

distension. Rectal examination revealed that the bowel was empty; there was no tumour, and no blood on the examining finger.

At the operation some turbid fluid was found in the peritoneal cavity, and the small bowel was greatly distended. An intussusception reached half across the transverse colon. It reduced easily to within an inch or two of its apex, which was eight inches proximal to the ileo-caecal valve. The last inch was gangrenous and perforated. Three inches of ileum were resected, the ends closed, and a side-to-side anastomosis of ileum to ileum, just above the ileo-caecal valve, was performed.

For the first thirty-six hours after the operation 5 per cent. glucose in normal saline solution was given subcutaneously every six hours; the baby was kept under the influence of morphine, and nothing was given by the mouth. Thereafter feeding was rapidly resumed. There was no vomiting, and the bowels opened three times on the second day. Further progress was uneventful but for a mild wound infection, until the morning of the eighteenth day, when the child vomited and became collapsed. She remained so, and appeared to have periodic abdominal pain. In the evening the abdomen was opened again through the original incision. There was generalized turbid exudate, and in the right iliac fossa lay a coil of distended small bowel adherent to a loop of collapsed ileum, above the anastomosis. On dividing the adhesion the obstruction was relieved. The turbid exudate was removed, and the abdomen was closed; 150 c.cm. of 10 per cent. glucose-saline solution was injected into a vein. Uninterrupted recovery followed, and during the past year the baby has been perfectly well.

It will be noticed that these three examples are ileo-colic intussusceptions. This type has its point of origin in the small intestine; it is primarily enteric, but when the ileum has passed into the colon it is conveniently classified as ileo-colic. Out of thirty-seven consecutive operations, in which I made a careful examination of the point of origin of the intussusception after reduction, it was in the ileum in thirty-four; thirty-three of these were ileo-colic in type, and one was enteric. Of the remaining three, the ileo-caecal valve formed the apex in two; the third had a dimple in the caput caeci, and, according to Perrin and Lindsay, should be classified as ileo-caecal also. These surgeons, in their monograph in the *British Journal of Surgery*, 1921, based on the surgical records of 400 cases and not upon their personal experience, give the incidence of the ileo-colic type in intussusception as 31.5 per cent., in marked contrast with my small series, where it is over 89 per cent. Each of the thirty-four cases showed a definite thickening or dimpling in the ileum to indicate the point of origin or apex, for these two terms are synonymous. I am in entire agreement with Perrin and Lindsay when they find no evidence to support Leichtenstern's theory that an intussusception may grow at the expense of its entering layer only. If such were the case, there would be no thickening or dimpling to indicate the apex, for this would be continually changing. Thirteen of the thirty-seven children were girls; the average age was 13 months; the youngest was 3 months old, and the oldest 4 years and 10 months.

This high incidence of intussusception in young children starting in the ileum confirms the belief that the common cause is enlargement of a Peyer's patch, which excites uncontrolled peristalsis. This is illustrated by Case I. Case II suggests that such a patch may remain hypertrophied, or become so again, and then lead to a recurrence of intussusception. Case III shows that resection of a gangrenous intussusception may be confined to small intestine, involving an easier and safer operation than the removal of the colon. Further, it is the enteric intussusception which has become ileo-colic that is most liable to be gangrenous, since both the intussusceptum and its vessels have passed through the tight ileo-caecal valve.

I wish to thank the surgeons to the Hospital for Sick Children for allowing me to operate on these children; and for permission to publish this note.

Memoranda

MEDICAL, SURGICAL, OBSTETRICAL

EXOTOXINS IN RELATION TO VACCINE THERAPY

I think it may be fairly stated that where a germ forms, as the major part of its poisoning properties, an exotoxin, —that is, a powerful diffusible poison secreted into the liquid culture medium in which it grows—a serum is usually the most successful antidote. Examples of this are tetanus, diphtheria, botulism, and dysentery. On the contrary, when the endotoxic factor is almost wholly predominant—that is, when the toxin is contained firmly within the germ and only liberated after autolysis—a vaccine is indicated as the appropriate antidote.

