In connection with the methæmoglobin experiments mentioned above, it may be mentioned that a simple method of preparing methæmoglobin crystals is to shake a few cubic centimetres of defibrinated blood with a few drops of nitrite of amyl in a test-tube for about a minute. A drop of the mahogany-coloured liquid so formed, placed on a slide, and covered, yields in a few seconds an abundant crop of crystals. In the guinea-pig, these are tetrahedra; in the squirrel and rat, they have the same form, namely, a mixture of hexagons, which are dark between crossed Nicols, and rhombic prisms, the former greatly predominating.

A NOTE ON LANOLIN.

By PROFESSOR OSCAR LIEBREICH,
University of Berlin.

In my Observations on the Practical Use of Lanolin (*JOURNAL*, February 13th), I have given a series of prescriptions for the application of lanolin. The lanolin-fat which I had then at my disposal contained the not readily fusible cholesterine-ethers, which oppose a certain resistance when rubbed in on the skin. Therefore, I had proposed to add 10 per cent. of fat to the ointments. The lanolinum purissimum now produced has exactly the consistency which is necessary for ointments; it does not require the addition of fat. I believe this innovation of importance, because it overcomes the just objection that the ointments decompose when kept for some time. In this way I have preserved unguentum diachylon for a good while, without decomposition.

Even for massage, this lanolinum purissimum is very well qualified. Dr. Ever, from Berlin, directed the attention to the fact that, in applying vaseline and petroleum-fats, or ordinary glycerine-fats, the subsequent washing with soap, and even with warm water, which is necessary when using these substances, is hurtful. Especially with rheumatic affections, great care is required not to irritate the skin by water after the massage, which might delay the cure, or even give occasion to new rheumatic affections. In applying lanolin, it is only required to wipe the rubbed places of the skin by a dry cloth, thus preventing it from greasing the parts.

As I have seen by the experiments of Professor Smith (*BRITISH MEDICAL JOURNAL*, No. 1328, June 12th, 1886), that also in England favourable results have been obtained by using lanolin, I hasten to bring the above-mentioned facts to notice, in order that the recipes indicated by me may now be prescribed and applied without fat.

SURGICAL MEMORANDA.

IMPERFORATE RECTUM IN AN INFANT: LITTRE'S OPERATION.

On March 16th, I was shown a very small, weakly, male child, three days old, whose bowels had not acted since birth. There was no sign of an anus, only a slight depression where it ought to have been. The following morning, I tried to find the gut through an opening in the perinæum, but failed; and, on the evening of the second day afterwards (the parents having, in the meantime, refused to have anything further done), the child being still alive, but the abdomen greatly swollen and discoloured, I made an artificial anus in the left groin by Littre's method. On opening the peritoneum, a loop of small intestine first presented, which was pushed back, and the large one felt for, and hooked up with the finger, and fixed to the wound by Amussat's process. With the exception of a little trouble in keeping the angles of the wound together, through the movements of the child and clumsy handling on the part of the mother, the whole healed without any particular drawback—the perinæal wound in a few days. The anus acted perfectly, and the child got on well; until, towards the end of April, when it caught whooping-cough, and died, May 1st, in a fit. On April 19th, the perinæal wound was noticed to be opening, and faecal matter coming through; and from that day the bowels acted regularly through it, and the natural anus became more formed and drawn up.

At the *post mortem* examination, the opening in the groin was found to be in the sigmoid flexure; the bowel was firmly united to the skin, and everything completely healed. In the perinæum, the gut was within half an inch of the surface, continuous with the opening, and the natural anus almost completely formed.

This case, and others recently published, suggest two practical points: first, to do Littre's operation first, and restore the natural

anus, if practicable, afterwards; secondly, to use harelip pins in the angles of the wound, to prevent the stitches from cutting out through the movements of the abdominal walls.

T. HALL REDWOOD, M.A., M.D., Rhymney.

THERAPEUTIC MEMORANDA.

TREATMENT OF A FORM OF DIARRHŒA IN CHILDREN.

