

Degeneration of the liver cells, blood destruction, and production of a catarrh of the intrahepatic bile ducts are in varying respective degree the causation of the effects produced. Jaundice is a symptom which may occur early or late, or may, indeed, be absent, according to which causal factor predominates.

Dosage in relation to quantity and mode of administration of the poison, idiosyncrasy, age, state of health, and the type of poison determine the exact nature of the symptoms produced. Thus, after chloroform administration, arsenobenzol compounds, or gaseous poison such as arseniuretted hydrogen, where a relatively massive dose is rapidly administered and absorbed, the autointoxication consequent on sudden loss of liver function may result in rapidly fatal symptoms in which jaundice is not prominent. With other poisons where the absorption is slow, such as tetrachlorethane and trinitrotoluene, the changes in the liver are gradual and often considerable replacement fibrosis may take place in areas previously occupied by cells which have undergone degeneration and necrosis. Obstructive changes, due to catarrh of the finer bile ducts, occur, and jaundice is consequently a marked feature. Should the patient recover from the threatened symptoms of autointoxication, he may be faced with symptoms of portal obstruction (ascites, etc.) owing to the cirrhotic changes in the damaged liver.

When toxic jaundice occurs it is an indication that some poison has produced a certain pathological change in the liver resulting in an obstructive catarrh. This structural change and its resulting effect—namely, jaundice—remain long after all the causal poison has been excreted from the body. Hence toxicological tests for the causal poison in cases of toxic jaundice may be entirely negative. One finds the serpent's trail by the effects it has produced, but the poison itself has passed from the body.

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paramount importance. Keeping this principle in view, it is evident that the patient who is paralysed in his lower extremities, even if he retains some power in his leg muscles, is handicapped in locomotion by having to carry the weight of his body. If he is placed in a bath this burden is in great part removed, and he can exercise his limbs freely without running the risk of giving them too much to do. This is not the only advantage. The exercise obtained by swimming, or attempts at swimming, exerts a favourable influence on the body metabolism, and, what is quite as important, the realization that he is not so inactive or so disabled as he appeared to be when making his feeble and irksome attempts to walk is a mental stimulus to the patient of the utmost value. Finally, the pleasure obtained from the bath is an inducement to the patient to persevere, and compares very favourably with the tedious routine involved in performing daily exercises against resistance while lying on the flat of his back in bed.

A few months ago a small swimming bath was constructed at the Tooting Special Surgical Military Hospital under the direction of Lieut.-Colonel D. K. McDowell, C.M.G., and has been in continuous use for treating patients suffering from paraplegia, hemiplegia, and other disabilities. The bath is 18 ft. long by 9 ft. broad, and the depth of water approximately 3½ ft. The water is kept at a temperature of 92° to 94° F., and is changed every day. In the case of spinal injuries with paraplegia, the degree of paralysis is no bar to the employment of this treatment, as it is possible for a man, although completely paralysed in his lower extremities, to learn to swim with his arms alone. In the process of learning assistance can be given by an orderly, or still better by the use of "water-wings," which give the patient all necessary support.

It is well known that many paraplegic patients are prevented from making use of the voluntary power they possess by the presence of spasticity, and it is generally agreed that re-education of voluntary power is the best method of overcoming the involuntary spasm. It is not surprising, therefore, to find that practice in swimming in water kept at a comfortable temperature has been of great value in reducing spasticity in several cases.

Speaking generally, the results obtained at the Tooting Military Hospital by this method have been so favourable as to encourage the idea that a swimming bath must become in the future an essential part of the equipment of any hospital which undertakes the treatment of paralysed patients.

As almost every muscle and every joint is exercised in the art of swimming, the treatment can be applied to a number of different conditions in addition to those already mentioned. It would not be too much to expect favourable results from its use in the treatment of stiff joints, and of the many forms of disability which follow wounds and sepsis of the trunk and extremities.

Any therapeutic method which can be carried out by the patient himself, and which removes from his mind the idea that only the efforts of others are necessary for his cure, is deserving of a warm welcome in these days.

