

the man on the back, sweeping him off the sill to the bottom of the dock, a distance of 35 feet, striking the projecting ledges on the way. He was brought to the dockyard surgery, where I saw him about half an hour after the accident. He was still alive, with just a perceptible pulse, and was bleeding profusely from the left ear, the nostrils, and the mouth. He expired five minutes later.

The obvious injuries were a compound comminuted fracture of the vault of the skull, involving the frontal and parietal bones, and a fracture of the left tibia and fibula at junction of middle and lower thirds. There were no other superficial signs of injuries.

At the subsequent post-mortem examination the following injuries were found. On reflecting the scalp the fracture was found to run across the top of the skull half an inch behind the coronal suture; from its centre a fracture ran down the frontal bone; the occipital bone was uninjured. On removing the upper part of the brain by section through the crus the only obvious damage was slight bruising of the extreme ends of the occipital lobes. The dura mater covering the base of the skull was not torn. On removing it the transverse fracture of the vault was continued completely across the base of the skull, involving the temporal and sphenoidal bones, the sella turcica was comminuted, and it crumbled under the touch. The cerebellum on removal was uninjured. On opening the thorax, both first ribs were fractured; the clavicles were intact. There was some bloody fluid in the left pleural cavity. When the contents of the thorax were removed a loop of small intestine was seen protruding through the diaphragm into the left pleural cavity. The rupture in the diaphragm was but one inch in length; the intestine proved to be six inches of jejunum. The abdominal cavity showed all its contents uninjured except bruising of the lower pole of the left kidney, but no laceration. The bladder and rectum were intact, but the left side of the bony pelvis was badly comminuted, caused by the head of the left femur being driven upwards into the pelvis. The acetabulum itself was intact, but was entirely separated from the remaining bony structures. The pubic and ischial bones were broken into small fragments; the greater part of the ilium had escaped. The right side of the pelvis and the sacrum were uninjured. The vertebral column was intact.

I believe that rupture of the diaphragm in these accidents is of rare occurrence.

Portsmouth.

A CENTENARIAN.—The death of Mrs. Martha Waldeck, at Twickenham, at the age of 104 is announced.

WEST-END HOSPITAL FOR DISEASES OF THE NERVOUS SYSTEM.—The Savill prize and medal were presented on July 23rd to Dr. T. Knowles Boney, first winner since the establishment of the prize. In the absence of Mr. Leonard Brassey, M.P., chairman of the hospital, who was unable to attend, the chair was taken by Dr. Harry Campbell, vice-chairman and senior physician. Dr. Agnes Savill presented the medal and prize to Dr. Knowles Boney, and said that the encouragement of the study of nervous diseases was the form of memorial which would have been specially dear to her late husband. The medal and prize of £5 are given in memory of the late Dr. Thomas Dixon Savill, who lost his life in Algiers in 1910. The competition is open to all graduates and senior students of medicine who attend 25 demonstrations in the out-patient department of the hospital, undergo an examination, and write a thesis on a set subject, the subject set last year being *Myasthenia Gravis*.

Medical Societies.

ROYAL SOCIETY OF MEDICINE.

SECTION OF DERMATOLOGY.

Exhibition of Cases.

A MEETING of this section was held on July 16th, Dr. J. J. PRINGLE, the President, being in the chair.

The following cases were exhibited:—

Dr. E. G. GRAHAM LITTLE: A characteristic case of Schamberg's Disease in a middle-aged man. The patches, which were situated on the legs were of 30 years' duration on the left side. The exhibitor had previously observed only one similar case.—Dr. A. DOUGLAS HEATH (Birmingham) had had a marked instance of the disease under his care in a woman, aged 73, in whom the patches had extended from below the knees to the level of the umbilicus after five years' duration.—The PRESIDENT inquired if any dilated capillaries were seen in the sections, and Dr. Little replied that the chief microscopical feature was a cellular infiltration.

Dr. LITTLE also showed a patient who had resided in South Africa, and who had suffered from white leg and cerebral embolism ten years ago, and who had during the past few years developed numerous symmetrical subcutaneous painful tumours of the arms and other parts. There was also pigmentation of the neck. He thought the case might be grouped with the multiple symmetrical lipomata described by Brocq and others.—Dr. F. PARKES WEBER thought they were multiple fatty tumours, but distinct from *adiposis dolorosa*, which was a more general condition.—Dr. A. WHITFIELD remarked that many cases of *adiposis dolorosa* had calcified thyroids, and suggested that a radiogram should be taken. He had observed a case treated with thyroid extract in which a large number of the tumours had disappeared.