THERE is a form of diarrhœa in children, usually occurring after weaning, and from that period to four or five years of age, which is characterised by the most horrible offensiveness of the motions. This is so marked, that it is generally at once mentioned by the parents. It is commonly met with in summer, but is not strictly what is known as infantile diarrhœa, in which disease the stools are sour, but not necessarily foetid. Probably this form of diarrhœa differs from the diarrhœa of younger infants, in being caused by the growth of the ordinary bacteria of putrefaction. It is not amenable to treatment by any astringent, nor has any alteration of diet much effect upon it.

It may, however, be successfully treated by disinfecting the bowel contents by means of salicylate of iron, as in the following prescription, which is suitable for a child two years of age. Sulphate of iron $\mathfrak{D}\text{i}$; salicylate of soda $\mathfrak{D}\text{i}$; glycerine $\mathfrak{z}\text{iij}$; water to three ounces. The iron and the salicylate should be dissolved separately, and the solutions mixed. The colour is darker than port wine, and the taste not unpleasant. One teaspoonful must be given every hour, until the stools become well blackened, which happens in about twenty-four hours; or a larger dose may be administered at longer intervals. The medicine should then be given every three or four hours, and occasionally a small dose of castor-oil, to clear the bowels well out, and to get the secondary constipating effect of the oil.

I have employed this mode of treatment for many years. It was one result of a long series of microscopic observations upon the action of reagents upon the bacteria found in putrefying animal fluids, which I read before the Leeds and West Riding Medico-Chirurgical Society eleven years ago. The addition of the salicylic acid to the iron I made more recently.

In hospital practice, and amongst the poor, it is not so successful as it would be if it were possible to remove the child from the family living room, the air of which is usually very impure, and is made worse by the smells incidental to cooking, and the presence of a sink.

JAMES BRAITHWAITE, M.D., Leeds.

MEDICO-PSYCHOLOGICAL ASSOCIATION.—The annual general meeting of this Association will be held in the rooms of the Medical Society, 11, Chandos Street, Cavendish Square, London, on Monday, August 9th, under the Presidency of G. H. Savage, M.D. The meeting of the Council will be held at 10.30 A.M.; the general meeting, morning, 11 A.M.; afternoon, 2 P.M. *Agenda:* Morning meeting: 1. Dr. Eames will resign the chair; 2. Reading of the minutes of last annual meeting; 3. Statement of accounts; 4. Election of officers and council; 5. Fixing the place of next annual meeting; 6. Election of new members; 7. Election of honorary and corresponding members; 8. Reports of Committees, etc. Afternoon meeting: The President's address. *To be proposed as Honorary Members:* M. Théophile Roussel, M.D., Paris, Sénateur; Dr. Ramaer, Haarlem, Inspector of Asylums; Dr. Godding, Medical Superintendent of the Government Hospital for the Insane, Washington. *As Corresponding Members:* M. Jules Morel, M.D., Ghent; M. Victor Parant, M.D., Toulouse. The Association dinner will take place at "The Ship," Greenwich, at 7 P.M. The following gentlemen have been proposed as officers and other members of council of the Association for the year 1886-87. *President-Elect:* F. Needham, M.D. *Treasurer:* John H. Paul, M.D. *Editors of Journal:* D. Hack Tuke, M.D., G. H. Savage, M.D. *Auditors:* J. T. Hingston, M.B.C.S., H. Hayes Newington, M.R.C.P. *Honorary Secretaries: for Ireland:* E. M. Courtenay, M.B. *For Scotland:* J. Rutherford, M.D. *General:* H. Rayner, M.D. *Members of Council:* S. Mitchell, M.D., H. T. Pringle, M.D., G. E. Shuttleworth, M.D., H. Sutherland, M.D. *The Retiring Members of Council are:* T. Aitken, H. R. Ley, J. T. Hingston, and H. F. Winslow.

SUTURE OF TENDONS.—M. Peyrot, at a recent meeting of the Paris Surgical Society, read notes of a case of suture under the following circumstances. The tendon of one of the extensor muscles of the hand was cut. M. Peyrot sutured the upper extremity with a fragment of tendon removed from a dog. The fragment did not exfoliate, and the normal movements of the hand were partially regained.