

covering this cyst internally. But Dr. Downes thinks it much more likely that a swallowed pin passed into the appendix—an occurrence which would perhaps be more easy owing to the latter's foetal type of origin from the cæcum; that it then caused inflammation of the appendix, with adhesion to the parietal peritoneum in the region of the umbilicus, and finally passed through into the abdominal wall, where it remained embedded, the resultant pus finding a route of egress by the umbilicus. In either case it is curious that so much inflammatory change in the appendix and fixation of the cæcum should not have given rise to abdominal pain or intestinal disturbance.

TEMPERATURES IN SCHOOL CHILDREN.

IN continuation of the series of Research Memoirs of the Drapers' Company, the statistical department of University College, London, has issued a contribution on national deterioration entitled, "A Statistical Study of Oral Temperatures in School Children, with especial Reference to Environmental and Class Differences."¹ It is the joint production of Mrs. Mary H. Williams, M.B., Miss Julia Bell, M.A., and Professor Karl Pearson. Most of the materials for this investigation were collected by Dr. Mary Williams in the course of her duties as medical inspector of schools in Worcestershire. They include the taking of the temperatures of nearly 3000 children, record being kept of the age, weight, and height of the children individually. They were also examined clinically with respect to the presence or absence of definite disease, and were classed accordingly. The diagnosis was wholly independent of the temperatures, the object being to test how far temperature may be relied on as an indication that further examination as to pathological condition was required. In order to compare the physical condition at stated ages of boys in elementary schools with that of boys of a different social class appeal was successfully made to the headmasters of Winchester and Charterhouse. Similar comparison of the girls was secured through the courtesy of the headmistress of the great public schools at St. Andrews, and of the lady superintendent at the Royal Soldiers' Daughters' Home at Hampstead. The results of medical inspection respecting the relation of pulmonary tuberculosis to rheumatism among school children are very interesting. The authors explain that diagnosis was based on the following characters. Pulmonary tuberculosis was indicated by physical signs alone, not symptoms; the common signs found being persistent localised basal dulness with râles. Rheumatism was diagnosed on: (a) clear history of "growing pains"; (b) presence of mitral disease; (c) history of chorea. As far as practicable, inquiry was made as to the occurrence of tuberculous or rheumatic affections in either or both of the parents. In summarising the results of their investigation the authors affirm the existence of a real and marked difference between the children of the upper and lower classes, the temperatures of the poorer children at the several ages being undoubtedly the higher. No observations of these conditions were practicable at the public schools, but the authors suspect this higher temperature to be due to the greater prevalence in the poorer classes of "puerile phthisis" and rheumatism. The rheumatism is probably of a markedly hereditary character; the puerile

phthisis appears to be also partly hereditary, but it is also partly due to greater risk of infection in some of the primary schools, or to an environment favouring the development of an infection received elsewhere. With regard to the high temperatures recorded in certain of these schools, the authors suspect that they run through epidemics of puerile phthisis at different seasons and with different degrees of severity. An important statement is noteworthy with reference to rheumatism and phthisis in early life. The authors agree in affirming that no child is affected with both these conditions; the two poisons appear to be antagonistic. Dr. Williams states that in the thousands of children she has examined she has never seen a case in which she was certain that the two diseases coexisted in an active stage, and only two cases in which she was doubtful on this point. The observation agrees with a previous statement by Sir Dyce Duckworth that one of the most remarkable features of the arthritic diathesis is its resistance to the inroads of tuberculosis. Dr. R. H. Miller, of the Paddington Green Children's Hospital, is also quoted by the authors as writing that rheumatism and tuberculosis are very seldom found active in the same subject. There is apparently some evidence that the one infection tends to protect against the other, but we do not agree with the author's conclusion that pulmonary tuberculosis is a common disease in childhood, since other basic conditions, such as bronchiectasis and collapse, would have to be excluded in such an inquiry as this.

THE SIMULATION OF ANEURYSM BY OTHER AORTIC AND CARDIAC DISEASES.

X RAYS have aided largely the diagnosis of thoracic aneurysm. Mediastinal growths can in a majority of instances be thus distinguished from aneurysm. There are, however, certain aortic conditions which closely resemble aneurysm. Usually the conditions are of syphilitic origin—a syphilitic aortitis. General aortic dilatation may show marked episternal pulsation. Again, as Dr. Carey F. Coombs points out, arterio-sclerosis may imitate aneurysm, and so, also, may cases of aortic dilatation associated with aortic valvular incompetence. In all these cases some of the physical signs of aneurysm are produced. There is on either side of the manubrium sterni a strip of dulness extending as far as two fingers' breadth beyond the sternal margin on the right and rather less on the left. Pulsation is visible at the inner ends of the second and third right intercostal spaces. Often the aortic second sound is accentuated, even when followed by a diastolic murmur. Occasionally, if the aortic valves are incompetent, hæmoptysis may occur. Sometimes pressure signs are present. There may be inequality in force of right and left carotid or radial pulses, but this is due to locally distributed aortitis at the site of exit of these vessels from the aorta. Of cardiac conditions which resemble aneurysm, those associated with mitral stenosis are of interest. Pressure signs may be caused by enlargement of the left auricle, such as paralysis of the left recurrent laryngeal nerve due, it is suggested, not to direct contact with the auricle but rather to the pushing up by the auricle of the pulmonary artery, and it is this structure which nips the nerve between it and the aorta. Two instructive cases of such paralysis are recorded. Less familiar pressure

¹ London: Dulau and Co. Pp. 124. Price 6s. net.

