times a day. The result was surprising. Perforation did not occur. After a couple of days the ulcer began to clear and heal. The keratitis gradually cleared up, the hypopyon absorbed, and at the end of about a fortnight the ulcer had healed, leaving the cornea clear, with the exception of a dense leucoma on the site of the ulcer. From the bad condition of the eye when I first saw it I have no doubt that the ulcer would have progressed and perforated but for the action of the nuclein.

This is but one case of many in which I have found nuclein of decided benefit. If taken in time it aborts styes, boils, acne pustules, acute otitis, coryza, influenza, enlarged glands, gingivitis, incipient dental abscess, &c. Even when suppuration has occurred it frequently happens that, under the action of nuclein, the inflammation subsides and the pus absorbs. It has a beneficial action on keratitis, iritis, dacrocystitis, and, in a lesser degree, on conjunctivitis and chronic middle-ear disease.

Nuclein is said to be the chief constituent of the nuclei of cells. It is a complex proteid body containing a large amount of phosphorus in the form of nucleinic acid which is combined with a highly complex basic substance. For medicinal purposes it is prepared from yeast and acts by largely increasing the number of leucocytes in the blood and thus increasing the disease-resisting powers of the body. By the increased number and activity of the leucocytes certain pathogenic micro-organisms are more rapidly destroyed.

Hahn¹ of Munich has shown that nuclein can double the number of leucocytes in a short time, while von Mayer² has observed an increase of over 75 per cent. Hahn found also that defibrinated blood from an animal under the influence of nuclein had a greater bactericidal effect upon staphylococcus pyogenes aureus and upon bacillus coli than normal blood from the same animal. Vaughan³ found that injections of nuclein protected animals against virulent cultures of the diplococcus of pneumonia and that, by the same means, he could render rabbits immune to the tubercle bacillus.

Other observers have recorded its effect in improving general nutrition and increasing resistance to pathogenic germs. Good results have been reported in pneumonia,⁴ typhoid fever,⁵ cholera,⁶ septicæmia,⁷ puerperal fever,⁸ scrofula,⁹ carbuncle,¹⁰ tonsillitis, tuberculosis,¹¹ indolent ulcers, general debility, &c. Miculicz-Radecki,¹² Renner,¹³ Hannes,¹⁴ and Chantemesse¹⁵ have recommended nuclein as a prophylactic against septicæmia after operations. Renner reported that in Miculicz's clinic the mortality in abdominal sections fell under nuclein prophylactic treatment from 31 to 11 per cent. Achard and Redfield¹⁶ found it useful as a surgical dressing. I know myself that there is much more rapid healing of operation wounds and less danger of sepsis if nuclein be administered.

A more powerful preparation for phagogenic treatment is the mycolysin of Dr. Doyen, of Paris. This is stated by Doyen to be "a preparation of phagogenic colloids extracted from

a certain number of natural ferments," and has an even more powerful effect than nuclein in producing increased phagocytosis. Its expensiveness, however, precludes it from use in many cases. It is sold in three forms—viz., liquid mycolysin, an agreeable but expensive preparation; extract of mycolysin, cheaper but less palatable; and mycolysin injection for hypodermic use in grave cases. These remedies, nuclein and mycolysin, deserve more extended use than they have hitherto enjoyed in these islands. Nuclein is largely used in America and mycolysin in France, but here both seem to be practically unknown to the profession.

I am, Sir, yours faithfully,

JOHN P. HENRY, M.D., B.Ch. Dub.

Galway, May 25th, 1914.

CONGENITAL DEFECT OF THE ULNA.

To the Editor of THE LANCET.

SIR,—In THE LANCET of May 23rd I see my friend Mr. Paul Roth describes a case of congenital defect of the ulna, and suggests passive movement, a splint at nights, and possibly an operation. I, too, have been troubled with this rare complaint, but owing to my determination to persist with outdoor games, such as tennis, great hypertrophy of the wrist tendons and carpal bones has ensued and greatly relieved the condition—in fact, cured it for all practical purposes. Active movements, therefore, seem the most promising line of treatment. I should be glad to hear from any of your readers who have had practical experience of this complaint.

I am, Sir, yours faithfully,

ARTHUR G. WILKINS, M.B. Vict.

