of those who are least able to bear it? You remember what Brutus says:

By heaven, I would rather coin my heart to gold,
And drop my blood in drachmas than to wring
From the hard hands of peasants their vile trash
By any indirection.

The railway strike might have been devised on purpose to drive the fact home. Individuals in the pay of the State were to suffer, perhaps are suffering, and the demand arises from their fellows that at the cost of the State their suffering should be relieved. Our latest convert, and a most valuable one, Mr. Lloyd George, pleads that he is trustee for the public funds and cannot accede to the demand without grave injury to the public. He has at last learnt that to relieve poverty out of the taxes is but to increase poverty; that so to relieve a handful of railway-men would be to impose a heavy burden on every other poor man in the kingdom; and that it is the bounden duty of a Government to resist with all its power the imposition of every additional penny of taxation. The principle, if not the amount, is exactly the same in our case. We ought to have, and must have, more; Government ought not to give more. The position is an impossible one. There is only one course open honestly to the State—namely, to abandon interference and to return to the old system which cost the community nothing—that is, because it was paid by the individual.

In that great book of Sir H. Maine's, in which every man should pass a rigorous examination before he sits in Parliament, he lays down an axiom which has attained instant and permanent acknowledgement—namely, that the history of progress has been the history of advance from status to contract. No human being can deny that the Insurance Act abolishes contract in favour of status for a very large portion of the community. A man who by law cannot contract freely is in status, and the status is that of a slave or a child.

And so we come back to the old motto—

All constraint,
Except what wisdom lays on evil men,
Is evil.

To find it is not a mere political platitude, but a natural law, a profound political truth. Compulsion is not good even for children, except very naughty children. For honest grown men it is not only a crime, but a blunder. Leave it for criminals.

At the conclusion of the address the following resolution was unanimously adopted:

That this meeting calls attention to the slackening of the fall in tuberculosis mortality from 1896 onwards, culminating in an actual rise in the death rate after the Insurance Act; and resenting its enforced association with a measure which *prima facie* seems, and on strict investigation may be proved to be, prejudicial to the national health, urges the Council of the Association to institute an inquiry into the effect of the Act upon the nutrition of the poor.

THE Reports of the Borough of Poplar Dispensary for the Prevention of Consumption for the years 1916, 1917, and 1918 have been received. Statistical analyses of cases attending, arranged under different heads, open each report. Attendances at the dispensary for the three years totalled 28,217. Of 539 contacts examined, 71 were regarded as tuberculous. Patients discharged as cured numbered 165. New features include the adoption of "a dried milk of high nutritive value" in lieu of the more expensive ordinary milk. The need of an open-air school is emphasized. Another requirement—a new x-ray installation—has been met.

THE calendar of the Faculty of Medicine of the University of Toronto for the year 1919-1920, besides containing the lists of names and information as to examinations customary in such calendars, contains in the issue for 1919-1920 a special notice to the effect that "The senate of the university has determined that the increase in the length of the undergraduate course in medicine from five to six years will go into effect in the autumn of 1919." This notice will apply to all students entering on and after that date, with the exception of those who have been prevented from entering their course during the war on account of their having been on military service.

REMARKS ON SCLERODERMIA.*

BY

FRANK H. BARENDT, M.D.LOND., F.R.C.S.ENG.,

PHYSICIAN TO THE DEPARTMENT FOR DISEASES OF THE SKIN, SENIOR
MEDICAL OFFICER, V.D. CLINIC, ROYAL SOUTHERN HOSPITAL,
LIVERPOOL.

UNLIKE the names of many skin diseases, the word scleroderma is not of ancient lineage; its introduction is, indeed, well within the recollection of most of my hearers. The insertion of the "i" before the last letter is to emphasize the fact that we have a definite disease of the skin and not merely a change in structure and texture, which the word "scleroderma" implies. A similar alteration is illustrated in the terms "pachydermia," or elephantiasis, and in "xerodermia," and for exactly the same reason. Parenthetically, I may observe that these descriptive terms ending in "ia" are feminine substantives, whereas the original ones are neuter.

The earliest account of this disease was given by Dr. Curcio of Naples, who apparently did not even bestow a name upon it. Willan, the English dermatologist and great terminologist, called it "ichthyosis cornea." Later Thirlial of Paris introduced the term "sclerema adultorum" to describe the disease, and variants—for example, dermato-sclerosis, scleriosis cutis, scleroderma—soon made their appearance in the writings of subsequent observers in different countries. Popularly it is known as the "hide-bound disease," and this Anglo-Saxon term alone and of itself is sufficient to proclaim its existence from time immemorial, even though the first medical record only dates back to 1752.

