

Memoranda

MEDICAL, SURGICAL, OBSTETRICAL

ACUTE RETROBULBAR NEURITIS, SECONDARY TO DOUBLE POSTERIOR ETHMOIDITIS

The following case seems sufficiently instructive to merit record.

Nurse R., aged 23, developed what was probably an influenzal rhinitis on January 7th, 1933. There was noticeable post-nasal discharge. She found that her eyes felt heavy and that her vision was beginning to fail on January 8th. On January 11th she was referred to the ophthalmic department of her hospital. Vision was found to be barely 6/60 in each eye. The only abnormality revealed by external examination was the inability of the pupils to remain contracted to the direct stimulus of strong light. The pupils so to speak curtsied when the light was thrown on them, a symptom which is almost pathognomonic of acute retrobulbar neuritis. Ophthalmoscopic examination revealed no abnormality. Examination of the visual fields showed an absolute scotoma involving the fixation and blind spots in each eye—the so-called caeco-central scotoma. Refraction by retinoscopy showed emmetropia. There was no evidence of nasal abnormality by rhinoscopy. The pharynx was normal. Clinical examination showed no other abnormality. The patient had a healthy appearance. Her history was excellent and diplopia had never been complained of. X-ray examination of the nasal sinuses was carried out by the Graham Hodgson technique. The report stated that by occipito-frontal radiation there was some cloudiness on the left side. In the occipito-mental position both antra were "positive" but contained no fluid, both the anterior ethmoidal sinuses were "positive," and the frontal sinuses appeared normal. Vertico-mental radiation showed normal sphenoidal sinuses. Oblique radiation of the posterior ethmoidal sinuses showed definite involvement of the sinus on each side.

As energetic diaphoresis combined with local and general treatment failed to improve the visual defect I operated upon the nasal sinuses on January 17th. The antra were opened by the canine fossa route. The lining mucosa of the alveolar sulci was oedematous and showed evidence of sub-acute inflammation. I then removed the ethmoidal cell system by my transantral line of approach, including, as is my custom, the party wall between the posterior ethmoidal and sphenoidal sinuses. I found a condition of hyperplastic ethmoiditis with polypi. The patient was able to get up within a week. Progressive improvement in vision was noticeable to the patient from January 20th, and when tested on February 2nd she was able to read 6/6 easily with each eye.

DISCUSSION

According to Behr, the optic nerve may be implicated in cases of nasal sinus infection in one of the following ways:

1. Neuritis as part of a generalized orbital complication—(a) simple exophthalmos, due to pressure exerted by the orbital walls of a sinus, as a mucocoele or pneumatocele; or (b) inflammatory exophthalmos due to the spread of sinus inflammation by way of a thrombophlebitis, periostitis, or lymphangitis, and culminating in an orbital cellulitis or abscess formation.

2. Isolated neuritis, with or without orbital symptoms. This variety of optic neuritis occurs when inflammation of one of the posterior nasal sinuses involves the optic canal.

Whilst it was obvious that in the case under review I was dealing with the latter type of neuritis, it was necessary to exclude with reasonable certainty the other potentially causative factors before initiating the surgical treatment actually carried out. Briefly these are:

1. Haemorrhage into the sheath of the optic nerve (traumatic). This was excluded by the history.

2. Prodromal (or early) symptom of disseminated sclerosis. This could not be absolutely excluded, but, in view of the absence of previous diplopia, the history of onset, and the positive x-ray findings, it could be very largely discounted.

3. Other local general or specific infections or toxæmias. These were not demonstrable.

4. The familial form of neuritis (Leber's atrophy). This usually starts soon after puberty, almost invariably attacks males, and, whilst both eyes are ultimately attacked, there is a variable interval between the onset in each eye.

5. The so-called idiopathic cases. I have never met such, and I am of opinion that this diagnosis is at best a refuge for ignorance.

