

bean, close to the spine, infers lymphatic infection beyond and points to the impossibility of eradicating the disease." There is no indication in Mr. Symonds's paper that any part of any specimen removed has been microscopically examined. Even in the case where "a gland was enclosed in a ligature and part had to be left" we are led to believe that the gland was malignant without being referred to the testimony of the microscope. At the present time there is comparatively little information as to the extent of gland invasion in cases which, from other points of view, are operable, and it is a matter for regret when the record of a case affords no information on the microscopic characters of the glands removed. It is most misleading to look upon the size or even the hardness of a gland as proof of malignancy. Glands as large as a bean at the upper end of the ileo-colic chain are not infrequently observed in cases where there is no suspicion of malignant or other disease of the bowel. It is well that "experience shows that the presence of such glands need not weigh against excision."

We have shown² that the whole of the ileo-colic chain of glands must be regarded as being primary to the cæcum and appendix, glands at the extreme upper end of the chain receiving direct vessels from the bowel and standing in the same relation to it as those in contact with it. Assuming that by "a gland close to the spine," one of the uppermost members of this chain is meant and bearing in mind the anatomy of the chain, it does not seem to us that an obvious enlargement of such a gland, even if thought to be definitely malignant, should disturb the operator's intention or give rise to more apprehension than a diseased gland of the anterior or posterior ileo-colic groups which would certainly deter no one from proceeding to excision. Gland disease limited to the ileo-colic chain and not involving the great glands around the superior mesenteric trunk should not forbid excision, other conditions being favourable, nor should the presence or absence of diseased glands determine the extent of the operation. In cases where there is no obvious change in the glands the whole of the chain should be removed, otherwise there is no reasonable certainty of complete removal of possibly infected glands. In cases where the glands are enlarged and possibly malignant there may be less certainty of complete removal. Shortly, we may say that this operation is the least and the most that may be done in carcinoma of the cæcum and ascending colon.—We are, Sir, yours faithfully,

J. F. DOBSON.

J. KAY JAMIESON.

School of Medicine, Leeds.

A NOTE ON THE TREATMENT OF DIPHTHERIA.

To the Editor of THE LANCET.

SIR,—Most practitioners are no doubt familiar with the excellent results obtained in severe cases of diphtheria marked by vomiting and cardiac depression by the adoption of Dr. Rolleston's method. This method consists in the administration by the mouth or rectum of a solution of adrenalin chloride with camphor water. In practice, however, it is sometimes inadvisable to give in the condition referred to *anything* by the mouth, and in other cases there may be intolerance of rectal injections.

For nearly two years past I have used at the Mortlake isolation hospital specially prepared tabloids, each containing $\frac{1}{200}$ th of a grain of adrenalin chloride and $\frac{1}{100}$ th of a grain of sulphate of strychnine, to make solutions for hypodermic injection and I have found this plan answer admirably. One or two of these tabloids may be administered every two, three, or four hours according to the gravity of the case; the action of the adrenalin appears to be sustained by the strychnine, which, of course, has its own special value in diphtheria, and the treatment can be continued and carried to a happy issue when neither mouth nor rectal administration is possible.

The method is of service even in cases admitted in a desperate condition, but its greatest value, I think, is displayed when the administration of the two drugs is commenced immediately that vomiting or cardiac irregularity is noticed. We make it a part of the daily routine that immediately on the occurrence of vomiting all food, medicine, and throat treatment are stopped and adrenalin and strychnine be at once given hypodermically.

Some account of this treatment was given in a paper published in the *West London Medical Journal* for July,

1907, but a year's increased experience has amply confirmed my opinion of its usefulness.

I am, Sir, yours faithfully,

F. G. CROOKSHANK, M.D. Lond.,

Barnes, S.W., April 18th, 1908.

Medical Officer of Health.

THE CONGENITAL PIGMENTATION OF MONGOLIANS.

To the Editor of THE LANCET.

SIR,—A curious condition has been brought to my notice by a very observant midwife: it is that every full-caste Chinese baby is born with a large-sized ecchymosis or bluish-black staining on each buttock in the centre of which is a still blacker spot. On the baby with which I had the chance of observing this strange mark the centre of intense colouration was on one side only, but both buttocks had a distinctly circumscribed bluish-black discolouration beneath the skin. I have examined other Chinese children and have found bluish-black areas up to the age of two years; in one baby six months of age it had already disappeared, but the father assured me it was there when it was born and also in all his children; in some families the spots were mostly situated high up on the sacrum.

I have seen a Japanese baby three months of age, but I cannot say that I found the discolouration except a slight stain on the sacrum, but even amongst them it is a well-known and looked-for sign, and its absence in the newly born is the cause of some amusement; they seem to know the white child does not possess this distinctive sign at birth.

I do not know if this peculiarity has been commented upon before. As the Chinese are intensely exclusive in matters connected with attendance on their women at child-birth it is the exception for a male doctor to be present. It was further stated by the midwife that she had observed it in the half-caste Chinese children but, curious to remark, on only one buttock, inferring that its incompleteness was indicative of Chinese intercourse with European women.

I am, Sir, yours faithfully,

EDWARD P. LEAVY, L.R.C.P. & S., L.M. Irel.,

Government Medical Officer, Geraldton.

Geraldton, Johnstone River, Queensland, Feb. 10th, 1908.

* * We publish on p. 1223 of this issue a brief annotation on Mr. Leavy's communication.—ED. L.

MEMORIAL TO THE LATE PROFESSOR ANNANDALE, PROFESSOR OF CLINICAL SURGERY IN THE UNIVERSITY OF EDINBURGH.

To the Editor of THE LANCET.

SIR,—Many friends and former pupils of the late Professor Annandale, in the belief that a scheme for establishing a memorial to perpetuate his name would be received with general approval, are taking steps towards its accomplishment. For this purpose a large and influential general committee has been formed, also a small executive committee.

It is proposed that a fund should be raised for the purpose of awarding a gold medal annually to the best student in clinical surgery at the final examination to be known as "The Annandale Gold Medal in Clinical Surgery." In addition to this it is thought that a bust of the late Professor should be placed in the lecture theatre of the Royal Infirmary, Edinburgh, so long associated with his teaching. As the late Professor Annandale identified himself so closely and for so many years with the athletic life of the University it has been suggested that if there should be any surplus after providing for these objects it might be devoted to some memorial in connexion with the athletic club.

The committee have appointed Mr. H. M. D. Watson, C.A., 13, Rutland-square, Edinburgh, to act as their secretary and treasurer, and those who desire to subscribe are requested to communicate with him as soon as possible, as it is thought important to carry through the scheme without delay.

Yours faithfully,

WM. TURNER,

Principal of the University of Edinburgh.

J. M. COTTERILL,

President of the Royal College of Surgeons
Edinburgh.

H. M. D. WATSON,

Secretary and Treasurer.

Edinburgh, April, 1908.

² THE LANCET, April 27th, 1907, p. 1137.