

severity of the defect may have no small influence in causing a change from the direct to the indirect type. He bases his supposition on the fact that in the case of such serious defects as haemophilia the transmission is through normal females to defective males, that is, the carrier-female type. In families, however, afflicted with the same disease in a milder form, it is found that defective females also occur. If the change does take place it should be possible to discover families exhibiting intermediate stages between the extreme types, and the author brings forward several pedigrees in support of this view. This change seems to be part of a general process which may be termed the natural elimination of defects. The relation of the subject to the principles of Mendel is next discussed, and it is shown by actual instances that the first law of Mendelian inheritance, namely, the dual representation of somatic characters in the germ-plasm, explains the behaviour of the female-carrier in the transmission of defects as well as the occurrence of normal individuals amongst the offspring of defective parents. A third section of the paper is devoted to the study of some cases of inheritance of ichthyosis and red hair which had come under the author's personal observation.

### NOTES ON BOOKS.

WE have frequently drawn attention to *Herbert Fry's Royal Guide to the London Charities*,<sup>11</sup> of which the forty-seventh annual edition has now been published. It supplies at a very small cost a comprehensive list of all charities working in or from London, showing when they were founded, their official address, their object, the names of the principal officials, how application should be made, and the number of persons annually benefited. The arrangement is alphabetic, and there is also an index. This year, in addition to his usual editorial review, in which he writes down the year 1910 as a bad one for London Charities, Mr. Lane supplies some notes indicative of the reasons why certain charities may be regarded as specially deserving of support.

We note that the book entitled *Forbidden Fruit for Young Men*<sup>12</sup> has reached an eighth edition—a fact which in itself is good evidence that it justifies its existence. It deals with celibacy and purity chiefly in relation to young men, though all the sides of the subjects are dealt with in turn. The spirit permeating the book is religious as well as moral, but at the same time thoroughly manly. The author, Lieutenant-Colonel SETON CHURCHILL, has written a good many works on questions of morality, and though in the present book he no doubt has chiefly in his mind young men, he addresses himself also in effect to parents, teachers, and medical men. We draw attention to the book because it is, on the whole, a favourable specimen of a growing class of publication not all of which are satisfactory. Practically all their authors address themselves to too many classes of readers, and produce books of greater length than young men of healthy body and mind are prepared to read on such subjects. The ideal book for young men will content itself with pointing out in a few short and absolutely practical chapters why a man, adolescent or adult, owes it to himself and his fellows to lead a sexually pure existence.

<sup>11</sup> *Herbert Fry's Royal Guide to the London Charities*. Edited by John Lane. 1911. London: Chatto and Windus. (Cr. 8vo, pp. 293, 1s. 6d.)

<sup>12</sup> *Forbidden Fruit for Young Men*. By Lieutenant-Colonel Seton Churchill. Eighth edition. London: James Nisbet and Co. (Medium 16mo, pp. 269. Price 1s. 6d.)

### MEDICINAL AND DIETETIC ARTICLES.

#### *Digipuratum.*

IN spite of much chemical investigation and physiological testing, full knowledge of the respective actions and relative importance of the various glucosides contained in digitalis has not yet been attained. It is generally agreed that no single one of these principles possesses the full action of the drug, and galenical preparations are accordingly generally preferred to any single "digitalin" or other constituent. In "digipuratum" Messrs. Knoll and Co. (8, Harp Lane, London, E.C.) present a purified dry extract of the drug, which is stated to contain all the glucosides in an unaltered state but without the saponin body, digitonin. It is asserted that the latter is the cause of the gastric and intestinal symptoms that occur when digitalis leaf is given, and, if so, its removal is, of course, an advantage. Digipuratum is supplied in the form of a powder, 1 grain of which represents 1 grain of leaf, and also as tablets containing  $\frac{1}{2}$  grain in each.

### MEDICAL AND SURGICAL APPLIANCES.

#### *A New Form of Suppository.*

DR. HAYDN BROWN (Caterham) writes: In endeavouring to treat haemorrhoids, fissures, pruritus, or other conditions of the anus by local applications, however well and shrewdly the solution or unguent may be chosen by the surgeon or physician—whatever its formula—getting the material upon the parts properly has always been the difficulty hitherto never satisfactorily surmounted. It has been the custom of many medical advisers to use an ointment applied by one of the familiar ointment introducers. If a haemorrhoid be entirely external there can be no difficulty in application. But if it be internal any of the ointment introducers so deposit the ointment that very little comes in contact with or remains on the affected parts. In considering ordinary rectal suppositories the inefficiency must be still more obvious, for these appliances simply pass beyond the disorder and there melt, the anal canal closing and remaining tightly contracted while the affected surface is practically uninfluenced. The ordinary form of suppository passed through the anal canal into the rectum is only of real use in conveying analgesics, narcotics, or nutrients. The illustration shows a stem having one end bulbous and the other end bulbous with flattened

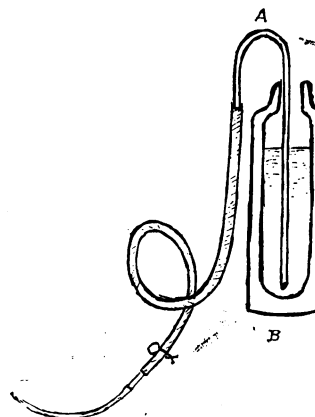


base. The bulb end passes easily through the anal canal, while the stem follows until stopped by the other bulb meeting the sphincter. The bulbs keep the stem in the anal canal. In order to strengthen the stem for manipulation an impregnated wick is inserted in the long axis. This wick serves a double purpose, for, as the thin stem melts first, the wick serves to retain the bulbous ends in position, which further keep the melted medicament *in situ* between them. This form of suppository is easier to insert than the old form, for the end first inserted is controlled from the other end held in the fingers, and after a start the suppository fits itself into position on account of its purposeful curvatures. When melting has taken place, the thin shrunken wick is neither felt nor found to be of any inconvenience whatsoever. There exists this further important factor: that, instead of using rapidly-dissolving bases, as in the case of ordinary suppositories, the new form lends itself to more slowly dissolving constituents, let the medicament be of a gently astringent, antiseptic, anodyne, or any other nature. The suppositories have been made for me by The British Drug Houses, Limited, 22, Graham Street, City Road, London.

#### *Apparatus for Proctoclysis.*

Dr. HENRY W. P. YOUNG (Norbury, S.W.) writes: In the management of continuous proctoclysis the maintenance of the temperature of the saline solution at a uniform

height is always a matter of some difficulty, and, unless some special appliance is used, requires the almost constant attention of the nurse. A "thermos" flask, however, affords a simple means of overcoming this difficulty. If the flask be filled with saline at a temperature a few degrees above that at which it is desired to administer the injection, to allow for cooling in the conducting tube, it will be found that this temperature will remain at practically the same level during the time the bottle takes to empty itself. At the rate of flow usually



A, Glass tubing; B, thermos flask.

advised—namely, one drop per second— $\frac{7}{8}$  ounces are used per hour, so that a pint thermos will hold sufficient solution to last for at least two hours. The only additional apparatus required are a U-shaped piece of glass tubing having one arm long enough to reach to the bottom of the flask, a piece of rubber tubing attached by one end to the glass tube and by the other end to the rubber catheter, a small piece of glass tubing intervening; and, lastly, some means of limiting the flow, such as a metal clip on the rubber tube or the introduction of a tap such as is supplied with a Rotunda douche.