

by them for vatting large quantities of raw spirit, made in some instances from such materials as maize and molasses, so that within a few weeks of distilling the spirit is placed upon the market in bottles labeled in such terms as "thoroughly matured," "of great age," and "old mellow"; and (3) that the Revenue officers keep books in which the exact particulars of such blends are entered. It is within our knowledge that some of these books have actually been seen by certain persons not in the Government service who have made notes of the details setting forth the source of the spirit and the date of its production and of its vatting. Surely in the face of these facts an inquiry into this matter should accomplish, in the words of the Chancellor of the Exchequer, "some good," or will the Government deny that a huge systematic fraud is daily going on.

A DIETETIC IDIOSYNCRASY IN AN INFANT.

At a recent meeting of the Verein für Innere Medicin of Berlin Dr. Bendix brought forward the case of an infant, aged 13 months, the subject of an idiosyncrasy towards egg when given as a food, since about six or eight minutes after ingestion of any food containing this substance, either raw or cooked, a typical attack of urticaria developed. This was first noticed by the mother during the fifth month when after giving the child some food in which an egg was beaten up the eyelids became swollen, the conjunctivæ injected, and urticarial wheals came out on the body. A similar incident occurred in the seventh month, and as the child became older and the diet was increased the mother noticed that whenever egg in any form entered the diet a similar attack developed. No other article of diet had this effect. The child was otherwise healthy except for slight rickets. Dr. Bendix suggested that, although this was probably a very rare occurrence, in the cases of urticaria so frequently seen in infants it was worth while investigating whether the removal of egg from the dietary had any effect. Dr. Albu recorded a case of a child of English parents in whom from the first to the fifth year of life a skin eruption, diagnosed as erythema exudativum bullosum, frequently developed when eggs were included in the diet.

ON CHANGES IN THE BLOOD IN CASES OF ACUTE MANIA.

Dr. Lewis C. Bruce, medical superintendent of the Murthly Asylum, Perthshire, contributes to the *Journal of Mental Science* for April an article which deals with certain new and hitherto undescribed changes observed in the blood of patients suffering from "acute continuous mania" and points out that a new prognostic sign may be afforded as regards the duration and sequelæ of the disease by an examination of the blood. When a small quantity—about two cubic centimetres—of turpentine is injected with antiseptic precautions into the subcutaneous tissue of a patient suffering from acute mania an abscess is formed. The fluid within the abscess, consisting of blood serum and pus, is aspirated on the third day and a few drops of it are inoculated into tubes containing sterile nutrient broth, which are then placed in an incubator for 48 hours. 25 patients suffering from acute mania were thus treated and in eight cases microscopic examination of the broth showed the presence in pure culture of a small diplo-bacillus, staining very feebly with Gram's method. A hanging-drop culture showed that the bacillus tends to grow in chains and also in clusters and that it is slightly motile. The organism was not fatal to rabbits, guinea-pigs, or white mice. In 23 of the patients there was induced a febrile attack within 24 hours after the injection of turpentine. In several cases the temperature rose as high as 102° F. In no case, adds