It is rather curious to note that many of the earlier observers, after the fashion of the schoolmen, seemed to be more intent upon linking up this disease scleroderma with elephantiasis arabum—pachydermia—and seeking some subtle connexion between the two, than in endeavouring to elucidate its nature. Indeed, it is only in comparatively recent times that we have freed ourselves from the thralldom of tradition in medicine. It is well that it should be so; on the other hand, although, owing to our progress in science, we may justly differ from our forefathers in their views of disease, yet there is a real danger that in coining new terms we may be misled to regard them as new knowledge. A great advantage would accrue to us if a short course on the history of medicine were instituted in our university. Nosological nomenclature alone would play an interesting, not to say fascinating, part in such a subject.

Under scleroderma two types are described, the diffuse and the circumscribed. One of the cases now reported shows both types, and the other illustrates the circumscribed type only. The circumscribed type was formerly known as, and is still called, morphea. It has been well described by Erasmus Wilson, who regarded the disease "as a faint trace of a worn-out disease, leprosy," once endemic in these islands. Later Addison described this circumscribed type as "keloid," deriving his term from the Greek *κῆλῆς*, a mark such as left by a burn. Hence the combination "Addison's keloid." Addison was at pains to show that the disease he depicted was the true keloid, and quite different from Alibert's keloid. Addison was right, but apparently overlooked the fundamental terminological confusion introduced by the two words with the same initial letter. Alibert, owing to the exigencies of French pronunciation, transliterated the Greek *κ* as a "k." The name was derived from the Greek *χρῆν*, signifying a crab's claw, to which a fancied resemblance can be detected.† Certainly if we are to dispense with the French dermatologist's name, cheloid should be so written—with "ch." This terminological confusion is now a matter of historic interest, especially as Addison's keloid has been definitely recognized by modern writers as a localized type of scleroderma, and the term keloid is passing into desuetude. Scleroderma is not a frequent disease. I can call to mind only four examples that have come under my direct observation, and two of these are here this evening for your inspection. It is more often seen in females (nearly 75 per cent.), but no abnormality of the sexual organs has been brought into causal relation.

* A paper read at the Liverpool Medical Institution.
† Cancroid, from the Latin "cancer," was also used as a synonym by French writers.

CASE I.

A schoolgirl, aged 12½, came to the Skin Department of the Royal Southern Hospital in February, 1919. She displayed at that time a white glistening ivory-like patch situated in the lower third of the left arm on its extensor surface. It was hard, and the skin could not be raised in folds; there was no itching, no pain, and no disturbance of sensation. There was impaired movement of the elbow, but the wrists and digits were freely movable and the skin in these regions apparently normal. A similar change in the skin was noticed in the left foot implicating the two outer toes and extending along the dorsum pedis to some four to five inches above the external malleolus.

Her mother stated that the child first noticed this condition during the summer holidays, July and August, 1918. She thought she had sprained her arm when playing with the may-pole. The condition of the toes and outer margin of the foot and ankle was not noticed until November, 1918; but neither the patient nor mother can definitely state when or how the disease began, and these data are not therefore quite trustworthy. From February, 1919, to the present time scleroderma has slowly extended, implicating the whole of the extensor region of the upper extremity. The flexor aspect of the limb is not involved, and over the biceps and flexors of the wrist and hand the skin is supple and apparently normal. The hand itself shows typical sclerodactyly. The scapular region is also involved, and here appeared slight ulceration, of which the cause could not be ascertained. This is now healed, leaving a scar like that of a burn. In April, 1919, two circumscribed patches, one in the left hypochondrium and the second in the umbilical region, were discovered, and have since undergone a certain degree of involution. This fact has been noted by various observers in the circumscribed type.

The present redness of the skin of the hand and fingers is referable to the cold weather, and does not suggest any connexion with Raynaud's disease, which some writers would appear to support. The morbid histology is briefly that of atrophy of the fibrous elements of the true skin and subcutaneous tissue. The elastic element is not involved. The blood vessels are atrophied, the result of interstitial inflammation of the walls. The glandular apparatus, as well as the hair follicles, show secondary atrophic changes. The epidermis is diminished in depth, but otherwise normal. I hope to show a microscopic specimen of these changes at a forthcoming pathological meeting.

The pathology of scleroderma is unknown, and equally so its etiology. Of course, hypotheses are forthcoming, but no facts to support their validity. There is an angioneurotic hypothesis, a central nervous hypothesis, and an autotoxic hypothesis. I have no extra one to offer, and cannot explain scleroderma. It cannot be referred to malnutrition, although the parents think that the food rationing in the early part of 1918 may have had something to do with its appearance. I have not read of any increase in scleroderma among the inhabitants of Central Europe who have suffered immeasurably more from malnutrition than we.

Treatment locally and constitutionally has signally failed. It has not prevented the progress of the disease. Locally, linimentum potassii iodidi c saponis, beloved of the surgeons, has been vigorously rubbed into the affected region for a month or so. This was followed by more stimulating liniments—turpentine and ammonia equal parts—for another month. Then successively the following ointments were used, but with no benefit: Unguentum acidi salicylici, unguentum hydrargyri compositum. At present, more from a massage standpoint of view, olive oil is being vigorously rubbed into the withered limb.

