abnormality of the nerve structures. Heart and lungs normal. Apart from slightly increased knee-jerks, the nervous system presents nothing abnormal. Bowels normal. Wounds healing. Slight oedema of the left leg, and the long saphenous vein can be felt in Scarpa's triangle as a cord.

The features of interest in this case are that the patient has recovered; that the condition was discovered at a very early stage; that, in comparison with the number of organisms present in the cerebro-spinal fluid, marked signs and symptoms were absent; that headache was never severe except when localized to the occipital region; that emaciation and constipation were very marked; that the patient only vomited once, and that the emesis was not cerebral in type, but was preceded by a feeling of nausea; that convulsions and epileptiform attacks were absent throughout, except for the slight generalized twitchings on July 23rd; that Brudzinksi's sign was absent throughout; that there was hyperaesthesia of skin and muscles of the neck and calves during the inflammatory period, and that the temperature was never very high, the highest being 102.2° F. The pulse-rate in septicaemic meningitis is stated to be abnormally high compared with the temperature at the commencement of the disease. In this case the relationship between the pulse and the temperature was practically normal during the period of fever—that is, till about August 8th. The temperature then became normal, and the pulse-rate between that date and September 1st varied between 88 and 104 per minute. Since the latter date the rate has gradually diminished, and on September 16th it was normal, and has continued normal.

The cerebro-spinal fluid was under very slightly increased pressure. It contained both cocci and bacilli, and there was practically no evidence of inflammatory reaction except at the second examination. It will be noted that three days previous to the withdrawal of this cerebro-spinal fluid the patient had received an intrathecal injection of antitetanic serum. This of itself produces leucocytosis in the cerebro-spinal fluid, but the number of leucocytes present was much larger than could be attributed to the antitetanic serum.

Differential Diagnosis from Tetanus.

In the early stages the condition resembled slight generalized tetanus. A slight rigor preceded the complaint of pain and stiffness in any of the muscles. He had received subcutaneously 1,500 units antitetanic serum on July 7th and 500 units on July 15th. With this amount of antitetanic serum and the long incubation period (ten days) one would have expected a more localized tetanus at the commencement. The condition gradually got worse till July 22nd, although treated as a case of tetanus.

Treatment.

From the commencement the patient received hexamine 40 grains daily and magnesium sulphate 120 grains every morning. He was kept on fluid diet until the temperature became normal, then on light diet until the pulse-rate was normal, and thereafter was given ordinary diet.

Lumbar puncture was performed five times. It would have been performed much oftener if symptoms had demanded it. There is no doubt that it greatly relieved the patient's condition; after each occasion on which cerebro-spinal fluid was withdrawn he was much brighter, his general condition was improved, his headaches became less severe, and the pain and stiffness were less marked. For the following twenty-four hours the improvement was maintained, but the various symptoms, after that period had elapsed, gradually recurred. After each lumbar puncture the condition was more improved than after the preceding one. Except on the first occasion, the punctures were performed under local anaesthesia.

Conclusion.

The good result in this case was probably more due to the frequent withdrawal of cerebro-spinal fluid than to hexamine. Antitetanic serum injected intrathecally would also have a beneficial effect, since it produces leucocytosis. No case of septicaemic meningitis should be looked upon as necessarily fatal. This case recovered, and that it was a true case of septicaemic meningitis is shown by the fact that the organisms present in the cerebro-spinal fluid were the same as those in the pus from the wound. There is also proof that the organisms were present in the blood (although no blood culture was set up), since he had phlebitis with no immediate external cause.

I wish to thank Captain A. N. McGregor, R.A.M.C.(T.), for his kind permission to place this case on record, and also Professor R. Muir, Lieut.-Colonel R.A.M.C.(T.), for the bacteriological examination of the cerebro-spinal fluid.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

"RABBIT GUT."

I DESIRE to draw attention to an intestinal condition which, though I expect it is familiar to many abdominal surgeons, has not, so far as I know, been described in print.

