

should say it was a variety of influenza, mainly because the complexion of its victims was that of the influenzal, and I have not observed that peculiar bluish flush in any other malady.

I saw the same flush in another anomalous patient during this period. His symptoms were high fever, lethargy, and right hemiparesis. His cerebro-spinal fluid was perfectly clear. He recovered in about three weeks, sufficiently, at least, to be sent to the base convalescent. I called his ailment "lethargic encephalitis" on the score of what I had read, and for lack of a better name, but it seems to me likely enough that it also was a variant of influenzal picture.

I shall be grateful if any reader of this can help me to more knowledge of the above-described variety of hæmato-rhachis. This note is recorded by leave of the Director-General, Medical Services, British Armies in France.

A CASE OF ANAPHYLAXIS.

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THE following case of anaphylaxis appears interesting as it occurred in a subject for the first time when inoculated with antitetanic serum for his third wound, no such phenomena having taken place when inoculated for his first two wounds a year and 21 months previously.

Private, aged 22, was wounded on April 8th, 1918, a small graze on right elbow. On the 10th the first dose of antitetanic serum was given at a base hospital at 2 P.M. About 2.30 P.M. he complained of feeling very weak and faint, of blood rushing to the head, that the eyes felt closing up, that the heart was "vibrating," and that there was a tightness across the chest. The skin then began to irritate all over. Seen shortly afterwards, the eyelids were very much swollen and he was very flushed. There was a profuse general urticaria. The pulse was not palpable; cardiac sounds inaudible. During the next two hours he vomited continuously and the bowels were freely open three times. Caffein sod. sal., gr. 2½, and brandy being administered, a general improvement soon began, and he made an uninterrupted recovery. The second dose of serum, due seven days later, was withheld.

The patient stated that when wounded on July 1st, 1916, he received two doses of antitetanic serum at about 10 days' interval—no inconvenience whatever. He was again wounded on April 10th, 1917, and had two doses of serum at about 10 days' interval, again without any inconvenience. As far as he can remember, the interval between the doses was certainly not less than 10 days in each case, possibly longer. His previous health had invariably been good, and he had never suffered from "nettle-rash" or asthma.

CASE OF DEATH FROM SCORPION STINGS.

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DEATH resulting from scorpion stings is so unusual that the following case, which presented some interesting features and ended fatally, may be worth recording.

Private C., who was serving with his battalion in a forward area in Mesopotamia, was brought to the regimental aid-post about 11 o'clock one night suffering from scorpion stings. He was a small, slightly built man, aged 21. He stated that he had just been stung three times on the buttocks and thigh by a green scorpion which measured about 3 inches from the head to tip of the tail. The scorpion had been killed and was produced.

The patient appeared somewhat nervous and complained of a tingling "pins-and-needles" sensation all over him, but otherwise his condition was quite good, and he had no pain. He was given some brandy and detained in the aid-post for the night. Shortly afterwards he fell asleep and slept for some hours.

His pulse and temperature were taken in the usual routine about 5 o'clock next morning; both were normal, and he appeared to be in good condition, but he still complained of the "pins-and-needles" sensation all over his body. About an hour later he suddenly became collapsed. He was conscious but very weak. There was a cold sweat on his forehead, his temperature was subnormal, and his

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Medical Societies.

BRITISH PSYCHOLOGICAL SOCIETY.

Inaugural Address.

THE first meeting of the Medical Section of this society was held at the Medical Society of London on May 15th, when Dr. W. H. R. RIVERS delivered the inaugural address from the chair, the subject being

Psychology and Medicine.

He said: We are met this evening to inaugurate the foundation of a special section of a society which has hitherto attempted to cover unaided the whole field of psychological inquiry. The great increase of interest in, and knowledge of, the mental aspect of disease which has been one result of the abnormal strains to which modern warfare has exposed the soldier made it certain that something would be done to foster this interest and increase this knowledge. On the more practical side, and in its relation to medicine in general, the medical profession is already provided with instruments for this purpose in the Psychiatric Section of the Royal Society of Medicine and the Medico-Psychological Association; but the work of these bodies is chiefly connected with the practical aspect of medicine. It is not their business to attend in any special measure to the theoretical aspect of psychology. Still less is it their function to deal with the relations of their work to other branches of psychology.

As soon as the declaration of the armistice became effective, there arose a widespread opinion that some organisation was necessary to encourage the more theoretical side of psychological medicine. It became a question whether this purpose would be fulfilled more effectively by a society wholly devoted to this purpose, or whether the new organisation should become part of the society which has now for many years been the meeting place of the psychologists of this country. This question has been decided in the second sense, and on this occasion, when the Medical Section of our society meets for the first time, I cannot better employ the privilege you have given me of opening its scientific work than by pointing out some reasons which justify this decision.

The Good and the Evil of Specialism.

I will begin with a general problem. One of the most vexed questions of to-day is concerned with the good and the evil of specialism. With the great advance in knowledge of which we are now enjoying the fruit specialism is necessary. Owing to the vast extent of the field it is essential that workers, in medical as in other branches of science, shall not be content with a general knowledge of the subject to which they devote their labours, but shall attend specially to some one of the many aspects which every branch of knowledge now presents. This specialisation has, however, in recent years reached such a pitch that it has become a serious evil. There is even a tendency to regard with suspicion one who betrays the possession of knowledge or attainments outside a narrow circle of interests. Scientific workers often deliberately confine their research to some narrow channel. They fail to see the bearings of work, including their own, which would be obvious if they lifted their heads and surveyed even cursorily the broad field of knowledge of which their own specialty forms one of the fertilising streams. The linking of workers in psychological medicine with other students as members of a society which covers the whole field of psychology should go far to prevent the evil of undue narrowness of outlook and limitation of interest.

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pulse was slow and feeble. He was given strychnine and digitalin hypodermically and brandy and hot oxo by mouth. His condition rapidly improved and he was ordered brandy hourly and hot oxo every two hours. By mid-day he appeared to be out of danger and was taking quite an interest on what was going on around him. Treatment, however, was continued. At 4.15 P.M. he suddenly became severely collapsed and died in a few minutes.