Glenridding-on-Ullswater, Penrith, May 23rd, 1914.

THYROID EXTRACT IN NERVOUS DISORDERS.

To the Editor of THE LANCET.

SIR,—The subject of thyroid therapy is one that has interested me deeply for some time past, and I should be glad to have the opinion of other readers of THE LANCET upon certain cases in which I have prescribed thyroid extract with favourable results.

Recently I was called in to attend a girl of about 7 years of age. She was quite unable to stand, and had extensive paresis of the muscles of the left arm, whilst the muscles of the back appeared to be very weak. I elicited the information from her mother that a few weeks previously the child and her sister had sore-throats, which the doctor in attendance regarded for a time as diphtheritic. There was complete absence of patellar, wrist, and elbow reflexes, and the legs and left arm appeared to be flaccid and useless. The child when placed on her feet simply collapsed on the floor. The weakness had been noticeable for about 14 days, and had come on gradually. Induced by the powerful effect of thyroid extract in clearing up certain sequelæ of diseases of toxic origin I determined to try it in this case. The result is that the child is now, after a period of five weeks, able to walk without assistance and has improved physically in a remarkable degree. I prescribed 1 grain daily of thyroid extract, with 45 minims of syrupus calcii lactophosphatis, three times daily. I have never known a case of diphtheritic paralysis so advanced to clear up in so short a time, and have not seen any records of the use of thyroid extract in this condition.

Another condition in which this remedy has

¹ Berliner Klinische Wochenschrift, 1896.

² Deutsche Medicinische Wochenschrift, 1896.

³ Medical News, 1894.

⁴ Therapeutical Notes, 1896.

⁵ Ibid.

⁶ Indian Medical Gazette, 1905.

⁷ Medical News, 1897.

⁸ Therapeutical Gazette, 1897.

⁹ Medical Times, 1897.

¹⁰ Merck's Archiv, 1908.

¹¹ Medical News, 1897; Medical World, 1906; Texas Medical Journal, 1910; Boston Medical and Surgical Journal, 1911.

¹² West London Medical Journal, 1904.

¹³ Scottish Medical and Surgical Journal, 1906.

¹⁴ Centralblatt für Gynäkologie, 1906.

¹⁵ Brit. Med. Jour., 1907.

¹⁶ New York Medical Journal, 1911.

marked beneficial effects, and which has been referred to by several writers, particularly Dr. Leonard Williams, is nocturnal enuresis in children. In many such cases, notably those showing rickety characteristics, a very disagreeable concomitant is excessive blinking of the eyelids. In two cases in which I employed thyroid extract in conjunction with syrupus calcii lactophosphatis this symptom disappeared in a few days, and in one of these, in which the remedy was withheld for a few weeks, the blinking reappeared only to disappear once more under the renewed administration of the drug. Post-diphtheritic paralysis is held to be due to a peripheral neuritis of toxic origin. Probably the blinking is a reflex action set up by some irritation of the nerve-endings in the conjunctiva, and is, therefore, a parallel condition.

I am, Sir, yours faithfully,
CHARLES W. CRAWSHAW, M.B., D.P.H. Vict.,
Low Wood, Green Mount, near Bury, May 22nd, 1914.

EPIDEMIC JAUNDICE AMONG SCHOOL CHILDREN.

To the Editor of THE LANCET.

SIR,—The annotation in THE LANCET of April 4th, under the above heading on the observations of Dr. Cameron R. Gibson in the March number of *Public Health*, has aroused my curiosity to a degree that I would fain ask the following questions: 1. At the time of the outbreak of epidemic jaundice was typhoid fever in endemic or epidemic form in the same district? 2. Were the stools of the cases examined or a blood-test made (Widal's reaction)? 3. Were there prevalent at the time any allied gastro-intestinal affections, such as paratyphoid, influenza with enteric symptoms, dysenteric diarrhoea, gastro-enteritis, and stubborn dyspepsias? 4. Have any of the jaundice cases been examined since their attack with a view to know if they are carriers or not?

