

this he was more or less unconscious for about eight days, and made an apparent though slow recovery. In February, 1922—three years after the accident—his first attack occurred, there being no previous history of epilepsy. At first the fits were entirely nocturnal, and recurred in groups of from two to six. Before January, 1922, however, they had also occurred during the daytime, had become more frequent and severe, and at times were followed by "furor." There was usually no warning of the attack, but occasionally a visual aura in the form of coloured revolving lights had occurred. During the attack the patient had frequently bitten his tongue (scars visible), urinated, and bruised himself in falling. Physical examination showed a scar in the occipital region, 1 inch to the right of the mid-line and $1\frac{1}{4}$ inches above theinion. Beyond nystagmoid jerkings on lateral deviation of the eyes to the right, and some nerve-deafness of the right ear, there were no further physical signs. X rays revealed nothing of a definite nature.

In February, 1922, Sir Charles Ballance trephined the region of the scar. When the piece of bone was removed, the dura was seen to be under tension and at once bulged into the opening; on incision the dura was found to be adherent to the underlying cortex. The trephine opening was enlarged transversely and the piece of dura was removed. Following the operation the patient was subacutely maniacal for eight days, but afterwards made a good recovery. Dr. Worster-Drought had had him under observation since that time—two and a half years—and no fit whatever had occurred. He had returned to work and was in excellent health.

With regard to the treatment of "idiopathic" epilepsy, Dr. Worster-Drought, in conjunction with Dr. H. C. Beccle, had analysed the results of different forms of treatment in eighty cases attending the West End Hospital for Nervous Diseases.

1. Simple bromide (sodium or potassium bromide, 10 to 15 grains thrice daily): of 10 cases treated, 1 showed great improvement, 5 moderate improvement, 3 were unaffected, and 1 became worse.

2. Sodium bromide (15 grains) with borax (7 grains) and liquor arsenicalis (3 to 4 minims): of 17 cases treated, all showed improvement in diminished frequency and severity of the attacks. In 6 cases the benefit was remarkable: one case, in which attacks had occurred with an average frequency of four a month, experienced only five attacks over a period of two and a half years.

3. Colloidal palladium (pallamine), 1 c.cm. injected intravenously twice weekly, twelve to twenty-four injections constituting a course: of 13 cases treated, 5 showed definite improvement, 2 slight improvement, while 6 were unaffected during the course of treatment.

4. Luminal, $1\frac{1}{2}$ grains at night in nocturnal cases, morning in diurnal, and both night and morning when the fits occurred both day and night: of 20 cases treated, 17 showed definite improvement, while 3 deteriorated; of the cases that improved, in 4 the result was most striking, while in 1 case minor attacks replaced major.

5. Luminal ($1\frac{1}{2}$ grains) combined with sodium bromide (10 to 15 grains) and borax (5 to 7 grains): of 10 cases treated, in all excepting one the improvement was most pronounced. In 3 cases attacks had been entirely absent for over a year, and in another only occasional minor attacks have replaced frequent major attacks.

6. Dialacetin ($1\frac{1}{2}$ grains twice daily): of 9 cases treated, only one—a case of nocturnal epilepsy—had shown any improvement.

Dr. Worster-Drought considered the best medicinal treatment on which to start a given case of epilepsy was a mixture containing sodium bromide (15 grains), borax (7 grains), and liquor arsenicalis (3 minims) given morning and evening, and increasing to three times daily if necessary. If a satisfactory result was not then obtained, one of the diurnal doses of the mixture should be replaced by luminal ($1\frac{1}{2}$ grains). He agreed with Dr. Tylor Fox that the dosage of luminal should be small—not more than $1\frac{1}{2}$ grains per dose nor more than $4\frac{1}{2}$ grains per day; if luminal failed at this dosage, no better result could be expected from larger doses.

The President (Dr. GRAINGER STEWART) considered that the cause of epilepsy might eventually be found to concern the vegetative nervous system. He described a case of epilepsy in a patient of the vagotonic type, with greasy, blotchy skin and offensive sweating, in whom the administration of tincture of belladonna (20 minims thrice daily) led to a cessation of the fits and remarkable improvement in the general health. The available evidence rather tended to show that the vegetative nervous system might overact from either the sympathetic or the parasympathetic side.

