

colleagues, but although it is sometimes wonderfully convenient and successful the mortality has been very high and it has almost been entirely superseded by other methods. When Mr. Mummery has a little more experience with the method he will discover that there are circumstances which make it less like the ideal method of anastomosis it at first sight appears.

I am, Sir, yours faithfully,  
Newcastle-on-Tyne, May 16th, 1908. G. GREY TURNER.

## THE DOSAGE OF NEW TUBERCULIN.

*To the Editor of THE LANCET.*

SIR,—When introducing the new tuberculin (T.R.) in 1897 Koch apparently said something which implied that T.R. contained 10 milligrammes of solids per cubic centimetre. The manufacturers now affirm that from the very beginning the strength of T.R. has been so adjusted as to contain only 2 milligrammes. All this is explained in Professor Ruppel's article in THE LANCET of March 28th, 1908, where detailed instructions are given for the diluting of T.R. to a suitable strength for administration. Yet in a case like this where absolute accuracy is obviously essential it seems unfortunate that Professor Ruppel should himself have made a slip. Having described the preparation of a 10 per cent. solution of T.R., he says that this solution can be diluted to a thousandfold by adding 0.10 of it to 9.00 cubic centimetres of glycerine water. Of course, the amount of glycerine water should be 9.90 cubic centimetres.

My reason for calling attention to the mistake is lest some busy practitioner should implicitly follow these directions without stopping to verify the figures.

I am, Sir, yours faithfully,  
Oban, May 14th, 1908. W. D. ANDERSON.

## THE VICTIMS OF X RAY WORK.

*To the Editor of THE LANCET.*

SIR,—The attention of the public has been drawn by articles in the press to certain radiographers and others who are suffering from x ray dermatitis. It seems but right that something should be done for the early workers whose sufferings have led to the introduction of protective measures which render the present users of the rays free from risk. I understand that money is being subscribed already in certain cases, but there are others—lay operators, electricians, and nurses—who are suffering to a greater or less degree. I am endeavouring, with the assistance of Mr. E. W. Morris, the secretary of the London Hospital, to obtain information about all the cases and shall be glad if your readers who know of such will send me particulars. Before anything further is done it appears to us only fair that all should participate in any scheme suggested by the sympathy which has been aroused.

I am, Sir, yours faithfully,  
JAMES H. SEQUEIRA.  
8A, Manchester-square, W., May 14th, 1908.

## THE ANTIQUITY OF THE COFFIN.

*To the Editor of THE LANCET.*

SIR,—In the article which appeared under the above heading in your issue of May 2nd no mention is made of the very precise information we now possess of the origin of the coffin in Egypt in prehistoric times. The evidence has been diligently collected and critically examined by Dr. George A. Reisner.<sup>1</sup> In prehistoric (i.e., predynastic) times in Egypt the corpse was buried in a shallow hole scraped in the sand; the body was usually wrapped loosely in goatskin, matting, or linen, to protect it from contact with the soil. Sometimes the hole was lined with a regular series of twigs or pieces of wood, with the obvious intention of preventing the sides of the grave falling in upon the body. In other words, a wooden box or coffin was built around the body in the grave.<sup>2</sup>

"The replacement of wooden grave-casings and mat or skin outer wrappings by brick chambers and wooden boxes is a perfectly natural one, undoubtedly based on advances in technical skill—the arts of brick-building and of copper-working. The first rendered mats and skins superfluous by providing that dirt-free space towards which there was a

manifest striving in the wood-roofed and wood-lined predynastic graves; and the second gave greater facilities for working wood into portable boxes."<sup>3</sup>

From the time of the first Egyptian dynasty onwards wooden coffins were in common use in Egypt. At first simple rectangular boxes were employed; under the New Empire the well-known conventional mummy-shaped coffin came into common use. In later times very varied forms of wooden boxes were used and among them some which differed only very slightly from the common type of modern European coffin. But whether or not we derive the European coffin from Egypt, it is certain that wooden burial-boxes have been in use in Egypt for close on 6000 years.

I am, Sir, yours faithfully,  
The School of Medicine, Cairo, G. ELLIOT SMITH.  
May 7th, 1908.

## ACUTE DELIRIOUS MANIA AND ACUTE MANIA.

*To the Editor of THE LANCET.*

SIR,—Psychology is a subject which the general practitioner is less versed in than other branches of the profession. Opportunities of examining the insane and watching their clinical progress do not fall to the lot of the hospital student while going through his course of study. It is only a casual knowledge of mad people that he obtains during this period unless he seriously discharges the duties of clinical assistant to an asylum. What he learns subsequently on the subject of insanity is another matter. Thus, it is not remarkable to read of the comments in your issue of May 9th, "Acute Delirious Mania and Acute Mania."

But, Sir, the point of the letter in the said issue, "he should get up the subject," is a strong argument in favour of specialism. Has not the writer of the letter fallen into a trap? And in getting out of it does he not generously give a warning note? The treatment and the management of typical cases of acute delirious mania and acute mania are to be distinguished and dealt with as are so well described in the text-books on insanity. The terms "delirium" and "mania" are traditional expressions. The former does not necessarily qualify insanity, but if not heroically faced the patient will die. And is there not always in delirium a rise of temperature indicating some vicious vascular circle? While in the latter we recognise a wild, semi-conscious state of excitement with no elevation of the temperature. Acute delirious mania is one of the most fatal forms of insanity if not carefully watched and nursed. It is as risky a physical disease as typhoid fever, for the patient is for a considerable period on the brink of a precipice.

I am, Sir, yours faithfully,  
May 10th, 1908. J. FREDK. BRISCOE.

## ANÆSTHETICS.

*To the Editor of THE LANCET.*

SIR,—In reference to the anæsthetic question it is, I think, admitted by all that ether is the safest anæsthetic and chloroform the most convenient, although the most dangerous when given in the usual way. It is not possible to give ether, say, in a confinement case, and the question therefore arises, Is a mixture of ether and chloroform superior as regards safety to  $\text{CHCl}_3$  alone, and, if so, what is the best inhaler to give it from?

A leading anæsthetist of London wrote quite recently as follows: "It has been shown by Professor Schäfer in a research he undertook that the ether in a C.E. mixture so largely used in Germany is inoperative, except in the sense that it dilutes the chloroform. It appears to have no stimulating effect and it in no sense counteracts the fall of blood pressure consequent upon the use of  $\text{CHCl}_3$ . Professor Schäfer found that chloroform, nine parts, and alcohol, one part, produced the maximum degree of antagonism—i.e., alcohol checked the fall of blood pressure, the ether did not." Are we, then, to eliminate ether from our mixture and add alcohol? The question is of great importance.

Lastly, with respect to the competency of general practitioners to administer anæsthetics, will you permit me to say that I do not accept Dr. F. W. Hewitt's remarks recently

<sup>1</sup> The Early Dynastic Cemeteries of Naga-ed dêr, Part i., 1908. Published by J. C. Hinrichs, Leipzig.

<sup>2</sup> See Reisner, Op. cit., p. 89.

<sup>3</sup> Reisner: Op. cit., p. 90.