

THE HORRORS OF WITTENBERG CAMP.

To the Editor of THE LANCET.

SIR,—When you were good enough to publish in your issue of April 22nd a letter from me upon the above subject my intention was to bring a resolution before the annual meeting of the Laryngological Section of the Royal Society of Medicine requesting the Council of the society to delete the names of all Corresponding Members of German birth from the roll of the section as an outward expression of disgust with the treatment, or rather lack of treatment, meted out to our helpless and fever-stricken prisoners of war at the hands of their professional confrères.

A resolution to this effect was sent by me to the honorary secretary of the section, but on submission to the President of the society was held by him to be *ultra vires*. I accordingly modified the original and sent a fresh resolution to the secretary of the Otological Section for discussion at the annual meeting on May 19th, couched in the following terms:—

That the members of the Otological Section of the Royal Society of Medicine desire to place on record their sense of abhorrence and disgust at the conduct of Oberstabsarzt Dr. Aschenbach and his colleagues in their abandonment of British prisoners of war during the epidemic of typhus fever at the Wittenberg Prisoners of War Camp, and request the Council of the Royal Society of Medicine to take such steps as they in their judgment may think fit to emphasise the feelings of indignation shared by members of the British medical profession.

This resolution was accepted as in order by the President of the Section, Dr. Albert Gray, of Glasgow, was proposed by myself, seconded by Mr. Richard Lake, and supported by Dr. Watson Williams. After a somewhat prolonged and pointless discussion the resolution was put to the meeting and lost, 9 members voting in its favour, 13 against.

The majority of the members present at the annual meeting of the Otological Section were therefore in favour of making *no protest whatever* against German barbarity to those typhus-stricken prisoners of war who, in their day of health and vigour, had done what lay in their power to defend our hearths and home. *Hinc illæ lachrymæ.*

I am, Sir, yours faithfully,

Manchester, May 28th, 1916.

WILLIAM MILLIGAN.

CIRRHOSIS OF MESENTERY.

To the Editor of THE LANCET.

SIR,—I have had some difficulty in finding an apposite term with which to describe some conditions which I have encountered when operating in the abdomen of alcoholic and fatty subjects. The cases could be classified into: 1. Those in association with hepatic cirrhosis. I have from time to time observed remarkable tumefaction and induration of the great omentum, which at first glance suggested malignant infiltration, but in which the history, general condition, and absence of nodules, with the coexistence of a contracted liver, dispelled such a suspicion. On section only ordinary fibrous tissue formation was noted. In other words, what once was a delicate fatty apron had become converted into a diffused block of cirrhotic material. 2. Those displaying the ominous alcoholic girdle—a ring of dilated superficial veins over the lower thorax. In these I have often noted that when an attempt was made to ligate peritoneal adhesions the ligatures easily cut, or indeed broke, through, and in several instances I have had a similar experience with the meso-appendix prior to appendicectomy. Section invariably showed marked thickening with distinct fibrous changes. Furthermore, I have in these cases frequently met with distinct fibrous degeneration (cirrhosis) of the bowel wall, which readily broke away on insertion of sutures to cover in the appendical stump. 3. Those occurring in fatty persons, women and alcoholics in particular, in whom there was a history of ill-defined colicky pains, without any obvious organic lesions. This type of case has often caused me much diagnostic perplexity, and on abdominal exploration I have often found nothing to account for the symptoms except the partial conversion of large appendices epiploicæ into dragging masses of fibrous tissue. The size on section of the fibrous strands which permeate some of these lumps was noteworthy, and in some unquestionable victims of alcohol I have seen a complete cirrhotic transformation of these strands.

In many of these patients definite evidence of pericolicitis was present—viz., extensive adhesions in the cæcal, ascending colon and sigmoid regions. In some there had been a

definite history of spasmodic pain and discomfort, colitis, constipation, or gastritis. Separation of intestinal adhesions in alcoholic individuals is a futile procedure, as they always re-form. Although we are taught that fat stores up excess of alcohol, I am inclined to attribute this form of cirrhosis to microbic infection or to bacterial toxins passing from within outwards through the wall of the intestine by the lymphatics. The infection itself has been caused by prolonged irritation of the mucous membrane due to a liberal intake of alcohol, or in fat women to the fæcal accumulation in their sluggish colons. I have also observed this cirrhosis of the mesentery in conjunction with glycosuria, suggesting that the fatty tissue in the pancreas had become similarly infected and cirrhotic so as to interfere with the function of the islands of Langerhans.—I am, Sir, yours faithfully,

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BOGUS MEDICAL DEGREES BILL FOR INDIA.

To the Editor of THE LANCET.

SIR,—With regard to your correspondent's reference to the Bogus Medical Degrees Bill for India that appeared in your issue of May 13th, Sir Pardey Lukis is quite right in his belief that a very large consensus of opinion is in favour of the principle of the Bill. The few criticisms are only made with regard to details. For instance, I can quite understand the attitude of the Bombay Medical Union which at its annual meeting held an open mind concerning the Government recognition of the Yunani (Mussalman) and Ayurvedic (Hindu) systems of medicine. While in India about two years ago I was much impressed with the good work carried on by many Ayurvedic physicians, some of whom are qualified men with medical diplomas from Indian Universities. The Ayurvedic colleges in India are training men in anatomy, physiology, pharmacy, and medicine, and are doing original work by translating Sanscrit medical works and reinterpreting them in the light of modern medical science. Any indigenous attempt to revitalise Indian medicine by European thought ought to be welcomed by all well-wishers of India. For it is only by this way that the millions of the Indian people will take kindly to Western medicine, and thus a lasting union between India and England be made. Therefore I sincerely hope that the work of the Ayurvedic colleges may find some recognition in the Bill now before the Indian Government.

I am, Sir, yours faithfully,

Wells, May 21st, 1916.

C. MUTHU.

A MINOR SYMPTOM OF EXOPHTHALMIC GOITRE.

To the Editor of THE LANCET.

SIR,—I should like to draw attention to a peculiarity exhibited by some patients who are suffering from exophthalmic goitre—namely, a tendency to wash their hands with a frequency which is out of all proportion to the demands of ordinary cleanliness. The hyperidrosis of the hands, and especially of the palms, usually associated with the disease in question is, no doubt, responsible for this phenomenon in a certain number of cases, but, on the other hand, it has been found in well-marked cases of exophthalmic goitre in which excessive sweating of the palms did not appear to be present, and in which the patients themselves were entirely unconscious of its presence, and only complained, as far as their hands were concerned, of a feeling as if the latter were “always dirty.” In cases of this type the tendency to wash the hands very frequently may be partly in the nature of a neurosis, and partly a result of chronic discomfort due to slight palmar hyperidrosis of which the patient is not actively conscious.

The interest attaching to this symptom lies in the fact that it sometimes appears in comparatively early cases; in one case of well-marked exophthalmic goitre it was found upon inquiry that a desire to wash the hands very frequently constituted one of the first departures from the normal which the patient had noticed. The writer has found the symptom in question present to a greater or lesser degree in seven undoubted cases of exophthalmic goitre—all in women—and also in a woman suffering from nodular headache who