Dr. W. A. Potts (Birmingham) commented upon the fact that there seemed to be considerable unanimity of opinion that either psychological or institutional treatment at an early stage of the disease was very valuable. It was important, therefore, that one or other of these treatments should be arranged at the beginning, according to the circumstances of the case. As a rule in physical disorder, even

where there was a large psychological element, it was generally better to carry out all the physical treatment first; psychological treatment, if then still necessary, might be given later. In epilepsy, however, psychological treatment should be instituted at once. Dr. Potts had seen several cases of epilepsy in which there was an important psychological basis; psychological treatment, however, failed, partly because the patient was not willing to submit to treatment sufficiently long, but still more because such a long period had elapsed since the onset of the disorder.

Dr. HILDRED CARLILL (London) drew attention to the danger rules which should be given to the relatives of an epileptic patient. There must be no locked lavatory or bathroom doors, no delay in crossing crowded streets, no swimming without careful precautions, no walking on the edge of platforms, etc. Epilepsy might not kill, but an attack in a place of danger might be fatal. Great care, he considered, was needed to make an accurate diagnosis. It was the family, not the doctor, who usually witnessed the attacks. In the crowded out-patient departments of London some patients at least spent a considerable portion of their lives labelled as epilepsy and saturated with "repeat" doses of bromide.

Dr. D. E. CORE (Manchester) raised the question of the frequency of death occurring in nocturnal epilepsy from the patient in the post-epileptic state turning over on to his face and being suffocated against the pillow.

Dr. SCHARFF (Singapore) expressed the view that institutional treatment caused a stigma to be applied to the patient, and that a better final result might be achieved at home. With 30 grains of bromide a day, he considered, the patient's health tended to deteriorate.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

A CONGENITAL SACRO-COCCYGEAL TUMOUR.

THE photograph reproduced herewith shows a child with a congenital cystic tumour of the sacro-coccygeal region. The child was born at full time of a multiparous woman, and was the second of twins. There were no obstetric complications; the presentation in this case was a breech, and a vertex in the case of the first child. The child was otherwise of normal development and weighed $5\frac{1}{2}$ lb. at birth. The tumour had well defined edges, was fluctuant, and translucent to light. Rectal examination was negative. An x-ray photograph failed to reveal any abnormality in the vertebral column.

The tumour was readily removed by an elliptical incision around the base; a small degree of undercutting of the skin sufficed to appose the skin edges. The tumour had no deep connexions, and arose in the post-anal gut region. There were no complications and the child progressed satisfactorily.

A section of the cyst wall showed the presence in it of both striped and unstriped muscle tissue and also fibrous tissue. There was a mass of cartilage the size of a pea in one part of the wall. The lining was indefinite—probably obliterated by the pressure of the fluid contents, which were of a clear serous nature. The tumour was an unusually large sacral hygroma, most probably a meningocele which had been cut off *in utero* by the continued growth of the vertebral arch.

I am indebted to Mr. C. P. G. Wakeley for permission to publish this record.

F. BROCKINGTON, M.B.,
B.S. Lond.

King's College Hospital, London.



LARGE FIBROMYOMA OF UTERUS.

THE size of this tumour, its difficulty in diagnosis, and the complications met with at operation are sufficient to justify recording it.

The patient, a Yoruba woman, aged about 30, had had a miscarriage when three months pregnant, eight years before admission to hospital. She had had no pregnancy before or since that mishap, but had menstruated regularly for five days every month since that time. She dates the beginning of her tumour to the miscarriage, but the growth was not very noticeable until three or four years later, when there was some vaginal obstruction. This was treated by a native medicine man, who introduced so strong an irritant into the vagina that it was almost occluded, a probe passing only with difficulty. During the last four years

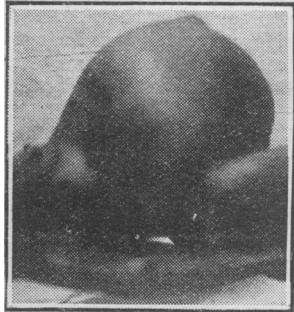


FIG. 1.

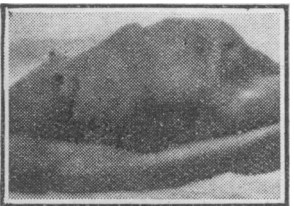


FIG. 2.

growth had been regular and rapid until the condition shown in the first photograph (Fig. 1) was attained. The mass was freely movable above but attached below; it was dull to percussion, rather soft and boggy to the touch, and without fluctuation. No vaginal examination could be made. I diagnosed it as a large ovarian dermoid with semi-solid contents.