On inspection through an abdominal wound the small intestine is seen to be in a peculiar contracted state and of a characteristic grey-blue colour, very much resembling the normal appearance of rabbit's intestine.

It is found typically, but not necessarily, in emaciated anaemic patients the subject of chronic indigestion and intestinal pain. Through the thin and often retracted abdominal wall the peristalsis of the contracted coils is often visible.

My observations of these patients leads me to believe that the intestinal wall is definitely hypertrophied and that the pains they suffer are due to the spastic state of the bowel wall.

A very marked case of "rabbit gut" lately under my care determined me to write to you on the subject. It was that of a woman from whom I resected three years ago 5 feet of small intestine for acute volvulus. A year ago she began to suffer from attacks of abdominal pain which became so violent that a partial obstruction, due either to adhesions or contraction at the site of the anastomosis, was strongly suggested. I reopened the abdomen; there were neither adhesions nor constriction, indeed the site of the anastomosis was scarcely visible; but the small intestine was in a most typical state of "rabbit gut."

I hope that by calling attention to the condition other surgeons may be led to look out for it and study it.

London, W. VICTOR BONNEY.

A CASE OF PYORRHOEA ALVEOLARIS TREATED BY EMETINE.

A LADY, aged 26, had a fairly severe attack of measles in December, 1917. On February 11th, 1918, she called on me and complained that all her teeth were loose and that pus was exuding from all the sockets. I told her to swab the gums twice a day with ipecacuanha wine. This was continued till February 16th, when I obtained some emetine. From that date till February 27th I gave her daily a hypodermic injection of gr. $\frac{1}{2}$ emetine hydrochloride (Allen and Hanburys) and continued the mouth-wash of ipecacuanha wine twice a day. The hypodermics were continued daily till March 6th, but the mouth-wash was changed on February 27th to emetine hydrochloride gr. $\frac{1}{2}$, sod. chloridi ʒ j, aq. ad ʒ viij; to be used with one and a half times the quantity of warm water three times a day. The emetine mouth-wash was continued, but as the condition was steadily improving the injections were given less frequently (March 10th, 13th, 17th, 24th, 30th, and April 11th and 26th). The patient was then apparently cured and all treatment was stopped.

On August 1st her mother reported that at times she complained that the front teeth were a little loose, but there had been no discharge.

This is only one case, but, as a dentist had told her mother that no treatment would be of any avail but to extract the teeth, I consider it worthy of record and should advise further trial of this method, but not to persist with it should any septic symptoms, such as arthritis, supervene.

GEORGE P. BLETCHLY, M.B.Lond.

Nailsworth, Gloucestershire.

SOFT PARAFFIN AS A WOUND DRESSING.

THE statements in your review of Professor Rutherford Morison's book, *Bipp Treatment of War Wounds*, to the effect that "both bismuth and iodoform may prevent satisfactory *x*-ray pictures," and that "there may be more

danger of poisonous absorption of bismuth or iodoform," lead me to suggest a simple method of treatment which I used for years in civil practice in the case of lacerated wounds, as, for instance, fingers and hands crushed or torn by machinery—namely, the application of ordinary soft paraffin.

It is a most soothing treatment and frequent dressing is unnecessary. I used it in several cases at the regimental aid post when I was with a battalion; but, owing to the difficulty of following up cases, I never ascertained whether the surgeons were pleased or otherwise. If the results prove equally satisfactory in war wounds the above-mentioned disadvantages of bipp paste would be obviated; there might also be considerable saving of dressing materials, for, if the case required to be looked at in a field ambulance, the dressing put on at the regimental aid post could be reapplied.

WM. HAIG,
Major R.A.M.C.(T.).

ACUTE PNEUMONIA WITH DISPLACEMENT OF THE HEART TO THE SIDE OF THE LESION.