The clinical pathologist probably makes more vaccines from the staphylococcus and streptococcus than from any other germs, and in respect of these two organisms I would like briefly to point out that diffusible exotoxins are secreted by both, as well as endotoxins, as also in dysentery of the bacillary type; albeit in the last the exotoxic factor is by far the more important, and so important, in fact, that serum therapy is chiefly useful, rather than vaccines. *Staphylococcus aureus* and some strains of *Staphylococcus albus* form haemolysins and leucocidins, the former being quite powerful, as cultures on blood media show. The zone of haemolysis around the colonies of *Staphylococcus aureus* is markedly conspicuous. The streptococcus also forms exotoxins—streptolysin, which is a very powerful diffusible toxin whose effects we are aware of in fulminating cases, and also a haemolysin, well shown in the haemolytic strains.

Kolmer¹ has shown that the body not only contains antitoxins to these poisons, but that it can be stimulated to form more, if so desired, by appropriate and graduated inoculation.

The average autogenous vaccine ignores these important toxins. The staphylococcal emulsion is washed off the agar slope and suspended without the least regard for the exotoxin. That is the usual procedure. As a matter of fact, with the immunogen of Ferry and Fisher,² actually the reverse process is utilized and the washings are utilized alone, and the very important endotoxic factor is ignored. I maintain that either process is irrational, and I have endeavoured to combine the two factors in vaccine therapy as applied to the above two organisms as follows. The ordinary saline emulsions ignore the potent haemolysin and less potent leucocidin, and therefore it is more rational to make one's vaccine from liquid media and to include a certain proportion of that liquid medium in the vaccine.

The technique is quite simple. Twenty-four to forty-eight hour glucose serum broth emulsions are prepared and centrifuged. The emulsion of germs is made up in saline, and 5 per cent. of the supernatant fluid containing the endotoxins is added to the vaccine. I am sure that the results by this technique are superior to those formerly obtained, and that this method constitutes a more rational way of making vaccines from the organisms in question.

GEOFFREY SHERA, M.A., M.D.,
Consulting Pathologist to the Eastbourne
Hospitals and East Sussex
County Council.

¹ Kolmer, J. A.: *Infection, Immunity, and Specific Therapy*, 1917, pp. 110, 118, and 119.

² Ferry, N. S., and Fisher, B. S.: *Brit. Journ. Exper. Path.*, 1924, v, pp. 185 and 205.

at its very onset by publishing, in the *British Medical Journal*, an article on "Acclimatization," in which, contrary to universal opinion at that time, he held and proved that it was the parasite and not the climate which killed the white man in tropical lands. Though universally ridiculed at the time, Sambon, sixteen years later, in Panama, had the satisfaction he so well deserved. Invited to see what the Americans had done for the sanitation of the canal zone, General Gorgas, before the assembled physicians and surgeons, turned to him and said, "My colleagues and I are pleased to have been able to prove that you were right." To detail his many triumphs in the field of tropical medicine would occupy more time and space than is possible, but perhaps this tribute to his ingenuity may be permissible. In 1902 Sir Patrick Manson, at that time medical adviser to the Colonial Office, sent for Sambon, and asked him if he would go to Uganda to study sleeping sickness. Here was an opportunity after Sambon's own heart, but, unfortunately, for family reasons, he had to refuse. Unable to go himself, he urged the claims of a friend then studying at the London School of Tropical Medicine (Castellani). Sore at heart, he returned to his study, determined to do his best to unravel the mystery of the African sleeping sickness. He gathered all available literature on the disease, and soon obtained some inkling of its topographical distribution and epidemiology. He felt sure the peculiar patchy riverside distribution of sleeping sickness, which he had been able to glean from the literature, would soon reveal its causation. Indeed, when Castellani, working in Uganda, found first a streptococcus, then a trypanosome in the cerebro-spinal fluid of sleeping sickness patients, Sambon strongly supported, against Manson himself, the etiological importance of the trypanosome, and pointed out that the infection was transmitted by the dusky tsetse fly.