On August 19th she was given chloroform, and with the assistance of Dr. Clive Sharp and Dr. K. Faderin I removed a mass weighing 33 lb. To deliver this mass from the abdomen, which it appeared to fill completely, an incision was made from an inch below the costal margin to the pubes just to the left of the middle line. It was difficult to determine exactly what relations the tumour had, even when the abdomen was open; it appeared to arise in the right broad ligament. Having drawn the tumour

forward it was found to have raised the peritoneum off the posterior wall of the abdomen, and the appendix and caecum were stretched out on its surface. In separating these there was considerable haemorrhage, and the right ureter, also stretched over the tumour, was caught in artery forceps and half divided before it was recognized. The artery forceps was retained until the ureter had been sutured.

After completing the removal of the tumour it was found that the uterus remained almost intact, the tumour having been attached to its right side and having pushed it into the pelvis. The tumour was a large fibromyoma, but much softer than usual and almost semi-fluid; there was no infection or necrobiotic change. A drain through a stab wound in the flank was left in down to the ureter; this was removed in forty-eight hours, and both wounds healed well. The stitches were taken out on the eighth day. The second photograph (Fig. 2) shows the condition three weeks after operation.

Lagos, Nigeria.

W. R. PARKINSON, F.R.C.S.,
Surgical Specialist, Lagos Hospital.

RUPTURE OF VENTRICLE.

THE following case is of interest in connexion with others of the same nature that have recently been published in the BRITISH MEDICAL JOURNAL.

A man, aged 62, was walking along the street when he was suddenly seized by acute pain in the chest, which doubled him up. He fell down, and when he was reached by the bystanders he was already dead. The only history of illness that could be obtained was an account of prostatectomy two years previously, and also of "inflamed varicose veins."

The *post-mortem* examination showed a strong and well nourished body, with numerous moles. On opening the pericardium about 1/4 pint of fluid blood flowed out and a large clot surrounded the heart. The myocardium was pale and degenerate, and there was a large tear (about one-third of an inch) in the wall of the left ventricle. The mouth of the right coronary artery was blocked by a deposit of calcium, about a quarter of an inch thick, and confined to the upper half of the lumen. There were calcium

deposits along the course of both coronary arteries and at the root of the aorta, which latter also showed atheromatous plaques along its whole length. There was excess of lymphoid tissue at the base of the tongue and in the tonsils, and the surfaces of the kidneys were rather granular; but this did not affect the parenchyma. Otherwise the findings were not abnormal for a man of this age.

Is it possible that a minute clot from the thrombosed varicose veins had lodged as an infarct in the already degenerated heart muscle and caused the fatality?

L. V. SNOWMAN, B.Ch., M.R.C.S.,
House-Surgeon, St. Mary's Hospital.

London, W.

THREE SIMPLE DIET TABLES.

In the JOURNAL of April 21st, 1923 (p. 679), was published a diet table which I had used in both hospital and private practice for nearly twelve months. Since then it has been revised and recast in the form printed below, and two other diets have been added. So many inquiries have been made for this dietary that I venture to regard the matter as one of general interest. The diets are weighed out with a Chatillon scale: as before, the quantities of protein, fat, and carbohydrate have been brought to the nearest convenient fraction.

1. DIET SCALE (for making up any diet).

One ounce (or 30 grams) carbohydrate or protein yields 120 calories.
One ounce (or 30 grams) fat yields 270 calories.
Proteins contain 16.5 per cent. nitrogen.

