

the boils or pustular eruptions disappeared the anaemia rapidly improved. I have tried it also in other cases in which a great tendency to constipation contraindicated the use of iron, and in these instances the results were equally good.

London, W.

E. B. TURNER, F.R.C.S.

#### RUPTURE OF OVARIAN CYST DURING PREGNANCY: OVARIOTOMY: PREGNANCY NOT INTERFERED WITH.

On March 3rd, 1919, I was called to see, in consultation with Dr. McArthur, of Gardenstown, Mrs. T., aged 39, an 8-para.

She had had amenorrhoea for eight months and considered herself pregnant, but during the whole of the pregnancy she had been much bigger than in her previous pregnancies. About eight weeks before I saw her she had been seized with acute pain in the right side, after which the abdomen had rapidly become more distended. It was now so distended that she could not walk about and had been lying in bed for over a week.

Examination of the abdomen revealed free fluid, but nothing more could be made out. The heart seemed to be quite normal and she was passing a normal quantity of urine which was free from albumin.

I decided to tap the abdomen to relieve the extreme distension, and withdrew 16 gallons of fluid which had all the appearances of ovarian cyst fluid. The uterus could now be felt lying well to the left side of the abdomen and apparently about the size of an eight months' pregnancy. Occupying the whole of the right half of the abdomen was a cystic swelling which could not be displaced.

A week later she was removed to hospital, and I operated on her on March 13th through a right pararectal incision. The tumour was a large multilocular cyst of the left ovary, the pedicle being twisted and lying compressed between the uterus and the promontory of the sacrum; a rent was discovered in its outer wall where it had evidently ruptured. The cyst and contents remaining after removal weighed 17 lb.

The patient made an absolutely uneventful recovery, in spite of the fact that the news of her husband's death had to be broken to her on the sixth day. On April 18th she was delivered naturally of a full-time living child after a short labour of three or four hours. The child weighed 7½ lb.

I have reported this because of the following features: (1) The rapid growth of the cyst during pregnancy; the abdomen had not been noticeably big prior to this pregnancy. (2) The spontaneous rupture, which is comparatively rare; M'Kerron found it to occur in only 2.3 per cent. of the cases which he collected. (3) The enormous size of the cyst and the huge quantity of free fluid in the abdomen. (4) The very satisfactory result, inasmuch as the pregnancy was unaffected by (a) the torsion and compression of the pedicle, (b) the rupture of the cyst, and (c) the operation.

Banff.

W. MANSON FERGUSON.

#### PEDICULI OF THE EYELASHES.

The following note may be of some interest to students of parasitic skin diseases.

L. N. T., aged 2 years, was brought to my consulting room with a maternal statement that insects were crawling on her eyelashes. On careful examination with a lens I could see on the upper eyelashes of the left eye a number of "nits" and three or four pediculi in active movement. With some difficulty I removed a couple of small parasites which under the microscope proved to be a male and female specimen of *Pediculus capitis*. The hair was quite free from infection, and all knowledge of disease there was denied, but I strongly suspected that there had been a "spring cleaning," and that one or two ova had fallen on to the lashes, become adherent, and provided the colony I discovered.

A weak nysol solution and ung. hyd. ammon. dil. soon destroyed both parasites and ova.

Hove.

A. A. HILL, M.D.

#### LIQUID PARAFFIN FOR DISINFECTING NEEDLES AND SYRINGES.

Liquid paraffin (B.P.), which boils at 360° C., is very convenient for disinfecting needles and syringes used for

exploring purposes, for withdrawing blood, and for giving intramuscular injections, etc.

A simple method is to heat the upper part of a test tube three-quarters full of liquid paraffin until currents appear (indicating a temperature of about 150° C.) or rather longer, draw the heated fluid at once into the syringe until it comes into contact with the whole of its interior, and then eject it.

The advantages are the rapidity and simplicity with which complete sterilization can be effected at the bedside and the absence of deleterious effect on the needle, which, if always disinfected and cleaned in this way, never rusts, but remains patent and useful as long as it can be kept sufficiently sharp. The method is particularly useful for needles and syringes for giving intramuscular injections of mercurial cream.

Caution is needed in heating the paraffin, or it may spurt; but this is easily avoided if care be taken to move the test tube up and down in the flame whilst heating. An experience of this means of disinfection extending over six years has convinced me of its utility.

Bath.

RUPERT WATERHOUSE, M.D., M.R.C.P.

