

death on the ninth day. Very few meningococci were seen in the fluid on the eighth day and no growth was obtained; this fact illustrates the inadvisability of relying too much on the bacteriological findings as an indication of progress. In films of the exudate obtained from the base of the brain after death meningococci were abundant. The case was clearly one of the so-called suppurative type, no definite hydrocephalus being found. The total amount of serum administered was 170 c.cm.

The fourth case was a very acute form. He was admitted in a state of unconsciousness, with occasional delirium, and a well-marked, petechial rash distributed all over the body, including even the face. The onset had occurred suddenly with headache and vomiting the day before admission. The fluid was crowded with meningococci. A petechial rash occurring at such an early stage is known to be of grave significance. The case, however, ran a course of thirty days, eventually dying from hydrocephalus. Meningococci were found in the cerebro-spinal fluid until the day of death in varying numbers, but no growth was obtained after the fifteenth day. He was given 30 c.cm. of serum on each of the first ten days of treatment (300 c.cm.), and his condition had improved—he was mentally clearer, answered questions fairly well, and incontinence had ceased. For four days serum was not given, lumbar puncture alone being performed; this always yielded 60 to 80 c.cm. As he became somewhat worse and meningococci were still seen in the fluid, he was given a further 150 c.cm. of serum during the next five days. Drowsiness and incontinence increased, however, and he became typically hydrocephalic. On the twenty-seventh day 80 c.cm. of cerebro-spinal fluid were obtained, but none on the last four days, the blockage evidently having become complete. He died on the thirty-first day of the disease. No symptoms referable to the serum were ever noticed.

The disease had been present in the last case four days before treatment was commenced. On admission he was somewhat excited, and although he answered questions it was clear that he did not realize that he was at all ill. Serum was given in 30 c.cm. doses daily, but delirium increased and he died on the tenth day in hospital (thirteenth day of the illness). The necropsy revealed moderate hydrocephalus, purulent exudate over the pons, medulla, and cerebellum, purulent fluid in the ventricles and some old fibro-caseous foci in the lungs.

In all the above cases vaccine was given as usual.

I have to acknowledge my indebtedness to Lieutenant A. M. Kennedy, R.A.M.C., Bacteriologist to the Royal Herbert Hospital, for bacteriological investigations and several autogenous vaccines; to Mr. Kenneth Goadby for other vaccines, and to Captain Isaac Jones, R.A.M.C., Officer in Charge of Medical Division, for much valuable help.

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## Reports of Societies.

### THE LINGUAL TONSIL AND PAROXYSMAL COUGH.

In his address as President of the Section of Laryngology of the Royal Society of Medicine, delivered on November 3rd, Mr. T. MARK HOVELL dwelt on the part played by enlargement of the lingual tonsil in the production of paroxysmal cough. He said that the tickling cough which was common after influenza, and might follow a simple cold or occur without known cause, was frequently due to enlargement of the lingual tonsil, the cough apparently being produced by the swollen tissue coming into contact with the epiglottis. A solution of chloride of zinc, 15 to 30 grains to the ounce, with a trace of dilute hydrochloric acid to dissolve the salt thoroughly, was in many cases sufficient to remove the trouble, but, as suggested by Mr. Morley Agar, the best remedy was trichloroacetic acid, applied on a wool holder bent at a right angle, with only a very thin layer of wool attached to it, so as to ensure the quantity of acid being small. A mirror should be used so that the acid might be placed accurately on the swollen tissue. He related two cases, in one of which paroxysmal cough had been very troublesome for fifteen and in the other for seven years; in both the cough diminished as the swelling of the lingual tonsil decreased.

He referred to his note (*BRITISH MEDICAL JOURNAL*, July 1st, 1916, p. 15) on the beneficial effects in whooping-cough of garlic, not a new remedy, as it was known to most old women and herbalists. Immediately after the publication of that note he had heard of an outbreak at a school, and at once communicated with the medical officer suggesting the use of garlic. The opinion of all the masters and both matrons was that it had an immediate beneficial effect in many cases, but on some it appeared to have no effect. The garlic was administered by peeling the segments of the root, called cloves, cutting them in thin slices, and wearing them beneath the sole of the feet between two pairs of socks; if worn next the skin the irritation of the juice caused sore feet. One of the masters mentioned that a boy who used to cough, previous to the administration of garlic, until he was "black in the face," after using garlic for two days no longer experienced extreme discomfort. Mr. Hovell said that he had recently seen two patients who had suffered from whooping cough in whom the cough persisted; in both the lingual tonsil was considerably enlarged, and in both the cough diminished as the swelling of the lingual tonsil subsided under the application of trichloroacetic acid. If, as he conjectured, the violent paroxysms of coughing were the result of enlargement of the lingual tonsil, the terrors of whooping-cough ceased to exist, for without doubt the juice of garlic passed into the circulation in the raw condition through the skin destroyed the micro organisms of whooping cough, and if a strong astringent was applied to the swollen lingual tonsil, the source of irritation which produced the cough would be removed. It was probable that any strong astringent would produce the desired effect, and therefore tannic acid, silver nitrate, iron, zinc, or any other astringent, might prove sufficient; in all cases care must be taken to prevent the application from trickling into the larynx; a spasm could, however, quickly be dispelled if the patient could be induced to speak, "London" being a word which usually answered the purpose.

### TREATMENT OF PLACENTA PRAEVI.

#### A Correction.

PROFESSOR J. B. HELLIER writes calling attention to a printer's error in the report of the meeting of the Leeds and West Riding Medico-Chirurgical Society published in the last issue of the *JOURNAL* (p. 653). In the last sentence the words "the importance of not waiting" should read "the importance of waiting." We greatly regret that Professor Helliier should have been made to appear as an advocate of a line of practice which it was his special purpose to protest against.

## Reviews.

### DISEASES OF CHILDREN.

PREVENTIVE medicine and society now join hands in the laudable endeavour to save the lives of all children, so far as is possible. So many adults are dying at the war that the value of every infant's life, always high, is now higher than ever. The systematic study of the diseases and hygiene of infancy and childhood is accordingly more important to the student and the practitioner of medicine than ever before. With these considerations in view, Dr. DINGWALL FORDYCE of Edinburgh has written a brief manual of the *Diseases of Children*<sup>1</sup> that will be welcomed by many of those who are interested in the study and treatment of the ailments of these patients, which form, as the author points out, the bulk of general medical practice. The book contains forty-two chapters, and deals systematically with the disorders of infancy and childhood. The text is clearly written, full of dogma, and well illustrated. It abounds in practical directions for which the inexperienced will be grateful; at the same time, justice is done to the morbid anatomy and bacteriology of the diseases with which the author deals. Statistical tables and the rare types of children's ailments are wisely omitted. It is clear that the author has had great experience in the diseases of children—a fact that will be familiar to the many readers of his contributions to the pages of the *BRITISH MEDICAL JOURNAL*. His book may be

<sup>1</sup> *Diseases of Children*. By A. Dingwall Fordyce, M.D., M.B., Ch.B., F.R.C.P.E. The Edinburgh Medical Series. London: A. and C. Black, Ltd. 1916. (Post 8vo, pp. 506; 84 figures, 32 plates. 10s. 6d. net.)