

Memoranda :

MEDICAL, SURGICAL, OBSTETRICAL.

ACIDOSIS AND HEPATIC DISORDER.

I WAS greatly interested to read in the issue of the JOURNAL of June 6th, p. 1230, Dr. Coombs's account of two cases of acidosis occurring in men about 60 years of age, both with a fatal termination. The article brought to my recollection a similar case, also a man about 60 years old, which came under my notice a short time ago, and also proved fatal. The signs and symptoms differed somewhat from those described by Dr. Coombs as having been present in his cases. They were dyspnoea, pain over the epigastrium, headache, vomiting intense thirst, and pallor verging on actual cyanosis. Diarrhoea was present only for a short period in the last stage. There was no oedema of the limbs and no abdominal enlargement. Acetone and diacetic acid were present in the urine, but the odour of the former in the breath was only very faint. It occurred to me at the time that the seat of the trouble lay in the liver as the clinical evidence seemed to point to a definite interference with the normal metabolic processes generally associated with that organ. The result of this "breakdown" was the imperfect oxidation of the fats and the appearance of fatty acids and their derivatives in the blood and urine. The prime cause of the whole condition remained obscure.

In a second case, that of a girl aged about 7 years, the opinion which I had formed as to the part played by the liver in the former case was rather strengthened. On the day previous to my seeing her she had demolished on her own account a whole beetroot recently cooked by her mother for the family. She was brought to me complaining of sore throat, headache, intense thirst, and pain over the upper part of the abdomen. Her face was pale, and her tongue and skin dry, though the body temperature was only slightly raised; her breath smelt strongly of acetone. She vomited at frequent intervals small quantities of green bile-stained fluid, and moderate pressure over the epigastrium caused her to cry out with pain. The urine was of a deep pink colour, and the stools were similarly tinged, this extraordinary coloration being, of course, due to the beetroot. Both urine and faeces smelt strongly of acetone and the former reacted readily to the distinctive tests for that substance, and also to those for diacetic acid. The saliva and vomited fluid also reacted to the tests for acetone—the former distinctly, the latter only slightly. Vomiting continued for almost forty-eight hours, and the child's condition became very grave. The pallor increased, the pupils became dilated, and the respirations quicker and more difficult. Throughout the whole of this period she was very drowsy, though by no means comatose, and she continued literally to pour out acetone from her body until the surrounding air became saturated with it. No food was given her by mouth for three days. Nutrient salines containing glucose, sodium bicarbonate, and normal saline were given 4 oz. at a time during this period, and she was allowed to drink a 3 per cent. solution of sodium bicarbonate *ad lib.* She rapidly got well, the acetone disappeared from the urine, and by the end of a week she had returned to her normal condition. The *prima causa* in this case was undoubtedly the beetroot, but what particular element in the composition of that vegetable and the nature of the changes brought about by it in the tissues I cannot tell.

Croydon.

J. JOHNSTONE JERVIS, M.D.

FOREIGN BODY IN THE LUNG.

THE following case presents some unusual and unexpected features:

A married woman, aged 75, came under my notice with the following history: Between December 27th, 1909, and January 1st, 1910, she was in bed suffering from acute pleurisy. One day, while partaking of ox-tail soup, she choked over a small piece of bone. She told her then medical attendant, adding that the bone was still there, but her statement does not seem to have been accepted. The usual routine treatment for bronchial catarrh was commenced, but the condition persisted, there being a widespread distribution over both lungs, of rhonchi and

sibilant râles, without any definite localization. The secretion was profuse, and of the usual bronchial nature. As matters failed to improve, she was seen by another medical man, who diagnosed chronic bronchitis. Change of air did not alleviate the symptoms, the most troublesome being the profuse expectoration.

During the first week of January pus appeared periodically in the sputum, but after a fortnight entirely ceased. The condition lasted on till the time I saw her first in October, 1910. At that date the profuse secretion, a sense of extreme oppression behind the sternum, and a troublesome cough were her chief symptoms. The circumstance of the bone swallowing was not mentioned to me. She had never had a rise of temperature, except when she complained first of swallowing the bone, and at that time the feverishness was attributed to the pleurisy.

The condition dragged on without any fresh development till the beginning of May, 1913, when she became afflicted with occasional rigors, sleeplessness, and a most troublesome cough, which became aggravated on her assuming a recumbent position. She seemed also to have contracted a head cold, which was epidemic at that time. On May 14th she was seized at 1 a.m. with a fierce paroxysm of coughing, during which she felt something "give way" in her chest. She got out of bed and coughed into a bowl, thinking that blood was coming, but it turned out to be pus, and at the same time felt a sharp pain, and a hard body at the back of the throat. She managed to extract the foreign body, which proved to be the swallowed bone. The pus had practically no odour, but was unfortunately emptied out before a sample could be taken for bacteriological purposes. Since then the condition has almost entirely cleared up, excepting some bronchial sounds on both sides, heard chiefly at the back. No clubbing of the hands was ever present, and I found no indication of bronchiectasis.



