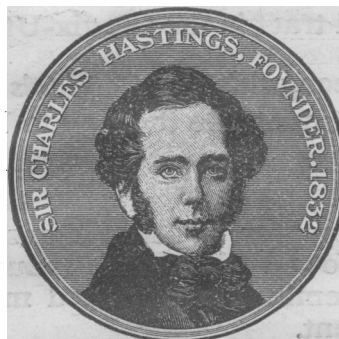


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subjects there was a lymphocytosis which usually began on the second day after administration of the drug and continued for at least four or five days. In the tuberculous cases a similar change occurred when benefit resulted from the treatment. The greater the benefit the greater and more prolonged was the rise in lymphocytes. When, however, an injection produced a bad effect on the disease the lymphocytes fell from the beginning. In three of the patients there was an increase in the eosinophils. Eosinophilia seems to be a frequent result of sanocrysin treatment in tuberculosis.²

As far as these results go they show that improvement under sanocrysin treatment in pulmonary tuberculosis is accompanied by leucocytic changes resembling those that occur during the spontaneous cure of the disease, and that similar variations in the leucocytes are produced in non-tuberculous subjects by small doses of this drug. When, however, sanocrysin produces a bad effect on tuberculous patients the blood changes resemble those that are seen when the disease is progressing. If, as is usually believed, the changes in the blood picture are an indication of the degree of resistance to the disease, it would appear that the action of sanocrysin in tuberculosis resembles that of a vaccine in that it stimulates curative processes which are already going on. This idea is supported by clinical experience, for it has been found³ that sanocrysin gives the best results in patients whose resistance is not undermined, and in whom the natural forces of the body have to some extent checked the progress of the infection. On the other hand it does harm when, owing to overwhelming toxæmia or other causes, the tissues are not capable of responding to stimulation or

when the dose is too large. The administration of this substance should therefore be controlled by the laws governing vaccine therapy, as has been suggested by Cummins.¹ The extent to which the size and spacing of doses can be controlled by the changes in the white blood cells is a matter for further investigation.

Burrel⁶ is of the opinion that the production of a reaction and the stimulation of the tissues to kill tubercle bacilli are two different actions of the drug. The changes seen in the blood picture two hours after injection support this view. There is generally a fall in the total leucocytes with relative neutrophilia. The other complications that are occasionally seen—namely, albuminuria, gastrointestinal symptoms, erythema, and rheumatic pains and aches—are probably due to direct toxic action of gold.

Summary.

The blood changes following injection of sanocrysin have been studied in four patients suffering from chronic pulmonary tuberculosis and in two unaffected persons. They suggest that the chief action of this drug in pulmonary tuberculosis is to stimulate the curative processes already going on in the body.

Our thanks are due to Major H. S. Anand, I.M.S., professor of physiology, King Edward Medical College, Lahore, for permission to work in his laboratory, and to Drs. Shujaat Ali and Baldeo Singh Bhandari for assistance during the investigation.

REFERENCES.

- ¹ Cummins: *Lancet*, 1920, i, p. 691.
- ² Quoted by Piney (loc. cit.).
- ³ Piney: *Recent Advances in Haematology*, 1928, p. 216.
- ⁴ Pittaluga and Garcia: *Arch. de card. y haemat.*, 1929, x, p. 353.
- ⁵ Clarke: Quoted by Burrel (loc. cit.).
- ⁶ Burrel: *Recent Advances in Tuberculosis*, p. 95.
- ⁷ Heaf: *Lancet*, 1929, i, p. 1138.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

HENOCH'S PURPURA REQUIRING SURGICAL INTERVENTION.

CERTAIN unusual features in the following record of a case of Henoch's purpura may render it of general interest.

A man, aged 23, complained of joint pains on April 27th, 1929, and Dr. Scales of Radstock, who saw him on the same day, found petechial haemorrhages on both patellae and olecranon processes, associated with slight pyrexia. Seven days later abdominal pain developed; it was severe on movement, and there was vomiting and constipation. Four days after the onset of these symptoms I saw him with Dr. Scales. The vomiting and constipation were continuing, the patient looked ill, and the temperature was raised, the pulse rate being 120. The abdomen was distended and tympanitic, and the pain was severe.

The diagnosis of Henoch's purpura was considered doubtful on account of the patient's age, and since it seemed clear there was an abdominal emergency I operated the same day. Several pints of straw-coloured fluid came away, and some coils of distended small intestine appeared. On exploration I found a thickened piece of small intestine; it was deeply congested, with numerous sub-peritoneal haemorrhages throughout a length of two feet. The walls were greatly thickened by oedema, and the gut felt like a piece of hose-pipe. The intestine was distended above and collapsed below this. Since it was evident that acute obstruction existed, I performed a short-circuit of ileum to ileum, thinking the gut would recover. Forty-eight hours later an enema produced a satisfactory result. One week afterwards a faecal fistula appeared, only to close three or four days later. Whether this was due to the breaking down of my anastomosis or to gangrene of the loop I do not know. The patient's recovery was uneventful except for three attacks of colic when solid food was first eaten, but several more crops of petechiae, with pyrexia, appeared.