The prognosis of the disease in question is good. If the causative factor is promptly removed the vision should be almost, if not quite, restored to normal. It may be argued that the local inflammation might have subsided *sui generis*, and that, on this hypothesis, the resort to a double major operation was precipitate. My answer to this objection is that in these cases irrevocable damage to the vision may rapidly occur. It must further be remarked that the x-ray diagnosis suggested rather an acute exacerbation of a chronic ethmoiditis than a primary acute condition. In the presence of ethmoiditis the actual occurrence of an optic neuritis is, in the writer's conviction, dependent not only upon the absence of the dural and arachnoid coverings of the nerve after its passage through the optic foramen, but to some anatomical hazard, the presence of which can be better deducted than proved. The fact that this affection may constitute a prodromal symptom of disseminated sclerosis, the aetiology of which is still obscure, does not, according to Bergmeister, contraindicate drainage of the nasal sinuses in question, because Rethi has demonstrated an improvement in this disease in a number of cases following the operation.

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Reports of Societies

ROYAL MEDICO-PSYCHOLOGICAL ASSOCIATION Annual Meeting

The annual summer gathering of the Association took place last month under the presidency of Dr. F. DOUGLAS TURNER, medical superintendent of the Royal Eastern Counties Institution for the Mentally Defective, Colchester. Some of the meetings were held at the town Hall, Clacton, some at the Colchester institution, and at the Severalls Mental Hospital. The programme included a most instructive series of demonstrations of the capacity, in useful work and recreation, of the various grades of patients, some of it of a very high order.

The president chose as the subject of his inaugural address "Mental Deficiency." Conceding to France the first efforts, in 1837, to ameliorate the lot of defectives, he sketched the development of the movement in this country, including the founding of the Eastern Counties Institution, which now had an endowment fund of £50,000 and 400 acres of land, none of which had been provided by any local or statutory authority, and a further extension had now been planned for an additional 444 patients. There must always be a certain proportion of mental defectives under care and confined to institutions, but he deprecated the alarmist view which was expressed in some quarters, such as by a pamphlet emanating from a society which set out to improve the race, in which occurred the words, "If all mental defectives could be prevented from having children, the number of defectives in the country would be halved in about three generations," a statement which found no warrant in

by noise and vibration had been scheduled in Germany for workmen's compensation. Had the Home Secretary in mind the effects of the use of hand drills with their terrible vibration? He saw nothing in the report to enlighten him about nystagmus. Mr. R. T. EVANS spoke of silicosis as affecting miners, and Mr. McENTEE of the effect which the escape of petrol fumes into closed vans had on the health of the boys or others compelled to be in these vans for long periods. He did not know if the effect of these fumes on pedestrians was one for the Home Office. Mr. E. WILLIAMS said the Silicosis Order should be amended to cover claims for miners driving headings and drifts through hard ground. Anthracosis, which pertained almost entirely to the anthracite coalfields, was not even scheduled. The anthracite dust, being almost as hard as stone, hardened in the lungs till the man could scarcely breathe. He thought it preposterous that to be certified for nystagmus a claimant must pay a fee of 5s.

Sir JOHN GILMOUR replied. He said the "safety first" movement was reducing accidents. He did not think there was any serious change in the number of accidents due to transmission machinery. New building regulations were made less than two years ago, and a new code for docks had been issued in draft. The six-loom system was being watched, and any increase in accidents would come to light. Prevention of lead poisoning in shipbreaking was difficult. Removal of the fumes by exhaust ventilation had not been found practicable. There was a welcome improvement in the paint industry. The anthrax disinfectant station had been kept in operation, and there was a scheme for adding to the materials to be disinfected. Research had been and was being made into skin diseases and skin cancer. Pending further discoveries early detection and treatment was most important. He hoped workers would realize the necessity of reporting sooner. Examination of nickel workers continued, but no more cases of cancer of the nose were reported. In cancer of the bladder among dye-workers the connexion between the disease and the occupation had not been established. Research continued. An increasing number of firms had adopted the non-silicosis abrasive methods. The Industrial Health Research Board was investigating the results of noises and vibration; not all modern machinery was noisy. Nystagmus and its compensation were problems for the Mines Department.

Pensions Medical Services.—Major TRYON told Mr. Salt on July 27th that, although out of 4,332 applications for pensions made last year by ex-service men only 250 were granted, there were also about 100 men for whom surgical or medical treatment was provided and found to be all that was required. The number of late applications was decreasing, and the large majority of those now being received were made in respect of ailments or diseases common to the civilian population, which were now claimed for the first time to be due to war service.

Sanitation of Holiday Camps.—Replying on July 20th to Colonel Sandeman Allen, Sir HILTON YOUNG said there were powers in the existing law for dealing with the sanitation of permanent and semi-permanent holiday camps, but that he was considering, in consultation with the Association of Local Authorities, whether further powers were required. On the same date Sir JOHN GILMOUR said existing laws and by-laws gave local authorities power to deal with offences against public order and decency at these camps. No further general legislation was needed.