IT may be accepted as a clinical fact that cardiac displacement is one of the rarest accidents of pneumonia, the scarcity of records in the journals and of any mention of it in most of the great textbooks of medicine bearing this out, for should it happen its presence is unlikely to be overlooked in an illness where the heart is the especial object of our anxiety. So rare is it, indeed, that the recorder of any such instance must feel that the onus lies on him to prove that no pre-existing disease, more especially perhaps chronic in character without obtrusive symptoms, was present in the thorax to account for the facts. These conditions, I submit, are fulfilled in the following case by the previous good health, the clinical findings confirmed by *x*-ray examination, and the complete restitution to the normal under observation.

A private in an infantry battalion, in good health and hard condition, was wounded by shrapnel, on March 22nd, 1918, in the right lumbar region. He walked about five miles before reaching means of transport, and was exposed in the open throughout a bitterly cold night. Pneumonia seems to have commenced about March 26th; he remained very ill until shortly before crossing to England on April 10th.

His condition on April 11th was as follows: There was a big granulating wound in the right lumbar region about 6 in. by 1½ in., not penetrating abdomen or thorax. Temperature and pulse were normal. The left lower lobe of the lung was solid, dull, with tubular breathing, increase of vocal resonance and vocal fremitus, redux crepitation. The signs were those of a typical lobar pneumonia with commencing resolution. The remainder of the lung and the whole of the right lung were normal. There was no pleural effusion, cough was not severe; the expectoration was semipurulent, and showed nothing unusual on microscopic examination. The apex beat was 5 in. from the middle line, normal on inspection, no suggestion of hypertrophy; the right border of the heart did not reach to the left edge of the sternum, over which the percussion note was resonant. Sounds normal; no bruit. The heart, therefore, was quite normal, but was displaced to the left. At a later date the expansion of the right chest was quite evidently greater than on the left, the physical signs pointing to some temporary condition of compensatory emphysema which gradually subsided; the inflamed lung was slow in clearing, and on April 24th (about the twenty-ninth day of the pneumonia) some increase in vocal resonance and vocal fremitus, together with impairment of the percussion note, was still heard. The position of the heart was as before. An *x*-ray examination on May 7th showed displacement, with the apex 4½ in. from the middle line; no dilatation. Left lower lobe nearly clear; remainder of thorax normal. On May 18th the apex was 4 in. out, and on May 22nd had reached its normal site; lung normal.

Norris[1] has drawn attention to the possibility of mistaking displacement for dilatation in acute pneumonia. Herringham[2] published two fatal cases with displacement in each away from the side of the lesion, and this he explained by the "push" of the solid and therefore enlarged lobe. In my case the explanation presents greater difficulties. The displacement may conceivably have been due to the "pull" brought about by some collapse of a portion of the left lung, or—and I think more probably—by some changes in the right chest of which the emphysema there noted was a manifestation.

I am indebted to Lieut.-Colonel Maxwell Telling, the Divisional Medical Officer, for permission to publish this note.

REGINALD G. HANN, M.R.C.S., L.R.C.P.

[1] Osler and McCrae's *System of Medicine*, 2nd edition, Art. "Acute lobar pneumonia."
[2] *Proc. Roy. Soc. Med.* (Clinical Section), 1910.

TETANUS FOLLOWING SUBCUTANEOUS INJECTION OF GELATIN.

THE following is an account of a case in which a subcutaneous injection of gelatin, given as haemostatic on account of grave intestinal haemorrhage in typhoid fever, was followed by fatal tetanus.

S. D., aged 25 years, a tailor's presser, was admitted to hospital on July 30th, 1918, with a history of having been ill for six weeks. Influenza had been thought of as the cause. In the hospital the disease was considered to be typhoid fever. There was considerable fever, with moderate enlargement of the spleen, and deafness, but no rose spots were seen. On August 3rd there was much diarrhoea, and the faeces gave a positive reaction for blood (modified guaiacum test). Small doses of tincture of opium and bismuth were ordered.

