

TABLE OF RESULTS OF EXPERIMENTS ON GUINEA-PIGS TO DETERMINE THE ANTISCORBUTIC PROPERTIES OF LEMON-JUICE EXPOSED TO VARYING DEGREES OF HEAT.

No.	Weight in grammes	Diet.	Course.	Result.	Gain or loss of weight.	Scurvy signs.	Duration (days).
32	250	Lemon-juice boiled 5 minutes. 1/5 tablet = 4'4 c.cm.	Paralysis of hind legs and 26-day signs.	D. 29th day.	Nil.	Hæmorrhages, subcutaneous and intestinal. Sp. large and hæmorrhagic.	29
33	340	" "	Steady growth.	R.	Gain 100.	Nil.	80
34	270	" "	" "	R.	Gain 160.	Nil.	91
35	300	" "	" "	R.	Gain 120.	Nil.	91
36	340	Lemon-juice boiled 5 min. 1/10 tablet = 2'2 c.cm.	" "	R.	Gain 110.	Nil.	91
37	350	" "	" "	R.	Gain 180.	Nil.	91
41	300	Deacidified lemon-juice boiled 5 min. 10 c.cm.	" "	R.	Gain 130.	Nil.	90
42	340	Lemon-juice heated at 58° C. for 45 min. 1/5 tablet.	" "	R.	Gain 170.	Nil.	93
43	270	" "	" "	R.	Gain 160.	Nil.	93
44	340	" "	Practically no growth for 6 weeks, then rapid fall.	D.	Loss 90.	None definite beyond emaciation.	67
45	240	" "	Steady growth.	R.	Gain 160.	Nil.	93
46	290	1/10 tablet of above.	Steady growth for 9 weeks, then rapid fall; normal diet on 67th day.	Final re-recovery.	Gain 20.	Stiff joints and paralysis of hindquarters.	93
47	240	" "	Steady rise.	R.	Gain 160.	Nil.	93
40	280	Control; basal diet only.	Began to lose weight 22nd day; rapid fall.	D.	Loss 120.	Blood, bones, and joints.	39
48	260	" "	Began to lose weight 24th day; rapid fall.	D.	Loss 50.	Hæmorrhage; fragile bones; large joints.	41
39	300	Basal diet, plus 1 c.cm. fresh blood.	Steady loss of weight from 20th day.	D.	Loss 80.	" "	39
38	250	" "	Scurvy signs on 27th day; put on cabbage 36th day; rapid recovery.	Final re-recovery.	Gain 100.	Face-ache; painful joints; diarrhœa; ophthalmia.	64

D., died. R., recovery. Sp., suprarenal.

Conclusions.

- (1) The concentrated lemon-juice will keep well in concentrated juice or tablet form.
- (2) Boiling the lemon-juice for five minutes does not appreciably diminish the antiscorbutic property.
- (3) Heating for three-quarters of an hour at 58° C. diminishes it to a more marked degree. The equivalent of 2'2 c.cm. in one animal gave complete protection; 4'4 c.cm. completely protected three out of four.
- Note.—In an annotation on this paper (THE LANCET, Oct. 23rd, p. 863) the question was raised of the utilisation,

for its antiscorbutic content, of the magma from the manufacture of citric acid by precipitation with chalk. In my previous paper (May 22nd, 1920) the deacidified juice mentioned in para. 2, p. 1104 (and in first series above), and which added to an otherwise scorbutic diet prevented scurvy in guinea-pigs and enabled normal growth to proceed, was prepared in such a manner. To the fresh juice precipitated calcium carbonate was added in excess, the mixture brought just to the boil and filtered; the filtrate gave the deacidified juice used.

Clinical Notes :  
MEDICAL, SURGICAL, OBSTETRICAL, AND  
THERAPEUTICAL.

A SIMPLE METHOD OF TONSILLECTOMY.  
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I WOULD like to invite attention to a simple and effective method for removing tonsils and adenoids.

Ether is given by the open method and the patient is placed in a supine position on the operating table, with the head semi-extended over a medium-sized circular sand cushion, held firmly fixed in a vertical position between the hands of an assistant standing behind the head of the table. Another assistant, standing on the right side, introduces a Doyen's mouth-gag and maintains it in situ. The operator, standing on the left side, passes Mackenzie's tonsillotome of suitable size towards back of pharynx, at the same time gliding his left index finger downwards alongside of instrument to guide it into position so that it may encircle the left tonsil—this is combined with a gentle inward push of the handle which fixes the ring against the lateral pharyngeal wall below the projecting tonsil. The guillotine is then pressed home and the tonsil removed. The assistant at once removes the gag, he and the operator change sides, and the same procedure is repeated on the right side, after which the operator passes his right index finger behind the palate in quest of adenoids, which, if present, are at once removed by a curette. The gag is then removed, and the patient's head and shoulders are dropped, momentarily, over side of table to facilitate ejection of blood.

The essentials of this method are rigid maintenance of the head in the vertical position, and the intelligent assistance of the left index finger.

A CASE OF  
TRANSPOSITION OF CÆCUM, APPENDIX,  
AND COLON,  
WITH ABSENCE OF THE SIGMOID FLEXURE.  
BY VINCENT J. GLOVER, M.D. LIVERP., M.B., CH.B. VICT.

THE operation which is here described was recently performed upon a patient who first consulted me some six months previously.

At that time he suffered from pain which began on the right side, skirting the lower angle of the scapula, and radiating round the flank towards the umbilicus; shortly it became intense and localised midway between the umbilicus and McBurney's spot. Vomiting of green bilious fluid occurred; I found no temperature and no other symptom upon examination of the abdomen beyond marked tenderness on palpation over the region of McBurney's spot and along a line extending from it half-way to the umbilicus. After a few days' rest and appropriate treatment the patient resumed his occupation, taking a light diet. I formed the opinion that he had had an appendicular attack, although I was not quite satisfied, suspecting the presence of gall-stones. A similar attack supervened after three weeks' interval, and upon the occurrence of a third I consulted with Dr. A. Gordon Gullan, who inclined to the view that there was some gall-bladder trouble, and probably some appendicular disease. The patient was dieted and treated, and recovered rapidly, but another attack followed, and I decided to operate.