

## MODIFICATION OF THE LANTERN FOR LECTURES.

*To the Editor of THE LANCET.*

SIR,—Use of the lantern for lecture purposes in the common fashion offers several inconveniences. First, the room must be darkened, a condition that hinders note-taking, prevents demonstration of specimens, and favours somnolence; second, the windows must be closed, a great disadvantage in warm weather; third, a lantern attendant is necessary and the number of slides to be shown may be few or many; fourth, arc illumination is required. In order to overcome these and other objections, I devised and, since October last, have had in constant use, the following modifications.

The lantern is provided with a gas-filled incandescent lamp (1500 c.p., 7 t. amp.) and, instead of the usual method whereby an assistant projects the image on the wall behind the lecturer—i.e., some 15 ft. from the front row of students—in the method under description the lecturer himself operates the lantern from his bench, controlling the light by an ordinary tumbler switch. The image is projected upon and viewed through a ground-glass screen placed 3 ft. from the front row of students. Hence, the usual method in which the projection lens points towards the lecturer and a large dead-white receiving screen is situated behind him, is replaced by a method in which the projection lens points towards the audience and a small translucent screen intervenes between lecturer and audience.

As a result of its nearness to the observer, the image need not be so large for proper vision, and a ground-glass screen of which each side measures 26 in. is sufficient. But the principal point is that, owing to the sufficiency of a smaller image and its nearness to the observer, the law of inverse squares governing illumination operates at so great an advantage that the image on the screen is clearly visible in diffuse daylight or ordinary artificial illumination of the lecture theatre even in the back rows, 20 ft. from the ground-glass screen. For a lamp using 7.5 ampères special wiring is necessary, but Messrs. Fallowfield, Charing Cross-road, are supplying a complete outfit, consisting of lantern, lamp (800 c.p.) resistance, screen and stand (cost £15) that can be worked from the ordinary lighting circuit by means of an adapter. One proviso is necessary. It is impossible for the apparatus to compete with direct sunlight. The blinds must be drawn on that side of the room into which the sun's rays enter. If this be done, an observer at a distance of 30–40 ft. from the screen can see the image well, even at noon on the brightest day in October. Whether he will be able to do so in June I do not yet know.

I believe the modification is one of great practical use to teachers.—I am, Sir, yours faithfully,

W. S. LAZARUS-BARLOW.

Cancer Research Laboratories, Middlesex Hospital,  
Feb. 17th, 1922.

## CANCER RESEARCH AT KING'S COLLEGE, LONDON.

*To the Editor of THE LANCET.*

SIR,—Considerable publicity has been given recently to the work of the Imperial Cancer Research Fund at the Middlesex Hospital. Among the other deserving institutions engaged in this research, not mentioned, it may be well to remind your readers of the work which is being done in the physiological and bacteriological laboratories of King's College, which has been carried out for many years by Dr. J. A. Shaw-Mackenzie, and without any financial assistance.

The generous offer of Lord Atholstan and of Sir William Veno towards cancer research work raises the question of the medical side in cancer treatment and encourages this aspect of the problem. That this aspect of the problem is justified may be gathered from the facts than cancerous tumours in the human

subject may remain stationary over considerable periods of time, and that disappearance of cancerous growths occurs spontaneously in a large percentage of inoculated tumour mice. These facts seem to indicate that defensive processes of the body are at work.

In this connexion, one of the results of the laboratory investigations is that the blood-serum of recovered mice shows that natural chemical processes are at work, and that a natural and increased production of lipase and of fatty acids in the tissues are important factors in the protective mechanism. The same reactions of the serum held good in recovered tuberculosis and other bacterial diseases examined. It has been shown further that sodium oleate amongst other substances increases the action of lipase in vitro and in vivo, and beneficial results have long been reported from its use in certain cases of inoperable cancer. It is accordingly not unreasonable to hope that it is in the direction of reinforcement of natural processes advances in treatment may be made.

It was on this basis that (1) preparations of saponified extracts derived from the fatty material and lipoids of cancerous and tuberculous material have been made, and the same suggested from other pathological tissues. Further investigations are being continued on the (2) trial and therapeutic efficacy of these preparations; (3) examination of sera, including complement-fixation tests in cancer; and (4) the composition of cancerous material, with special reference to the fats and fatty acids. The work of C. C. Warden, at the University of Michigan and St. Josephs of Mercy Hospital, Ann Arbor, which is reviewed in the February number of *Medical Science*, issued by the Medical Research Council, London, appears to be on similar lines. While, however, in this work "the specific antigens of cell, bacterial and somatic," are attributed to suitably dispersed fatty acids, the importance in particular of the bacterial fatty acids and their sodium salts is evident in immune processes.

I am, Sir, yours faithfully,

W. J. SIMPSON.

King's College, London, Feb. 18th, 1922.

## A DISCLAIMER.

*To the Editor of THE LANCET.*

SIR,—I shall be greatly obliged if you will allow me the opportunity of stating in your columns that I neither have, nor ever have had, any kind of connexion whatever with the commercial preparation known as "Dimol" or any other "antiseptic" of commerce. It is not possible for me to find the leisure to reply personally to the communications and inquiries which continue to reach me from time to time (owing to an inconvenient accidental similarity between my name and another) regarding the merits or demerits of advertised antiseptics. But it seems to me undesirable to appear, by silence, to admit either the accuracy and propriety, or the relevancy to myself of opinions addressed to me by correspondents under a misapprehension.

I am, Sir, yours faithfully,

E. W. AINLEY WALKER.

University College, Oxford, Feb. 16th, 1922.

## RUPTURE OF THE RECTUS ABDOMINIS MUSCLE IN INFLUENZA.

*To the Editor of THE LANCET.*

SIR,—Two and a half years ago an account was published in *THE LANCET*<sup>1</sup> of a case of ruptured rectus abdominis muscle occurring in influenza where an operation was performed. During 1921 I saw a similar case, in which, after some discussion as to the advisability of operating, the condition was diagnosed and no operation performed. The diagnosis was confirmed by autopsy. Recently a surgical colleague told me that he had unexpectedly discovered the condition in

<sup>1</sup> W. Balgarnie: *THE LANCET*, 1919, i., 843.