Dr. LITTLE also showed a case of *Lupus Erythematosus* in a man who had lived ten years in Pretoria. At the end of February of this year a red patch showed itself on the nose which was treated with X rays and ether snow. He became worse on the voyage home, and now presented patches behind the ear and on the hands, accompanied by pigmentation and greyness of the eyebrows attributed to the X ray treatment. Scrapings showed no micro-organisms.—The PRESIDENT concurred in Dr. Little's view of the case, basing his opinion mainly upon the condition of the hands.—Dr. G. PERNET asked if there was not an underlying condition of *melano-leucodermia*.—Dr. H. G. ADAMSON diagnosed *leucodermia* with *sclerodermia* and thought that the lesions might have been the result of a solar dermatitis.

Dr. LITTLE also showed a case of *Sclerema Neonatorum* in a child aged 21 months; the whole of the back, face, upper arms and thighs had been involved soon after birth, but spontaneous involution was occurring in many regions.

Dr. LITTLE also showed a case of *Pityriasis Rosea* with the herald patch on the face and vesication of the feet.—Dr. ADAMSON had seen similar cases in children; and the PRESIDENT alluded to three cases of his own, in two of which primary patches occurred on the face and in one on the glans penis. He mentioned that cases of vesicating *pityriasis rosea* had been reported in America and the vesicular nature of the lesion when examined histologically had been emphasised by Sabouraud.

Dr. W. KNOWSLEY SIBLEY showed a boy, 16 years of age, who was stated to have had an eruption on the body since he was 8 years old. He presented an extensive eruption, consisting of raised oval or round, firm, tumour-like lesions of a reddish colour, many of them having a semi-translucent waxy appearance, over the greater part of the body and limbs. Sections showed an inflammatory connective tissue new growth in the dermis, with pigment and dilated blood-vessels and some large, well-defined cells showing fat granules. He had not arrived at a diagnosis.—Dr. A. WHITFIELD

said the case resembled an extremely chronic urticaria or prurigo and had no relationship to xanthoma. He thought the lesions were mainly oedematous, as shown by the sections, the majority of the cells being polynuclears with enormous dilatation of the capillaries and lymphatic spaces.—Dr. W. DYSON (Manchester) considered the case belonged to the prurigo group of diseases.—The PRESIDENT expressed the opinion that it was a new type of disease somewhat resembling a case recently shown by Dr. MacCormac and labelled prurigo senilis.—Dr. J. H. STOWERS shared the same view.—Dr. J. M. H. MACLEOD thought the sections showed new fibrous tissue and did not resemble xanthoma; the spaces were dilated lymphatics, and the microscopical appearances suggested a lymphodermia.

Dr. SIBLEY also showed a case of severe Lupus Vulgaris in a woman, aged 41 years, affecting the mucous membrane of the mouth, pharynx, and nostrils, which he had treated by nascent iodine, administering potassium iodide by the mouth followed by chlorine water in lemonade. Locally he applied insufflations of equal parts of iodide of potassium and chalk, the mouth being afterwards rinsed with chlorine water.

Dr. MACLEOD exhibited a woman with chalky deposits consisting of carbonate of calcium in the skin causing inflammatory and suppurative lesions on the arms, fingers, and knees of five years' duration.—Dr. PARKES WEBER remarked that it was an extreme instance of so-called "chalk-gout."—Dr. WHITFIELD mentioned a similar case in which the administration of phosphoric acid had appeared to afford good results.—Dr. LITTLE supported Dr. Whitfield's suggestion, but advocated testing Joulie's reaction before giving the phosphoric acid.—Dr. ADAMSON thought the case might belong to the class of calcareous deposits in the skin which were really calcified infective granulomata.

Dr. DUDLEY CORBETT brought forward a case of Mycosis Fungoides of 12 years' duration in a woman who had had much X ray treatment and had been reported as cured in 1905. She had recently developed lesions on the right free margin of the soft palate and the left lower eyelid, the nature of which was undetermined.