The sputum, since examined, has indicated nothing definite. The question arises whether the bone had produced a pulmonary abscess, or had passed into the deeper layers of the bronchus, causing it to become sacculated, an abscess cavity ultimately forming. It may be asked whether a pulmonary abscess would have remained quiescent for so long a time without constitutional disturbance and fever. I have referred to the literature on the subject, but have met with no case quite parallel. The photograph shows exactly the shape and nature of the broken ox-tail bone, but is almost twice as large as the specimen.

Leven, Fife.

D. M. MACDONALD, M.O.H.

Reports of Societies.

ROYAL SOCIETY OF MEDICINE.

SECTION OF DERMATOLOGY.

At a meeting on June 18th, Dr. J. J. PRINGLE, President, in the chair, Dr. I. J. DAVIES gave an account of *Carbon monoxide erythema* which occurred in 9 cases after an exposure of twenty hours as a result of a colliery accident in October of last year. The lesions chiefly involved the buttocks and covered parts of the body, and consisted principally of acute erythema accompanied by oedema. They were regarded as being angioneurotic in character. Five of the cases had peripheral neuritis. Dr. E. GRAHAM LITTLE showed a case of *Pellagra* with multiple peripheral neuritis and skin symptoms in a boy, aged 14, from Sussex. In the latter part of 1912 he was bitten on the chest when bathing. The lesion apparently suppurated and was cauterized by the local practitioner. This was followed by vomiting, intestinal pain, diarrhoea, and wasting. In August, 1913, he had a pleuritic effusion, and was tapped, the diagnosis being made of tuberculous pleurisy possibly complicated by Addison's disease. Last Easter he was "caught by the sun" and developed acute erythematous swelling and subsequent pigmentation and desquamation of the back of the hands, neck, nose, and forehead. No arsenic was given until May. There was no maize in the dietary. Lumbar puncture provided no cytological evidence, and there were neither mental symptoms nor

spinal tenderness. The PRESIDENT said he was under the impression that peripheral neuritis had been observed in some of the American reported cases. Dr. J. H. SEQUEIRA said he had recently had a man at the London Hospital who was melancholic and suffered from diarrhoea and wasting, and had an eruption suggestive of pellagra. Dr. G. PERNET said he had seen cases of pellagra in Rome, and thought Dr. Little was justified in his diagnosis. Dr. J. M. H. MACLEOD said that all cases of pellagra exhibited an increased susceptibility to sunburn, as had been noticed in the present case. Dr. A. WHITFIELD said that Dr. Sambon's description led him to think that the pellagrous erythema did not disappear so quickly as in the case shown. Dr. GRAHAM LITTLE showed a mouse affected with *Favus*; it was found in the bedroom of a patient suffering from that disease whom he had shown at a previous meeting. Dr. PERNET showed a child, aged 2, with the same disease. Its mother was also affected, and had been so since childhood. Dr. H. G. ADAMSON said that six years ago he had shown a case of favus in a baby and in a mouse with cultures from both. The PRESIDENT remarked that cases of English origin were not very rare, and Dr. SEQUEIRA said that Sir Jonathan Hutchinson's well-known case of favus of the tongue came from Cornwall. Dr. J. L. BUNCH exhibited a patient, aged 51, with *Paget's disease of the nipple*. It was of twelve months' duration, and had been treated by two massive doses of x rays, as the patient refused to have the breast removed. The PRESIDENT suggested treatment with massive doses of radium inserted deeply through the base of the growth. Dr. SEQUEIRA said he always advised early and complete removal, as the condition was a duct carcinoma. Dr. J. H. STOWERS had seen a disastrous case resulting from radium treatment, and urged removal of the whole breast. He showed a drawing of a patient seen by Paget who had developed a scirrhus on the other breast. Dr. HALDIN DAVIS said his experience was not such as to lead him to recommend radium treatment. Dr. J. A. NIXON thought these should not be regarded as dermatological cases, but should be advised to undergo immediate excision. Radium and x rays were delusive because they caused a superficial improvement. Dr. H. MACCORMAC said that two distinct types of carcinoma caused the condition known as Paget's disease—namely, spheroidal and columnar, and the treatment depended on which of these was present.

SECTION OF OBSTETRICS AND GYNAECOLOGY.