On August 6th, owing to very severe intestinal haemorrhage, the house-physician gave a subcutaneous injection of "coagulose" in the afternoon, and about three hours later injected two pints of (sterilized) physiological saline solution under the skin. Next morning, for additional haemostatic effect, he injected 20 c.cm. gelatin under the skin (guaranteed to be sterilized for subcutaneous use). On August 9th one and a half pints of (sterilized) physiological saline solution were injected. On August 10th the faeces appeared macroscopically not to contain blood, though the modified guaiacum test still gave a slightly positive reaction.

On the afternoon of August 12th—that is to say, five days after the gelatin injection—the patient began to complain of not being able to open his mouth properly, and also of stiffness and pain in the muscles at the back of the neck and trunk. When I saw him, on the morning of August 13th, he certainly could not separate his jaws ("lock-jaw") and was suffering from frequently recurrent painful tonic spasms of the muscles of the back of the trunk and neck, also of the muscles of the abdominal wall and, notably, of the left thigh. It was, I should mention, into the left thigh that the gelatin had been injected on August 7th. The symptoms were typical of tetanus, and treatment was adopted accordingly; but death occurred in the afternoon of the same day (August 13th).

I sent details of the case to the coroner, and Dr. B. H. Spilsbury, who made the *post-mortem* examination, found (in addition to intestinal ulcers due to typhoid fever) a small abscess in the thigh, at the site apparently of the gelatin injection, and from this little abscess he obtained bacilli resembling those of tetanus. At the inquest a verdict was returned of death by misadventure, due to tetanus (in a man suffering from a disease resembling typhoid fever), in accordance with the medical evidence furnished.

It must, however, be acknowledged that the sequence of events above suggested has not been scientifically proved. In the first place, Dr. Spilsbury's investigations were not complete; moreover, the gelatin in the remaining ampullae (prepared in the same batch) were not examined for the presence of living tetanus bacilli. It might be suggested that the bacilli were otherwise introduced—for example, by an imperfectly sterilized syringe. Lastly, it is, I suppose, theoretically possible that a patient with open intestinal ulcers (typhoid ulceration of the intestine) might become infected with tetanus by way of the ulcers by tetanus bacilli, ingested with the food, in the intestinal contents.

London, W. F. PARKES WEBER, M.D., F.R.C.P.Lond.

Reviews.

THE ACTION OF MUSCLES.

AN author in seeking to justify the publication of an unnecessary book is apt to take refuge in the conventional phrase that "it is designed to supply a long-felt want." The author of this work on the *Action of Muscles*,[1] Dr. WILLIAM COLIN MACKENZIE, a distinguished graduate of the University of Melbourne, does not seek this conventional excuse, nor was it necessary, for the truth is that the want this book is designed and fitted to supply is one we never felt until we were suddenly called on to mend the crippling and maiming which result from war. Without doubt circumstances resulting from the war have suddenly made us dissatisfied with the inane and misleading teaching which we have reproduced generation after generation in our standard textbooks of anatomy concerning the action of muscles; but those who were watching the trend of events in medicine knew well that,

[1] *The Action of Muscles, including Muscle Rest and Muscle Re-education.* By William Colin Mackenzie, M.D., F.R.C.S.Edin., F.R.S.E., formerly Lecturer on Applied Anatomy to the Universities of Melbourne and Adelaide. London: H. K. Lewis and Co., Limited. 1918. (Med. 8vo, pp. xvi + 267; 99 figures. 12s. 6d. net.)

