

to make the medical officers of these associations feel that they are acting selfishly and contrary to the interests alike of the public and the profession. The profession must save itself and show itself superior to the corporations, which act too much as if they had no interest in the profession further than to submit students to examination and to receive their fees. The profession will err deeply if it depends on either the General Medical Council or the medical corporations. It must in every district assert itself in strictly professional ways. One way that has, perhaps, not been tried quite so much as it should have been is that of treating directly with the leaders of the associations which are acting with such a high hand and with so little apparent generosity towards the profession. We do not share in all the sentiments that are expressed about working under a working-man's committee. Working men are not naturally ungenerous or ill-disposed towards the profession. They are amenable to reason and to argument. And we should advise in such centres as Portsmouth, Norwich, and Beckenham further attempts to treat directly with the associations themselves.

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## Annotations.

"Ne quid nimis."

### UNHEALTHY PAUPER CHILDREN.

WE have already referred at some length to the important subject of the disposal of pauper children suffering from ophthalmia, ringworm, and other contagious diseases, and such as are suffering from some mental or bodily defect.<sup>1</sup> An order was issued on April 2nd, 1897, by the Local Government Board placing the several classes of pauper children referred to under the care of the Metropolitan Asylums Board. The last-named authority has set to work with laudable promptitude, and has just received a report from a special committee appointed for that purpose. Considerable difficulty has been experienced in arriving at approximate numbers of the several classes for which the Board will have to provide, but the urgent necessity for some change of the kind now taking place is apparent from the figures given, which for obvious reasons are probably under- rather than over-estimated. At the present time it is reckoned that provision will have to be made for about 800 cases of ophthalmia, 400 cases of ringworm and contagious diseases of the skin, approximately 360 children showing some mental or physical defect, about 150 children remanded under a magistrate's order (Industrial Schools Act, 1866), and an unknown number of children requiring "convalescent" treatment—a total, excluding the latter, which amounts to 1710 children. It is proposed to take over and utilise existing institutions as far as possible, with the important provision that the existing cubic space shall be revised. We notice with pleasure that it is proposed to deal with mentally and physically deficient children quite apart from the others, and under the care of foster-mothers, in batches of about eight each. A special point is also wisely made in the report that in all cases such education as these several classes are capable of receiving shall be given to them; moreover they shall also be under medical treatment. We notice with some regret, on the other hand, that no recommendation is made as to the appointment of any medical inspector. Without competent

medical inspectors, of whom one might perhaps be a woman, this scheme, which otherwise promises so well, will fail as surely as did the old system.

### EGYPTIAN ANATOMICAL NOMENCLATURE.

M. VICTOR LORET, of Lyons, has recently succeeded in determining the true signification of two anatomical terms used in the most celebrated of ancient Egyptian medical papyri—that which is known by the name of its owner, Dr. Ebers. M. Loret has been enabled to succeed because of the large number of new texts of Egyptian writings, both upon monuments and manuscripts, that are now annually published. These two terms, which are among the very few in the papyrus which were still imperfectly understood, are those for groin and perineum. The former word had been recognised by Professor Stern in his "Glossary of the Ebers Papyrus," but he assigned no reason for its meaning, and the matter had been deemed unproven. M. Loret quotes some twelve texts corroborative of the conclusion and the matter is now beyond doubt. The other hieroglyphs denoting perineum have been deciphered by means of the contents of a magical papyrus in the Vatican, recently edited by Dr. Erman. This manuscript gives a series of incantation formulæ appertaining to every member and portion of the body, commencing with the head and terminating with the feet, the order being strictly preserved. The title for the perineum is placed in the list in the following succession: "dorsal vertebræ, anus, perineum, viril member, thighs." In conclusion, a hope may be expressed that among the thousands of Greek papyri discovered last winter in Egypt some translations of old Egyptian medical records may be found and thus render superfluous the time and learning hitherto expended in laboriously wresting the secrets of the ancient hieroglyphic writing.