A man of many parts, an acknowledged authority on parasitology throughout the world, it is as an epidemiologist that Sambon will be chiefly remembered. Few men possess the breadth of vision, combined with the knowledge of so many interallied subjects, necessary for the production of the successful epidemiologist. No man can earn a livelihood by it, and no man has even attempted to do what Sambon did. He devoted his life to the subject. His last years were given to the study of cancer. Whilst travelling on the Continent in this connexion, on Christmas Day, 1929, lunching at a café in the shadow of St. Peter's wonderful cupola, he suddenly turned to me and said, "I shall hate to die." Asked his reason, he said, "Because there is so much to do, and so little time in which to do it." Prophetic words indeed! With his passing, much that would have benefited the human race is lost. In common with many people, in several lands, I mourn the loss of a warm-hearted, courteous friend and colleague.

Dr. WYKEHAM TRACY LYDALL, who died on August 20th, was born in 1871. Receiving his medical education at Bristol, he obtained the diplomas M.R.C.S., L.R.C.P. in 1895, and graduated M.D.Brux. two years later. He commenced practice in Birmingham in 1897, and associated himself actively with the British Medical Association, being one of the honorary local secretaries at the Annual Meeting in Birmingham in 1911. Dr. Lydall held the posts of secretary and chairman of the Birmingham Division, and served for a long time on the Birmingham Panel Committee and many of its subcommittees. He was editor for several years of the *Midland Medical Journal*. During the war he held a temporary commission in the Royal Warwickshire Regiment. He was medical officer to the Royal Air Force squadron at Castle Bromwich, and for some years acted as assistant regional officer to the Ministry of Health. He was a member of the council of the Medical Defence Union. Dr. Lydall is survived by a widow, a daughter, and three sons.

Lieut.-Colonel ANDREW ALEXANDER WATSON, C.M.G., D.S.O., R.A.M.C.(S.R.) (ret.), of Gaerstones, Church Stretton, Shropshire, died in a nursing home at Shrewsbury on August 31st, at the age of 75. He was educated at the University and Royal College of Surgeons, Edinburgh, and took the L.R.C.P. and S.Ed. in 1880. He served in the R.A.M.C. Special Reserve throughout the South African war, taking part in operations in the Orange Free State, was mentioned in dispatches in the *London Gazette* of April 16th, 1901, and gained the King's and Queen's medals, with two clasps each. During the war of 1914-18 he was mentioned in dispatches in the *London Gazette* of February 17th, 1915, January 1st, 1916, and January 4th, 1917, and received the D.S.O. in 1917 and the C.M.G. in 1919. He retired in 1922. He had been surgeon, and later honorary consulting surgeon, to the Victoria Hospital at Burnley.

The following well-known foreign medical men have recently died: Dr. OSKAR MINKOWSKI, formerly professor of internal medicine at Breslau, who discovered the internal secretion of the pancreas, at Wiesbaden, aged 73; Dr. GASTON BOSC, senior physician to the hospital at Tours; and Dr. FERDINAND CHAILAN, a Marseilles ophthalmologist.

Medical Notes in Parliament

[FROM OUR PARLIAMENTARY CORRESPONDENT]

Parliament reassembled on September 8th for a short emergency session, which may be followed by an autumn General Election. There was a full attendance of members, including Dr. Salter and Mr. Somerville Hastings, chairman and honorary secretary of the Parliamentary Medical Committee, who had just returned from a tour in Russia. During the week the Economy Bill and a Supplementary Budget were introduced by the Government in the House of Commons.

On September 8th the PRIME MINISTER moved that the House should resolve itself into a Committee of Ways and Means for raising supply. He appealed to all classes and conditions to go cheerfully over the broken road, along which our security, honour, and well-being would be found. The burdens they would be asked to bear would be, in relation to the national services required, not inadequate nor inequitable. This was not a selfish attack on incomes, a pernicious cutting down of expenditure, an inroad on standards of living; it was a ranging of all in a common contribution to uphold the credit of the nation, on which the life and income of every citizen depended. The Prime Minister made no specific reference to any social service.