When seen on June 28th this year he was very fit and active. The bowels were acting well without aperients, but after a large meal there would be fullness and slight pain, with gurgling in the lower abdomen. This disappeared immediately on defaecation. There was a slight fullness of the lower abdomen, with visible peristalsis and gurgling at the upper end of the wound, which had firmly healed.

I consider the case unusual because Henoch's purpura is found in children, and resolves without operation. With

reference to the last point, I operated on an adult male for a simple inguinal hernia, and exposed in it one foot of small intestine, with its walls half an inch thick. I resected it, and found the lumen the diameter of a lead pencil, the mucosa being normal. It is possible that this was a sequel to an attack of Henoch's purpura in childhood, or to an intussusception resolving spontaneously. I consider that it would have been sounder surgical procedure in the first case to have resected the gut.

I wish to thank Dr. Scales for his permission to publish this case.

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Midsomer Norton.

EPITHELIOMA OF THE LIP DEVELOPING ON THE SITE OF RECURRENT HERPES SIMPLEX.

IN view of its unusual etiology the following details of a case of epithelioma would seem to merit being recorded.

On June 12th I was consulted by a man, aged 57, a non-smoker, on account of a lesion of the lower lip. He stated that for the past two years he had suffered from frequently recurring crops of blisters on the left side of the lower lip. These blisters always appeared on the same spot, and although there were intervals between the attacks the lip never returned to its normal condition.

On examination a lesion about the size of a threepenny-piece was seen; it was situated on the left side of the lower lip, half-way between the centre of the lip and the angle of the mouth. Its anterior half was covered by a brown, readily bleeding scab, while in the posterior part several closely set, unruptured herpetic vesicles were present. There was very little induration, and no enlarged lymphatic glands were palpable.

In view of the chronicity, and of the clinical appearances of the anterior portion, I considered excision advisable, and referred the patient to Mr. Duncan Wood, who performed the operation the next day. The pathologist reported that the excised material was an epithelioma. The patient has since been given further treatment with radium.

This case is interesting on account of the unusual predisposing cause for the epithelioma. The patient is a non-smoker, and one can only assume that the chronic irritation of the recurring herpetic eruption led to the malignant changes.

NORMAN BURGESS, M.D. Camb., M.R.C.P. Lond.,
Hon. Assistant Physician, Skin Department, Bristol
General Hospital.

Medical Association; he conducted a large practice until a year before his death, and was greatly beloved and respected by a wide circle of patients and professional friends. Two years ago, on the completion of fifty years' practice in Leith, he was the recipient of a testimonial from his colleagues. The interment took place in Rosebank Cemetery on July 31st.

DR. HUGH BOYD CUNNINGHAM, who died recently, was one of the leading ophthalmic surgeons in the North of England. He received his medical education in Newcastle-on-Tyne, London, and Vienna, and graduated M.B., B.S. Durh. in 1905. He was senior surgeon to the Durham County and Sunderland Eye Infirmary, consulting ophthalmologist to the Sunderland Royal Infirmary and Children's Hospital, oculist to the Sunderland Education Authority, and medical referee to the counties of Northumberland and Durham. Widely known throughout the whole of the county of Durham, Dr. Cunningham won the affection and respect of his many patients. He took particular interest in the problems relating to miners' nystagmus. He was a member of the British Medical Association, and was secretary of the Sunderland Division from 1922 to 1923; he was also a prominent Freemason. One of the chief interests in his life was the Durham County and Sunderland Eye Infirmary, where his skill and organizing ability were very highly appreciated.

THE LATE SIR FRANCIS CHAMPNEYS, BT.

DR. F. J. ALLEN (Cambridge) writes: In the obituary notice (August 9th, p. 231) mention is made of some of the musical accomplishments of Sir Francis Champneys, including the composition of anthems. But there are other compositions of his with which some readers may be more familiar, though unconscious of their authorship. As a young man, and under the name of "Frank Champneys," he contributed five tunes to *Hymns Ancient and Modern*, of which three—namely, Assisi (No. 119), Sals (No. 212), and Xavier (No. 421)—are the cognomens of three saints in the Calendar who bore his own name "Francis."

Medical News.

THE Royal College of Physicians of London will be closed for the summer vacation from Monday, August 18th, to Saturday, September 20th, both dates inclusive.

PROFESSOR G. GREY TURNER, honorary surgeon to the Royal Infirmary, Newcastle-on-Tyne, has been invited to deliver the John B. Murphy Oration before the Clinical Congress of the American College of Surgeons in Philadelphia on October 13th.

AT the International Conference of Bee-keepers, which will be held in London from September 8th to 12th, Dr. Kretschy of Austria will give a lecture entitled "Our bee as doctor," and Dr. Maximilian Grünsfeld of Vienna will speak on bee poison at the bedside. Further information about this conference may be obtained from its honorary secretary, Mr. F. Essex Moorcroft, Apis Club, 19, Devereux Court, Strand, W.C.2.