### THE CONSTITUTION OF DEAD AND LIVING PROTEID.

IT is simple enough by the ordinary process of permutation to suggest different constitutional structures of complex substances, but it is more satisfactory if the formulæ so derived are found to stand the test of investigation. There is not a more complicated substance than albumin or the proteid constituents which play so important a part in the human economy. Their percentage composition is easy enough to establish, but their exact constitution is another matter. It is comparable to the difference existing between the substance or bricks of a building and the architecture or structural form it exhibits when the bricks are placed in position. Chemically analogous examples afford a strong line of deduction in throwing light upon the constitution of complex substances, and Dr. P. W. Latham, of Cambridge, in a Croonian Lecture in 1886, based his arguments on the constitution of dead and living proteid on some simpler types of chemical change. He assumed that the action of the liver on the amido bodies, glycocoll, taurine, leucine, tyrosine, &c., is one of dehydration similar to that by which glycogen is produced by the dehydration of glucose. Again, in accordance with Pfleger's view, ammonium cyanate is the type of living and urea of dead nitrogen, the conversion of the former into the latter being an image of the essential change which takes place when a living proteid dies. Further, in many of the cyanogen compounds condensation of three molecules take place, forming compounds much more stable than those consisting of one molecule only, such as is exemplified in cyanuric acid, which results from the condensation of three molecules of cyanic acid. Dead albumin may be built up on the evidence furnished on the lines here suggested. The change from the dead to living albumin may be similarly supposed to take place as from urea into ammonium cyanate. Dr. Latham

<sup>1</sup> THE LANCET, May 1st and 8th, 1897.

proceeds to adduce evidence explanatory of the changes which take place as the living proteid dies. His latest conclusions are as follows: (1) that living proteid consists of a series of cyan-alcohols with one thio-alcohol united to a benzene nucleus; (2) that when a proteid dies it gives off carbonic and lactic acid, the thio-alcohol by oxidation being converted into a sulphinate which combines with ammonia, and by the conversion of CNOH into NH = CO the cyan-alcohols are changed into a series of amido bodies; (3) that by condensation of the lower cyan-alcohol and the separation of CNOH the higher cyan-alcohols are formed; and (4) that urea is formed by the separation of carbamic anhydride (CO = NH), which either combines with ammonia to form urea or is hydrated to form carbonic acid and ammonia.

#### SPORADIC INFLUENZA.

DR. OTTO LINDENTHAL, of the Vienna Pathological Institute, who has had an opportunity of examining eight cases of fatal influenza-pneumonia, contributed an interesting paper recently to the *Wiener Klinische Wochenschrift*.<sup>1</sup> He believes that during periods when there is no influenza epidemic the microbe which is the cause of it passes from one individual to another, producing sporadic cases which are indistinguishable, clinically and bacteriologically, from the regular affection as met with in epidemics. The microbe does not multiply in the air or ground or even in water, but seems to require the body tissues and secretions as a medium. He finds that the pleuritic effusion in influenza is not always purulent, but may be croupous, serous, or even sanguineous; also that the nasal inflammation can be, and perhaps always is, due to the influenza bacillus alone, but that very frequently the pneumonia coccus and other pyogenic microbes are associated with it. The influenza bacillus varies a great deal in size and shape from the smallest coccus-like rod to bacilli as large as those of diphtheria. All forms, however, retain their characteristic properties—difficulty of staining, immobility, refusal to take the Gram stain, special development in hæmoglobin, and deficient development at summer temperature or when deprived of oxygen. The colonies are at first developed in an arched or semi-spherical form and are homogeneous and transparent, and when allowed to grow freely have a friable appearance in the centre, afterwards becoming less arched and bluish when seen by transmitted light, or even so dark that they lose their translucency. As to the so-called pseudo-influenza bacillus which has been described, Dr. Lindenthal does not appear to believe in its existence.