Dr. S. E. DORE showed: 1. A case of Acute Erythematous and Miliary Lichen Planus in a woman aged 24 years. The eruption began three months previously and spread over the trunk and legs, the buccal mucosa on the right side also being involved. The patient had also suffered intermittently from psoriasis for the past ten years, and now presented typical patches of that disease on the knees and elbows. 2. A man, aged 24 years, who suffered from a patchy erythematous eruption of four months' duration on the neck, chest, back, and upper arms. The patches were angular and circinate in outline and of a brownish colour, those on the back being linear and showing a tendency to follow the lines of cleavage. Some of the features of the case suggested mycosis fungoides, others parapsoriasis. There was very little itching, and the presence of infiltration was doubtful. Considerable difference of opinion was expressed as to the diagnosis.—Dr. MACLEOD suggested "xanthoerythrodermia perstans."—The PRESIDENT suggested a microscopical examination and X rays as an aid to diagnosis.

Dr. DORE also showed a man, aged 43 years, who presented a Nodose Tuberculide in the sacral region of 12 months' duration. The tumours were preceded by enlargement and suppuration of the right inguinal glands, probably of a tuberculous character, three years previously. Although the exact nature of the condition was uncertain, it was generally thought to correspond to the "multiple benign sarcoid" of C. Boeck.—The case was discussed by Dr. A. M. H. GRAY, who suggested test doses of tuberculin for diagnostic purposes.

Dr. PARKES WEBER exhibited an extensive and characteristic case of Kaposi's so-called Idiopathic Pigmentary Sarcoma in a man, aged 76 years, from Russian Poland, who had been 24 years in this country but in whom the disease developed only two years ago.—The PRESIDENT agreed with the diagnosis, and thought that good results might be anticipated from X rays, although the disease had been known to recover spontaneously in some instances. The pathological relationships were generally recognised to be more closely connected with the infective granulomata than with sarcoma.

Reviews and Notices of Books.

X Rays.

By G. W. C. KAYE, B.A., D.Sc., Head of the Radium Department at the National Physical Laboratory, &c. London: Longmans, Green, and Co. 1914. Pp. 252. Price 5s. net.

THIS interesting and important volume will arouse in a considerable section of the medical profession a sense of gratitude. The large amount of attention that is now given to physical matters, since the advent of the X rays and radium into medical work, has stimulated a desire for a more complete knowledge of the phenomena accompanying radio-activity, and it would be difficult to conceive a work that answers the demand more suitably than the volume under consideration. Dr. Kaye's experience as a teacher and examiner has shown him the need for such a book, not too abstruse and not too mathematical. Indeed, this book can be read with great interest by non-mathematical students without any sense of loss of a real understanding of the physical phenomena attendant on the working of an X ray tube and radium.

The book is not a treatise on the use of radiations in diagnosis and treatment, though these matters are necessarily touched upon. Such matters as the phenomena of a discharge tube, cathode rays, the X ray bulb, factors controlling its "hardness," cause of blackening in use, X ray measurement, nature of the X rays, interference and reflection of X rays—these and many other points such as constantly arise in the mind of students of radiology are here explained so clearly that all may understand. Up to the present it has been possible to get information on these matters only by a search through various scientific periodicals, and when obtained it has been generally disconnected and incomplete. Thanks to Dr. Kaye such unsatisfactory labour is no longer necessary. The book is one that should be in the hands of everyone who is directly or indirectly interested in radio-activity.

Die dynamische Pulsuntersuchung.

Von Dr. Med. et Phil. TH. CHRISTEN, Privat-docent der Universität Bern. Mit 72 Abbildungen. Leipzig: F. C. W. Vogel. 1914. Pp. 164. Price 10 marks.

ACCORDING to the author, in recent times there are three departments of medicine to the study of which exact mathematical physical data have been applied—viz., the dosage of X rays, the doctrine of fractures of bones, and the pulse.

The first part of the book deals with the mechanics of the pulse as a purely physical and mathematical problem. The results are expressed in 31 propositions before the physiological aspects of the pulse and the energy of the heart are considered. The technique of the apparatus used to study the pulse is very fully dealt with; more especially are the physics of the apparatus known as armlets filled with air—which the author calls an energometer—minutely investigated. The whole question is treated in a thoroughly scientific manner, the clinical aspects of the pulse being considered at the end.

This monograph is a most interesting and important contribution to the old, yet ever new, question of the "doctrine of the pulse," treated by