Dr. Bruce, was the patient the worse physically for the abscess and in many cases there was marked benefit. "Some of the results in cases of acute mania were so satisfactory from a recovery point of view that I never hesitate to induce an abscess in every case of acute mania which does not rapidly improve under ordinary treatment." The presence of the abscess stimulates leucocytosis which in itself aids recovery in such cases. Dr. Bruce thinks that acute mania may be caused by a toxæmia arising from the presence in the blood of the diplo-bacillus above mentioned and believes that when recovery takes place a condition of immunity is established. During the last two years observations on the blood with special reference to the degree of leucocytosis present were also made on 50 cases of acute insanity, of which 14 were cases of acute mania, with the following results. During the first few days after the onset of acute mania the leucocytosis is high—viz., from 18,000 to 20,000 per cubic millimetre of blood, while the percentage of polymorphonuclear cells is always over 60, and often over 70, per cent. Nature apparently makes a vigorous effort at the commencement of the disease to counteract the toxæmia by an increase of the leucocytes in the blood. The higher the leucocytosis within certain limits and the higher the percentage of polymorphonuclear cells, says Dr. Bruce, the better is the prognosis. If the patient does not recover at once the leucocytosis sinks to between 12,000 and 16,000 per cubic millimetre of blood, which is still about double that of the normal condition. This condition may last for weeks and gradually lead to a stage of recovery. When the patient begins to show signs of actual recovery a curious change occurs in the blood. The leucocytosis increases and the percentage of polymorphonuclear cells rises, it may be, as high as 80 per cent. in the most favourable cases. The leucocytosis persists when recovery is actually complete but the percentage of polymorphonuclear cells falls to between 60 and 70 per cent. On the contrary, in cases which do not recover but tend to chronicity the leucocytosis tends to remain at between 12,000 and 16,000 per cubic millimetre with occasional rises and falls, but the percentage of polymorphonuclear cells tends to fall until finally, after the disease has lasted one or two years, their proportion may be anything from 20 to 50 per cent. With an exacerbation of the disease there may be increased leucocytosis but such an increase is very temporary. Mental improvement appears to be in proportion to the leucocytosis and especially to the increase of the polymorphonuclear cells. These observations, says Dr. Bruce, do not apply to cases of mania resulting from chronic alcoholism or from "*folie circulaire*." The observations tend to show that acute mania is an infective condition associated with the presence of a toxic agent in the blood and that the advent of recovery is marked by a high degree of leucocytosis which persists for some time even when recovery is established. The occurrence of puerperal mania would seem to add support to this theory.

THE JENNER INSTITUTE OF PREVENTIVE MEDICINE.

AS will be seen by a notice in our advertisement columns the governing body of the Jenner Institute of Preventive Medicine invites applications for the post of director of the institute. The salary will be £1000 per annum and all applications must be sent in by June 15th. Particulars of the duties of the post may be had on application to the Secretary of the institute, Chelsea Bridge-road, London, S.W. The objects of the institute as laid down in the constitution are as follows: "To found, establish, and maintain in or near London an institution for the study and investigation of the best means of preventing and curing the various infective diseases of men and animals and to provide a place

where research may be carried on for this purpose; to provide instruction and education in preventive medicine to medical officers of health, medical practitioners, veterinary surgeons, and advanced students; to prepare and supply to those requiring them such special and curative materials as have already been found, or shall in future be found, of value in the prevention and treatment of infective diseases." The potential value of such an institution is patent to all and it is obvious that the post of director will be one of great responsibility. The work, however, is interesting and the salary good, so we make no doubt that an able director will be secured.

THE HOUSE PAINTING AND DECORATING SEASON.

HOUSE painting and decorating are just now in evidence and the season is not without its dangers as well as inconveniences to those who are compelled by necessity or slender means to stop at home during its progress. The smell of paint is sickening to most persons and to many the painting and decorating of the house are a serious ordeal to be faced. Headache is a common experience at this time. Possibly the oil with which the painter mixes his pigments is sufficient to cause nausea although there seems to be little doubt that minute quantities of lead are inhaled also. Persons have been known to suffer from a severe attack of colic after sitting in a room for a few hours a day in which there were "canvases" covered with white-lead and a drying oil. Artists, again, have been attacked with paralysis owing to the action of the oil paint, even although the colours were ground and the brushes cleaned by an assistant. The quantity of lead so inhaled must be very small, but it should be borne in mind that some people are extremely susceptible to the action of the poison. Such persons should make a strenuous endeavour to leave the house during its painting and decoration, while those who are compelled to remain should take all reasonable precautions and live in the fresh air as much as possible. In the sleeping-room a very useful precaution is to leave the washing basin full of clean water or, better still, milk, during the night. In the morning a greasy film will be found on the surface of the water and it is reasonable to suppose that some of the oil has thus been attracted from the air. Milk is a well-known absorbent of odours and appears to act more effectually than water for this purpose, for after exposure in a freshly painted house the milk will be found to smell quite distinctly of paint. Milk thus tainted should, of course, be thrown away. Lastly, it may be pointed out that there are some excellent permanent pigments to be had now which are quite free from lead and in a great number of cases these paints might be substituted with decided advantage to the health of those persons who show a marked idiosyncrasy towards lead compounds.