One ounce of carbohydrate is contained in—

1 oz. sugar.
1 1/2 oz. wheat flour or grape nuts (contain 1/7 oz. protein).
1 1/2 oz. dry oatmeal (contain 1/4 oz. protein, 1/10 oz. fat).
1 pint of milk (contain 2/3 oz. protein, 2/3 oz. fat).
1 1/2 pints cream (contain 1 oz. protein, 6 oz. fat; rich cream contain 12 oz. fat).
5 oz. potatoes (contain 1/6 oz. protein).
3 1/2 oz. butter beans (contain 1/3 oz. protein).
5 oz. boiled rice or macaroni.
1 1/2 oz. bread or toast (contain 1/6 oz. protein).
1 oz. marmalade.
10 oz. strawberries, onions, oranges, pineapple, gooseberries, and peaches.
6 oz. apples, currants, pears, cherries, parsnips, grapes, green peas, raspberries.
5 oz. plums, bananas, prunes, French beans, and marrow.
20 oz. grape fruit.
20 oz. ripe olives (contain 1/2 oz. protein, 4 oz. fat).
10 oz. Brazil nuts (contain 1 1/2 oz. protein, 7 oz. fat).
10 oz. filbert nuts (contain 1 oz. protein, 7 oz. fat).
20 oz. tomatoes or radishes.
20 oz. lettuce (contain 1/2 oz. protein).
1 pint beer.
1/2 pint stout.
Thrice-cooked spinach, celery, and cabbage contain no carbohydrates; the carbohydrate in soya bean or mushrooms is not assimilated.

One ounce of protein is contained in—

10 oz. smoked uncooked bacon (contain 6 oz. fat).
6 oz. ordinary uncooked bacon or tripe (contain 3 oz. fat).
5 oz. lean smoked ham (contain 1 oz. fat).
5 oz. lean uncooked beef, mutton, or lamb (contain 1/2 oz. fat).
4 oz. roasted lean beef or leg of mutton (contain 1 oz. fat).
6 1/2 oz. corned beef (contain 2 oz. fat).
5 oz. fresh fowl (contain 3/4 oz. fat).
5 oz. chicken, fresh grouse, partridge, or pheasant (contain 1/10 oz. fat).
5 oz. boiled cod, haddock, sole, or whiting.
5 oz. herring (contain 1/3 oz. fat) or salmon (contain 3/5 oz. fat).
6 oz. lobster or crabs.
16 oz. oysters (contain 1/2 oz. carbohydrate).
7 average sardines (contain 1 oz. fat).
2 large or 3 small hen's eggs (contain 1 oz. fat).
4 oz. American, Cheddar, or Cheshire cheese (contain 1 1/2 oz. fat).
12 Kalari biscuits (Callard) (contain 1/2 oz. fat).

One ounce of fat is contained in—

1 1/2 oz. fresh butter.
1 oz. oleo margarine.
1/2 oz. lard, cod-liver oil, or olive oil.
One ounce of whisky, brandy, rum, or gin yields 105 calories.

2. TEST DIET A (in bed : 1,787 calories).

BREAKFAST.—2 thick slices of white bread, 1/2 oz. margarine, tea or coffee (without sugar), 1 oz. milk.
DINNER.—3 oz. roast beef or white fish, 2 medium-sized boiled potatoes, 3 oz. cabbage, 1 oz. cheese, 1/2 slice white bread.
TEA.—1 thick slice white bread, 1/2 oz. margarine, tea (without sugar).
SUPPER.—1 thick slice white bread, 1/2 oz. margarine, tea or coffee (without sugar), 1 hen's egg (large).
N value = 10 grams.

3. "CARBOHYDRATE FREE" DIET (in bed : 1,600 calories).

BREAKFAST.—2 oz. (weight uncooked) smoked bacon, 1/2 oz. margarine, 7 Kalari biscuits, 1/2 oz. cream, tea or coffee (without sugar).
DINNER.—3 oz. roast beef or white fish, 3 oz. cabbage, 7 Kalari biscuits, 1/2 oz. margarine, 1 oz. cheese.
TEA.—3 average sardines or 1 egg, 1/2 oz. margarine, 6 Kalari biscuits, tea or coffee (without sugar).
N value = 11.5 grams.

Liverpool.

H. S. PEMBERTON, M.B., M.R.C.P.

and Flint Division. For a quarter of a century he was a magistrate for the county of Denbigh and for many years an alderman of the county council, his services on the Public Health Committee being of great value. He was elected Mayor of Ruthin in 1892, and held this office also from 1897 to 1901. His sympathetic personality and humorous outlook won numerous friends, while his energy, enthusiasm, and strong sense of public duty were an inspiration and incentive to many. A large assembly attended his funeral on November 19th, at the church of Llanrhydd, to pay a last tribute to one whose whole life was characterized by integrity of purpose and unflinching kindness.