Milk for Scottish School Children.—Replying on July 27th to Sir A. Sinclair, Sir G. COLLINS said two education authorities in Scotland—Selkirk and West Lothian—had adopted schemes for the supply of milk to school children under the provisions of the Education (Scotland) Act, 1930. The scheme in Selkirk provided for one pint of certified milk per day for approximately forty-eight children, the cost being borne by the education authority. The West Lothian scheme, which provided milk for about 150 children at the cost of the authority, had now been discontinued. Schemes for the provision of milk apart from the 1930 Act were in operation in Edinburgh and Aberdeen. In Edinburgh one-third of a pint of Grade A (T.T.) milk per day was supplied to approximately 6,000 school children. Except in the case of 350 children, the cost

of one penny per day was borne by the parents. In Aberdeen approximately one-third of a pint of pasteurized or of Grade A (T.T.) milk per day was supplied to approximately 8,000 school children. The cost to the parents was one penny per day. No cost to the local authority was incurred.

Hospital Provision in Scotland.—Sir G. COLLINS, replying on July 20th to Mr. Leonard, said the number of hospitals provided by Scottish local authorities on December 31st last was as follows:

Classification	Institutions	Beds
(1) Poor Law hospitals and Poor Law institutions having sick beds	61	5,948*
(2) General hospitals	5	1,263
(3) Sanatoriums and other tuberculosis institutions	28	4,135†
(4) Maternity hospitals and homes	13	241
(5) Infectious diseases (including small-pox) hospitals	124	6,594‡
(6) Hospitals and homes for sick and ailing children under age 5	6	118

* Includes beds in mental observation wards.

† Includes 1,658 tuberculosis beds in infectious diseases hospitals.

‡ Excludes 1,668 tuberculosis beds.

Slum Clearance: The Year's Figures.—Sir HILTON YOUNG said on July 20th that during the twelve months ended June 30th last local authorities in England and Wales submitted to the Minister of Health resolutions declaring 406 areas, comprising 7,443 houses, to be clearance areas; 293 Clearance and Compulsory Purchase Orders affecting 6,910 houses were submitted for confirmation during this period, and 241 Orders affecting 5,582 houses were confirmed. In addition, 362 houses were purchased by agreement. Replying to Captain Erskine-Bolst on July 19th, the Minister said he had received from twenty-nine local authorities in Lancashire resolutions declaring 121 areas to be clearance areas under the Housing Act, 1930.

Experiments on Animals.—Sir J. GILMOUR told Mr. Groves on July 27th that the number of experiments performed upon living animals during 1932 was 589,154. The preparation of this return involved considerable labour after the individual returns from the licensees were received, and there was no avoidable delay in publication.

Notes in Brief

The use of aeroplanes for ambulance purposes in the Highlands and Islands is being considered by the Department of Health for Scotland.

Universities and Colleges

UNIVERSITY OF OXFORD

At a congregation held on July 29th the following medical degrees were conferred:

B.M.—J. H. B. Beal, A. Carling, D. A. Jennings, I. H. Gosset.

UNIVERSITY OF LONDON

Professor H. W. Florey, M.B., B.S. Adelaide, B.A., B.Sc. Oxf., M.A., Ph.D. Camb., has been appointed to the Sir William Dunn Chair of Pathology tenable at Guy's Hospital Medical School. Since 1931 he has been Joseph Hunter Professor of Pathology in the University of Sheffield.

At the June matriculation examination 184 candidates passed in the first division and 819 in the second division; forty-five took the supplementary certificate in Latin.

The following candidates have been approved at the examinations indicated:

M.D.—*Branch I (Medicine)*: K. V. Edwards, P. R. Graves, A. S. Hoseason (University Medal), A. T. L. Kingdon, Moyra I. Macnaughton-Jones, J. H. G. Mason, J. Mindline, P. McG. Moffatt, G. H. News, A. P. M. Page, H. E. Reburn, J. H. O. Roberts, L. S. Rodgers, E. G. Thomas, F. H. W. Tozer, J. R. Tree, J. H. Watkin, *G. P. B. Whitwell. *Branch II (Pathology)*: H. A. Harris. *Branch III (Psychological Medicine)*: C. E. Allen, N. G. Harris, J. R. A. Madgwick. *Branch IV (Midwifery and Diseases of Women)*: Gwendolen E. Austin, Rosa E. Chamings, L. G. Housden, Beatrice M. Joly, Eileen M. King, Margaret I. Neal. *Branch VI (Tropical Medicine)*: E. M. Wijerama.