Internally fibrolysin was given hypodermically every week for three months. It made not the slightest impression. Fibrolysin is another name for thiosinamine, which is an organic derivative from oleum sinapis. It was introduced as a solvent or discutient of fibrous, and especially cicatricial, tissue in tubercles and hypertrophic scars as a result of burns. In these cases, used as a plaster, I have noted great benefit. Since August, 1919, thyroid extract has been administered, 2½ grains thrice daily, and she is still taking this, but with no benefit as far as I can judge. The only point I can make is that during the last six months the disease has not extended. The withered condition of the left arm has become more striking owing to the atrophy of the muscles.

The blood has not been examined by the Wassermann test for syphilis; there is not the slightest clinical indication of inherited or acquired syphilis. Colonel Harrison returned the blood of a case of scleroderma as positive; three other bacteriologists returned the same case as negative. According to Drs. Browning and Kennaway (bacterio-

logical experts) the blood of every patient, no matter what the nature of the disease may be, should be submitted as a matter of routine to the Wassermann test. If this be a correct method of handling suffering humanity, then I plead guilty to this sin of omission. I have, however, serious intention of repairing the fault, for who of us knows nowadays that on a serological test he may not be declared to be possessed of latent syphilis, which a Wassermann test has rendered patent! And, moreover, are not "606" and "914" potent remedies, and fit to be tried in diseases in which hitherto we have been impotent to cure? [A Wassermann test has since been made and reported negative.]

CASE II.

A woman aged 35, married twelve years, who has no children, but gave birth to a premature child at seven months which died shortly after birth, shows a patch of circumscribed scleroderma in the middle of the biopital groove of the right arm, from which a band extends along the ulnar margin of the forearm. She has had it for six years, and has only recently complained of weakness and impaired movement. She was sent to the Royal Southern Hospital by Dr. Humphreys in October, 1919. I ordered compound mercurial ointment to be rubbed well into the affected region, and probably it is due to the vigorous rubbing that she states she is much better, and has freer movement. The disease, at any rate, has made no progress during the last six weeks as far as I can judge.

In conclusion, I can but regret the futility of every medicament that has been used. It would have added greatly to the interest had I been in a position to say how the disease can be ameliorated, let alone cured.

MENINGITIS TREATED BY INTRATHECAL INJECTIONS OF THE PATIENT'S BLOOD SERUM.*

BY

RUPERT WATERHOUSE, M.D., M.R.C.P. LOND.,

CONSULTING PATHOLOGIST TO THE ROYAL UNITED HOSPITAL, BATH;
PHYSICIAN TO THE ROYAL MINERAL WATER AND
ROYAL UNITED HOSPITALS, BATH.

The clinical features and the characters of the cerebro-spinal fluid in the following case leave little room for doubt that the patient was suffering from cerebro-spinal fever. The cerebro-spinal fluid was not examined until the eighth day of illness, and absence of meningococci so late in the disease does not, I think, invalidate the diagnosis.

The patient, a man aged 30, had always enjoyed good health except that two years ago, whilst serving with the heavy artillery in France, he suffered from "boils." In his last camp, before demobilization many of his comrades suffered from influenza, but he escaped. He was demobilized about the middle of April, and on April 28th entered a gentleman's service as valet. At this time he seemed somewhat dull and lacking in energy compared with his former self, but had no definite illness until May 30th, when he shivered and complained of headache. The headache was accompanied by fever (103° F.) and photophobia, and for the next few days was so severe as to require morphine for its relief. On June 4th he complained of stiffness of the neck, and on June 6th a crop of herpes appeared about the nose and lips.

On the following day he was admitted to the Royal United Hospital. At this time there was slight retraction of the head, the posterior cervical muscles were very stiff, and the head could not be bent forward. With the thighs flexed at a right angle to the trunk the legs could be extended only to an angle of 135 degrees with the thighs. All the reflexes were normal except that the right abdominal reflex was much brisker than the left. The plantar reflexes were of the flexor type. The temperature was 102.2° F., the pulse 100, and the respirations 22. There was no optic neuritis, and the membrana tympani were normal.

The cerebro-spinal fluid was under considerably increased pressure and about 50 c.cm. were removed by lumbar puncture without difficulty. The fluid was turbid, clotted on standing, and contained 3,000 leucocytes (91 per cent. polymorphonuclear) to the cubic millimetre. Exhaustive search failed to detect any micro-organisms in stained smears. The urine was alkaline, turbid from the presence of bacteria, and showed a white deposit consisting of phosphatic crystals, leucocytes, epithelial cells, and a few erythrocytes; the bacteria present comprised Gram-negative coliform bacilli, encapsulated Gram-positive diplococci, and a short Gram-positive bacillus.

On the following day culture tubes of human blood serum, agar and of Loeffler's blood serum inoculated the day previous with the cerebro-spinal fluid were found to have remained sterile, and as the patient's condition showed no sign of

* A paper read to the Bath and Bristol Branch of the British Medical Association.