

so well known in Vienna, that I beg you will again take the initiative in an appeal to British medical men to help their colleagues in Vienna; and no doubt you know better than I do how to convey food in larger quantities over there and how to organise its distribution by some accredited representative.

May I add, since clothes cannot be bought in Vienna (a suit costing 20,000 crowns), that old garments in good condition might be sent as well, and that a present might be made of the more important new books and journals, for, as my correspondent writes: "I cannot buy any books now—English books will perhaps never more be attainable; to buy my own work would cost a fortune now."—I am, Sir, yours faithfully,

BERNARD HOLLANDER.

57, Wimpole-street, W., March 1st, 1920.

* * The distribution may safely be left in the hands of the Friends' Emergency and War Victims' Relief Committee (Hon. Sec., Miss A. Ruth Fry, 27, Chancery-lane, London, W.C. 2), which has a centre in Vienna, and finds itself at this moment seriously handicapped by lack of funds. In face of the present desperate situation this Committee is unable to continue its purchases of much-needed fats, milks, and other foods. Every report that reaches the Relief Committee serves but to confirm the impression that unless Austria, Poland, and Germany are speedily helped they will become victims of disease and famine likely to menace the whole life of Europe.—ED. L.

THE THERAPEUTIC USES OF OXYGEN.

To the Editor of THE LANCET.

SIR,—The discussion at the Royal Society of Medicine on the therapeutic use of oxygen, as reported in your columns of Feb. 7th, encourages me to put on record some observations I have made at different periods. As no exact apparatus was at my disposal, they must be looked upon in the light of clinical notes. First, many years ago my only source of supply was chlorate of potash and dioxide of manganese. This oxygen, of course, contained a trace of chlorine; in fact, its valuable properties were, as far as I was able to observe, largely dependent on that contamination. The effects of inhalation were hypnotic and stimulant. The latter quality was recognised in heart failure and during critical periods of disease, when this oxygen proved superior to alcohol, strychnine, or any of the ordinary stimulants. This "chlorine oxygen" also proved to be a hypnotic of considerable power, valuable in irritable heart with insufficient aeration. It was sufficiently powerful to make the attendant find it difficult to keep awake in such an atmosphere. The character of the sleep thus induced was peculiarly refreshing, similar to that obtained by driving in the open air. But this form of oxygen administration entailed two disadvantages: it leaves the mouth excessively dry and it discolours all the brasswork in the room.

The next time I took up the question with ordinary cylinder oxygen, which I call "dead oxygen," as it appeared to me to possess no other therapeutic value than the replacing the atmospheric and pulmonary deficiency. In the light of the discussion this was an error. Its greatest value in my hands was in certain cases of pneumonia, where the discoloration and dyspnoea were out of proportion to the other symptoms. For the practitioner away from the metropolis the form was convenient for administration during chloroform anaesthesia, conveyed through a tube under the mask.

The third variety of oxygen I experimented with therapeutically was obtained by dropping water on sodox, a form of dioxide of sodium. The result of administering oxygen in this form was a remarkable increase of metabolic action. "Sodium oxygen" is sufficiently active to necessitate careful regulation of the dose, and I found the best period of administration varied from two to 15 minutes. Advantage was derived by those cases in which improved metabolism was required, but in whom there was no deficiency in the elimination of waste products. If elimination was at fault the result was liable to prove injurious, by

increasing the strain on excretory organisms already over-taxed. In sanatorium treatment of phthisis it proved of benefit in rendering the muscles more resilient and improving metabolic well-being. Latterly, those returning to work were put on five minutes' inhalation twice daily after meals. In hypersensitive cases and advanced phthisis inhalation proved deleterious, and in a few cases dangerous, producing depression and collapse.

Sodium oxygen is evidently more active than the other forms of oxygen, and will, I believe, be found to be a therapeutic agent of no mean order.

I am, Sir, yours faithfully,

Middlesbrough, Feb. 21st, 1920.

HENRY A. ELLIS.

THE LATE COLONEL D. F. KEEGAN, I.M.S.

To the Editor of THE LANCET.

SIR,—The death of Colonel Keegan, reported a few days ago, removes one of the grandest figures in the history of the Indian Medical Service. If you named the three biggest surgeons which the Indian Medical Service has produced you must include the name of Keegan. The work he did will live for generations yet unborn, and he will be more honoured in his urn than he was when alive. This is the fate of all pioneers. Death removes them from the field of jealousy. When he was doing the spadework he had to fight the world, and he did it and established his case. We are all familiar with the work Keegan did in rhinoplasty and how he established the Indian operation as *the* operation for all time.

Keegan was a man with a fine imagination, a powerful and versatile intellect, and a strong character. He was a powerful, clear, and incisive though courteous controversialist. It is only a very able man in any public service who can go his own way and live as an official. Keegan did this. As a man he was one of the most kindhearted, the most generous, and the most genial of men. As a friend he was one of the few capable of that genuine friendship, as distinguished from fair-weather friendship, who would life itself resign at the sacred call of friendship. There was no self-interested trimming of wings for the weather about Keegan.

He did most of his service in Central India, where his fine personality was a political influence of the first magnitude. He died at the age of 80 years. The Government of India did not do themselves the honour of honouring him with a decoration. A man like Keegan does not require a decoration as his passport. He made no pretension to be what in popular language is called an "aristocrat." He belonged to a much higher order. He was an aristocrat of the moral code of the New Testament. He leaves a heritage to his son and his two daughters which "moths and rust do not corrupt, nor thieves break through nor steal."

I am, Sir, yours faithfully,

H. SMITH,

Amritsur, Jan. 31st, 1920.

Lieutenant-Colonel, I.M.S.

PARA-SCARLET AND DENGUE FEVERS.

To the Editor of THE LANCET.

SIR,—In connexion with the correspondence in your columns on the question of para-scarlet fever perhaps the following case may be of interest. On Dec. 30th last I was called to see J. D., aged 14 years. She had taken ill the previous evening with headache—temperature 101° F. No vomiting or throat symptoms, but slight injection of the fauces. Headache persisted at intervals, and the temperature rose with morning remissions to 103·6°. The pulse did not exceed 108. On the evening of the second day there was slight evidence of a rash appearing on the back, pharyngitis, and the glands in the posterior triangle of the neck were enlarged. On the morning of the third day the rash had spread widely but never involved the front and upper portion of the chest. The rash was suspiciously like that of scarlet fever but for lack of uniformity, while small selected areas had the appearance of measles. The tongue was coated with a thick fur, but at no time could it be said to resemble the white or red strawberry.