

Professor G. Pouchet undertook at my request led him to think that the treatment with fermenting beer-yeast had really modified the toxicity of the morphia, and made it more available for the accoucheur. But subsequent analyses made by several highly competent chemists seem to show that M. Paulin's product was simply hydrochlorate of morphia in solution, but of the strength of 3'24 per cent. instead of the usual 1 per cent. strength. Since September last I have only used in my clinique a solution of hydrochlorate of morphia pure and simple, of 3'24 per cent. strength, to which I add a little strychnine and caffeine. I inject 1 cubic centimetre [in the previous communication the injection is directed to be made under the skin of the abdomen]. If the result is not satisfactory I make a second similar injection at the expiration of two or three hours. The clinical results which I obtain are identical with those yielded by Paulin's solution. We are therefore justified in affirming that we may thus attenuate, or even suppress entirely in some women, the pains of parturition without danger to the mother (I have over 200 cases) and with no great risk to the child. The dose of morphia solution which at 1 per cent. arrests labour, at 3'24 per cent. does not; this is the point to bear in mind. It has long been known that the parturient woman tolerates opium well, and the present treatment exemplifies this tolerance. We have yet much to learn about morphia, and all this shows it. The desintoxication of morphia by Paulin's process has still to be proved." This statement by Dr. Ribemont-Dessaignes will be a disappointment to many who have published wild accounts of the procedure.

A SUGGESTION TO THE GOVERNMENT ON THE DRINK QUESTION.

THERE can be little doubt that the Government have got a difficult problem before them in regard to the drink question, but if all that is written is true and if the drinking of immature whisky is chiefly at the root of the mischief, why not stop its sale by enforcing at once a system of compulsory bonding? This would instantly check the sale of cheap whisky because it can only be cheap when it has not been matured. The maturation of whisky, in other words, costs money. In the final report of the Royal Commission on Whisky and other Potable Spirits issued in 1909 the following sentence occurs: "In our opinion, the compulsory bonding of spirits for a prescribed length of time could only be justified if it were established that such a restriction of trade is necessary in the interests of public health." Surely the justification has arrived if it is true that the drinking of immature whisky has led to a serious inefficiency of labour. It is clearly only immature whisky that can be sold cheap. If, say, five years in bond were compelled the consumer would necessarily have to pay a higher price for the spirit, as there is loss by evaporation and there is the cost of storage. It will thus be appreciated that compulsory retention in bond would stop immature whisky drinking, and in many cases the drinking of whisky at all, since whisky would become automatically more expensive, and that without imposing a direct tax. At the same time compulsory bonding would remove the necessity for total prohibition, which would affect many classes quite unfairly. The suggestion that bonding for a period of years should be made compulsory

is not impracticable, since in Canada the rule has held for a good many years that no whisky can be sold that has not been maturing in bond for not less than five years, and the regulation has worked to the advantage of the consumer.

POLYGLANDULAR SYNDROME, WITH TUMOURS IN THE SUPRARENAL AND PITUITARY GLANDS.

Dr. John Anderson, the director of the clinical laboratory of the Victoria Infirmary, Glasgow, has published in the March number of the *Glasgow Medical Journal* a case of some clinical and pathological interest, in which after death lesions were found in the pituitary and suprarenal glands. The patient was a woman aged 28 years, who for five years had suffered from indefinite and confusing symptoms, and in whom a development of certain secondary male sexual characters had taken place. Her illness began with vague general symptoms of asthenia and ovarian pain, coupled with irregular menstruation, which during the latter three years of her life passed into complete amenorrhœa. Her complexion changed from pale to red, her body gradually became stouter, and hair made its appearance on the face and body. At the same time a certain degree of proptosis became noticeable and she began to suffer from extreme headaches. On her admission to the Victoria Infirmary in 1913 the chief points to draw attention were well-marked exophthalmos, a florid complexion, and growth of hair in front of the ears and on the upper lip and chin. The patient looked older than her age. It was noted that the skin was harsh and dry and that there were petechial hæmorrhages on the arms and legs. No optic neuritis was found, though the headaches were very severe. While under observation the patient developed spontaneous petechial hæmorrhages on the slightest knock, even touching, so that she was never free from ecchymosis. Hæmorrhage from the bowel occurred several times. Death eventually took place by a gradual asthenia. At the post-mortem examination the thyroid was found to be slightly enlarged and congested. Microscopically it showed changes resembling those seen in cases after castration. Chronic interstitial nephritis was present, and the renal vessels were arteriosclerotic. The suprarenals were slightly enlarged, and in the medulla of the left was a small tumour, which, microscopically, was seen to resemble the structure of the zona fasciculata. The enlargement of the organ was due to an active hyperplasia. The internal organs of generation were senile in character. In the anterior lobe of the pituitary was a small adenomatous tumour. In the rest of the anterior lobe the chromophobe cells had markedly increased at the expense of the eosinophiles. The pars intermedia was abnormally cystic, while the posterior lobe was normal. Dr. Anderson's case resembles in many points one shown by Dr. H. G. Turney at the Royal Society of Medicine in 1913, and also one in Professor Harvey Cushing's book on the pituitary body (Case XLV.). In this instance there was pathological evidence of suprarenal hyperplasia and of both hyper- and hypo-functioning on the part of the anterior lobe of the pituitary. According to the author's view, the pituitary disturbance is the chief factor, and he regards the case as primarily one of hypopituitarism. The influence of the pituitary secretion on the ovary is stimulating in character, and its withdrawal

leads to loss of sexual characteristics and atrophic changes. Its influence on the suprarenal and thyroid, on the other hand, may be regarded as inhibitory, and decrease of its function may allow of a hyper-functioning of these organs, with, in the case of the former, symptoms of hyperadrenalism and development of secondary male sexual characteristics. The association of changes in secondary sex characters and impairment of function of the suprarenal cortex is well established and has received considerable publicity. The term "suprarenal virility" has been applied in France to those female cases which as a result of suprarenal disease take on the secondary sex characters of the opposite sex.

