the films showed anaemia, slight leucocytosis, and a differential count of 400 gave polymorphs 50, eosinophils 2, mast cells 0.5, lymphocytes 18, mononuclears 10, and plasma cells 19.

Plasmatocytosis is common in the course of many diseases,

but I have not seen more than 5 per cent. in any other patient. Gruner cites a case of scarlet fever with 11 per cent. (*Biology of the Blood Cells*, p. 270).

Ealing, W.

ROBERT CRAIK, M.D.

Reports of Societies.

SURGICAL TREATMENT OF PHTHISIS.

ON November 27th the Medical and Surgical Sections of the Royal Society of Medicine held two joint meetings to discuss the surgical treatment of pulmonary tuberculosis. Dr. ROBERT HUTCHISON was in the chair at the first meeting, Mr. C. A. R. NITCH at the second.

Professor P. BULL of Christiania spoke on the subject of extrapleural thoracoplasty with apicolysis. This belonged to the same category in the treatment of pulmonary tuberculosis as the creation of an artificial pneumothorax. Both aimed at producing a collapse of the lung with retraction due to the development of connective tissue; thereby the lesion was healed. This retraction and development of fibrous tissue was the general method throughout the body whereby tuberculous lesions were healed. The lung, however, was at a great disadvantage compared with other tuberculous organs, since without operation it could not shrink further than was permitted by the negative pressure in the pleural cavity, nor further than the stiff thoracic wall could follow. Since artificial pneumothorax was less risky than thoracoplasty the speaker usually tried inflation first. If this were unsuccessful, thoracoplasty might be advised. On the whole the indications for thoracoplasty coincided with the indications for artificial pneumothorax, and the former should be employed when the latter could not be used. In cases of doubt repeated haemoptyses should hasten the decision to undertake thoracoplasty. Theoretically the lung of the opposite side should be healthy. He was satisfied that operation was justifiable when symptoms in the opposite lung had quite disappeared, or when during a long period expert observation had found them to remain stationary and of slight extent. Even though little or nothing were found clinically, the x rays often caused a proposed operation to be abandoned. Progressive or greatly extended tuberculosis in the opposite lung was a contraindication. He believed that there were a great number of patients with unilateral pulmonary tuberculosis or whose tuberculosis in the opposite lung was only slight or had temporarily subsided. A slight tuberculosis of the larynx or an infection of one kidney was not a contraindication. Absolute contraindications were an advanced degree of infection in the other lung or a bad general condition. A cavernous unilateral pulmonary tuberculosis gave a much more unfavourable prognosis after thoracoplasty than the infiltrating shrunken type. The closest co-operation between physician and surgeon was necessary.

Professor Bull said that he operated with the patient lying on the healthy side, and used the hook-shaped Sauerbruch incision on the back. Resection of ribs was made from the tenth or eleventh up to and including the first. It was vitally important to resect as far back as possible right up to the costal tubercle and the point of the transverse process. He believed a two-stage operation was best. When done in two stages his mortality rate was about 4.5 per cent., in one stage it was 30 per cent. At the first operation the eleventh to fifth ribs were resected; in the second operation the fourth to the first. When he reached the fourth or third rib he performed an apicolysis—that is, he made an incision through periosteum and endothoracic fascia and loosened the top of the lung from the thoracic wall with his finger. This made resection of the two upper ribs more easy. He recommended general anaesthesia. Should there be difficulty in getting cavities in the apex to collapse, intrathoracic transplantation of fat might be found useful. After the operation it was important to relieve expectoration. An extra nurse remained with the patient day and night to support the operated side during attacks of coughing, and to encourage him to expectorate. A good compressing bandage, and morphine or omnopon, were necessary. The temperature often remained high and the

Universities and Colleges.

UNIVERSITY OF OXFORD.