Universities and Colleges

UNIVERSITY OF CAMBRIDGE

Dr. Eric G. Holmes, Christ's College, has been appointed University Lecturer in Pharmacology for three years from October 1st next; and Dr. Frank Robert Winton, Clare College, has been appointed University Lecturer in Physiology for three years from the same date.

ROYAL COLLEGE OF PHYSICIANS OF EDINBURGH

Honorary Fellowship

On the occasion of the 250th anniversary of the Royal College of Physicians of Edinburgh it has been decided to confer the Honorary Fellowship of the College on Sir David Bruce, K.C.B., Lord Dawson of Penn, G.C.V.O., Sir Archibald Edward Garrod, K.C.M.G., Sir William Hale-White, K.B.E., Robert Hutchison, M.D., Sir Thomas Lewis, C.B.E., Sir Donald MacAlister of Tarbert, Bt., K.C.B., Sir Edward Sharpey-Schafer, Sir Charles Scott Sherrington, O.M., Charles Achard (Paris), Frederick Grant Banting, M.C. (Toronto), A. A. Hijmans van den Bergh (Utrecht), Knaud Faber (Copenhagen), George Richards Minot (Boston), Friedrich von Müller (Munich), Hermann Sahli (Bern), William Sydney Thayer (Baltimore), and Julius Wagner-Jauregg (Vienna).

Medical News

The British Science Guild announces that Dr. H. H. Dale, F.R.S., will give the Norman Lockyer Lecture at the Goldsmiths' Hall, E.C., on Tuesday, November 24th, at 4.30 p.m.

The opening of the winter session at King's College Hospital will take place in the Medical School, Denmark Hill, S.E.5, on October 1st, at 2.15 p.m. The introductory address will be given by Professor H. R. Dean, professor of pathology in the University of Cambridge, and Mr. A. D. Power, vice-chairman of the committee of management of King's College Hospital, will preside. The annual dinner of past and present students will be held the same evening, at 7.30, at the Connaught Rooms, Mr. L. Vernon Cargill presiding.

The annual congress of the Chartered Society of Massage and Medical Gymnastics will be held in London from September 29th to October 3rd. The annual dinner will be held at the Connaught Rooms, on October 2nd, at 7.30 p.m. Reduced railway rates are available.

The Fellowship of Medicine and Post-Graduate Medical Association announces the following courses: medicine, surgery, and specialties at the Metropolitan Hospital, Kingsland Road, E., from September 28th to October 10th, occupying the whole of each day; fee £3 3s. or £2 2s. for one week only. A similar course at the Prince of Wales's Hospital, Tottenham, from October 12th to 24th; fee £5 5s. or £3 3s. for one week. A course of lectures for the M.R.C.P. in the evenings, at 8.30, at the Medical Society of London, 11, Chandos Street, Cavendish Square, on Mondays and Wednesdays, beginning October 5th; fee £6 6s. for eighteen lectures, or 10s. 6d. per lecture, payable at the lecture room. Diseases of the throat, nose, and ear at the Central London Throat, Nose and Ear Hospital, Gray's Inn Road, occupying the whole of each day, from October 5th to October 31st, and including a clinical course, fee £5 5s.; a pathology class, fee £5 5s. (limited); a peroral endoscopy class, fee £6 6d. (limited); and an operative class, fee £7 7s. (limited). Tropical medicine at the Hospital for Tropical Diseases, 25, Gordon Street, from October 5th to 24th, occupying the whole of each day: fee £8 8s. Copies of syllabuses of all courses may be obtained from the Fellowship of Medicine, 1, Wimpole Street, W.1, also syllabuses of the series of free lectures and demonstrations for October, November, and December.

A new series of post-graduate lectures at King's College Hospital Medical School, Denmark Hill, S.E.5, will commence on Thursday, October 8th, at 9 p.m., when Sir StClair Thomson will speak on cancer of the larynx. The lectures will be continued on succeeding Thursdays till March 17th, 1932, with the exception of December 24th and 31st.