#### MUSEUM OF THE ROYAL COLLEGE OF SURGEONS OF ENGLAND.

THE additions to the Museum of the College during the past twelve months include many specimens of great interest and importance. Among the pathological specimens may be mentioned the scalp of a Chinaman which had been torn off owing to the pigtail having become entangled in some machinery (presented by Mr. Stanley Boyd); three very interesting specimens of diffuse sarcoma (lymphadenomatosis) of the sternum, ribs, and spinal column (the bones are extensively invaded by the new growth); a specimen of the sac of an obturator hernia, and one showing the partial enterocele which had been contained in it. Mr. D'Arcy Power has presented six specimens which illustrate the pathology of experimental intussusception. A very good specimen of dissecting aneurysm of the aorta was presented by St. Bartholomew's Hospital, and Mr. J. Tweedy and Mr. C. D. Marshall have given fifteen

specimens exhibiting various macroscopic lesions of the eye. A very good example of a conical stump is shown; the bone projects about three inches beyond the muscles, but is covered with skin; it was removed from a boy, fifteen years old, who had had his arm amputated nine years previously. Among the teratological additions two specimens are especially worthy of note; one was a case of complete ectopia cordis, the heart lying uncovered on the surface of the thorax, yet the child lived some hours; the other specimen was presented by Mr. Bilton Pollard; it is a diverticulum of the ileum, which was contained in the sac of a congenital umbilical hernia; it measures nearly three feet in length, and was attached about five feet and a half above the ileo-cæcal valve. In the physiological series fourteen specimens illustrating elastic structures have been added, the tunica abdominalis of the horse and elastic spinal ligaments of several animals being especially well shown. Then follows a large group of specimens illustrating the varieties of joints; these are divided into (1) joints without known function, mostly the result of periodicity in rate or nature of growth; these are illustrated by specimens of the jointed branches of some euphorbiæ; (2) joints which are points of development of organs, separated by internodes that effect the necessary elongation, well shown in an equisetum; (3) joints that allow of continuous growth (the best examples of this form are the "shell" of an echinus, the separate plates of which it is composed having been taken apart), and the carapace and plastron of a tortoise; (4) joints that by allowing motion diminish the risk of fracture; in a multi-nucleate calcareous alga (*Cymopolia barbata*) the branches have flexible nodes alternating with brittle calcareous internodes, and in a bryozoan (*Membranipora membranacea*) encrusting a seaweed the calcareous lateral walls of each zoecium are interrupted in certain places by flexible areas that allow the bryozoan to adapt itself to the movements of the seaweed; and (5) joints that allow of voluntary motion, as in the chelæ of a lobster (*Homarus vulgaris*) and in the joints of vertebrates. Many other specimens might be mentioned, but we have space for a few only: several most exquisite dissections of the nervous systems of a scorpion, a cuttlefish, and other invertebrates, and a skeleton of a snake (*Dasypeltis scabra*) which feeds on eggs that it swallows whole, the shell being afterwards broken in the throat by the sawing action of thirty-two tooth-like processes borne on the anterior vertebrae. Professor Stewart and Mr. Targett are to be congratulated on the excellent specimens which have been added to the Museum, and great praise is due to the anatomical assistant, Mr. R. H. Burne, for the numerous careful dissections which he has made.

#### THE HOXNE DISTRICT COUNCIL AND THE NOTIFICATION ACT.

THE Hoxne District Council have some curious notions as to the duties of medical officers of health. The chairman of the council has evidently been under the impression that it was a necessary part of the duty of a medical officer of health to visit and see each patient concerning whom he had received a notification certificate; but, having been to headquarters in London to ascertain whether he was right, he announced at a recent meeting of the council that there was no such compulsory duty on the part of the medical officer of health. We have explained again and again that the responsibility of visiting or not visiting premises on which there is infectious disease rests with the health officer and with no one else. He is the judge as to whether such a visit is necessary. It would, indeed, be absolutely impossible for medical officers of health in London and other large towns or in combined districts to make such visits in all cases, even if their authorities supplied them with

<sup>1</sup> *Wiener Klinische Wochenschrift*, No. 17, quoted in the *Allgemeine Medicinische Central-Zeitung*, No. 57, 1897.