ACADEMIC DIPLOMA IN MEDICAL RADIOLOGY.—*C. D. Costello, R. I. Roberts, J. E. Wilson Lee.

* Awarded mark of distinction.

BRITISH COLLEGE OF OBSTETRICIANS AND GYNAECOLOGISTS

At the quarterly meeting of the Council held on July 24th, with the President, Dr. J. S. Fairbairn, in the chair, the following officers were re-elected to take office at the autumn meeting of the Council: President, Dr. John Shields Fairbairn; vice-presidents, Dr. H. Russell Andrews and Sir Ewen J. Maclean; honorary treasurer, Mr. Eardley Holland; honorary secretary, Professor W. Fletcher Shaw; honorary appeal treasurer, Mr. Comyns Berkeley; honorary librarian, Mr. Arthur E. Giles; honorary assistant librarian, Mr. Frederick Roques.

Dr. W. F. T. Haultain (Edinburgh) was promoted to the Fellowship of the College, and the following were elected to the Membership:

Alexander Ailan (Manchester), Lieut.-Colonel H. C. Buckley (India), John Barnard Blaikley (London), Harold Carter (London), Robert Leslie Dodds (London), John Douglas Flew (London), Tom Ivor Hughes (London), John Stewart Henry (Montreal), Peter Joseph Kearns (Montreal), Major G. H. Mahony (India), Patricia Massey (South Africa), William George Mackay (Glasgow), Douglas A. Mitchell (Bath), Margaret Mary Nolan (India), Newell W. Philpott (Montreal), Edwin Moody Robertson (Edinburgh), Walter Salisbury (Northampton), Roy McGregor Saunders (London), Walter Netley Searle (New Zealand), George Drury Shaw (South Africa), R. L. Stevenson (New Zealand), Henry J. Thomson (Bellshill, Lanark), Beatrice Turner (London), John Ross Vant (Canada), Blake H. Watson (Canada).

Sir Kedarnath Das was elected chairman of the Indian Reference Committee in the place of Lieut.-Colonel Green-Armytage, who has returned to England.

The President formally admitted to membership Dr. Keith Duff (London) and Dr. William Smith O'Loughlin (Romford).

CONJOINT BOARD IN SCOTLAND

The following candidates have been approved at the examination indicated:

FINAL PROFESSIONAL.—C. D. Campbell, F. G. Smith, M. Gokfar, R. A. F. Murdoch, W. McL. Mason, J. Selvam, R. S. Ninian, A. C. Stevenson, R. M. A. Ormston, M. Quazi, J. P. Perera, L. B. E. Seneviratne, M. Rosenberg, D. N. Schwarz, J. P. Carlile, E. M. Toloff, H. S. Cheetham, O. Springer, K. Khalil, E. T. Buell, R. Singh, P. B. Menon, E. C. D. S. Ratnaik, J. L. Roche, E. F. Dupre.

SOCIETY OF APOTHECARIES OF LONDON

The following candidates have passed in the subjects indicated:

SURGERY.—E. V. Bevan, R. F. Fleming, T. von Haebler, L. R. Jain, J. E. Morrish, H. Owen, W. C. M. Scott, F. H. Williams.

MEDICINE.—J. L. Cope, J. B. Frumin, L. I. F. Kerridge, W. C. M. Scott.

FORENSIC MEDICINE.—N. C. Lendon, H. N. Levitt, T. Morgan, W. C. M. Scott, D. A. Smith, H. B. Thornton.

MIDWIFERY.—A. C. E. Cole, R. F. Fleming, J. Lipschitz, B. S. Minden, W. C. M. Scott, A. L. L. Silver, G. L. R. Tapsall.

The diploma of the Society has been granted to E. V. Bevan, J. L. Cope, J. B. Frumin, L. R. Jain, J. E. Morrish, H. Owen, W. C. M. Scott, and F. H. Williams.