A post-graduate course, free to all medical practitioners, will be held at St. Mary's Hospital Medical School from Friday, October 2nd, to Sunday, October 4th, inclusive. It will occupy the mornings and afternoons of the first two days, and the morning only of the third day. The subjects to be dealt with include the treatment of some common fractures, rheumatoid arthritis, chronic indigestion, slow labour, colitis, and chronic cough, diseases of the tongue, prenatal care, surgical operations in old people, the pregnancy toxæmias, disabilities of the foot, new methods of genito-urinary surgery, and fever without signs.

A three months' course of lectures and demonstrations on clinical practice and in hospital administration for the diploma in public health will be given by the medical superintendent, Dr. A. Joe, at the North-Western Hospital, Hampstead, on Mondays and Wednesdays at 3.30 p.m., and on alternate Saturdays at 11 a.m., commencing on Wednesday, September 30th. The course complies with the requirements of the revised regulations of the General Medical Council, which come into operation on October 1st, 1931; fee £3 13s. 6d.

On September 22nd an exhibition representing the publications and history of the Cambridge University Press will be opened by General Smuts in the Old Court House at Messrs. J. and E. Bumpus's bookshop in Oxford Street, W. The publications to be found in the current Cambridge catalogue, some 4,000 volumes, will form the main part of the exhibition, but there will be a historical exhibit illustrating the history of the University Press and the development of printing craftsmanship at Cambridge since 1521. This exhibit will comprise documents from the archives of the Press and a collection of old books covering the four centuries of Cambridge printing; it will include works by Erasmus, James I, Milton, George Herbert, Donne, Fuller, William Harvey, and Sir Thomas Browne, and more recent famous books, all of which were first printed at Cambridge. The exhibition will coincide with the Centenary Meeting of the British Association, and the range of scientific works in the catalogue makes it suitable that the president of the meeting, who is himself a Cambridge man, should perform the opening ceremony.

The Minister of Health, the Right Hon. Neville Chamberlain, M.P., has appointed Mr. A. Nevil Rucker to be his private secretary, and Mr. W. H. Howes to be his assistant private secretary.

The third International Congress of Psychotherapy, Hypnology, and Applied Psychology will be held in Paris from September 28th to October 4th, under the presidency of Dr. Berillon. Further information can be obtained from the general secretary, Dr. Pierre Vachet, 8, Boulevard de Courcelles, Paris, XVIIe.

The fourteenth Italian Paediatric Congress will be held at Florence from September 23rd to 26th, when the following subjects will be discussed: (1) purulent pleurisy in infancy, introduced by C. Cocchi of Florence, A. Laurinich of Naples, and I. Nasso and E. M. Castronuovo of Messina; (2) encephalitis in childhood, introduced by M. Bergamini of Parma, G. De Toni of Bologna, and G. Taccone of Milan; (3) directions for diet in communities of children, introduced by P. Brusa of Milan, A. Lucca of Turin, and G. Macciota of Cagliari.

We are informed that the Second International Congress for Light, which was erroneously reported in our issue of August 22nd to have been held this year, will take place in Copenhagen from August 15th to 18th, 1932. The following are the subjects for discussion. (1) The role of pigment in light biology and the therapeutic effect of general light baths. Principal speakers: Dr. Brody (France), Professor Miescher (Switzerland). (2) How is the action of the general light bath in tuberculosis to be explained? Principal speakers: Sir Henry Gauvain (England), Professor Jesionek (Germany). (3) Helioclimatological research in relation to public health: its organization and physiological basis. Principal speakers: Professor W. Hausmann (Austria), Professor A. Rollier (Switzerland). (4) Report by the international committee for the determination of a standard unit of measurement for ultra-violet radiation. Read by Dr. Saidman (France). Further information can be obtained from the general secretary, Dr. Kissmeyer, Finsens Lysinstitut, Strandboulevarden, Copenhagen.