E. FARQUHAR BUZZARD, M.D.,

Colonel, A.M.S.,  
Consulting Physician to the London District

## A LARGE HERNIA IN A MALE CHILD.

A SMALL black boy aged about 7 years was brought to the hospital for treatment for a swelling in the scrotum which was said to have existed "for a long time." On the right side of the scrotum was a swelling about 12 inches in circumference extending half-way down the thigh. The swelling was resonant on percussion, and was obviously a hernia; it was irreducible.

It appeared doubtful whether the abdominal cavity would be large enough to contain the contents of such a large hernia, but I resolved to operate. The sac was found to contain, so far as I could ascertain, the whole of the large intestine, from the ileo-caecal valve to the sigmoid flexure, including the appendix and great omentum. With difficulty this mass was reduced into the abdominal cavity, and the opening at the neck of the sac obliterated.

The patient made an uninterrupted recovery, and was discharged with a sound scar which showed no sign of bulging.

NOEL E. WATERFIELD, M.B., B.S.Lond.,  
F.R.C.S.Eng.

Port Sudan.

## Memoranda:

## MEDICAL, SURGICAL, OBSTETRICAL.

## SWIMMING IN THE TREATMENT OF PARALYSIS.

It is sometimes forgotten and at other times never realized that in the treatment of all forms of paralysis the most important factor in success is the co-operation of the patient. He must be taught that no return of voluntary movement is possible unless he exercises his will, and he must be encouraged by every possible means to attempt every day the voluntary movements he has lost. When paralysis is due to disease or injury of the lower motor neurones massage and electrical treatment are necessary to maintain the nutrition of the inactive muscles. In the case of disease or injury of the upper motor neurones, on the other hand, massage and electricity have not the same value, and the voluntary efforts of the patient are of

### A SIMPLER METHOD OF MAKING DAKIN'S SOLUTION.

THE following method of making Dakin's solution was worked out by Sergeant Farrar, R.A.M.C., who is in charge of the manufacture of this solution at the Royal Victoria Hospital, Netley. It is a simplified form of that adopted by Dr. Daufresne of the Carrel Institute. I can vouch for the great accuracy of the method, and think it should be widely known amongst those who use the Carrel-Dakin treatment of wounds. I should add that Dr. H. D. Dakin has expressed his approval of this modification.

The quantities required to make about 10 litres of solution are:

Chlorinated lime, between 140 and 180 grams (say 156 grams).

Sodium carbonate (anhydrous), half the above quantity.

Sodium bicarbonate, five-twelfths of the above quantity.

(N.B.—The actual quantities are more or less immaterial, provided they be used in the proportion 12:6:5. The only difference is the quantity, but not the quality, of the fluid produced.)

The chlorinated lime is dissolved in 5 litres of water, stirred frequently, and allowed to stand for six to twelve hours; 10 c.cm. of this solution are then taken, 20 c.cm. of 10 per cent. potassium iodide solution, and 2 c.cm. of strong  $\text{CH}_3\text{COOH}$  added, and the whole titrated against a decinormal solution of  $\text{Na}_2\text{S}_2\text{O}_3 \cdot 5\text{H}_2\text{O}$ . If this burette reading is  $r$  c.cm. the remaining two ingredients are dissolved in  $\frac{7r-90}{18}$  litres of water, then mixed with the initial solution, and allowed to stand for one hour. The supernatant liquid is siphoned off and filtered; the filtered product being Dakin's fluid of required strength, and showing no trace of free alkali.

The method has the following advantages:

1. The time of preparation is reduced by one-half.
2. Except where the preparation of the standard solutions for testing is also undertaken, no sensitive chemical balance is necessary.
3. Instead of preparing a separate sample of  $\text{CaO}(\text{Cl})\text{Cl}$  for the purpose of ascertaining the percentage of active chlorine, the liquid in bulk is itself tested. Taking the actual liquid in place of a small separately prepared sample is not only quicker, but eliminates the chance of errors.
4. The unhealthy and unpleasant practice of having to powder the chlorinated lime before taking representative samples from different portions is rendered unnecessary.