Road and afterwards at Amhurst Park. Possessing a charming and amiable personality and being skilful as a physician and surgeon, his practice became one of the largest in the north of London. He was honorary physician to the London Female Guardian Society and to the Home for Invalid Women, Stoke Newington, and he was a trustee for various charitable institutions, besides being a justice of the peace for the County of London and a commissioner for income tax. He took an interest in the Hackney Volunteers, for whom he raised a considerable sum of money, and in recognition he was made an honorary member of the Corps. He was a member of the British Medical Association and a Fellow of the Royal Society of Medicine. He had been ill for several months and, on the advice of his friends, he went in May last to his country house in Cornwall, but returned to London a few weeks later as he derived no benefit there. An operation was performed, but he succumbed a few weeks later. The funeral took place on August 9th. The first part of the service was conducted at St. Andrew's Church, by Canon Gardiner, for forty years an intimate friend. The large congregation of patients and friends which assembled included a considerable number of the medical profession. The second part of the service was conducted at Golder's Green Crematorium, and the ashes will be deposited in the picturesque and historical little church of St. Enodoc, near Dr. Hoskin's house, St. Minver, Cornwall. He leaves a widow, a son, and a daughter to mourn for him. His son, Major Jenner Hoskin, R.A.M.C., has been serving in the East for the past three years.

DR. FREDERICK FAWSSETT of Louth, Lincolnshire, who died on August 6th, aged 83, received his medical education at Edinburgh University, King's College, and Paris, took the diploma of M.R.C.S.Eng. in 1858, and graduated M.D.Edin. in 1859. He was physician to the Louth Dispensary and Hospital, and consulting physician to the Mablethorpe Convalescent Home. He was a J.P. for the borough of Louth and the county of Lincoln, a member of the Lincoln Division of the British Medical Association and of the Royal Medical Society, Edinburgh, and a fellow of the Royal Geographical Society and of the Botanic Society of Edinburgh.

DR. GUSTAVE VERRIEST, one of the leading men in the Belgian profession, died suddenly at Saint-Cloud on June 25th, 1918. For twenty-five years he occupied the chair of internal pathology in the University of Louvain. He was one of the first to associate experimental research with bedside observation, and he established a laboratory in connexion with his clinic. He was president of the Belgian Academy of Medicine, and of the International Congress of Neurology held at Brussels in 1903. He was an officer of the Order of Leopold.

COLONEL ALEXANDER PORTER, Madras Medical Service (ret.), died in London on May 30th. He graduated as M.D. Queen's University, Ireland, in 1864, and became F.R.C.S.I. in 1872. He entered the I.M.S. as assistant surgeon on April 1st, 1865, after the service had been closed for five years, became surgeon in 1873, surgeon-major in 1877, brigade surgeon in 1886, and surgeon colonel in 1890. He retired in 1895. Almost the whole of his service, previous to his promotion to administrative rank, was spent in civil employment. From 1866 to 1874 he was civil surgeon of Akola, in Berar, with an interval when he acted in 1870–71 as sanitary commissioner of Berar; in April, 1874, he was appointed chemical examiner to the Government of Madras, and professor of chemistry in the Madras Medical College, and in March, 1886, he became principal of the college and professor of medicine. He was the author of a work entitled *Notes on the Pathology of Famine Diseases*, founded on experience in the great Madras famine of 1877.

THE Surgeon-General of the United States army has reported to the Military Affairs Committee of Congress against the admission of "drugless healers" to the medical corps of the army. He points out that the admission to the medical corps of osteopaths as such, and not having the degree of doctor of medicine, would meet with practically unanimous opposition from the medical profession of America and all allied countries. It would be justly regarded as lowering the standards, educational and professional, of the medical corps, and would have "a discouraging and detrimental effect upon efforts to secure officers for the corps both at present and in future, and on the general moral of the corps."

Medical News.

WE referred a fortnight ago to the work of the Chemical Warfare Medical Committee in this country. It may be interesting to add that there is a similar committee in France under the chairmanship of Professor Achard, which has investigated the action of the various gasses used by the enemy, and has issued a pamphlet for the information of medical officers.