THE PREVALENCE OF SMALL-POX.

THE *Dublin Evening Mail* of April 27th reports a case in which great carelessness appears to have been shown by the sanitary authorities of Dublin. Mr. J. Peckin, the clerk in charge of the corporation depôt in Stanley-street, was attacked by small-pox in a very acute form and died on the day following his admission to the isolation hospital. The report continues: "It appears that the deceased had never been vaccinated, but since his death all the people employed about the place have been vaccinated or revaccinated. The depôt is being used for receiving and destroying refuse taken from infected houses, and it is unfortunate that the vaccination regulations were not enforced sooner." The delay, there can be doubt, was most unfortunate. The authorities probably had no power to compel Mr. Peckin to

be vaccinated, but they certainly should have made him the offer and in the case of his refusal they should certainly have not allowed him to work at the depôt. Small-pox continues to spread in the Midlands. There are between 30 and 40 cases at Leicester and cases are also reported from Coventry, Hucknall Torkard, Binley, Birmingham, Long Eaton, Little Eaton, and Kettering. In London a man applied at the Southwark Police-court on April 22nd, saying that his son had gone to Guy's Hospital where his disease had not been diagnosed and three other of applicant's children had contracted the disease. We refer in another column to the great difficulty of diagnosing atypical cases of small-pox.

THE INVOLVEMENT OF SENSATION IN CASES OF PARALYSIS OF CEREBRAL ORIGIN.

THE question of the involvement of sensation in cases of "motor" paralysis of cerebral origin has been long discussed by neurologists and opposite conclusions have been arrived at. The doctrine of the sensori-motor area as one localisation is still unsettled, though careful clinical investigations made during recent years seem on the whole to be tending to a definite solution of the question. In the *Journal of Nervous and Mental Disease* for March Dr. Alfred Gordon, lecturer on nervous diseases at Jefferson Medical College, Philadelphia, contributes a valuable series of observations made on 35 cases of motor paralysis (hemiplegia) of cerebral origin to determine the exact degree and extent, if any, of sensory loss or impairment. The study was undertaken without the slightest inclination towards the view of one school of neurologists or the other; the patients who were selected were mentally sound and lucid and able to answer questions correctly and were at the same time free from spinal disease or from other complicating affections. Each case was examined repeatedly on consecutive days and the results were found to be very uniform and constant. Finally, a re-examination of all the cases was made a month later, "and to my great surprise," adds Dr. Gordon, "the data collected proved to be exactly the same as at the first examination." Moreover, every case was examined in regard to hysteria, and in order to eliminate possible fallacies all cases with signs or stigmata of hysteria, except one of which mention is made below, were excluded. The following two cases may be recorded as illustrative of the results obtained. Case 4 was that of a man, aged 53 years, a labourer by occupation. There was complete right hemiplegia with some impairment of speech of six months' duration. The power of voluntary movement was present to a slight extent in the right lower limb. Sensation of touch was normal in the upper limb, but the sensations of pain and of heat and cold were diminished (hypæsthesia). In the face the sensations of pain, touch, and temperature were normal and the same remark applied to the trunk except that the sensation of heat was diminished. He could not recognise the size and nature of small objects placed in the hand (astereognosis) nor could he realise correctly the position in which the affected arm was placed. There were no paræsthesiæ and the special senses were normal. Case 35 was that of a man, aged 64 years, who had complete right hemiplegia of one and a half years' duration. The power of voluntary movement was more impaired in the arm than in the leg. The upper limb was numbed as regards sensibility to touch, pain, and cold, while heat was mistaken for cold. An exactly similar condition was present as regards the sensibility of the trunk. In the lower limb there was insensibility as regards touch and cold (anæsthesia) and also as regards pain (analgesia). Heat applied to the thigh was mistaken for cold. The sensibility of the face to touch, temperature, and pain was impaired. Astereognosis was present and he could not recognise the position of the hand and upper limb with the eyes closed. Some paræsthesia