H. L. ATTWATER, M.Ch., F.R.C.S.,  
Captain R.A.M.C.

## Reports of Societies.

### CARCINOMA OF THE APPENDIX.

At a meeting of the Section of Surgery of the Royal Society of Medicine, held on May 7th, the President, Sir JOHN BLAND SUTTON, being in the chair, Mr. J. E. ADAMS read a paper on carcinoma of the appendix, in which he pointed out the rarity of the condition, though American authors had stated that microscopical sections of large numbers of appendices examined as a routine practice had proved its occurrence in between 0.4 and 0.5 per cent. of the cases where operations had been performed for attacks of appendicitis. He could only trace four cases in the last seventeen years at St. Thomas's Hospital, during which period over 7,000 appendicectomies must have been performed. He gave details of the condition, for many of which he was indebted to the comprehensive article in Deaver's book. Spheroidal-celled carcinoma was by far the commonest type encountered in cases of cancer of the appendix occurring in young subjects. Numerous cases were recorded in which the condition occurred before puberty, one case occurring in a child only 7 days old. The vast majority of cases of cancer of the appendix belonged to the spheroidal-celled or basal-celled type. If columnar-celled cancer was found, the average age was about 50, which accorded with the incidence of columnar-celled carcinoma in other parts of the intestinal tract. The disease affected the distal portion of the appendix most frequently, the tip being particularly liable to attack. The type was characterized by slowness of growth, absence of early metastases and rarity of recurrence after removal, cure usually following appendicectomy alone. Mr. Adams then gave an account of the four St. Thomas's cases which had been reported by his colleagues. In the case recorded by Cullingworth and Corner the patient, a woman of 33, was in good health three years after

the operation. This was a spheroidal-celled carcinoma, the tip of the appendix being bulbous, whilst the lumen was obliterated by the growth, which was hard, but appeared caseous on section, arousing a suspicion of tuberculosis. Battle's case was that of a female, aged 14 years, where the appendix was removed after six attacks occurring at short intervals. The tip was bulbous, solid with growth, and with a stricture in the lumen of the bowel in the proximal half. The growth was the spheroidal type, and showed an extreme invasion of the muscular coat. The patient was now married, was in perfect health, and had one child, aged 5. In Sargent's case, reported in 1905, the appendix was enlarged and caseous on section, and a preliminary diagnosis of tuberculosis was made, but microscopical examination revealed the structure of an endothelioma. The child made a perfect recovery, but no information could be obtained as to the present condition. His own case was in all essential points similar to that recorded by Battle. The patient was a girl of 12, rather thin and nervous, with a history of bilious attacks for some years. In November, 1918, he was consulted about the illness from which the child was then suffering, and made a diagnosis of appendicitis owing to the location of pain and tenderness in the right iliac fossa. Abdominal pain on previous occasions had not been referred to this region. At operation the appendix was enlarged and bulbous near its distal portion for three-quarters of an inch. The proximal part was healthy and empty. The condition was taken for tuberculosis, as the lumen was obliterated and the mass was yellowish-white on section. Microscopically the growth was spheroidal-celled carcinoma, with extreme invasion of the muscular coat and no clear evidence that it originated in the mucosa. Appendicectomy alone was performed and no further surgical treatment was advised, and the child was now perfectly well.

Mr. Adams thought that if vermiform appendices were all submitted to microscopical examination after removal, the percentages of these cases of carcinoma would be found to be higher than at present appeared, but would hardly reach the high figure of 0.5 per cent. given by some American authors.

In the course of the discussion Sir HUMPHRY ROLLESTON said that in 1906 Mr. Lawrence Jones and he analysed 42 cases of primary malignant disease of the vermiform appendix, 37 of which (88 per cent.) were described as carcinoma. A distinction should be drawn between (a) the columnar-celled growths which probably were derived from the caecum and were clinically malignant, and (b) the small spheroidal or polyhedral celled growths, which were the characteristic form in the appendix, and though carcinomatous from the microscopical point of view, were not malignant clinically. Both structurally and prognostically this form of appendix carcinoma resembled the group of cases of multiple primary carcinomas of the small intestine described by Bunting, and also the basal-celled tumours of Krompecher, of which multiple growths had been recorded in the scalp. He knew of four examples of primary carcinoma of the vermiform appendix that had been detected microscopically in the routine examination of appendices at St. George's Hospital. In the first, published in 1900, the patient had some little time later abdominal symptoms, suggesting a recurrence, but was quite well in 1905. In answer to a question by Mr. Adams, he said that these four cases recurred out of a total of under 1,000.

