of the emulsions tried first at the clinic were too painful for the patient. However, the latest formula of ascabiol can safely be used twice daily for three or four days, though I have seldom found it necessary to treat for more than three days. This is a most important matter, as unsuitable emulsifying agents in the benzyl benzoate preparation will soon cause sore scalps and poor results. The action on the nit is a "combined operation," because, used alone, neither benzyl benzoate nor the emulsifying agent gives the desired result; nor does their use as separate solutions applied one after the other on the same or different days.

Method

All the experiments carried out were designed to remove the nits from the hair without the usual tedious work of combing. At first hairs were removed and put into sealed tubes to act as a control for the viability of the nit. This practice was discontinued when it was realized that the object of the experiment was not to determine whether the nit was dead or alive but to discover an easy method of freeing the scalp from nits about whose viability one could never be sure. The results were briefly as follows, after applying the four undermentioned solutions:

Solutions used	Effect on Nits attached to Hairs 24 Hours Later
1. 25% benzyl benzoate dissolved in industrial spirit	Nits still remain adherent to hairs
2. Emulsifying agent (triethanolamine stearate)	No apparent effect on nits
3. Ascabiol (new formula)	Nits loosened; removed by simple wash with soap and water
4. Lethane oil	Nits appear more strongly attached to hairs than before

The effect of ascabiol emulsion is superior to that of lethane oil, as the lice appear to be dissolved in the solution.

The severe cases of infestation with *Pediculus capitis* in which coccal infection had occurred with much crusting of scalp and enlargement of the post-cervical glands were treated daily with the ascabiol. Most of the scalps were clean and healed in less than a week. I do not know of any other form of treatment which gives such quick results, despite the trial in hospital of numerous preparations over a period of many years, with both in-patients and out-patients.

For those wishing to carry out this method of treatment—which is now my routine for all scalps infested with (1) nits only, (2) lice and nits, (3) lice, nits, impetigo, etc.—I have given the technique used at the scabies clinic, where these experiments were carried out by myself and the nursing staff. This method has relieved the staff from the tedium of fine combing: simple washing with soap and water was sufficient to remove all remaining nits.

Routine Treatment now used

First day: Head coated with ascabiol (new formula); application made with painter's brush 1½ in. or 2 in. wide.

Second day: Hair washed with soap and water.

One week later: Head inspected carefully for possible reinfection.

If the infestation is a very heavy one this treatment is given twice in 24 hours. If there is coincident coccal infection of the scalp the treatment is repeated on the second and third successive days; then one of the common forms of healing ointment is given until the inspection of the scalp one week later. Ointments in use are mostly preparations of sulphonamides in Mumford's base, lanette wax, or vaseline. In cases of seborrhoea, sulphur and salicylate in vaseline are sufficient. As already mentioned, treatment with ointments is seldom necessary.

I wish to thank the medical officer of health, Dr. D. Morley Mathieson, for permission to carry out this work at the scabies clinic; also the nursing staff, whose assistance made the work possible. Messrs. May and Baker kindly supplied the benzyl benzoate emulsion "ascabiol" (new formula) used in these experiments.

L. E. McCrea (*J. Urol.*, 1942, 47, 818), who records an illustrative case, states that congenital absence of the penis is one of the rarest anomalies on record, only ten previous cases having been reported. It must not be confused with pseudo-hermaphroditism, hidden penis, or epispadias. The present case was that of an otherwise normal young man who wished to marry. During sexual excitement the presence of erectile tissue in a small eminence on the perineum was manifested by some enlargement, and on manipulation an apparent ejaculation of semen took place.

Medical Memoranda

Recovery from Actinomycosis of the Liver

I can find no other report of recovery from actinomycosis of the liver, and therefore consider that this case should be put on record.

In Oct., 1928, a hitherto healthy young man began to complain of abdominal discomfort and anorexia. He wasted very rapidly, and by the end of the year was extremely ill. His conjunctivae turned yellow, and on examination a large epigastric mass was discovered. In Feb., 1929, he was operated on at Swansea and a portion of the tumour was removed for microscopical examination. After the operation the surgeon informed the patient's wife that there was a tumour of the liver "as big as my two fists"; that he thought it was malignant; and that he was afraid her husband had but a short time to live. Two months later the tumour had completely disappeared and the patient seemed perfectly well. Now, 15 years later, at the age of 46, he has just been passed for insurance purposes as a first-class life.

The report on the section was "actinomycosis of the liver." Because of an article of mine which was published in the *B.M.J.* of Feb. 23, 1939 (p. 347), the patient was treated with 5-minim doses of tr. iodi sine iodidi 3 times a day in milk, and in April of that year he was sent by Dr. Taylor of Swansea to see me for my opinion as to whether the treatment should be continued longer. As a precautionary measure I advised him to take one dose daily for a further 6 weeks.

Bristol.

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A Case of Congenital Microcolon

Cases of microcolon in the literature stress the extreme rarity of the condition. Theremin (1877) recorded two cases in 111,451 necropsies in Vienna. Greig (1925) reviewed the literature of the condition and published three cases in which the entire colon was diminutive, and in which there were, in addition, abnormalities in the small gut. The case here recorded is one in which only part of the colon was affected, and is comparable to two cases reported by Klippel and Feil (1912) and Lesné and Baruk (1923).

CASE HISTORY

The patient was a male first-born infant of 5½ months. Both parents were young and healthy. At the age of 6 weeks the child had a mild skin eruption, which was followed by an attack of acute gastro-enteritis; these responded to treatment. A month later the patient developed acute bronchitis and enteritis, and again recovered. The final illness began with a recurrence of the bronchitis, which progressed to bronchopneumonia with a left-sided empyema. During this last illness the abdomen showed gradual and progressive dis-

Photograph showing transverse colon pulled downwards to reveal the transition in size taking place proximal to the splenic flexure. S, Stomach, with omentum removed. C, Transverse colon. M, Microcolon.

tension, which was associated with severe constipation. Repeated enemata produced small results in which the faeces were normal in appearance. Rectal examination disclosed no abnormality. A straight radiograph of the abdomen showed gas distension of the small intestine and the caecum.

POST-MORTEM EXAMINATION

A left-sided empyema was present in association with a small superficial lung abscess; this condition was regarded as the cause of death. The condition of the bowel was of particular interest. The gut was normal in position and fixation. The small intestine was distended, and the distension was more pronounced as the gut was traced distally. The large intestine was distended up to a point