THE following candidates have been approved at the examination indicated:

D.P.H.—Part I: J. G. Johnstone, A. A. E. Newth, H. Shannon, A. C. Tibbits. Part II: W. H. Butcher, H. W. Hardy, A. A. E. Newth, H. Shannon, A. C. Tibbits.

LONDON INTER-COLLEGIATE SCHOLARSHIPS BOARD.

ELEVEN medical entrance scholarships and exhibitions of an aggregate total value of £1,134, tenable in the Faculty of Medical Sciences of University College and King's College, and in the Medical Schools of King's College Hospital, University College Hospital, the London Hospital, and the London (Royal Free Hospital) School of Medicine for Women, will be offered. The examinations will commence on April 28th and June 24th, 1924. Full particulars and entry forms may be obtained from the Secretary of the Board, S. C. Ranuer, M.A., the Medical School, King's College Hospital, Denmark Hill, London, S.E.5.

SOCIETY OF APOTHECARIES OF LONDON.

THE following candidates have passed in the subjects indicated:

SURGERY.—J. B. Couche, J. E. Elam, S. Halperin, J. B. Sweet, S. Thompson.

MEDICINE.—J. E. Elam, E. J. R. MacMahon, W. McLaren, D. Parsons, L. Tatnigrosch.

FORENSIC MEDICINE.—J. E. Elam, D. Parsons.

MIDWIFERY.—P. V. Castling, E. J. Creais, J. E. Elam, E. J. R. MacMahon, W. McLaren, I. Morgan, D. Parsons, F. R. Ratnagar, M. A. E. Somers, J. B. Sweet, E. W. Wain.

The diploma of the Society has been granted to Messrs. J. E. Elam, S. Halperin, D. Parsons, M. A. E. Somers, and S. Thompson.

The Services.

AWARD OF C.B.

THE King has appointed Surgeon Commander William Perceval Hingston, R.N., to be a Companion of the Order of the Bath (Military Division), "in recognition of the gallant conduct displayed and the valuable services rendered on the occasion in September last of the destruction by earthquake and fire of the R.N. Sick Quarters, Yokohama, when by his gallantry and presence of mind he was the direct means of saving the lives of the large number of refugees who sought escape from the fire in the hospital grounds."

DEATHS IN THE SERVICES.

Inspector-General Thomas Lyle Horner, R.N. (retired), died at Plymouth last month. After taking the L.R.C.P. and S. Edin. in 1868, he entered the navy as surgeon, attained the rank of deputy inspector-general on March 9th, 1893, and retired, with an honorary step as inspector-general, on October 1st, 1903. He was medical officer of the old battleship *Dreadnought* when King George was serving on her as lieutenant and Prince Louis of Battenberg was her commander.

Surgeon Major Alfred Lewer, R.A.M.C. (retired), died in London on September 29th, aged 86. He was born at Wimborne, Dorset, educated at King's College, London, and took the M.R.C.S. in 1858, the L.S.A. in 1859, and the L.R.C.P. Edin. in 1860. Entering the army as assistant surgeon in 1853, he served in the Royal Artillery till the regimental system was abolished, became surgeon major on January 21st, 1874, and retired on May 23rd, 1891.

Medical News.

THE following have been appointed Knights of Grace of the Order of the Hospital of St. John of Jerusalem in England: Lieut.-Colonel Gerald Hamilton Goddard, D.S.O., R.A.M.C., Dr. Hugh Falconer Oldham, M.B.E., and Lieut.-Colonel William Booth Skinner, D.S.O., S.A.M.C.

At the annual meeting of the Scottish Women's Hospital Association of the Royal Free Hospital on December 1st it was announced that the Duchess of York had accepted the presidency of the Association. As a war memorial of the Scottish Women's Hospital it has been decided to endow four beds in the Royal Free Hospital, and the endowment plate for the first of these, to be called the British Macedonian Expeditionary Fund Bed, was formally presented by General Sir George Milne and accepted by Mr. Langton on behalf of the hospital.