At a meeting of the London Association of the Medical Women's Federation, held at 11, Chandos Street, on May 6th, with the president, Lady Barrett, in the chair, Dr. D. A. Stepney gave an interesting account of her two and a half years' experience in Russia during the war. She said that she went out to take charge of a hospital for refugee women and children provided by the National Union of Women's Suffrage Societies. As the war conditions altered the English nurses were sent home, and the municipality of the town (Kazan) took over the hospital, asking Dr. Stepney to continue her work in it with a Russian staff. She then described the changes caused by the revolution, the entry of Trotsky with his army into the town, and the fighting which took place there between the Czecho-Slovaks and Bolsheviks. A general massacre was feared, and 40,000 people left the town in one night. After some time, and with many adventures and great privations, Dr. Stepney reached Finland, and so returned to England in December, 1918.

widow and one daughter, aged 6. The funeral took place at Rotherfield on April 12th, and the esteem and respect in which he was held was shown by the crowds of his old friends and patients who filled the church and lined the village street—truly an eloquent testimony to work well done.

LIEUT.-COLONEL EDWARD FORSTER DRAKE-BROCKMAN, Madras Medical Service (retired), died at Hatch End on May 1st, aged 76. He was educated at St. George's Hospital, and took the diplomas of M.R.C.S. and L.R.C.P. Lond. in 1865, and also the F.R.C.S. in 1878. After acting as prosecutor to the Royal College of Surgeons, England, in 1865, he entered the I.M.S. as assistant surgeon on October 1st, 1866, becoming surgeon on July 1st, 1873, surgeon-major on October 1st, 1878, and brigade surgeon on April 21st, 1890, retiring on April 4th, 1894. After holding the professorship of physiology in the Madras Medical College from 1870, he was in March, 1875, appointed to the chair of ophthalmic surgery, and to the post of superintendent of the Madras Eye Infirmary, and held these appointments for many years till his retirement. He was the author of many papers on his speciality, mostly published in the *Ophthalmic Review*. From August, 1897, to June, 1900, he was a member of the Medical Board at the India Office. He was at one time the representative of the South Indian and Madras Branch on the Central Council and of the Parliamentary Bills Committee of the British Medical Association.

THE death of Dr. JOHN W. HITCHCOCK, in Nigeria, where he was a medical missionary, will cause sorrow to a wide circle of friends. After obtaining the diplomas of the Scottish Colleges in 1910, and the F.R.C.S. Edin. two years later, he joined the United Free Church of Scotland mission at Uburu, South Nigeria. A friend serving in the British Expeditionary Force, France, writes: "Hitchcock combined in a most unusual degree intellectual power and width of mental horizon, with a wonderful memory, and extreme assiduity. As a medical student he was *facile princeps* of his year. He took a vivid interest in his profession, and but for the great demands upon his time, both as physician and surgeon, would doubtless have been heard of before this in the scientific world. His insight into the mental life of the people to whom he devoted his powers, his sympathy, kindness and sagacity, and his enormous capacity for work have created a sphere of beneficent influence in Nigeria, which is now suddenly made vacant, and will with difficulty be filled again. To his relatives and intimate friends sorrow for his early death far from home will be mingled with admiration for the whole-hearted nobility of his aims."

DR. JAMES JACKSON PUTNAM, the distinguished American neurologist, who died on November 14th, 1918, was born in 1846, and took his degree at Harvard in 1869. Afterwards he studied at Vienna under Rokitsansky and Meynert, and later in Berlin, Paris, and London, where he worked with Hughlings Jackson. In 1872 he was made lecturer on nervous diseases at Harvard. In 1893 he became professor, continuing to occupy the chair till 1912, when he retired with the title of emeritus professor. In 1874 he was appointed neurologist to the Massachusetts General Hospital, where he established one of the first neurological clinics. He also started in his own house a neuropathological laboratory, out of which has grown the present department of neuropathology in the Harvard Medical School. Dr. Putnam was the author of more than a hundred publications, including a volume on human motives. His reputation was worldwide, and to him Pierre Janet dedicated his book on the medical symptoms of neurasthenia. He took a leading part in the promotion of social service in hospitals, and was an active supporter of the mental hygiene societies and associated charities. He was described by President Lowell as "philosopher and saint."

