MEMORANDA.

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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 child. 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 54 lb. at birth. The tumour had well defined edges, a fluctuating 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 connections, 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 column.

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

F. BROCKINGTON, M.B.,
B.S. Lond.
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 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 adhered 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 35 lb. To deliver this mass from the abdomen, which it appeared likely would fill completely, an incision was made from an inch below the costal margin to the pubis 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 had broken before it was recognised. 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. Having drawn the tumour back to its right side and having put it into the pelvis. The tumour was a large fibromyoma, but much softer than usual and almost semi-fluid; there was no infection or necrotic 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 "infamed varieou 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 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 conined 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 are 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.

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).

<table>
<thead>
<tr>
<th>Protein</th>
<th>Carbohydrate</th>
<th>Fat</th>
</tr>
</thead>
<tbody>
<tr>
<td>16.5 g</td>
<td>270 calories</td>
<td>1 oz. fat</td>
</tr>
</tbody>
</table>

One ounce (or 30 grams) carbohydrate or protein yields 120 calories.

One ounce for 300 calories.

Proteins contain 16.5 per cent. nitrogen.

One ounce of carbohydrate is contained in—

1 oz. dry oatmeal (contain 1/4 oz. protein, 1/10 oz. fat).
1 oz. milk (contain 2/3 oz. protein, 2/3 oz. fat).
1 oz. cream (contain 1 oz. protein, 6 oz. fat; rich cream contain 12 oz. fat).
5 oz. potatoes (contain 1/6 oz. protein).
3 oz. butter beans (contain 1/3 oz. protein).
2 oz. boiled rice or macaroni.
3 oz. meat or toast (contain 1/6 oz. protein).
1 oz. marmalade.
10 oz. strawberries, oranges, pineapples, gooseberries, and peaches.
6 oz. apples, pears, cherries, raspberries, grapes, cherries, plums, bananas, prunes, French beans, and marrow.
20 oz. grape juice.
20 oz. rice olives (contain 1/2 oz. protein, 4 oz. fat).
1 oz. Brazil nuts (contain 3 oz. protein, 7 oz. fat).
1 oz. filbert nuts (contain 1 oz. protein, 7 oz. fat).
20 oz. tomatoes or radishes.
20 oz. lettuce (contain 1/3 oz. protein).
1 pint beer.
1 pint stotty.

Three-cooked spinach, celery, and cabbage contain no carbohydrates; the carbohydrate in soy bean or mushrooms is not assimilated.

One ounce of protein is contained in—

10 oz. smoked uncooked ham (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 or tripe (contain 1/2 oz. fat).
5 oz. roasted lean beef or leg of mutton (contain 1 oz. fat).
6 oz. corned beef (contain 3 oz. fat). 3 oz. fresh fowl (contain 1 oz. fat). 5 oz. chicken, fresh ground (contain 3 oz. fat). 3 oz. boiled beef, 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).

One ounce of fat is contained in—

1 oz. fresh butter.
1 oz. tallow.
1 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.
**LUNCHEON**—1 oz. roast beef or beefsteak, 2 medium-sized boiled potatoes, 3 oz. cabbage, 1 oz. cheese, 1/2 slice white bread.
**SUPPER**—1 thick slice white bread, 1/2 oz. margarine, tea or coffee (without sugar), 1 oz. sugar (lumps).

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. cheese, tea or coffee (without sugar).
**LUNCHEON**—1 oz. roast beef or white fish, 3 oz. cabbage, 7 Kalari biscuits, 1/2 oz. margarine, 1 oz. cheese.
**SUPPER**—2 average sardines or 1 egg.

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 the borough 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 Llanfairyd, to pay a last tribute to one whose whole life was characterized by integrity of purpose and unfailing 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. Oxilis.
M.B.—C. L. Eldgood.

**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., of London, 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 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 vacant, 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.R.**—F. B. Byrom, M.I. Dulake (University Medal).

- **With honours.**
  - Distinction in medicine. Distinction in pathology.
  - 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, Great Eastern Street, W.C.1, on December 8th, 10th, and 12th at 5 p.m. Professor G. Elliot Smith, M.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. Whitely was again elected Speaker. The King's Speech will be delivered on the 9th, and after the Christmas adjournment the session will be opened on January 8th. Before Christmas only 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, the following question proposed during the session of 1925 any measure of "all-in national insurance."

The annual dinner of the Old Epsomians Club will be held at the Grosvenor 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 are expected to be present at the dinner and all interested in notifying Mr. R. M. Fieldhouse, F.R.C.S., 53, Hamilton Terrace, St. John's Wood, N.W.8, as soon as possible, mentioning the name of those not wishing to have their presence announced. 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, December 17th, in the rooms of the British Dental Association, 33, Russell Square, W.C., with the President, Sir Harry Baldwin, C.V.O., in the chair. Further 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. 6d., 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 the year. He has also stated that the money was being used for the benefit of the Sanatorium, unless it was found necessary to use the fund for other purposes. The subscription of £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. 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 30th to August 2nd, 1925, by invitation of the magistrates and city council. An exhibition of hygienic 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 liver for adolescent and adult patients. (3) MM. Prin and Vignard. (3) Indications for splenectomy and its results, introduced by MM. Cadetan and Guyot.

William Heinemann (Medical Books), Ltd., announce for early publication a new work by Dr. Jacobson, Infectious Diseases, a handbook for practitioners and students, by Dr. J. Rolleston, senior assistant medical officer, Grove Fever Hospital, London.

The sixty-second annual meeting of the Royal Surgical Society will be held at the Grosvenor Hotel, Grosvenor Square, 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. Willaway.