

of legs, ringworm of body, tinea versicolor. Soft sores suppurative appendicitis after operation (the wounds cleaned rapidly). Pastular eczema of scalp and pubes, chronic eczema of external meatus of ear with recurrent boils, and also chronic eczema of anterior nares. Offensive discharge in case of chronic suppuration in otitis media, bromidrosis of feet and axillæ. Blind boils of neck. *By injection*: Gonorrhœa and chronic cystitis (local), boils, epididymitis. In above cases I found that symptoms were relieved rapidly.

In these circumstances I feel justified in asserting that "collosols" are quite equal to, in their clinical action, if not better than, electric colloids, and my object in writing this letter is to bring before the medical profession the advantages that can be gained in treatment by the use of chemical collosols.

I am, Sir, yours faithfully,

C. E. ALEX. MACLEOD, F.R.C.S. Eng.

Ladbroke-grove, W., Jan. 24th, 1912.

SALVARSAN AND SYPHILIS.

To the Editor of THE LANCET.

SIR,—My first experience of salvarsan was in September, 1910, at the Hôpital St. Jacques, Brussels. The results observed there were quite brilliant, but in many cases the swelling caused by the injection was of the size of a clenched fist, exceedingly painful to the touch, and attended by great pain lasting often three days. One injection was made deeply into the muscles of the back.

Most of the writers on this subject in your columns have specially commented upon the painfulness of this procedure. Salvarsan, I think, is not very irritating or caustic to the tissues if properly prepared, but the sudden introduction of 10 c.c. of any powder in suspension which is not immediately absorbed must produce tension and consequently pain, even if not more serious consequences, such as necrosis and sloughing.

I have been using salvarsan ever since it was procurable on the market, and have employed it in the following manner. The emulsion is prepared at the side of the bed with all aseptic precautions. The patient lies on his stomach; both buttocks and the skin below both scapulæ are painted with tincture of iodine. Into each of these sites the emulsion is injected in about equal quantities. The needle of the syringe is necessarily somewhat large and four injections are more disagreeable than one, but any after-pains have in my cases been negligible, therefore opium has never been required either before or after the injection. Practically there has been no rise in temperature. The dose given has been 0.6 gramme except in the case of children.

All must, I think, admit the speedy and remarkable results of this drug in many forms of syphilis, but at the same time we are all familiar with the rapid improvement which takes place in some syphilitic lesions by the administration of large doses of the iodides.

Last year I saw in the Hôpital St. Louis, Paris, cyanide of mercury given intravenously; it caused not the slightest inconvenience to the patients, and benefited wonderfully the specific lesions. To produce rapid results it seems necessary to administer a powerful poison to the treponema, and excellent results follow the intensive treatment by mercury urged by M. Jacquet, which I have been using for some time. We must all be grateful for the addition of "606" to our weapons against the devastating action of syphilis; the dream of Ehrlich has yet to be fulfilled, though he has materially helped its consummation—the discovery of agents parasitotropic, but not organotropic, when administered in disease.

I am, Sir, yours faithfully,

Wigan, Jan. 23rd, 1912.

R. PROSSER WHITE.

RESEARCH DEFENCE SOCIETY.

To the Editor of THE LANCET.

SIR,—It is just four years since this society was founded to make generally known the facts as to experiments on animals in this country and the regulations under which they are conducted, the immense importance of such experiments to the welfare of mankind, and the great saving of human and animal life and health which is already due to them. We hope that you will kindly allow us to report progress. During the past year the society has gained 1000 new members and associates and has formed ten new branches.

It now has 5000 members and associates. During the year the society has lost by death eight of its vice-presidents—Sir Henry Butlin, Canon Duckworth, Lady Foster, Dean Gregory, Sir Joseph Hooker, Dr. Hughlings Jackson, the Bishop of Oxford, and Sir Samuel Wilks. The following have consented to act as vice-presidents: H.H. the Aga Khan, Mr. Waldorf Astor, Mr. Otto Beit, Lord Cobham, Lord Dunedin, Lord Leconfield, Sir Henry Morris, the Bishop of Rangoon, the Bishop of St. Asaph, Mr. Paul Swain, and the Bishop of Truro.

The following pamphlets and leaflets have been published during the year: (1) A Question of Ethics; (2) Experiments during 1910; (3) The Facts of the Case; (4) The Saving of Human Lives; (5) The Rockefeller Institute; (6) The Case presented by Antivivisectionists; (7) Recent Surgical Progress; (8) Antivivisection Shops; (9) Tuberculosis; (10) Sleeping Sickness; (11) Annual Report, Balance Sheet, and List of Members and Associates. A book is in the press, giving a full *résumé* of the evidence before the Royal Commission. It will be published within a few weeks after the publication of the final report of the Royal Commission.

Since Jan. 1st, 1911, the number of addresses, lantern lectures, and debates has been about 120. The quantity of literature which has been distributed has far exceeded that of any preceding year. The society has held stalls at various important exhibitions.

We greatly hope that many of your readers will become members or associates of the society, and will help its useful work. The honorary secretary will always be glad to answer every inquiry, to send literature to all applicants, to receive names for membership or associateship, and to make all necessary arrangements for addresses and lantern lectures in London or elsewhere.

We remain, your obedient servants,

CROMER, President.

SYDNEY HOLLAND, Chairman of Committee.

F. M. SANDWITH, Hon. Treasurer.

STEPHEN PAGET, Hon. Secretary.

21, Ladbroke-square, London, W., Jan. 27th, 1912.

MICHEL'S METAL SUTURES IN GASTRO-ENTEROSTOMY.

To the Editor of THE LANCET.

SIR,—Any detail about this valuable operation seems worth considering if time can be saved in making the junction between the stomach and the bowel without any loss of security. Murphy's buttons and time-saving apparatus such as the newly invented sewing-machine are now not often used. Most surgeons, I think, make a double row of stitching. But the interior row after the openings have been made in the stomach and bowel can be securely and quickly made by metal suturing. This procedure I have tried only in one case of gastro-jejunosomy in a patient exhausted and emaciated with cancer of the stomach and it proved perfectly successful. There is no need to point out the mechanical advantages of metal sutures or the rapidity with which adaptation can be effected. The small teeth are bitten together after use and a thin light ring results which should do no more harm than any other unabsorbable fixation. A metal suture takes a larger surface area of approximated tissue than does a stitch and a row of metal sutures is very light and flexible.

Mr. Moynihan's interesting paper on Jejunal Ulcer in the *Universal Medical Record*, p. 11, suggests remote injurious results from the use of unabsorbable ligatures and quotes Wilkie;¹ the presence of an unabsorbable suture in the granulation area tends to delay repair. Moynihan remarks that the evidence is "perhaps a little slender." Whether other surgeons have tried metal sutures in gastro-enterostomy I do not know, experience will encourage or discredit their use. We must be cautious in writing of any ligature as unabsorbable, for time, *edax rerum*, makes many substances soluble, and solubility has its peculiar dangers from mechanical, toxic, and chemotaxic causes.

I am, Sir, yours faithfully,

GEORGE WHERRY, M.C. Cantab., F.R.C.S. Eng.

Cambridge, Jan. 26th, 1912.

¹ Edinburgh Medical Journal, 1910, p. 2.