THE fourth medical salon will be held in Paris from March 2nd to 9th, and, like the three previous salons, the first of which was held in 1909 and the last in 1912, will contain pictures, sculpture, engravings, etc., which are the work of medical men and pharmacists. Further information can be obtained from the founder and general secretary, Dr. Paul Rabier, 84, Rue Lecourbe, Paris, XV.

SIR HUMPHRY ROLLESTON, K.C.B., M.D., has accepted the chairmanship of the Propaganda Committee of the National Association for the Prevention of Tuberculosis.

SIR THOMAS BARLOW, Bt., who has been elected president of the National Temperance League—the first medical man to occupy that position—attended a meeting of members and associated workers last week, when speeches of welcome and congratulation were delivered by, among others, Mr. McAdam Eccles, Mr. Arthur Evans, and Dr. Basil Price, C.M.G. Sir Thomas Barlow gave an address, in the course of which he dealt with Professor Starling's recent book *The Action of Alcohol on Man*. It departed, he said, from impartial presentation, by the general implications it contained in favour of the ordinary use of alcohol on grounds other than scientific.

At a meeting of the West Kent Medico-Chirurgical Society to be held at the Miller General Hospital, Greenwich, on Friday, December 14th, at 8.45 p.m., the Purvis oration will be delivered by Sir Thomas Horder. The subject selected is carcinomatosis.

THE autumn dinner of the Irish Medical Schools' and Graduates' Association was held at Pagani's Restaurant on November 27th. Sir William Taylor presided, the guest of the evening being Surgeon Vice-Admiral Joseph Chambers, C.M.G., Medical Director-General R.N. The members of the association and their friends—over a hundred all told—spent a pleasant evening, enjoyed a good dinner, listened to some excellent speeches and to some delightful Irish songs. It is to be hoped that an even larger number will meet at dinner on next St. Patrick's Day.

A COURSE of post-graduate lectures will be delivered at the Cancer Hospital (Free), Fulham Road, S.W.3, weekly during January, February, and March, 1924, dealing with various aspects of cancer. Medical practitioners and students may attend without tickets. The syllabus of the lectures will be published in due course.

DR. HAROLD SCURFIELD will give his presidential address to the Maternity and Child Welfare Group of the Society of Medical Officers of Health on Friday next, December 14th. The address, which will be on the lines of advance in maternity and child welfare work, will be delivered at the house of the Society, 1, Upper Montague Street, Russell Square, W., at 5 p.m. Members of the profession interested in the subject are invited to attend.

PASTEUR day in Paris, when collections were made for the better equipment of laboratories in France, yielded, it is stated, 13 million francs.

TWO lectures on graphic methods in heart disease will be delivered by Dr. John Parkinson in the Anatomical Theatre of the London Hospital Medical College on December 17th and 19th, at 4.30 p.m. The lectures, which will be illustrated by lantern slides, are intended for senior students of the hospital and post-graduates, to whom a cordial invitation is given.

THE annual report for 1922-23 of the Livingstone College, Leyton, bears witness to the benefit derived from instruction in medical matters as part of the general missionary training. During the last thirty-one years 752 students have received the full training of the college; of these 482 remain at work mainly in districts of Africa, India, and China, where the invaliding and death rates are higher than in any other missionary field. Not only are those so trained enabled themselves better to withstand the dangers of disease but they are able to train others to help in such work as the preventive and curative treatment of leprosy and other diseases. This latter point was emphasized at the College Commemoration Day on June 13th by Sir Leonard Rogers, C.I.E., F.R.S., who spoke very highly of the value of the training supplied by the institution. Additional testimony was given on this occasion by old students of the college who had been working in South India and Nigeria, and in the annual report there are letters from missionaries in Rhodesia, Bechuanaland, and Nigeria expressing similar appreciation of the medical training they had received.

PROFESSOR BIEDL of Prague recently delivered the first Harvey lecture in New York, his subject being organotherapy.