THE Fellowship of Medicine announces that there are two weeks remaining of the special course in genito-urinary diseases at the All Saints' Hospital, comprising clinical cystoscopic demonstrations on men and women. From September 1st to 13th there will be an all-day course in diseases of children at the Queen's Hospital; instruction will consist of the showing of a variety of cases rather than set lectures or demonstrations. The Westminster Hospital will hold the yearly revision course from September 15th to 27th; all departments of the hospital will be utilized for instruction in the various branches of medicine and surgery. The subjects of courses arranged for October are: diseases of the throat, nose, and ear; children; gynaecology; tropical medicine; orthopaedics; a general revision course; and evening courses for the M.R.C.P. and the Final F.R.C.S. Full particulars of the winter programme, a list of the special courses in 1931, and also information about the general course provided by the associated hospitals, may be obtained from the secretary of the Fellowship, 1, Wimpole Street, W.1.

THE Royal Microscopical Society, after having been housed in Hanover Square, London, for some forty years, has removed to new apartments in the British Medical Association House, Tavistock Square, W.C.1; its library and slide collections will be more adequately housed here, with its lecture halls, meeting rooms, and offices; a portion of its unique collection of historical instruments will also be on permanent exhibition. The ordinary meetings will be held as hitherto on the third Wednesday in each month from October to May inclusive, and henceforth in the Hastings Hall; by the almost unanimous vote of the Fellows these meetings will begin at 5.30 p.m. instead of at 8 p.m. as formerly. Sectional meetings will be held in the Pillar Hall.

THE KING has approved of the reappointment of Dr. Noel Leicester Clarke to be a nominated unofficial member of the Legislative Council of the Straits Settlements.

THE tenth Congress of the German Pharmacological Society will be held at Königsberg from September 4th to 7th, under the presidency of Dr. J. Schüler of Cologne. The principal subjects for discussion will be the problems of inflammation; the pharmacological problems of febrile diseases; allergy; and the problems of the reticulo-endothelium.

THE twelfth Congress of the French Society of Orthopaedics will be held on October 10th in the Paris Faculty of Medicine, when the subjects for discussion will be coxa vara in adolescents, and obstetrical paralyses in the upper limb. Members of the society—whether French or from other countries—who intend to take part are asked to communicate, before September 15th, with the secretary, Dr. E. Sorrel, 179, Boulevard Saint-Germain, Paris.

THE annual medical tour to spas and other health resorts in Italy, organized for British doctors by the Italian State Tourist Department, will take place from September 10th to 26th. As usual, it will be accompanied by an English-speaking Italian doctor. The journey in Italy will be made by special train; there will be no night travel. Accommodation is provided at first-class hotels, and a programme of receptions, entertainments, and sight-seeing has been arranged at each of the places to be visited, which include Merano, Carezza (Karersee), and other Dolomite resorts, Riva and Gardone on Lake Garda, Montecatini, and Viareggio. Full particulars may be obtained from the Italian Travel Bureau, 16, Waterloo Place, S.W.1.

AN account of a tour of some mental hospitals and clinics of the Department of the Seine, by Dr. A. E. Evans, which was published in the January issue of the *Journal of Mental Science*, has now been reprinted in pamphlet form, and may be obtained from Adlard and Son, Ltd., 21, Hart Street, W.C.1, price 1s. net.

A FURTHER series of brochures—Nos. 206 to 212—has been issued by the International Labour Office in continuance of its series entitled "Occupation and Health." The subjects are: flour mills; garages; industrial health (propaganda); house porters; industrial lighting; industrial physiology; and jute. They may be obtained from the London office of this organization, 12, Victoria Street, S.W.1.

ON the passing of the Mental Treatment Act the Board of Control, with the approval of the Minister of Health, has appointed Mr. P. Barter of the Ministry of Health to be joint secretary of the Board. Mr. Barter was secretary to the Committee on Asylum Administration, 1921-22; the Royal Commission on Lunacy and Mental Disorder, 1924-26; and the Royal Commission on Local Government, 1926-29.

THE council of the Paris faculty of medicine recently elected Professor Balthazard, who occupies the chair of legal medicine, dean of the faculty by 34 votes, to 33 gained by Professor Roussy.

THE centenary of the birth of the celebrated French physiologist, Etienne Jules Marey, who died in 1905, was recently celebrated at the Académie de Médecine, when Professor Charles Richet gave an address on his work.

THE two Osiris prizes, each of the value of 100,000 francs, offered by the Institut de France for the most remarkable work in science, literature, and art, have been awarded to Paul Bourget of the Académie Française, and Emile Gley, professor of physiology at the Collège de France.

THE Grand Prix de l'Académie Française, of the value of 15,000 francs, has been awarded to Dr. Georges Dubamel for his collected works.

A NEW dermatological clinic has recently been opened at Leyden under the direction of Dr. H. W. Siemens.

IN Berlin, during 1929, 6,985 deaths, or 13 per cent. of the total mortality, were due to malignant growths. Cardiac disease, principally in advanced age, caused 6,776 deaths, and pulmonary tuberculosis 4,071 deaths, chiefly between the ages of 20 and 30. Most of the deaths from cerebral haemorrhage (5,560) and vascular disease (5,065) occurred in persons over 50.