## Reports of Societies.

### THE OXFORD OPHTHALMOLOGICAL CONGRESS.

THE annual meeting of the Oxford Ophthalmological Congress was held on July 10th and 11th. Members were lodged in Keble College; the scientific proceedings took place in the Department of Human Anatomy of the University (kindly lent for the purpose by Professor Arthur Thomson), where technical and commercial museums were also arranged. The programme opened on July 10th with an address of welcome by the Master, Mr. SYDNEY STEPHENSON. Major WALTER H. KIEP, R.A.M.C., read a paper on the ocular complications of dysentery, and Major EDGAR H. SMITH, R.A.M.C., a paper on quinine amaurosis, which were both well discussed by the members present. Dr. WILLIAM MCLEAN of New York described his further experimental studies in intraocular pressure and tonometry, and exhibited his latest model tonometer. A discussion on preventive ophthalmology was introduced by Colonel J. HERBERT PARSONS, C.B.E., consulting ophthalmic surgeon to the forces. Colonel Parsons pointed out that the scope of his subject dealt with the prevention of damage (a) to the individual and (b) to others: (a) included many subjects, such as prevention of damage to the eyes from accidents, defective illumination, deleterious rays and organisms, and the prevention of damage to health from headache, accident, fatigue, etc.; (b) included regulations for the prevention of the transference of contagious disease and rules for navy, army, air force, mercantile marine, railways, motor industry, cinemas, and so forth. The problems of preventive ophthalmology constituted a question of collective action, and were of particular value at the moment, when projects of reconstruction were to the fore. In connexion with the prevention of accidents to the eyes in factories, there was urgent need of a scale of awards for compensation founded upon scientific principles. The formulation of regulations for the public services demanded (1) a widening of the basis of education of ophthalmologists, (2) co-operation between ophthalmologists and other experts, and (3) improvement in the methods of examination of candidates and the selection of examiners. A good discussion followed the address, after which the Doyne Memorial Medal was presented to Colonel Parsons by the Deputy Master, Mr. Philip H. Adams. In the afternoon members and their friends were entertained to tea in the gardens of Trinity College by Mr. D. N. Nagel, M.A., and Miss Nagel. In the evening, after the annual dinner of the Congress in the hall of Keble College, when some seventy members and visitors were present, the annual general meeting of the Congress was held. It was determined, on the motion of Mr. J. B. STORR, to make representations to the General Medical Council in support of those recently preferred to that body by the Council of British Ophthalmologists concerning the instruction and examination of medical students

in eye work. Readers of the BRITISH MEDICAL JOURNAL are aware that the recommendations in question have been rejected by the General Medical Council.

On July 11th the proceedings began with a paper by Dr. S. LEWIS ZIEGLER, of Philadelphia, on the problem of the artificial pupil: knife-needle *versus* scissors. Dr. P. BAILLART, of Paris, followed with a communication dealing with his dynamometer for determining the blood pressure in the branches of the central retinal artery. Mr. A. F. MACCALLAN, O.B.E. (Cairo), read a paper on the seasonal variations of acute conjunctivitis in Egypt. Colonel A. H. TUBBY, C.B., C.M.G., entered a suggestive plea for investigation as to any possible connexion between skeletal asymmetry, on the one hand, and defects of the eye, on the other. A pathetic feature followed when a discussion upon employment for the blind was introduced by three blind speakers—namely, Mrs. ADOLPHUS DUNCOMBE, Captain PEIRSON WEBBER, and Captain TOWSE, V.C. The subject was discussed most sympathetically by the meeting, and it is hoped that some useful action will be undertaken by the Congress in connexion therewith. In the afternoon the Ashurst War Hospital at Littlemore, near Oxford, was thrown open to members by Lieut.-Colonel T. S. Good, R.A.M.C.

The technical museum contained interesting exhibits by Dr. Thomson Henderson, Dr. Harvey Goldsmith, Dr. S. E. Whitnall, Dr. Harrison Butler, Dr. E. H. Edwards, and others.

A pleasant feature of the Congress was the presence of representatives from Canada, Australia, Egypt, the United States, France, and Norway.

## Reviews.

### WAR NEUROSES.

SIR FREDERICK MOTT'S book, *War Neuroses and Shell Shock*,<sup>1</sup> is to a great extent an embodiment of the course of instruction given at the Maudsley Hospital to successive groups of officers sent by the medical service of the U.S. Army. There is a striking contrast between the readiness with which the U.S.A. authorities appreciated and took advantage of the admirable opportunities for instruction provided by this hospital and the lack of any adequate attempt at systematic instruction in our own service. Throughout this book the author is at great pains to insist on the bodily changes that underlie the so-called functional disorders. He recognizes that in such disorders we can always trace a disturbance of the mechanism of emotion: that is, a physiological disturbance. One result of the war was the study of neurological medicine by practitioners who were slow to recognize the fundamental importance of the study of nervous physiology.