THE Nobel Prize for Chemistry has been awarded to Dr. Fritz Pregl of the medical faculty of Graz.

PROFESSOR BARD, who left Lyons to occupy the chair of clinical medicine at Geneva in 1900 and was nominated professor of clinical medicine at Strasbourg at the end of the war, has returned to Lyons to succeed Professor Teissier. He is succeeded at Strasbourg by Dr. Prosper Merklen.

DURING the recent earthquake in Japan the houses and all the property of eight professors of medicine were destroyed, but none was killed. The Tokyo University library was completely destroyed by fire during the earthquake.

PROFESSOR LEVADITI'S Harben Lectures, announced in our last issue (p. 1071), will be delivered in English on December 11th, 12th, and 13th, at 5 p.m., at 37, Russell Square, W.C.1. All interested are invited to attend.

THE late Dr. Margaret Lucy Augusta Boileau of Wymondham, who left net personalty of £16,183, has bequeathed £200 to the Norfolk and Norwich Staff of Nurses, Ltd., and £100 each to the Norfolk and Norwich Hospital, the Royal Free Hospital, Gray's Inn Road, and the Elizabeth Garrett Anderson Hospital, Euston Road.

DR. KONSTANTIN VON MONAKOW, professor of neurology in the University of Zürich and the author of numerous works on the normal and morbid anatomy of the brain and spinal cord, has recently celebrated his seventieth birthday.

A MONUMENT to the late Professor Monprofit, the well known surgeon of Angiers, was recently unveiled there by Professor Hartmann of Paris.

Letters, Notes, and Answers.

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.

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

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.

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 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, *Mediscera 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.

DAUGHTER DRUGS ACT.

"SENEX" asks if his local pharmacist is right in refusing to supply him with opium for domestic use on the ground that he is retired from active practice. "I was under the impression," he adds, "that the final revision of the Regulations under the Act withdrew this very invidious provision largely through the efforts of the BRITISH MEDICAL JOURNAL."

*. The pharmacist is wrong. He cannot refuse to supply opium to a registered medical practitioner "on the ground that he is retired from active practice." The amending bill to the Dangerous Drugs Act, 1920, sought to impose a restriction on the sale of dangerous drugs to registered medical practitioners "not in actual practice," but on strong representations by the British Medical Association and JOURNAL the words "in actual practice" were removed from the bill by an amendment moved by the Home Secretary. The pharmacist should be referred by our correspondent to Clause 3 of the Dangerous Drugs and Poisons (Amendment) Act, 1923.

INCOME TAX.

Motor Car Renewal.

"W. G." bought a 13.9-h.p. "D" car for £310 and subsequently sold it for £250, buying a 13.2-h.p. "O" car for £505. He has now sold the latter for £70, buying a 16-h.p. "B" car for £500.

*. Our correspondent is entitled to an allowance of £430. The fact that he had an allowance for the "O" car does not affect the allowance due on his second renewal. The case referred to by "W. G." was complicated by the fact that the sale of the old car and the purchase of a new one were independent and not simultaneous transactions.

LETTERS, NOTES, ETC.

CLOTHES MOTHS.