At a meeting on June 11th, Dr. W. S. A. GRIFFITH, President, in the chair, Dr. MACNAUGHTON-JONES showed a twin female monster, exhibiting thoracopagus approaching to prozygosis in which the thoracic centres were united by the visceral laminae. The twins faced each other, and were united above the umbilicus and equally developed. The umbilical cord was single. The union extended unusually far forwards, involving not only the thoracic wall, but also the neck, lower jaw, and lower lip, being an example of emprosthozygosis thoracodidymus (Gurlt). Mr. ALBAN DORAN, in discussing the specimen, said that Schwalbe classed these very rare monsters under the type of prosopothoracopagus. Three others had been reported by Barkov, Daude, and Otto. The speaker considered this type of monster a true connecting link between the chest-united thoracopagus and the head-united prozygosis, or cephalothoracopagus twin monsters. Mr. GORDON LUKER showed a lithopaedion removed from a 4-para, aged 33, when six and a half months pregnant. The ectopic gestation apparently dated back twelve years, and represented the patient's first pregnancy. Pain and a lump in the right iliac region had been noted by the patient in each succeeding pregnancy. The specimen was ovoid in shape, about 6 cm. by 4.5 cm., covered by an elastic bony shell about 0.2 cm. thick. Professor DAVID WATERSTON gave an epidiascope demonstration relating to a decidual cast containing an embryo which was nearly 3 mm. in length, and was apparently about three weeks old. Sections showed the early embedding of the embryo, and the characteristic features of the various positions of the decidua. A beautiful wax reconstruction model was also shown of the embryo, yolk sac, amnion, chorion, and decidua, greatly magnified. Dr. ARCHIBALD DONALD read a short paper on a case of *Chronic metritis* in a nullipara, and Dr. W. FLETCHER SHAW (Manchester) read one on the subdivisions of the conditions classed under this phrase.

Reviews.

HYPNOTISM AND SUGGESTION.

It is only during the last few years that the treatment of various morbid conditions by hypnotism and suggestion has been dissociated in the minds of medical practitioners from the suspicion of fraudulent practices and quackery. In the course of the last twenty years it has been employed with increasing frequency, and has, in consequence, become better understood. The limits within which it may be used with success are now fairly well marked out. A number of books upon the subject have recently appeared, and afford an opportunity for reviewing the present position of the science and art of hypnotism.

There can be little doubt that hypnotism and suggestion have been employed occasionally in treating disease and otherwise in many countries for many centuries. But they were never brought prominently before the scientific world until the time of Mesmer (1733-1815), a medical graduate of Vienna, who set up as a practising hypnotist in Paris in 1778, and created a great stir in medical and fashionable circles by his mummeries and sensational experimental effects. He attributed the cures he effected to "animal magnetism," a supposed new natural force, occult, permeating the universe, acting on the nervous system, and under his own control. How far he was an honest man, and to what extent self-deluded, it is not easy to determine; in the hands of his successors mesmerism became identified with mere trickery and fraud. A great mesmeric revival took place in England about 1837, and was associated with the names of Elliotson, Esdaile, and Braid. Elliotson (1791-1868), physician to St. Thomas's Hospital and afterwards Professor of the Practice of Medicine at University College, was undoubtedly successful as a hypnotist, and, while he believed in various false sciences of his day (clairvoyance, phrenology, odic force, and the like), was a constant opponent of spiritualism; but his methods aroused a great deal of opposition. Esdaile (1808-1859) practised hypnotism in India for purposes of general anaesthesia with great success, but did not obtain general recognition of the utility of his methods. Braid (1795-1860), again a most successful hypnotist, did more than any of his predecessors to bring the true facts and a simple theory of hypnotism before the public and the profession in both England and France. He believed all hypnotic phenomena to be of a subjective nature. After his day no further progress in the study of hypnotism was made in England till about the year 1889, when it was taken up by Dr. Tuckey and by Dr. Milne Bramwell. In France, however, it was practised by Liébeault, of Nancy, from 1860 onwards; he arrived independently at much the same conclusions as Braid, but his work passed unnoticed until it was taken up by Bernheim in 1882, and later by others. Meanwhile Charcot had turned his attention to hypnotism; and by confusing it with hysteria he did a great deal to obscure and put back the study of hypnotic phenomena generally. It is to Charcot and his pupils that the erroneous ideas as to the dangers of hypnosis, still firmly fixed in the public mind, are mainly due. During the last thirty years the use of suggestion in the treatment of disease, either with or more often without hypnotism, has been increasingly employed. It was originated by Breuer, who called the method "psycho-analysis." This method has recently been brought to the fore again by Freud, who gives it a strong sexual bias. The number of books, periodicals, and papers written about hypnotism and the allied subjects during the last quarter of a century is enormous. The bulk of this literature has resulted in nothing like uniformity in the general views about the way in which hypnosis is produced and acts, although there is a general agreement as to the degree of its utility in the treatment of disease.

As for the methods of inducing hypnosis, they are very numerous, and there is no reason for supposing that one or another of them is better than the rest. The central factor in all hypnotic treatment ought to be the development of the patient's control of his own organism, and this is clearly a matter for suggestion; the reason for the use of hypnotism is that suggestions can often be more readily conveyed to the patient and more forcibly impressed upon