My experience of epidemic jaundice is that one form at least is closely allied to typhoid fever, due probably to a direct invasion of bile-ducts and gall-bladder from the intestinal tract. If we keep in mind the direct continuity of the mucous lining of the one with the other, the inference of direct invasion is reasonable and natural. If in a house there appears an outbreak of typhoid fever, there also I expect one or more cases of jaundice; moreover, the appearance of jaundice causes an abortion of the typhoid syndrome. There is a direct statistical relation between epidemic jaundice and typhoid outbreaks; they increase and wane together, the tide is at its height in autumn and commencing winter, depending chiefly on the pollution of surface water. I consider many cases of gall-stone and cholecystitis can date their commencement from an attack of catarrhal jaundice or a catarrhal state of biliary system hardly sufficient to cause jaundice, due, in my opinion, to direct invasion by Eberth's bacillus from the intestinal tract.

I am, Sir, yours faithfully,
Argentina, April 29th, 1914. M. A. I.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—There are five vacancies on the Council of the College, which will be filled at the annual meeting of the Fellows on Thursday, July 2nd. Nominations of candidates for these vacancies must be received by the Secretary of the College not later than Friday, June 5th next. A voting paper for the election will be sent to every Fellow whose address in the United Kingdom is registered at the College on June 16th.

THE GENERAL COUNCIL OF MEDICAL EDUCATION AND REGISTRATION.

TUESDAY, MAY 26TH.

THE General Council of Medical Education and Registration began its summer session to-day at its offices, 299, Oxford-street, W. Sir DONALD MACALISTER, the President, was in the chair.

New Member.

Sir Lambert Hepenstal Ormsby, F.R.C.S. Irel. (introduced by Sir Henry Morris), took his seat on the Council as representative of the Royal College of Surgeons in Ireland for one year from Feb. 5th, 1914.

President's Address.

The PRESIDENT then delivered his address. He said: The severe illness which prevented me from attending the Council and delivering my customary address last November has enabled me to apprehend more clearly than before two facts of importance. One is that in a time of weakness I may count securely on your active support and sympathy; for this gratifying experience I thank you all from my heart. The other is that when the President is away the Council carries on its work as efficiently as ever; this experience is also most salutary—for the President.

Let me express my deep personal gratitude to the senior treasurer, Mr. Tomes, for undertaking the responsibilities and performing with such acceptance the duties that are incident on the chair; to Dr. Norman Moore and the other chairmen of Standing Committees for their readiness to lighten the acting President's burdens, and so to lessen my own; to Dr. Norman Walker for keeping me informed of the progress of the sessional business from day to day and for acting in many other ways as my helper in matters concerning the Council's interests; to all my colleagues for their most friendly encouragement and coöperation; and to the Registrar and his staff, without whose capable assistance I could not during my convalescence have carried out the various instructions conveyed to me under the resolutions of the Council. In view of all the valuable help extended to me, I venture to hope that the work of the Council will be found to have suffered no detriment from my temporary failure of health.

It falls to me to record with regret the deaths of two old and esteemed friends—Sir John Batty Tuke, who in 1912 retired after 25 years of office as a member of the Council; and Dr. P. H. Pye-Smith, for over six years (1901–07) one of our treasurers. I have also to note the retirement, since I last addressed you, of Dr. Lorrain Smith, consequent on his translation to a distinguished position in the University of Edinburgh; and of Sir Arthur Chance, on the completion of his last term of able service as representative of the Royal College of Surgeons of Ireland. On the other hand, I desire to offer a welcome to the new members—Dr. Elliot Smith from the University of Manchester, a former pupil of mine at Cambridge, of whose scientific eminence I am naturally proud; and Sir Lambert Ormsby, past President of the Irish College, who has already rendered assistance to the Council as one of its examiners in surgery. I would further take the opportunity of congratulating Sir Christopher Nixon on his admission to the Privy Council of Ireland, and of wishing him renewed health to enjoy that right honourable distinction.

Reciprocity under the Medical Act.

His Majesty in Council has issued Orders applying Part II. of the Medical Act (1886) to the Province of New Brunswick in the Dominion of Canada, and to the ancient colony of Newfoundland. In each case the Executive Committee has been satisfied that the educational and other requirements prescribed by law for the local qualification of practitioners are in accordance with the conditions desired by the Council. Under the powers given by your Standing Orders the committee has therefore intimated that practitioners possessing recognised qualifications granted in New Brunswick or Newfoundland, who produce the statutory evidence required under the Act, may be registered in the Colonial List of our Medical Register. Although Part II. of the Medical