The National Birth Control Council and the Birth Control Investigation Committee have amalgamated under the title of the National Birth Control Association. Since it was set up last year the council has been engaged mainly on work with local authorities in regard to the Ministry of Health's memorandum on birth control. So far thirty-five local authorities have authorized the giving of advice on contraceptive methods. Sir Thomas Horder is president of the association, and Sir Humphry Rolleston, vice-chairman. Inquiries should be addressed to the secretary, 26, Eceleston Street, S.W.1.

The Neech Prize of the Society of Medical Officers of Health for the best paper read at a meeting of the Society during the session 1929-30 has been awarded to Dr. G. C. M. M'Gonigle of Stockton-on-Tees, for his address on the biological concept of preventive medicine, delivered before the Northern Branch and published in *Public Health*, May, 1930.

Under the auspices of the French Government a group of American doctors recently visited the principal thermal and climatic resorts of France. The delegation included Dr. Charles Gordon Heyd and Dr. Max Einhorn, emeritus professor and consulting physician at the New York Post-Graduate Medical School. The last days of the tour were devoted to the watering-place of Vichy, where the visitors inspected the springs, thermal establishments, hydrological laboratories, and the bottling and dispatch departments. Dr. Durand-Fardel, president of the Vichy Society of Medical Science, Professor Einhorn, and Dr. Gustave Monod, F.R.C.P. Lond., a former president of the International Society of Medical Hydrology, gave lectures. Distinguished French medical men who attended the farewell banquet included Professor Léon Bernard, Professor Labbé, and Professor Achard, all of the Faculty of Medicine of Paris.

At a conference in July of the Association of Special Libraries and Information Bureaux the question of abstracting foreign publications was considered carefully in an informal discussion. A conclusion reached was that the abstract of a book should not be written by the author, but by a specialist in the same subject. Reports were given by various scientific societies and institutions on the way in which they obtained such abstracts, and a considerable variety of method was revealed. It was suggested that the service of the panel of expert translators belonging to the Association of Special Libraries and Information Bureaux might be extended to form a panel of foreign abstractors. A small subcommittee was appointed to draft a questionnaire to be sent to the bodies represented at the meeting (and other similar organizations) about the methods of abstracting which they had found to be most satisfactory.

A table has been issued by the Ministry of Health, based on the returns made by the Poor Law authorities in England and Wales, comparing the average number of persons receiving poor relief in June, 1931, with the number recorded in June, 1914. In June, 1931, the average number (including men, women, and children under 16 years) in receipt of outdoor relief, mainly on account of unemployment, was 152,500, while those to whom relief was granted for some other cause numbered 627,400. This classification is not available for 1914, but the number receiving unemployment relief at that time is stated to have been almost negligible. In June, 1931, the total number in all classes was 779,900, compared with 372,600 in 1914—an increase of 407,300. It is added that the number recorded in June of this year was less by 3,800 than that recorded in the previous month. The figures given above do not include 13,200 persons in receipt of medical relief only in their own homes. In 1914 the average amount of outdoor relief, estimated per person, was 2s. 6d., compared with 5s. 8d. in June, 1931 (approximately 3s. 11d., allowing for the increased cost of living). Persons receiving institutional relief—other than rate-aided patients in mental hospitals and casuals—numbered 246,200 on a day in June, 1914, compared with 195,600 on a corresponding day in June, 1931. This number is stated to be 2,700 less than the total number recorded in May, 1931.

Professor Carl Neuberg, director of the Kaiser Wilhelm Institute for Biochemistry, who recently lectured in Paris before the Société Chimique de France and Société de Chimie Biologique, has been awarded the Pasteur and Leblanc medals, as well as the Pasteur Commemoration plaque.

Owing to the present unfavourable economic conditions the Congress for Diseases of Digestion and Metabolism, which was to have been held this year in Vienna, under the presidency of Professor Falta, has been postponed till next year.

Messrs. Cassell and Co., Ltd., announce for immediate publication *Modern Medical Treatment*, by Drs. E. Bellingham-Smith and Anthony Feiling, in two volumes, and *Radiology in Relation to Medical Jurisprudence*, by Dr. S. Gilbert Scott.