EXPERIMENTAL work in the United States relating to the manufacture of poison gas for use in war has been placed under the direction of Major-General W. L. Sibert, who till recently commanded the first division of the American regular army in France, and was assigned as chief of a special department on gas defence. Experiments on war gas and masks have been divided among several branches of the Government, including the Ordnance and Medical Departments of the army. The most extensive work has been done by the Bureau of Mines, which established a special laboratory at Washington.

THE Hellenic Association, consisting of Greek doctors who have studied in France, was established to promote union between French and Greek members of the profession, and to further the development of French medical science in Greece. It has established a Society of Biology, and this year founded the Medico-Chirurgical Society of Athens, which has held several meetings.

THE first annual meeting of the American Association of Thoracic Surgery was held at Chicago on June 10th under the presidency of Dr. Samuel J. Meltzer of New York. Dr. Willy Meyer of New York was elected president for the ensuing year. The association has at present a membership of seventy-one.

A COURSE of lectures on malingering and self-inflicted injuries has been established in connexion with the clinical institutes of Milan. The first lecture was recently delivered by Dr. Cesare Biondi, professor of medical jurisprudence in the University of Siena. Others will be given by Professors Besta, Denti, Bellotti, Morlani, and Daccò.

THE main objects of the newly constituted American Association of Clinical Psychologists are to aid in establishing definite standards of professional fitness for the practice of psychology and to encourage research in problems relating to mental hygiene and corrective education. There are forty original members, all holding the degree of doctor in psychology and engaged in the clinical practice of that speciality in the United States.

AMONG the changes in the military establishment of the United States embodied in the Army Appropriation Act, is an increase in the medical department, which includes one assistant surgeon-general for service abroad during the present war with the rank of major-general, and two assistant surgeon-generals with the rank of brigadier-general; all are to be appointed from the medical corps of the regular army. The President is also authorized to appoint two major-generals and four brigadier-generals in the medical department of the national army. Members of the Medical Reserve Corps, who hitherto could not reach higher rank than that of major, will in future be eligible for promotion to the rank of colonel.

OPPENHEIM (*Wien. med. Woch.*, lxviii, 637–641) has adopted the following method of treating scabies at the Wilhelmina Hospital in Vienna. It only takes three hours and consists of four stages: (1) The naked body is rubbed over with soft soap for a quarter of an hour, the favourite sites for the runs, namely, the interdigital spaces, wrists, elbows, axillae, thighs, genitals, and nates, receiving special attention. (2) The patient is then put in a warm bath at 86° F. and scrubbed with soft soap for half an hour. (3) He then leaves the bath, and is smeared all over with Hardy's ointment (precipitated sulphur 25.0, potassium carbonate 10.0, vaseline 125.0), his body is wrapped round with a towel, and gloves and socks are worn. (4) At the end of two hours he is put in a bath again, the ointment is removed rapidly with soap, the skin dried and smeared with zinc paste (zinc oxide and talc āā 15.0, vaseline 30.0). Moderate itching lasts, it is said, for a few days, and then disappears. After an experience of more than 1,200 cases so treated Oppenheim very rarely treats scabies by any other method, even in private practice.

THE principle of fireless cooking, which consists of the retention of heat for as long as possible in the cooking vessel after the contents have been brought to the boil, is illustrated at the British Scientific Products Exhibition at King's College, London, by an interesting device shown by

Dr. Cornwell Round of Sydenham Hill. The method employed is to build up around the cooking vessel a series of covers of some material which is approximately air proof, preferably newspapers for the sake of economy. These newspaper sheets, to the number of thirty or more, are nested one within the other but not too tightly around the vessel, and so neatly connected together that they may be lifted as a whole by means of the protruding handle of the food container at the top. A number of "dead air" spaces are formed between the layers of paper, and, confined air being a non-conductor of heat, the conditions are secured for conserving the heat in cooked food, and for readily conveying such food from place to place. Though Dr. Round is patenting his invention, he has no objection to any one making the nested covers for his private use according to instructions in a leaflet he has printed. The merit of the contrivance is that, with the exception of the camp saucepan, the materials required are only such as are available in the ordinary household, and here it has an advantage over the hay box. Specimens of covers in other materials, such as cloth and metallic foil, are also on view.