OUR grandmothers had a very confident belief in the efficacy of camphor to repel clothes moths and to preserve their furs and woollen garments, but recently its rather agreeable perfume has given way to the pungent smell of naphthalene. But doubt has now been cast on the efficacy of both. Mr. Reginald J. Johnston has recently recalled in the pages of *Nature* the opinion of the famous French naturalist, Fabre, that neither had any effect upon moths, and has declared that these insects are utterly indifferent to such odoriferous substances. In an editorial note our contemporary stated that there was no real foundation for the popular belief in the efficacy of camphor, but that naphthalene was satisfactory as a repellent if placed inside clothing which is afforded the additional protection of a wrapping of stout paper, the edges of which freely overlap and are tightly secured by pins. Housekeepers have noticed in recent years that moths now attack cotton fabrics. The explanation of this last observation seems to be that there are nowadays at least three species of these moths in this country, and that the larva of one of them likes cotton. Mr. F. J. Stubbs, of the Oldham Corporation Museum, while admitting that at one time the chief pests were moths belonging to the genus *Tinea*, which are animal feeders, attacking furs, feathers, wool, silk, etc., states that about 1840 a new moth was introduced, *Oecophora* (or *A. omphisia*) *pseudopretella*, which eats both animal and vegetable substances. It is, he says, a disastrous guest of neglected herbaria, preying indifferently on the dried plants or on the paper. It is also, he says, known to be a lover of cool climates and to prefer slightly damp surroundings, which may account for its being extremely abundant in London. It appears to be almost as omnivorous as old Father William, for it devoured a stuffed wheatear which had been put away in a dark and rather damp cupboard. The skin had gone, and even the horny rhamotheca of the beak and the scales of the feet had been eaten. The same correspondent asserts that he has seen *Oecophora* larvae feeding on a Chinese "joss-stick," which is a compound of resins, and has found one in an excavation in a "vegetable ivory" nut. The larva—which is, of course, the stage in which the insect does the damage—is very difficult to kill; fumigation with hydrocyanic acid has no effect on it, chloroform vapour cripples it for a few days only, and if dropped into a strong solution of naphthalene and then dried until it is thickly encased with a crystal coat it may be able to crawl about when the naphthalene is sufficiently evaporated to give freedom of action to the segments. Carbon bisulphide was found to kill the larvae, and naphthalene scattered in museum cases keeps the moths away to some extent. Another correspondent of *Nature*, Mr. James Ritchie, of the Royal Scottish Museum, Edinburgh, gives references to work for the U.S. Department of Agriculture, which led to the conclusion that naphthalene in good condition is "one of the safest and best materials for protecting fabrics against moth injury." It must, however, be used in moderately tight receptacles so that the fabrics remain in a naphthalene permeated atmosphere. Mr. Ritchie adds that camphor used in the same way is said to be almost as effective, its fumes killing all stages of clothes moths.

A CORRECTION.

SIR ROBERT ARMSTRONG-JONES writes: I cannot usually complain of lay press misinterpretations of lectures on medical subjects which my position as Gresham Professor of Physics makes it necessary for me periodically to bring before the public, but in a lecture delivered before the National Union of Teachers upon "Fatigue and Sleep" I am reported to have said that I had discovered a vaccine which I was using to combat fatigue. This, of course, is wholly inaccurate and has caused me much annoyance. I read my lecture from a carefully prepared manuscript. I referred to the work of Drs. Myers, Stanley Kent, and Vernon, as also to that of Mosso, Crile, Cannon, and others, and to the experiments of Miss May Smith. I pointed out that fatigue was probably due to the accumulation of intra- and extra-neuronic toxins, but that the body had the power to form antibodies or antitoxins to combat these, and if ever their nature could be ascertained a vaccine might not impossibly be prepared to antagonize the feelings associated with fatigue.

DR. GRAHAM GRANT wishes to thank the many correspondents who have written to him about intestinal antiseptics.

THE *Simplex Investors' Pocket Diary*, now in its tenth year of issue, is published by the proprietors of the *Financial Review of Reviews* in conjunction with Messrs. Charles Letts and Company. The 1924 edition includes special features which should prove useful to investors for reference. The diary has a back loop and pencil and is fitted with a self-opening memo tablet and leather pockets for stamps, cards, etc. The sale price is 3s. 6d.

VACANCIES.

NOTIFICATIONS of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found at pages 51, 54, and 55 of our advertisement columns, and advertisements as to partnerships, assistantships, and locumtenencies at pages 52 and 53.

A short summary of vacant posts notified in the advertisement columns appears in the *Supplement* at page 267.