Letters, Notes, and Answers

All communications in regard to editorial business should be addressed to **The EDITOR, British Medical Journal, British Medical Association House, Tavistock Square, W.C.1.**

ORIGINAL ARTICLES and LETTERS forwarded for publication are understood to be offered to the *British Medical Journal* alone unless the contrary be stated. Correspondents who wish notice to be taken of their communications should authenticate them with their names, not necessarily for publication.

Authors desiring REPRINTS of their articles published in the *British Medical Journal* must communicate with the Financial Secretary and Business Manager, British Medical Association House, Tavistock Square, W.C.1, on receipt of proofs.

All communications with reference to ADVERTISEMENTS, as well as orders for copies of the *Journal*, should be addressed to the Financial Secretary and Business Manager.

The **TELEPHONE NUMBERS** of the British Medical Association and the *British Medical Journal* are **MUSEUM 9861, 9862, 9863, and 9864** (internal exchange, four lines).

The **TELEGRAPHIC ADDRESSES** are:

EDITOR OF THE BRITISH MEDICAL JOURNAL, Aitiology Westcent, London.

FINANCIAL SECRETARY AND BUSINESS MANAGER (Advertisements, etc.), *Articulate Westcent, London.*

MEDICAL SECRETARY, Medisecra Westcent, London.

The address of the Irish Office of the British Medical Association is 16, South Frederick Street, Dublin (telegrams: *Bacillus, Dublin*; telephone: 62550 Dublin), and of the Scottish Office, 7, Drumsheugh Gardens, Edinburgh (telegrams: *Associate, Edinburgh*; telephone 24361 Edinburgh).

QUERIES AND ANSWERS

Disturbed Sleep

"C. M." writes: A young woman, aged 21, has suffered for some months from weeping and moaning in her sleep, sufficiently severe to waken her. No cause can be discovered for this distressing symptom, and the usual hypnotics, etc., have failed to give relief. Can any reader suggest a remedy?

Tobacco and Irritable Heart

Dr. W. M. M. JACKSON (Folkestone) writes: I should be glad to know if there is any tobacco suitable for a patient with "irritable" heart, who is unable to smoke ordinary tobacco, however mild, without symptoms of cardiac distress.

Treatment of Threadworms

In reply to the inquiry by "F." (August 29th, p. 407), two correspondents have written to recommend bismuth carbonate, one advising 10 to 40-grain doses for a child under the age of 7, at four-hourly intervals, and 20-grain doses for an adult. The other suggests that for a child aged 8 the administration of 10 to 15 grains, four times daily, would be sufficient, in addition to the necessary local treatment, and disinfection of the clothing and finger-nails. Garden soil is said to be often infested with these worms.

Dr. G. W. WILLCOX (Crowborough) records a case in a child of about the same age in which saline enemas, continued for a long period, cleared up the condition temporarily, recurrence following when the treatment ceased. Removal of an appendix packed with worms resulted in a cure.

Dr. H. T. MACAULAY (Peterborough) suggests the trial of batolan (Bayer Products Ltd.) in half-tablet doses, three times a day. On alternate nights hyd. cum cret. should be administered, followed by milk or cream of magnesia the next morning. Quassia enemas and other forms of treatment should be given simultaneously.

"E. G." who advises removal of the appendix, writes: Recently a patient of mine was operated on for chronic appendicitis. In addition to its obvious pathological defects, there was a pocket at the distal end of the appendix which was a nest of threadworms. Whether or no that was the original focus, at any rate the place was inaccessible to ordinary methods of treatment. In such a severe and persistent case as "F." describes, the not very serious operation I have suggested might be justified.

Another correspondent recommends that the child be given three or four ginger biscuits after each meal. He finds that ginger keeps the duodenum, the small intestines, and the rectum free from *E. vermicularis*, even in adults. Ginger cakes and puddings are palatable methods of enabling the ginger to reach the site of the trouble.