¹ Medical Press, May 13th, 1914.

signs arising from the same cause are inequalities in the radial pulses; pressure upon the left bronchus; pupillary inequality; and, finally, even dysphagia. A screen examination of a case presenting the latter symptom showed diversion of the bismuth stream to the right at the level of the auricle, whilst there was delay at the level of the cricoid cartilage. Attention is also directed to the fact that hypertrophy of the conus arteriosus of the right ventricle may simulate aneurysm. Distinction in all these cases may be arrived at, we suppose, with some certainty if all the factors of the case be taken into account, but X rays furnish, by their power of excluding aneurysm in suspect cases, a powerful final corroborative factor.

EPIDEMIC ALOPECIA AREATA.

BALDNESS in its ordinary form has not been held to be a definite infective condition. Certainly no definite causative organism has been found. It has been suggested that alopecia areata is not infective, but there is some difference of opinion amongst dermatologists, and an epidemic of alopecia areata has been described by Haldin Davis in the *British Journal of Dermatology* (1914, xxvi., 207) which certainly suggests an infective origin in some cases. The epidemic broke out at an orphanage for girls, of whom there were 300, all under the age of 14. It was first noted in March, and in June there were 174 cases, amongst which were two foster-mothers and a servant-maid. The patches in the head resembled ringworm, but the author was emphatic that this was not the condition. The patches were not entirely bald; there were some stumps of hair which were swollen at the free end and which did not come out easily. The hairs which were left were found to break with difficulty (unlike ringworm), and within the hair, near the seat of fracture, was an opaque substance which was doubtless concerned in the condition and which was due to some infection, the organism of which, however, could not be discovered. There were no scurf and no parasites in the cases. The condition was suggested by the writer to be alopecia areata, but not of the ordinary type. The treatment adopted was vigorous and successful. The hair was washed with methylated spirit and soap, then an ointment was rubbed in consisting of beta-naphthol and sulphur. Massage of the head was given. In the severer cases a blistering fluid was applied, and in eight cases the scalp was shaved. By October all the cases were cured. In the following March a similar outbreak occurred. There were 30 cases. Hairs from 15 of these cases failed to show evidence of ringworm. In six weeks this second epidemic was ended.

THE BRITISH PHARMACEUTICAL CONFERENCE.

THE number and quality of the papers communicated at the fifty-first annual meeting of the British Pharmaceutical Conference, which was held at Chester this week, bear evidence of the continued usefulness of an organisation which has contributed largely to the advancement of pharmaceutical science during the last half century. The President's address consisted mainly of an epitome of the work that has been devoted in recent years to the study of the chemistry of plants and their products, and in view of the position held by Mr. E. H. Farr among workers in this domain his suggestion that problems of materia medica should be considered by a pharmaceutical committee representing the

medical profession and pharmacy, and that the funds proceeding from the sale of the British Pharmacopœia should be devoted exclusively to defraying the expenses connected with its production, including the investigations required in that connexion, is worthy of respect. But it is a suggestion that connotes some financial compensation for the General Medical Council. Of the papers read at the Chester meeting several are of direct interest to medical practitioners, notably those which refer to anæsthetic ether and the prescribing of strychnine in combination with alkalies. Although not recognised by the British Pharmacopœia, anæsthetic ether is largely prepared from industrial methylated spirit, the high price of that made from rectified spirit having of late years been the cause of the increased use of the former. As a matter of fact, methylated ether is in use at all the large London hospitals, and a paper by the chief pharmacist at Guy's Hospital, in which the results of the scrutiny of a number of samples of methylated ether are stated, is therefore of especial interest, while it is satisfactory to know that anæsthetists can continue to use the cheaper product as a substitute for that manufactured from rectified spirit, which is subject to a high Excise duty. It seems clear, from the communication on the incompatibility of solutions of strychnine with alkaline substances, that the limits within which these may be dispensed without fear of precipitation and consequent danger are by no means so wide as those within which preparations of nux vomica may be mixed with alkalies. These communications serve to show how pharmacy can assist medicine, and other papers furnish material which, indirectly at least, can be utilised to advantage in medical practice.

Sir Ronald Ross, K.C.V.O., F.R.S., will deliver the biennial Huxley lecture at the opening of the winter session at Charing Cross Hospital Medical School on Oct. 1st.

AT a meeting of the council held on July 16th Sir John Tweedy, F.R.C.S., late President of the Royal College of Surgeons of England, was elected President of the Medical Defence Union, vice Dr. Edgar G. Barnes, retired.

Sir StClair Thomson has been elected an Honorary Fellow of the American Laryngological Association. The American Laryngological Association is a select body, the number of Active Fellows being strictly limited, and the list of Honorary Fellows very restricted, up to the last meeting Chiari, of Vienna, Massei, of Naples, Moure, of Bordeaux, and Sir Felix Semon comprising the list.

THE Registrar of the General Medical Council has received a copy of a despatch from His Majesty's Consul-General at Rio de Janeiro stating the conditions under which persons holding foreign diplomas are permitted to practise medicine, surgery, and dentistry within the Federal District. This will be incorporated in the next edition of the pamphlet published by the Council giving the conditions under which persons qualified in their own country may practise abroad, and in the meantime the Registrar will be pleased to show the despatch to anyone who calls at the Council office, 299, Oxford-street, London, W.