

be entirely altered. Strychnia is said by some of our leading neurologists to be decomposed in the stomach. No doubt this is the case, but yet it is not rendered quite an inert substance even when taken by the mouth.

I have injected the nitrate of strychnia subcutaneously in doses of $\frac{1}{100}$ th grain and I can testify that its bitter taste can be distinctly recognised in the mouth and the appetite is notably increased. It is this bitter and tonic effect that is probably one of its most valuable qualities. One grain of strychnia dissolved in 70,000 grains of water, equal to one gallon, is said to be distinctly tasted by its bitterness. In these degenerate days, when drugs are said to be entirely useless by some, I for one should be sorry to see strychnia classed as one of the effete substances. I have seen poisoning by strychnia in pregnancy with violent convulsions, but without any evidence of uterine contraction. The late Dr. Ramskill used to say that he always gave very large doses of strychnia, but what this quantity was, I have never heard him say. The dose of strychnia in some of the books is from $\frac{1}{80}$ th to $\frac{1}{15}$ th grain, Martindale and Westcott, ninth edition, 1898; from $\frac{1}{30}$ th grain to 1 grain, Squire's "Companion to the British Pharmacopœia," 1874; $\frac{1}{16}$ th grain has poisoned a child, Taylor's "Medical Jurisprudence," 1874; $\frac{1}{2}$ grain has poisoned an adult, *ibid.*

I am, Sirs, yours faithfully,

ALBERT S. MORTON, M.D. Durh.

Putney, S.W., Feb. 6th, 1907.

A CASE OF DORSAL DISPLACEMENT OF THE ARM IN VERTEX PRESENTATION.

To the Editors of THE LANCET.

SIRS,—In THE LANCET of Jan. 19th, p. 165, an interesting case is reported by Dr. Arthur G. Wells under this heading. We are told that from the abdominal examination the case was diagnosed as one of second position of the child, but we are not told if the internal examination confirmed this. I venture to suggest that the case might have been one of third position of the child and then the displacement of the arm is easily explained. With the sudden rupture of membranes the left hand and arm came down over the face as is not an uncommon occurrence in vertex presentation, especially with escape of excess of liquor amnii. When the head was well in the pelvis the final long rotation occurred, but the arm did not rotate with the head. The face, the side of the head, and the occiput rotated in turn under the arm, and finally the left hand and arm were to the back of the occiput and to the left side of the child's neck, distending the right side of the perineum of the mother, as was seen in the case reported.

I should be interested to hear if the vaginal examination confirmed the abdominal, or if the vertex were too high up for a definite diagnosis. Also, if it were the left arm that was displaced. Much the same difficulty might occur with extracting a head with arms extended if the body were rotated in the wrong direction. In this case the backward displaced arm could not be liberated until the head had been rotated back again.—I am, Sirs, yours faithfully,

F. E. TURLE EVANS, L.R.C.P., L.R.C.S. Edin.

Willesden Junction, N.W., Feb. 6th, 1907.

THE CURRANT AS A FOOD.

To the Editors of THE LANCET.

SIRS,—It seems inexplicable that the medical profession generally has expressed no opinion upon the present craze for the use of currants in bread and other forms of food. At some of our principal stores currant loaves and other forms of eatables with currants as ingredients are exposed for sale and labelled "as recommended by (here follows the name of a well-known practitioner)." The ethics of this legend I do not now question, but I think that the wholesomeness of currants as they exist in currant loaves, &c., is a matter of opinion and calls for discussion. If the admixture of currants with bread is really a useful and nourishing form of food, good and well, let it continue; but I have no hesitation in stating that currants are neither a useful nor a wholesome addition to our bread and therefore to be condemned. Anyone having experience of children and their dietetic ailments must be aware of the effect of currants upon children. The currant is not digested by children; it is usually passed

whole and is the commonest cause of stomach-ache and diarrhoea after "children's parties."

How, then, has the currant attained so high hygienic fame recently? The experience of every household where there are children is against it. It is, in my opinion, wholly unworthy of such recognition as a food and is fraught with danger to the gastro-intestinal tract of children especially. With adults it may be different; the very indigestibility of the currant may serve as an exciting factor to the intestine, especially the large bowel, and promote, it may be, much-needed peristalsis and laxity thereby. This seems its only virtue and if this is its chief or only function within the human economy it is well the fact should be stated. There is possibly a difference in the digestibility of currants according as they are used in bread or in a form such as obtains in, say, dumplings. In bread, by baking, the skin of the currant is dried to an extent that renders it wholly impervious to any digestive fluid; it is possible, however, that in currant dumplings, Shelford puddings, &c., the long boiling to which these are submitted may serve to soften the skin or by cracking it allow the contents to be extruded. By boiling currants may be rendered less indigestible but any article of diet with currants prepared by baking, as in bread and buns, or by frying, as in countless pudding, tartlets, cakes, and fritters, the currant becomes indigestible and serves not as a food but as a gastro-intestinal irritant. I write these notes in the hope that the opinions and experiences of others may be elicited.

I am, Sirs, yours faithfully,

JAMES CANTLIE, M.B. Aberd., F.R.C.S. Eng.

Harley-street, W., Feb. 12th, 1907.

AN IMPORTANT CORRECTION.

To the Editors of THE LANCET.

SIRS,—The Students' Union of St. Bartholomew's Hospital regrets very much that the name and address of E. D. Fitzgerald, M.R.C.S., of Castle Hill-avenue, Folkestone, was included in the "Obituary List of Bartholomew's Men" and published in the Students' Union Year-Book for 1906. The Students' Union wishes through your columns to inform Mr. Fitzgerald's friends and your readers generally that Mr. Fitzgerald is alive and well and the Union hopes to be excused for any pain which has been caused by the mistake made.

I am, Sirs, yours faithfully,

S. TREVOR DAVIES,

Feb. 7th, 1907.

Honorary Secretary, Students' Union.

A CASE OF INOPERABLE CANCER TREATED WITH TRYPSIN.

To the Editors of THE LANCET.

SIRS,—As bearing upon the case recorded by Dr. Bertram Abrahams under the above heading in THE LANCET of Feb. 9th I should be glad to be allowed to refer your readers to the notes of the following case.

On May 19th, 1906, Messrs. —, agents in this country wrote to me for advice and particulars of trypsin treatment on behalf of the wife of a constituent of theirs in South America. Briefly, from the notes of the case inclosed to me it appeared that in May–September, 1904, the patient, aged 30 years, suffered from severe pain in the right breast, stomach indisposition, ill-health, and "neurasthenia," for which she was treated. In the latter month a small tumour of the size of a small nut was for the first time detected in the right breast which, in spite of daily injections of cacodylate of soda for some weeks, continued to grow. In December the breast and axillary glands were removed, with apparent recovery of health. In March–April, 1905, there was a return of pain and in July obvious recurrence of growth. At this time the patient placed herself under the care of a Chinese "herb doctor." The pains and swelling disappeared and she gained 18 pounds in weight. In October the patient had the misfortune to lose her father and to have a daughter ill with typhoid fever. The consequent anxiety, bad nights, and constant attendance on her daughter prevented her taking care of herself and resulted in relapse. In February, 1906, the pain increased in severity and sleep was impossible; small sores and excrescences appeared at the site of the operation, accompanied by great fetor. In April the sores had increased and pleuritic effusion was present. Morphia was resorted to in order to mitigate the pain, which otherwise was