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.

There was marked hyperæmia of the nasal and pharyngeal mucous membranes, and epistaxis was repeated and troublesome. Headache and sleeplessness were the other chief features. The rash disappeared slowly, and on its disappearance fleeting pains in the joints were manifest. There was no albuminuria throughout. For ten days after the temperature had subsided there was a distinct feeling of malaise; then occurred a terminal rise with complete recovery. Four weeks from the date of onset desquamation was taking place on the palms of the hands. The only possible source of infection was a visit to the dentist, and recently it has transpired that he took to bed with a sharp attack of dengue fever immediately after J. D.'s visit.

I am, Sir, yours faithfully,

Khanka, Cairo, Feb. 16th, 1920.

R. S. MILLER, M.D.

THE NOMENCLATURE OF TRYPANOSOMES: A CORRECTION.

To the Editor of THE LANCET.

SIR,—In my letter, as published in your issue of Feb. 21st, the word "*Trypocastellanellæ*" is made to appear a little longer than it actually is; an additional "an" has crept into it inadvertently and in the wrong place. I remember that I found the word somewhat difficult to type, and I can only express my regret if I overlooked the mistake in the proof. The word is printed correctly, however, in the paragraph dealing particularly with it.

I will take this opportunity of adding that I hope it was quite clear that my letter was not intended as an argument either in favour of, or against, the actual classificatory changes proposed—whether generic or specific. My only object was to protest against a growing tendency to (as I regard it) travesty scientific nomenclature in connexion with the protozoa. Personally, I would much prefer to continue to call such well-known parasites as *Trypanosoma lewisi* and *T. gambiense* by these names than to have to think of them as *Lewissonella lewisi* and *Castellanella castellanii* respectively. It may be noted that Professor Minchin, although he recognised that *Babesia* was most probably the correct name, preferred to use *Piroplasma*, and in his book he put the latter name first in his account of this genus (p. 379). If *Babesia* has to stand, the result is, that of all the types into which this important group has been subdivided there is only the doubtful "*Anaplasma*" whose generic name gives us any idea of what kind of creature is concerned! Is not this an absurdity to be avoided in the future?

I am, Sir, yours faithfully,

Feb. 26th, 1920.

H. M. WOODCOCK.

* * The error was in the original manuscript and remained uncorrected in the proof, an oversight committed as much by ourselves as by the author.—ED. L.

DEATH OF MR. C. GORDON HEWITT.—The death is announced of Charles Gordon Hewitt, D.Sc., F.R.S.C., Dominion Entomologist in Canada, and formerly lecturer in economic zoology in the University of Manchester. Mr. Hewitt was a recognised authority on the relation of house-flies to disease, his papers on this subject appearing in a book entitled "*The House-Fly*," published at the Cambridge University Press in 1914. During the war leaflets from his pen on the suppression of insects affecting troops were issued by the Canadian Department of Agriculture. His intimate entomological knowledge was placed freely at the service of humanity.

LIVERPOOL HOSPITAL FOR CANCER AND SKIN DISEASES.—The annual meeting of this hospital was held in the Town Hall on Feb. 27th. The report showed that the number of attendances recorded—37,610—was an increase of 7395 on the figures of the previous year. The average daily number of beds occupied by in-patients was 19 as compared with 14. Unfortunately the finances have not increased in a corresponding ratio, and the bank overdraft now stands at close on £4000. Like all other voluntary hospitals, this institution is suffering from the uncertainty which prevails as to the future of the voluntary principle. The Lord Mayor, who presided, expressed the hope that when the handsome sum, subscribed through the appeal of the late Lord Mayor, came to be divided, the strain on this hospital's funds would be considerably relieved.

Parliamentary Intelligence.

NOTES ON CURRENT TOPICS.

Awards for Medical Discoveries.

A DEPUTATION from the Medical Committee of the House of Commons was received by Mr. BALFOUR (Lord President of the Council) on Tuesday, March 2nd, to urge upon the Government the establishment of a scheme of awards for medical and scientific discoveries. The suggestion put forward by the deputation was that £20,000 a year should be devoted to giving awards on similar lines to the Nobel prizes. Mr. BALFOUR received the proposal sympathetically, but pointed out that the settlement of who had actually made a particular discovery might be a difficult matter. In his view a better plan would be to place investigators in a more comfortable position for carrying out their research work.

The New Insurance Bill.

Although the text of the new National Health Insurance Bill has not yet been published, it is understood that the measure does not alter the general scope of medical benefit. Regulations, however, will follow as a result of it which will involve considerable modifications, the object of which is to improve the standard of medical services in connexion with insurance and to simplify its administration. Under the new regulations a limit is to be placed on the number of patients for whom a doctor can be responsible single-handed. A national maximum of 3000 has been fixed; The scope of free choice of doctor is to be enlarged, and there will be a half-yearly choice instead of a yearly choice. Obligations are to be laid on medical men to give emergency treatment and to provide proper surgery and waiting-room accommodation.

HOUSE OF COMMONS.

TUESDAY, FEB. 24TH.

Morphia, Morphia Salts, and Opium.

Mr. GILBERT asked the Parliamentary Secretary of the Board of Trade what was the total amount of morphia of British manufacture exported in the year 1919; what amount was exported to Japan and the United States respectively; whether the amounts included consignments by post; and what amount of opium was imported from India, Persia, and Turkey respectively into Great Britain during the year 1919.—Mr. BRIDGEMAN replied: The quantity of morphia and morphia salts registered as exported from the United Kingdom in the year 1919 was 322,970 oz., of which 121,474 oz. went to the United States of America. The records show that no morphia and morphia salts were exported to Japan. No particulars are available with regard to consignments by post. The quantities of opium registered as imported into the United Kingdom during the year 1919 from British India, Persia, and Turkey respectively were as follows: British India, 466,475 lb.; Persia, 30,558 lb.; European Turkey, 204,966 lb.; Asiatic Turkey, 133,157 lb.

Arsenical Treatment of Syphilis.*

Mr. WATERSON asked the Minister of Health whether his attention had been drawn to the particulars as to a large number of deaths of soldiers after arsenical treatment for syphilis given in the paper read by Brevet-Colonel L. W. Harrison at a meeting of the British Medical Association in April, 1919; whether any special inquiries had been made into the cause of the deaths in question; and, if so, whether it was proposed to publish the results of the inquiries.—Dr. ADDISON replied: The answer to the first part of the question is in the affirmative. A special committee appointed by the Medical Research Committee is inquiring inter alia into the toxic effects of arsenobenzol compounds, and I understand that the report of the Committee will be published in due course.

Mr. WATERSON asked the Minister of Health whether he had obtained a copy of the report of the commission which sat in Germany to inquire into the cause of toxic effects produced by the arsenical treatment of syphilis; and, if so, would he arrange for a translation or a résumé of it to be published.—Dr. ADDISON replied: I have taken steps to procure the report in question, and when I have received it I will consider what I can do to meet the request of the honourable Member.

Medical Officer's Demobilisation.

Mr. ROYCE asked the Secretary of State for War whether a cable was sent to Mesopotamia in May last ordering the demobilisation of Captain R. Gillespie Smith, Royal Army Medical Corps; and, if so, why was the order not carried out, and could he state if this officer was still in Mesopotamia.—Mr. CHURCHILL replied: The answer to the first part of