Letters, Notes, and Answers.

IN order to avoid delay, it is particularly requested that ALL letters on the editorial business of the JOURNAL be addressed to the Editor at the Office of the JOURNAL.

The postal address of the BRITISH MEDICAL ASSOCIATION and BRITISH MEDICAL JOURNAL is 429, Strand, London, W.C.2. The telegraphic addresses are:

1. EDITOR of the BRITISH MEDICAL JOURNAL, *Aitiology, Westrand, London*; telephone, 2631, Gerrard.
2. FINANCIAL SECRETARY AND BUSINESS MANAGER (Advertisements, etc.), *Articulate, Westrand, London*; telephone, 2630, Gerrard.
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.

The address of the Central Medical War Committee for England and Wales is 429, Strand, London, W.C.2; that of the Reference Committee of the Royal Colleges in London is the Examination Hall, 8, Queen Square, Bloomsbury, W.C.1; and that of the Scottish Medical Service Emergency Committee is Royal College of Physicians, Edinburgh.

QUERIES AND ANSWERS.

INCOME TAX.

CAPTAIN R.A.M.C.(T.F.) inquires whether the gratuity paid on completion of territorial medical service is taxable at the rate in force on the date when the gratuity is paid.

*** Yes, provided that the officer was serving for some portion of the financial year during which the gratuity was paid. Our correspondent possibly does not realize that the special "service" rates of income tax have been the same for the present and the two past years.

LETTERS NOTES, ETC.

TREATMENT OF MENINGITIS.

CAPTAIN H. M. CADE, R.A.M.C. (Officer in Charge District Cerebro-spinal Fever Laboratory, Ipswich), writes: What proof has Mrs. Fysh that iodine quickly absorbed through the unbroken skin finds its way into the cerebro-spinal fluid? I am very doubtful whether it would pass the barrier of the choroid plexus. Would she expect the endotoxins elaborated by the meningococcus to become neutralized by this method? Would she rely on sterilizing the throat as the sole means of treatment in a case of diphtheria? Mrs. Fysh has not brought forward any reliable evidence to cause me to change my opinion that iodine treatment in this class of disease is unscientific—it is empiricism at its worst.

*** We are prepared to receive a reply to the specific question in the first sentence above, but cannot, otherwise, continue this correspondence.

GOITRE, IN-CROOK ANKLE, AND STUNTED GROWTH.

DR. JAMES OLIVER (London, W.) writes: The three medical conditions which I have enumerated above are, even to the casual observer, now so apparent that it seems to me expedient to draw the attention of the medical profession specifically to them. They are conditions so far affecting females only, but from a national point of view their importance cannot be overrated. The goitrous enlargement of the neck may or may not be due to some mineralogical condition of the drinking water. The in-crook ankle, which is an inbending of the ankle-joint, is due to a weakened state of the capsular ligament of the ankle and is not necessarily associated with any alteration in the relationship of the plantar surface of the foot to the ground. It is most commonly unilateral. The bending is always inwards because the external malleolus descends lower than the internal malleolus on the astragalus. The phenomenon is intensified by a weakened condition of the tendinous attachments; it is caused by some deficiency or lack of proportion in the mineral content of our foodstuffs. That too large a percentage of our women to-day between the ages of 18 and 30 are undersized there cannot be the least shadow of a doubt, and this untoward condition is in my opinion largely attributable to errors in feeding during the first twelve months of life.

RECTAL INJECTION IN WOUND SHOCK.