THE PUBLIC HEALTH IN BRITISH COLUMBIA

It is not unnatural that the public health report for British Columbia, which was recently noticed in our columns,¹ should be, as we said, exiguous, for the Province, with its enormous extent and its population of 400,000, has had no medical officer since February, 1914, when the late Dr. Fagan retired. Since that time the health work of the Province has been done by Dr. Bapty, formerly the bacteriologist, also in general practice, but since he has been on service as a major in the Canadian Mounted Rifles the office has been in charge of a sanitary inspector. A local correspondent tells us that this gentleman is a most competent courteous official, but scarcely able to deal with the problems brought for discussion by medical officers and sanitary engineers. There have been protests from the medical profession against this state of things, and the matter has been mentioned in the election campaign now proceeding, while the situation may entail increasing damage to health in the province. So progressive a colony as British Columbia should at once get herself out of the dark ages by putting the care of her public health in the hands of a medical officer. Dr. Bapty did good work by urgently pressing preventive inoculation against typhoid fever on the population even before the war.

THE EXTRACTION OF NEEDLES.

THE extraction of needles from tissues falls to the lot of every practitioner, and when access to the X rays is not possible, as frequently happens, the operation may be very difficult. In the *Inter-state Medical Journal* Dr. P. G. Skillern has published a paper on the extraction of needles without this aid containing many useful hints. For anæsthesia local infiltration with novocain-suprarenin solution usually suffices, but nitrous oxide may be used as well. In the hand the needle is usually driven in by the sewing machine, and since the eye is at the point goes eye foremost. Hence if a thread is carried in no attempt should be made to extract the needle by traction on the thread, not only for reasons that are obvious, but also because the thread forms a valuable guide to the position of the needle. In the foot the needle is also driven in eye foremost, since it is usually an ordinary sewing needle that has been stuck in the floor. The same holds for another common situation—the buttocks. The diagnosis is made by the history, the presence of a punctured wound, abiding pain, and especially by an area of circumscribed induration and tenderness at one spot. The last is important in

locating the needle. Dr. Skillern's method of finding a needle without a skiagram depends upon the rigid observance of four rules: 1. The field must be absolutely bloodless. This is attained by exsanguinating the tissues from the fingers or toes to above the elbow or knee by a Martin's bandage. The first turns are uncoiled sufficiently to expose the field of operation; the remaining turns keep the blood back. 2. Follow the black track which leads from the skin puncture to the needle. The success of this step depends on that of the first. 3. Efficiently retract the tissues. 4. Lose no time in searching through the fat, since the needle travels directly to deep fascia or bone, the subcutaneous fat being too soft either to break or stop it. At the moment of impact the elastic fat is compressed and the needle is driven into and caught in a strong grip by the dense palmar or plantar fascia or by bone. When the pressure is released the elastic fat springs back into place and, as it were, swallows up the needle. With the patient properly anæsthetised a free incision is made directly down to the deep fascia. Its length varies directly with the depth of the subcutaneous fat. In some cases time is gained by adding another limb so as to make a T-incision, or even a crucial incision may be necessary. The incision includes the skin puncture and the black track is exposed and followed to the deep fascia. The latter is thoroughly exposed by retracting the flaps. The needle is usually found sticking into the deep fascia. If it has penetrated more deeply this fascia must be incised and retracted. The underlying muscles or tendons are examined each in its own plane. This method of "plane dissection" is very important. If the needle is not in one plane it must be in some other, and each plane must be successively explored. Before each plane is dissected it is palpated with the tip of the little finger or explored with the handle of the knife, which may scrape against the needle. The bones form the last plane, and when they are reached the needle has probably been found. It should be carefully extracted in its own axis, for it is liable to break. By this plan the usual causes of failure—too small an incision and insufficient retraction—are eliminated, and, contrary to prevailing opinion, a skiagram is not always essential.

THE LATE DR. A. A. W. HUBRECHT.

THE death of Dr. Hubrecht has removed a very considerable person from the zoological world. Among those who have devoted themselves entirely to the purely zoological side of biology—not being concerned, that is, with the more theoretical aspects of that science, heredity, sex, and so forth—Hubrecht has occupied for some years a prominent position. His researches have been mainly along two lines. The best-known work, perhaps because it took up many more years in its execution, dealt with the group of worms usually called nemertina. A reference to any zoological text-book or treatise will at once show the large number of important contributions which this zoologist has made to our understanding of those animals. The genus *Hubrechtia* remains as a sign of his acknowledged mastery of this group. In more recent years Dr. Hubrecht devoted a great deal of attention to the development of the mammalia; while besides these two main lines of work he contributed memoirs on various biological topics. Dr. Hubrecht was particularly well known in this country by reason of

¹ THE LANCET, March 6th, 1915, p. 505.