DEPUTY SURGEON-GENERAL JOHN HENDERSON, Madras Medical Service (retired), died suddenly at Upper Norwood, on April 12th, aged 86. He was born on December 23rd, 1832, entered the I.M.S. as assistant surgeon on February 20th, 1856, became surgeon on February 20th, 1868,

surgeon-major on July 1st, 1873, brigade surgeon on March 1st, 1883, and deputy surgeon-general on May 16th, 1885, retiring on July 1st, 1888.

#### DEATHS OF SONS OF MEDICAL MEN.

Captain W. Newlyn Gale, 24th York and Lancaster Regiment, elder son of Dr. A. K. Gale of Norton Woodseats, Sheffield, previously reported missing near Bullecourt on May 3rd, 1917, is now presumed killed on that date, aged 22.

Captain E. Middleton Knott, Royal Air Force, aged 20, only son of Dr. E. M. Knott of Sutton Coldfield, was killed in a flying accident at Kenley on May 3rd.

### The Services.

#### R.A.M.C. FUNDS.

THE annual general meeting of the R.A.M.C. Fund will be held in the library of the R.A.M.C. College, Grosvenor Road, S.W., at 2.30 p.m., on Wednesday, June 11th, 1919. The Director-General will preside.

It is hoped that subscribers will attend and express their views on any point connected with the fund. The annual general meeting of the R.A.M.C. Benevolent Society will take place immediately afterwards.

Officers desiring information regarding these funds are requested to communicate with the secretary (Lieut.-Colonel E. M. Wilson, 124, Victoria Street, S.W.) beforehand, so that there may be no delay in dealing with any questions asked.

Miss Dorothy C. Hare, M.D., Assistant Director (Medical), W.R.N.S., has been appointed a Commander (Military Division) in the Order of the British Empire, in recognition of valuable services in connexion with the war.

### Universities and Colleges.

#### UNIVERSITY COLLEGE, LONDON.

COURSES for the Primary Fellowship Examination of the Royal College of Surgeons of England in Anatomy and Physiology will be taken by Mr. T. B. Johnston and Mr. D. T. Harris respectively at University College, London, beginning on June 3rd. The courses will be suitable not only for the ordinary examination, but also for the special examination in November for R.A.M.C. officers. Full particulars can be obtained from the secretary of University College.

#### ROYAL COLLEGE OF PHYSICIANS OF LONDON.

AN extraordinary Comitia of the Royal College of Physicians was held on May 8th, when the President, Sir Norman Moore, Bt., was in the chair.

The following members, who were elected to the Fellowship at the last Comitia, were admitted Fellows:

John Douglas Stanley, M.D. Edin. (Birmingham), Ernest Bosdin Leech, M.D. Camb. (Manchester), Henry Devine, M.D. Lond. (Portsmouth), Henry Lethby Tidy, M.D. Oxon. (London), George Augustus Auden, M.D. Camb. (Birmingham), David Henriques de Souza, M.D. Lond. (London), Alexander Edward Gow, M.D. Lond. (London), Albert Ernest Naish, M.D. Camb. (Sheffield), Robert Skeogh Frew, M.B. Edin. (London), George Herbert Hunt, M.D. Oxon. (London), Philip Hamill, M.D. Camb. (London), James Leatham Birley, O.B.E., M.B. Oxon. (London).

It was left to the President to nominate delegates to represent the College at the Congress to be held by the Royal Sanitary Institute at Newcastle-on-Tyne.

Leave was given to Dr. Reginald Pratt, M.R.C.P., to resign the Membership of the College as requested by him.

#### ROYAL COLLEGE OF SURGEONS OF ENGLAND.

A MEETING of the Council was held on May 8th, when Sir George Makins, President, was in the chair.

Diplomas of membership were granted to 74 candidates found qualified at the recent examinations. Diplomas were granted to 24 candidates found qualified for the licence in dental surgery.

