

more than three months after the last injection. Post mortem the signs of arsenic poisoning were found and the chemical analysis is also given showing the amount of arsenic detected in the viscera—which are usually tested in arsenical poisoning cases. It is important in the case cited that the patient only reported sick 14 days before death.

*Excretion of Arsenic.*—It has long been known that arsenic administered in mineral form (e.g., Fowler's solution or pills) is liable to show cumulative signs in the patient. In the Manchester beer poisoning epidemic small quantities of arsenic had accidentally become an ingredient of the beer. There were very numerous sufferers from chronic arsenical poisoning and, I believe, a few fatal cases.

The legitimate question arises as to how rapidly arsenic medicinally administered is likely to be excreted. Crystallising this we may inquire whether a dead person, who had received medicinal doses of arsenic up to a few months before death, would or would not probably be found to have appreciable quantities of arsenic in the viscera. I take it the prevalent medical view is that where two grains or more of arsenic is found in the organs this points to a poisonous dose having been given during life and within a few days before death. If, however, the rate of excretion of mineral arsenic is unknown and if there has been its recent medicinal administration, then it is unsafe to assume that all the arsenic found by analysis represents the residue of a poisonous dose criminally conveyed to the victim shortly before death.

I am, Sir, yours faithfully,

May 3rd, 1922. CHARLES RUSS, M.B., M.R.C.S.

## PREVENTION OF SCARLET FEVER.

*To the Editor of THE LANCET.*

SIR,—Your readers have to thank you for the leading article on this subject in your issue of April 22nd.

Those with first-hand experience of scarlatina in hospital and in private practice have been for many years agreed that the possibility of transmission through desquamation is an almost negligible quantity, but that the risk from contamination by the discharges from mouth, nose, and ears is real. In other words, prevent these discharges from reaching the uninfected, and no spread occurs. This I hold may quite easily and safely be done in private, given a trustworthy attendant, and suitable housing. As an illustration of what may be done under duress of circumstances—although I did not, and do not, advocate such extreme hazards—I may tell you that in the old days, when hospital accommodation was limited, I have again and again treated without spread, a case of scarlatina in a two-roomed house in a tenement, the patient occupying one room with the attendant (separate beds), the father and rest of family occupying the other room, the attendant cooking, &c., for all. All infected cups, spoons, &c., were placed in boiling water immediately after use, rags used as handkerchiefs burned, and the admonition was repeated at each visit, that as scarlet fever enters the uninfected largely through the mouth, it was incumbent on the attendant to prevent such happening to the other members of the household. Nor were these cases of the mild form seen nowadays. Forty years ago symptoms were more severe, and mortality much greater. What has caused this change is a matter of opinion. Personally I think the advance in sanitation should claim the major credit since in the past the worst cases, whether in slum or suburb, were associated with defective drains. While it may well be that the virus has become attenuated in its passage through a population, whose successive generations have been subjected to the infection, it is all to the good that the said population possesses the advantage of concurrent improved sanitation.

I am, Sir, yours faithfully,

J. ALLAN GRAY, M.A., M.D., F.R.C.P. Edin.

Leith, April 29th, 1922.

## BIRTH CONTROL CONFERENCE IN LONDON.

*To the Editor of THE LANCET.*

SIR,—Up to the present the question of family limitation has not received the attention which it merits from the medical profession. Almost all medical practitioners will agree that some form of birth control is justifiable, and even desirable, under certain conditions; but so far they have devoted little care to the subject, and especially to the consideration and improvement of contraceptive technique.

An international conference dealing with the various aspects of the subject will be held in London next July, 11th to 14th. Friday, July 14th, will be devoted to the medical and contraceptive sections, the latter of which will be open only to medical practitioners and students. The fee for membership of the conference is 10s., but medical men and women can become *honorary* members by applying to the medical secretary. Any of them willing to contribute papers are invited to communicate with us. The Presidents of the other sections are: Prof. MacBride (eugenics), Prof. J. M. Keynes (economics), Mr. Harold Cox (national and international aspects), and the Rev. Gordon Lang (moral and religious aspects).

We are, Sir, yours faithfully,

G. ARCHDALL REID,  
President, Medical Section.

NORMAN HAIRE,  
President, Contraceptive Section.

71, Harley-st., W. 1, May 8th. B. DUNLOP, Med. Sec.

## INFLUENZA AND EMPHYSEMA.

*To the Editor of THE LANCET.*

SIR,—The case reported by Colonel J. D. T. Reckitt in THE LANCET of April 29th recalls to my mind a somewhat similar case, which came under my care whilst I was attached to the naval staff in the West Indies. A sub-lieutenant, aged 26, a plethoric man, in ill-condition, on July 9th, 1917, developed influenza, and on the 12th he showed signs of bronchopneumonia. On the 23rd his temperature was normal and his physical signs appeared to be normal. He felt quite well, but was troubled with a distressing cough. On the 25th he suddenly developed subcutaneous emphysema whilst in a fit of coughing. He stated that he felt something give way. The emphysema began in the neck, spread rapidly to the face, and in the end of 24 hours was all over his chest and arms. His appearance was like that of the Michelin tyre advertisement and was so uncanny that his fellow officers (of whom the most were convalescing from influenza) objected to his presence. The poor fellow felt this so much that he showed signs of suicidal tendencies and taxed my already overworked staff by necessitating a continual watch being kept over him. Eventually I was able to land him at Jamaica, where he assumed his normal dimensions and peace of mind.

I am, Sir, yours faithfully,

Westcott, May 2nd, 1922.

H. C. BILLINGS.

## TRICOCEPHALUS DISPAR.

*To the Editor of THE LANCET.*

SIR,—In your issue of April 22nd (p. 823) Dr. H. A. Lediard inquires for a method of finding *Tricocephalus dispar*. As this nematode fixes itself very firmly in the mucosa of the cæcum, it is only expelled when dead, or after a vermifuge has been given. The fæces should be placed in a black enamel dish (such as those used for photography) and a little water added. On stirring gently to disintegrate the fæces the white thread-like worm can be easily distinguished. This is the method employed by Prof. Dr. O. Fuhrmann, of the University of Neuchâtel. For finding the eggs, Prof. Fuhrmann uses the following method: To a small quantity of the fæces add a few c.cm. of a 20 per cent. solution of HCl and shake well. Then add a little ether, shake and centrifuge. The eggs alone will be deposited, and there is no odour whatever.

I am, Sir, yours faithfully,

JEAN G. BAER.

Université de Neuchâtel, Switzerland, April 24th, 1922.