Dr. ROBERT H. HALL, who died at Leeds on November 6th, was the son of the late Dr. William Hall, the well known philanthropist, who took great interest in the welfare of poor children. He was educated at Cambridge University, Leeds, and St. Thomas's Hospital, and graduated M.A., M.B., B.Ch.Camb. in 1891. He succeeded his father in practice on the latter's retirement many years ago, and at the time of his death was the senior factory surgeon in Leeds; he was a member of the Leeds Division of the British Medical Association.

Dr. LEO STUCKEY, senior surgeon to the Alessandro Hospital, Leningrad, and author of several surgical works, has been assassinated by the brother of one of his patients, who died of uraemia four days after an operation.

Professor AUGUST RITTER VON REUSS, a well known ophthalmologist of Vienna, has died at the age of 83.

Universities and Colleges.

UNIVERSITY OF OXFORD.

At a congregation held on November 27th the following medical degrees were conferred:

M.D.—W. H. Ogilvie.
M.B.—C. L. Elgood.

UNIVERSITY OF LONDON.

THE title of Professor of Anatomy in the University has been conferred on Mrs. Mary Frances Lucas Keene, M.B., B.S.Lond., in respect of her post as head of the Department of Anatomy at the London School of Medicine for Women. Professor Lucas Keene was appointed Lecturer in Anatomy and Embryology, with charge of the department, at the London School of Medicine for Women in 1919, and the title of Reader in Anatomy in the University was conferred on her in respect of this post in 1921. The chair of anatomy at this school is at present unendowed, but the Jubilee Endowment Fund will, it is hoped, eventually provide the money required for endowment. The fund at present amounts to £28,000, and the total sum required to endow the three chairs of anatomy, physiology, and pathology is estimated at £60,000.

The following candidates have been approved at the examination indicated:

THIRD M.B., B.S.—*F. B. Byrom, *L. Dulake (University Medal), *H. A. James, *R. J. Tolman, *Mary M. Turnbull, Katharine M. Andrew, Ruth M. Arkwright, N. Asherson, A. A. Battson, J. Bevan-Jones, Phyllis E. Bond, R. T. Brain, Violet W. Brown, F. A. Bryning, A. B. Cooper, E. R. Cullinan, W. A. Date, D. J. Davies, F. Davies, Iforwyn G. Davies, A. F. Doyle, E. F. Dick, Doris L. Durie, D. G. M. Edwards, J. E. Good, Phyllis V. L. Epps, S. Farquharson, V. F. Farr, Margery Freeborough, H. P. Goldsmith, J. A. E. M. Hadley, R. Hare, J. K. Hasler, Sybil M. Hawkes, K. W. Heritage, Elfrida L. G. Hill, Frances A. Hogben, Barbara M. Hope, Margaret Hossell, Audrey M. Hughes, C. I. I. Jauch, A. E. Jenkins, Eva M. Johnson, A. T. Jones, D. J. Jones, J. W. Joule, Nancy R. Lewis, Kate Madders, H. J. Malkin, Doris I. Mart, Violet E. M. Mizen, P. McG. Moffatt, H. V. Morlock, A. D. Morris, H. Mould, A. L. de W. Naudé, F. G. Nicholas, Doris E. O'Doherty, P. H. O'Donovan, C. M. Pearce, J. P. Peel, A. T. W. Powell, C. S. C. Prance, Violet A. Quilley, W. A. Robb, Nina L. D. Robertson, M. Rockfelt, Winifred M. Sampson, Margaret B. Savory, G. D. Shaw, N. W. Snell, Dorothy M. Stewart, Grace M. L. Summerhayes, D. B. Sutton, Mary A. St. O. Swann, H. C. C. Taylor, Portia K. Taylor, R. C. Taylor, Beatrice Teverson, D. J. Valentine, A. H. C. Visick, H. G. Wyatt.

* With honours. † Distinction in pathology.
† Distinction in medicine. ‡ Distinction in surgery.

UNIVERSITY COLLEGE.

A course of three lectures on the anatomy and physiology of the sympathetic innervation of the striated muscle will be given by Professor John Irvine Hunter (University of Sydney) at University College, Gower Street, W.C.1, on December 8th, 10th, and 12th at 5 p.m. Professor G. Elliot Smith, F.R.S., will preside at the first lecture. Admission to the lectures is free.

Medical News.