Mr. Cuthbert S. Wallace, lecturer on surgery, St. Thomas's Hospital, was elected a member of the Court of Examiners.

#### Dogs' Protection Bill.

The President reported that he had undertaken to take part in a deputation in opposition to the Dogs' Protection Bill. The following resolution was passed by the Council:

The Council of the Royal College of Surgeons of England are of opinion that the Dogs' Protection Bill if passed into law will seriously impede the progress of medical science in this city; and they view with grave concern the proposal to prohibit a form of research through which knowledge of great value as regards the cure and treatment of disease has been acquired in the past.

## Medical News.

DR. NORMAN WALKER has been reappointed Inspector of Anatomy for Scotland.

THE American fund for the assistance of French wounded now amounts to over £100,000.

THE Legislature of Nebraska has recently granted £30,000 to the College of Medicine at Omaha for the ensuing two years. This amount includes provision for the maintenance of a University Hospital.

At the annual meeting of the Medical Society of London, on May 12th, Mr. Vincent Warren Low, C.B., F.R.C.S., Surgeon to St. Mary's Hospital, was elected president for the session beginning next October; and Mr. Donald Armour, C.M.G., F.R.C.S., and Dr. William Henry Willcox, C.B., C.M.G., honorary secretaries.

MESSRS. WILLIAMS AND NORGATE announce the approaching publication, under the title, *Index Generalis*, of a year-book of the universities, giving particulars of the faculties and teachers in each. It will be published in Paris (Gauthier-Villars et Cie.) under the direction of Dr. R. de Montessus de Ballore, professor at Lille.

DR. S. ZARCHI, who about a year and a half ago resigned the post of temporary physician to the out-patient department of Victoria Park Hospital, London, E., and went to Russia to join the army, has returned to London recently in the capacity of a councillor (non-medical) of the delegation of the Ukrainian Republic in Paris.

THE Aberdeen University Club will hold its sixty-first half-yearly dinner (the first since June, 1914) at the Imperial Restaurant, Regent Street, London, on Thursday next, May 22nd, at 7.30 p.m., when the chair will be taken by the Duke of Richmond and Gordon. The Honorary Secretary, Dr. W. A. Milligan, 11, Upper Brook Street, W.1, asks that notification of intention to be present should be made to him at once.

THE Dreadnought Seamen's Hospital, Greenwich, has lost by resignation the services of Mr. William Turner, M.S., F.R.C.S., senior surgeon, who joined the staff in 1896, and of Sir Malcolm Morris, K.C.V.O., F.R.C.S., Surgeon for Diseases of the Skin, who took office on the founding of the London School of Clinical Medicine in 1905. Both have been elected members of the consulting staff.

THE North-Western Tuberculosis Society, which is open to medical practitioners in Lancashire and Westmorland interested in tuberculosis, determined at a recent meeting to postpone consideration of the proposal for affiliation with the Tuberculosis Society or the Society of Medical Officers of Health, but at the same time expressed its appreciation of the efforts of the Tuberculosis Society, and those present agreed to become candidates for membership.

AMONG recent publications of the Department of Scientific and Industrial Research is a report by Dr. L. C. Martin, lecturer in the Technical Optics Department of the Imperial College of Science, on the performance of night glasses. One of the demands made by the war upon the optician was the production of efficient night glasses—that is to say, telescopes specially designed for the observation of objects in a feeble light, as, for example, during sniping operations in the morning and evening. The report discusses what magnifying power under the light conditions imposed should be used to give the best results in visibility, and gives conclusions which will be of value to makers of telescopes and field glasses.

AT the beginning of 1917 an Italian society for intellectual intercourse between allied and friendly countries was founded with its seat in the University of Rome. The Minister of Public Instruction set up a committee, with Senator V. Volterra as its president, to draft a plan for exchanging teachers and regulating the interscholastic relations of Italy with other countries. The objects, as set forth in a quarterly review entitled *L'intesa intellettuale* are briefly to favour more active intercourse between universities, scientific academies, and educational institutions generally; to promote knowledge of the Italian language in foreign countries; to facilitate exchange of publications and books and to make known the best Italian works by translations; and to secure co-operation in scientific work and its practical applications. Early in 1918 the committee submitted a scheme whereby an independent office for carrying out these objects of the society will be instituted in the Ministry of Public Instruction, consisting of a council of twenty-one members and an executive board with the Minister as head of both.