The attractiveness of the school that deals exclusively with psychical manifestations and ignores the physical changes that underlie neuropathic disorders may to a great extent be accounted for by the perfectly legitimate repulsion that exists at the present day toward the crude materialism or its thinly disguised presentation in the form of the scientific agnosticism of the last century. This is, however, bad psychology and bad metaphysics. The study of mental disorder is really that of the disorders of conduct and of the mechanism by which conduct is expressed. It is open to us to have any metaphysical theory of mind that may please us. It would not, indeed, be difficult to show that the system of psycho-analysis implies, above all else, a mechanical conception of mind, but as physicians it is with the physiological mechanism of conduct that we are concerned. It is unfortunately true that at present only the grossest disturbances of the emotive mechanism can be detected.

Sir Frederick Mott lays stress upon the analogy between the nervous symptoms accompanying such obvious disorders of the endocrine glands as exophthalmic goitre and those occurring in the functional neuroses. He gives an account of the work of Crile and Cannon as to the part adrenalin may play in emotive discharges. It is to be regretted that he did not also include his own observations on the morbid

anatomy of the sexual glands in dementia praecox, an omission which we hope may shortly be repaired.

After all is said, however, the paucity of our knowledge allows as yet only the enumeration of a very few objective signs of the underlying bodily disturbance. The measurements showing qualitative and quantitative differences from the normal in the psycho-galvanic response, undertaken in the author's laboratory, may be the first stage in the elaboration of physiological methods for recording the bodily changes accompanying functional nervous disorders. That a bodily emotional state may precede and determine the nature of a psychosis would be a platitude hardly worth stating were it not so constantly forgotten by the newer school of psycho-therapy. And yet most of us are only too familiar with the man who searches for some domestic misdemeanour on which to pour the swelling tide of irritation arising from an ill-conditioned stomach. Meredith has recorded for all time the change to a more rosy view induced in a justly incensed solicitor by the afterglow of a glass of old port.

As Matthew Arnold once said, the man who cannot understand the fifth proposition always has a taste for the infinite, and equally a doctor who is doubtful of the meaning of the plantar response is very often attracted by psychotherapy. To all such this book should prove a healthy tonic.

Most neurologists will share Sir James Purves Stewart's regret that the silly term shell shock was ever introduced. This book was written to help medical officers engaged in army and pensions work, and since shell shock bulks so largely as an official diagnosis, it would have been difficult to adopt a more scientific nomenclature without greatly impairing the utility of the book. The author has done the best he can by differentiating between commotional and emotional shock, but he is clearly not contented with the terminology. One result of the use of the term shell shock has been to create difficulty when we come to discuss it in relation to the condition known as surgical shock. It is by no means clear that the condition of commotional shock due to exposure to the effects of high explosives without gross injury bears any relation to that following extensive surgical or accidental injury. We infer that Sir Frederick Mott would much prefer to use the term concussion for the former condition; and though he discusses at some length the various theories of shock, he clearly finds little evidence in his own researches of lesions other than those referable to physical disturbance of the central nervous system, and the principal subject for discussion resolves itself into one concerning the mechanism by which such a disturbance is effected. The section on the pathological anatomy of concussion is well illustrated, and the evidence pointing to the occurrence of carbon monoxide poisoning in some cases is of great interest, though in the absence of a blood examination it cannot be conclusive.

Very important are the deductions from an inquiry into the previous history of cases of war neurosis. The author concludes that the majority of patients studied were soldiers who had a neuropathic or psychopathic taint. In 74 per cent. a family history of neurotic or psychotic stigmata was obtained, whilst a previous neuropathic constitution was present in 72 per cent. These figures may well alarm the most hardened optimist of the Pensions Ministry. Through the war the country has become responsible for the future of many thousands of constitutionally neuropathic men. Many will no doubt be restored to a precarious level of social utility, but many will continue as long as they live to be, with occasional remissions and relapses, a charge on the neurological hospitals of the State.

It is of some topical interest to note that the author found that 60 per cent. of the cases of war neurosis were total abstainers, which was a percentage double that of the cases admitted to a general hospital suffering from wounds or diseases other than nervous functional conditions. He appears to hold the view that fear of the consequences of taking alcohol is in itself an indication of a nervous diathesis, and that this, rather than the absence of the beneficial results of the rum ration, may to some extent account for the high percentage of neuropathic abstainers. Apart from this, however, the author has found the majority of officers strongly convinced of the value of the rum ration, and this opinion will be endorsed by most medical men who have seen the war from the

<sup>1</sup> *War Neuroses and Shell Shock*. By Sir Frederick W. Mott, M.D., LL.D., F.R.S., F.R.C.P. With Preface by the Right Hon. Christopher Addison, M.P. London: H. Frowde, and Hodder and Stoughton. 1919. (Demy 8vo, pp. xx + 348; illustrated. 16s. net.)