Operation.

It was decided, on consultation with his friends, to give him the slight chance that operation alone afforded, and he was removed to a neighbouring nursing home. The operation was begun five hours after the onset of pain. Ether, with a small quantity of alcohol and chloroform, was administered by Dr. Robert Marshall, and anaesthesia was quiet and satisfactory. In addition, conduction anaesthesia was produced by blocking the intercostals with novocain, and good relaxation was obtained. The abdomen was opened in the middle line above the umbilicus. On incising the peritoneum a quantity of thin, slightly turbid fluid, with some gas, escaped. A punched-out, circular aperture about the diameter of a lead pencil was found in the stomach. From this exuded a small quantity of dark-coloured mucoid fluid. Surrounding the opening for at least an inch the stomach wall was indurated, inelastic, and friable. There were some omental adhesions to the upper part of the indurated area. The ulcer was situated on the anterior surface, three or four inches from the pylorus, and near the lesser curvature. The edges of the ruptured ulcer were infolded with difficulty, owing to their rigidity and friability, by two rows of linen thread sutures. A piece of omentum was sewn over the repair for greater security. The fluid lying in the neighbourhood was mopped up and the abdomen was closed in three layers without drainage, the whole procedure, including the induction of anaesthesia, having lasted twenty-six minutes.

After-History.

Recovery was uneventful, and the patient left the nursing home within three weeks, apparently quite well.

He was examined on January 22nd, 1920, about five weeks after the operation, and was then free from pain, in his ordinary health, and able to get about as usual.

A METHOD OF TREATING TINEA.

BY

C. J. GLASSON, M.D., M.R.C.S.ENG., L.R.C.P.LOND.,
LATE CAPTAIN R.A.M.C., AND OFFICER IN CHARGE
X-RAY DEPARTMENT, NETLEY.

As a result of so many men having to serve in many districts of the East (India, Mesopotamia, and Egypt) and East Africa, a form of tinea, known in the East as dhobie or washerman's itch, has become prevalent in England.

This variety invariably attacks the crutch and upper and inner surfaces of the thighs, sometimes extending upwards around the root of the penis and posterior part of the scrotum; the intense irritation causes a desire to scratch, accentuated at night and leading to insomnia. It is very contagious, and may easily be conveyed to others by laundries unless means are used to disinfect the clothing and sheets effectually before they are sent to be washed. Patients should be isolated completely until a cure is obtained.

I have treated many cases, both at home and abroad, with success by a combination of *x* rays and chrysophanic acid ointment (gr. xxx to 3j of lanoline).

An ordinary *x*-ray tube of medium hardness may be used, or, better, one of the later "gas" tubes which can be regulated, or, best of all, the Coolidge tube, as by its use the hardness required can be got and the exact dosage wished given. If a "gas" tube is used it should be tested to give a penetration of 8 by Wehnelt's radiometer. With a Coolidge tube the battery should be 4 ampères, and the primary current should give a reading of 8 to 10 milli-ampères.

When the tube selected is ready the patient undresses and lies upon a couch, so that the part to be treated can easily be got at. Every part in this region, except that to be treated, must be adequately protected; this can best be done by a sheet of the prepared lead-lined rubber the same as used in protective aprons. Over the part to be treated is placed a thin sheet of lead $\frac{1}{8}$ in. thick, with a hole a little larger than the exposed part. A thin layer of the chrysophanic ointment is spread all over the part and a little beyond the outer borders of the tinea. The tube is then brought into position so that the target is directly over the centre of the part to be treated, and from 8 to 10 in. away from the surface of the skin; an exposure of five minutes exactly is given. Having finished one area, the application is made with the same precautions to another patch.

The dose is large, but I cannot give the exact amount, none of the methods at present in use being reliable. I measure by time guided by experience.

After the treatment is finished the ointment should be wiped off the skin in order to prevent staining of the linen or clothes by the chrysophanic acid.

In 90 per cent. of the cases treated in this way one application was sufficient to cure; in a few a second was given to make doubly sure.

For the first two days the skin shows a brown pigmentation due to the chrysophanic acid; this gradually disappears with slight desquamation, and by the end of a week the skin is clear and normal, the tinea having disappeared. Several cases, even those of long standing, cleared in two or three days.

In brunettes or dark-haired people no filter is necessary, but in persons who are fair or with a tinge of red in the hair a filter should be used, $\frac{1}{8}$ in. aluminium being sufficient; in red or coppery-red-haired people $\frac{1}{4}$ to $\frac{3}{8}$ in. will be necessary. Fair-haired and very red-haired people are much more susceptible to *x* rays, and in them I have found it necessary to reduce the time of exposure to three minutes, otherwise a radio-dermatitis with deep pigmentation due to the chrysophanic acid will result; this is, however, easily got rid of by zinc ointment.

The same treatment can be carried out with tinea on any other part, but before applying the ointment the tinea should be washed with ether soap. By the same method psoriasis also can be got rid of, but it does not cure, as patches always return either in the spring or fall of the next year.

X rays alone will not cure this very irritating complaint; the chrysophanic acid ointment will in time, but it stains the clothing. The two combined will cure, and, curiously enough, all irritation ceases after the application, so that patients are not worried and get at once a good night's rest.

There should not be the slightest risk to any patient of sterilization if proper precautions are used to protect the generative organs.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

HERPES ZOSTER AND GREYNESS OF HAIR.

THIS is a case in which grey patches appeared in the hair of the right side of the face during an attack of herpes zoster which affected the region of the right forehead.

The attack of herpes zoster and the appearance of the grey patches occurred in 1867. The patches of greyiness were permanent; they are now becoming merged in the general greyiness of advancing years.

It can be seen in the figure that the patches of greyiness appeared on the fronto-nasal (inner extremity of right eyebrow), naso labial, and mental maximum points described by Dr. Henry Head in *Brain*, Part III, 1894, "On disturbances of sensation with especial reference to the pain of visceral disease."

I venture to publish this case for two reasons: the first is that it supports the observations I have published in many articles in this JOURNAL on the relation between certain forms of the hair's greyiness and the nervous system; the second reason is that it is so difficult—at least I find it difficult—to discover any additional changes of nutrition accompanying lesions of herpes zoster. The grey patches of hair observed in this case appear to me to exhibit an additional change of that kind. The figure here produced is made from photographs taken years ago. The subject is a doctor, who has kindly given them to me with the history of his case.

London, W.

G. LENTHAL CHEATLE.

ATROPINE IN ACUTE SUFFOCATIVE CATARRH.

As acute suffocative catarrh is, in my experience, very rare, I wish to mention one case I treated some years ago.

A gentleman, aged 70, went to bed one night quite well,