MAJOR W. HAIG, D.S.O., R.A.M.C.(T.) writes: The concluding paragraph of Captain Norman Guiou's article on "Blood transfusion in a field ambulance" (June 22nd, p. 696) recalls a very good result obtained in a regimental aid post from a rectal injection of saline solution. The patient was pulseless as the result of severe multiple shell wounds, and I feared he would die on the way to the field ambulance. Remembering the success of rectal saline in cases of *post-partum* haemorrhage in civil practice, I decided to try it. A teaspoonful of common salt was dissolved in a pint of hot water, and, by means of rubber tubing from a stethoscope and the barrel of a brass syringe (no enema syringe being available), this was slowly poured into the rectum. The result was most gratifying: the patient quickly revived, stood the journey to the field ambulance very well, and (I heard later) made a good recovery from his wounds. The method has the advantages of simplicity, rapidity, and freedom from risk of sepsis.

WOUND STRIPES.

DR. OSCAR HOLDEN (Southampton) writes: The modern military method of denoting upon the sleeves of soldiers the number of times they have been wounded in action is, as many other everyday incidents, not as new or original as may be imagined. In Schoolcraft's great work on *The History, Condition, and Prospects of the Indian Tribes*, it is stated that upon the grave-posts of old-time Indian chiefs various emblems were drawn; being, in fact, an epitaph in the pictorial writing of these tribes. Amongst other matters of family interest and individual distinctions were short vertical lines drawn usually immediately beneath the Totem, to indicate the number of times the deceased had been wounded in battle. Our modern systems and civilization have, perhaps quite unknowingly, gone back to the old pictorial methods used by the Indian tribes in the seventeenth century.

INTESTINAL OBSTRUCTION DUE TO ASCARIS.

MR. T. A. R. AIYAR, L.R.C.P. and S.Edin., L.F.P. and S.Glasg. (Sitiawan, Lower Perak, F.M.S.), writes: *Ascaris lumbricoides* is of common occurrence among the Indian labouring classes, especially in children. Recently I had to certify as to the cause of death in a male child, aged 5 years. The body was ill nourished and wasted. The cause of death was found to be inanition due to acute intestinal obstruction; the whole of the small intestines were packed with these worms of all sizes; over 120 were counted.

THE BELGIAN DOCTORS' AND PHARMACISTS' RELIEF FUND.

Subscriptions to the Second Appeal.

The following subscriptions and donations to the Fund have been received during the week ending August 17th:

	£	s.	d.
Dr. Alfred Cox (monthly)	1	1	0
Lieut.-Colonel W. M. Dawson, R.A.M.C. ...	2	2	0
Dr. S. W. Carruthers ...	1	1	0
Dr. F. S. Palmer	2	2	0
Messrs. Steel Brothers and Co., Ltd.*	105	0	0
Sir James Barr	5	5	0
Staff Surgeon W. Kenneth Wills, R.N.V.R.... ...	5	0	0
Messrs. Burroughs, Wellcome and Co.	100	0	0
Dr. H. E. Belcher... ...	2	2	0
Dr. L. B. Poole	2	2	0
Dr. J. R. Keith	1	0	0
Captain H. E. H. Oakeley, S.A.M.C.	10	0	0
Captain R. M. Stewart, R.A.M.C.	1	1	0
Dr. Percy Hughes† ...	3	3	0
Dr. W. H. Rowlands† ...	2	2	0
Dr. C. L. Hawkins† ...	2	2	0
Dr. Ambrose†	2	2	0
Dr. Williams†	1	1	0
Dr. Coaker†	1	0	0
Mr. Beilby†	1	1	0
Small sums†	0	11	0

* Per Dr. Herbert Spencer. † Collected by Dr. Cameron Kidd.

Subscriptions to the Fund should be sent to the Treasurer, Dr. H. A. Des Vœux, at 14, Buckingham Gate, London, S.W.1, and should be made payable to the Belgian Doctors' and Pharmacists' Relief Fund, crossed Lloyds Bank, Limited.

THE appointment of certifying surgeon for Avoca (Wicklow) is vacant.