Medical News

The Royal College of Physicians of London will be closed for cleaning from Thursday, August 3rd, to Saturday, September 16th, both days inclusive.

The annual dinner of past and present students of St. Mary's Hospital Medical School will be held at the Trocadero Restaurant on Saturday, September 30th, at 7.30 p.m.

Mr. R. Y. Paton will lecture on "Common Disabilities of the Foot and their Treatment" before the Paddington Medical Society, at the Great Western Royal Hotel, Paddington Station, on Tuesday, August 15th, at 9 p.m.

Two courses of lecture demonstrations on neurology will be held at the Medical School, National Hospital, Queen Square, W.C., from October to December, 1933, and from January to March, 1934. These will include demonstrations on anatomy, physiology, and pathology, and demonstrations on post-mortem material at 12 noon; lectures on the principles of neurology and on nervous diseases, Monday, Tuesday, Thursday, and Friday at 3.30 p.m.; demonstrations of clinical methods of examination in nervous diseases, at 5 p.m. The autumn course of lectures from October 2nd to December 1st, 1933,

consists of thirty-six lectures on the principles of neurology, and the winter course of lectures and demonstrations from January 22nd to March 23rd, 1934, includes thirty-six lectures on nervous diseases. The fee for each course is £10 10s., and special arrangements will be made for those who are unable to take the whole course.

The special post-graduate course for former students of the London Hospital will be held from Wednesday, October 11th, to Saturday, October 14th, inclusive. The annual dinner will take place on Thursday, October 12th, at the Trocadero Restaurant.

The Association of Special Libraries and Information Bureaux will hold its tenth annual conference in the Wills Hall, Bristol, from September 22nd to 25th. At the opening session, with Dr. Thomas Loveday, vice-chancellor of the University, in the chair, Sir Charles Sherrington will deliver his presidential address. Full particulars of the conference may be obtained from the General Secretary, Miss E. M. R. Ditmas, M.A., 16, Russell Square, W.C.1.

Chicago during the World's Fair will welcome the largest radiological congress ever held in the United States when the four national radiological societies meet there in joint session from September 25th to 30th, under the presidency of Dr. Henry K. Pancoast of Philadelphia. Particulars may be obtained from Dr. Benjamin H. Orndoff (2561, N. Clark Street, Chicago), chairman of the executive council of the congress.

An international congress of medicine in relation to athletics will be held in Turin from September 6th to 9th, during the course of the international university games in that city. Facilities will be given for instructors and trainers to participate. Proposed communications should be forwarded in advance, and the speaker is asked to bring with him the complete text, together with a brief summary translated into French or Italian, which can be read immediately after the communication has been made, and can be distributed to the Press on the same day. The paper may be in English or in Italian. There is no fee for taking part in the congress, and railway and hotel charges will be reduced for those attending. Further particulars can be obtained from Professor Ugo Cassinis, Via dello Stadio 14, Rome.

The eightieth anniversary of the foundation of the *Münchener medizinische Wochenschrift* has been marked by the publication of a handsome illustrated quarto volume, which is divided into two parts. The first part consists of original articles by various writers mainly dealing with climatology, while the second contains announcements relating to spas, laboratories, sanatoriums, and hotels in Germany and other countries.

The July issue of the *Journal of Paediatrics* is dedicated to Professor Czerny, who has recently retired from the chair of children's diseases in Berlin University.

The Board of Trade has received complaints under Section 1 (5) of the Safeguarding of Industries Act, 1921, that insulin and its salts, carotene, and precipitated sulphur have been improperly excluded from the list of articles chargeable with duty under Part I of that Act, as amended by Section 10 of the Finance Act, 1926. The complaints will be referred for arbitration to a tribunal. Any communications should be addressed within three weeks to the principal assistant secretary, Industries and Manufacturers Department, Board of Trade, Great George Street, S.W.1.

The Import Duties Advisory Committee announces that it has received application for an increase in the import duty on (1) surgical knives and surgical and dental instruments, and (2) artificial teeth. Persons desiring to make representations in regard to these applications should do so in writing to the Secretary, Import Duties Advisory Committee, Caxton House (West Block), Tothill Street, Westminster, S.W.1, not later than August 16th.

Dr. William H. Park, director of the Public Health Laboratories of New York City, has been nominated the first occupant of the recently founded chair of preventive medicine at New York University and the Medical College of Bellevue Hospital.