THE first session of the new Parliament opened on Tuesday, December 2nd, when Mr. J. H. Whitley was again elected Speaker. The King's Speech will be delivered on the 9th, and after the Christmas adjournment the session will be resumed about February 10th. Before Christmas only the debate on the Address and urgent business will be taken. The new Minister of Health, Mr. Neville Chamberlain, is understood to be investigating the possibility of better co-ordination between public health services and health authorities. In view of the fact that the Royal Commission on National Health Insurance is not expected to complete its work for another year, there is no likelihood of the Government proposing during the session of 1925 any measure of "all-in national insurance."

THE annual dinner of the Old Epsomian Club will be held at the Trocadero Restaurant, Piccadilly Circus, on Thursday, December 11th, at 7.15 p.m. Mr. George E. Waugh, F.R.C.S., will be in the chair. The annual meeting will precede the dinner at the same place at 6.30. Members of the club intending to be present at the dinner are asked to notify Mr. R. M. Handfield-Jones, F.R.C.S., 53, Hamilton Terrace, St. John's Wood, N.W.8, as soon as possible, mentioning the names of those near whom they would like to sit. The price of the dinner is 8s. 6d. (exclusive of wine), and will be collected at the table.

THE annual general meeting of the British Dentists' Hospital will be held to-day (Saturday, December 6th), at 3.30 p.m., in the rooms of the British Dental Association, 23, Russell Square, W.C., with the President, Sir Harry Baldwin, C.V.O., in the chair.

In the advertisement columns of this issue full details are published of the Harmsworth Memorial Research Fund for the investigation of malignant endocarditis, to which reference was made in our last issue (p. 1015).

THE Honorary Secretary of the Sir Malcolm Morris Memorial Fund informs us that the total now subscribed is £479 6s. 2d., and the committee earnestly hopes that this sum will be made up to £500 at an early date, as it has been decided to close the appeal at the end of December. Further subscriptions will be gratefully acknowledged if forwarded to the Honorary Treasurers, "Sir Malcolm Morris Memorial Fund," at 12, Stratford Place, London, W.1.

THE Home Secretary has made regulations, dated November 20th, (a) prohibiting, except under licence, the diversion of raw opium or dangerous drugs passing in transit through a port in the United Kingdom to a destination other than that to which they were authorized to be consigned from the country of export; and (b) modifying, in the case of prescriptions for dangerous drugs which are given on the official National Health Insurance form, the requirements to be observed before the prescription may be dispensed.

THE late Mr. John Hammond Morgan, F.R.C.S., has left estate of the gross value of £114,053 with net personality £107,074. He has bequeathed £1,000 to Charing Cross Hospital, £250 to the Hospital for Sick Children, Great Ormond Street, £200 to the Royal Medical Benevolent Fund, and £100 to the Lord Mayor Treloar's Hospital at Alton.

DR. S. W. F. UNDERHILL, senior demonstrator of physiology at St. Bartholomew's Hospital, has accepted an appointment as research physiologist to the British Drug Houses, Ltd., and Messrs. Allen and Hanburys, Ltd., in connexion with the production of "A. B." brand insulin.

THE next Congress of the Royal Sanitary Institute and Health Exhibition will be held in Edinburgh from July 20th to 25th, 1925, by invitation of the magistrates and city council.

AN exhibition of hygiene will be held at Vienna in April and May, 1925.

THE thirty-fourth French Congress of Surgery will be held in Paris on October 5th, 1925, when the following subjects will be discussed: (1) Remote results of different methods of treatment of cancer of the rectum, introduced by MM. Schwartz and Gaudier. (2) Treatment of tuberculosis of the knee after adolescence, introduced by MM. Fredet and Vignard. (3) Indications for splenectomy and its results, introduced by MM. Cadenat and Guyot.

WILLIAM HEINEMANN (Medical Books), Ltd., announce for early publication *Acute Infectious Diseases*, a handbook for practitioners and students, by Dr. J. D. Rolleston, senior assistant medical officer, Grove Fever Hospital, London.

THE sixty-second annual meeting of the Royal Surgical Aid Society will be held at the Mansion House, London, on Tuesday, December 9th, at 4 p.m. The chair will be taken by the Lord Mayor, who will be supported by, among others, Sir George R. Turner, K.B.E., F.R.C.S., and Dr. Frederick W. Willway.