## Letters, Notes, and Answers.

ORIGINAL ARTICLES and LETTERS forwarded for publication are understood to be offered to the BRITISH MEDICAL JOURNAL alone unless the contrary be stated.

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3. MEDICAL SECRETARY, *Medisecra*, Westrand, London; telephone, 2634, Gerrard. The address of the Irish Office of the British Medical Association is 16, South Frederick Street, Dublin.

### QUERIES AND ANSWERS.

#### INFECTION BY LAMBLLIA INTESTINALIS.

W. A. W. S.—There is no clear evidence that any treatment of infection by *Lambllia intestinalis* yet devised has any effect. Woodcock and Penfold (BRITISH MEDICAL JOURNAL, March 18th, 1916, p. 409) observed recovery after treatment with beta-naphthol (15 grains) and bismuth salicylate (20 grains) thrice daily for several days. They also observed recovery after treatment with turpentine (the French *térébenthine*), 10 minims three times a day for four or five days, followed by guaiacol carbonate (5 grains) thrice daily for two or three days. But in other cases neither treatment had any success. Thymol also failed in their hands. Castellani (BRITISH MEDICAL JOURNAL, November 27th, 1915, p. 779), in a note on flagellate diarrhoea, advised methylene-blue by the mouth in cachets containing two or three grains, three times a day, and also by intestinal irrigation (1 in 5,000 or 1 in 3,000). The patient so treated should be informed that stools and urine will become blue. The treatment in most of his cases was followed by rapid decrease or complete disappearance of the flagellates within a few days. In a few obstinate cases he had to continue it for long periods, and he points out that in such a case the treatment should be discontinued from time to time to prevent the formation of methylene-blue concretions in the intestine. All these lines of treatment have been criticized by G. C. Low (BRITISH MEDICAL JOURNAL, March 25th, 1916, p. 450) and also by Dobell and Low (*Lancet*, December 23rd, 1916, p. 1053); these observers failed to note any beneficial effect, and Dobell, by systematic examination for a hundred days, showed that the *Lambllia* might be absent for many days at a time without treatment. Perusal of the literature rather suggests the conclusion that in those cases in which *Lambllia* infection is attended by diarrhoea, the diarrhoea may be due to some other cause, possibly dysentery.

### LETTERS, NOTES, ETC.

#### CONDUCTIVE ANAESTHESIA BY THE INTRASACRAL EXTRADURAL INJECTION OF NOVOCAIN.

MR. PERCIVAL P. COLE (London, W.) writes: In your issue of May 10th Captain Meaker suggests that intrasacral conductive anaesthesia has not been employed in this country. This, however, is not the case. Some nine months ago the details of the method were communicated to me by Dr. Felix Rood, and it has been employed since then for cases under my care at the Cancer Hospital, London. The most extensive operation undertaken with its aid was a resection of the rectum by the perineal route. No general anaesthetic was necessary, and the result was satisfactory in every way.

#### PROFLAVINE OLEATE IN THE TREATMENT OF OPEN WOUNDS.

"PERIOSTEUM" writes: Dr. R. Atkinson Stoney's memorandum in the BRITISH MEDICAL JOURNAL of April 5th, p. 412, brings out a point of considerable interest in the treatment of the surgical wound of a guillotine amputation with bipp dressings. This preparation undoubtedly appears to be an excellent stimulus to the granulation tissue growth, but the great disadvantage is seen in the irritation to the bone of the amputation. Such irritation would appear to come from the bismuth subnitrate, as x-ray photographs have shown from time to time. A persistent sinus has often resulted from such treatment, and often the affected bone becomes so extensively necrosed that a further curetting is necessary, even after the reamputation has been performed which prepares the stump for the artificial limb. With this important consideration in view, I would propose that when such a dressing is meditated there should be no bone within direct reach of the bipp preparation, or that the proflavine oleate alone should be used where extensive bone surfaces are exposed.