

blackwater fever was, therefore, a likelier complication. The statement was, of course, not intended to mean that treatment should be suspended. We are only too well aware that patients may die of malignant malaria if left untreated, and a special note on the subject of using even quinine courageously is made in discussing a fatal case in the paragraph headed "Factors D and E." Our ordinary practice was to substitute mepacrine for quinine, in cautious doses, in cases where there was any reason to think that blackwater fever might supervene.

Finally, we state only that in our admittedly limited experience we did not find the pre-blackwater state as described in the textbooks. What we did find was a combination of circumstances and symptoms which made us very much on the alert for the appearance of blackwater fever, and these we have described in the article.—I am, etc.,

FELIX SMITH.

Surgical Emphysema

SIR,—The case described by Dr. Roger Stanley (April 17, p. 477) reminds me of two cases seen by me many years ago when I was a resident at Leicester Royal Infirmary.

A woman who had been knocked about by her husband sustained a fracture of the nasal bones. Whenever she blew her nose in order to get rid of blood, etc., air was blown into the subcutaneous tissues of one side of the face. Gradually the surgical emphysema spread all over the face and neck and thorax. The nose was syringed clear of blood and the patient was advised to refrain from blowing her nose. In a day or two the swelling began to disappear.

A few days later a patient was sent into the infirmary with a widespread surgical emphysema which had come on during labour. Inquiry elicited the fact that the swelling had first appeared on one side of the face. I came to the conclusion that in each case a rent had occurred in the lining probably of the lacrimal duct, and that with every expulsive effort air had been forced from the nostril into the subcutaneous tissues.

Since then, whenever I have come across a case of surgical emphysema I have inquired where the swelling first appeared. In a majority of cases this has not been accurately noticed. But the swelling has begun on "one side of the face" in a number sufficient to convince me that there is no need to presume that a chest lesion is the cause of this condition.—I am, etc.,

Bradford.

JAMES PHILLIPS.

Interstitial Emphysema during Labour

SIR,—I have read with great interest the case of interstitial emphysema during labour reported by Dr. Roger Stanley (April 17, p. 477). I attended a rather similar case several years ago.

The patient was a primipara aged 18. She was somewhat anaemic but was otherwise normal. There was nothing exceptional in the medical history. Labour started on a Sunday afternoon and the baby was born at 3 p.m. on the Monday. When the head was distending the vulva the pains became more severe, and light chloroform anaesthesia was induced, and while doing this I noticed that the patient's face was becoming swollen and puffy and giving a sensation of fine crackling crepitus when the hand was passed over it. After expulsion of the placenta there was great swelling of the face and neck as well as of the chest. There was nothing abnormal during the puerperium, and at the end of twelve days all the swelling had disappeared.—I am, etc.,

Dingwall.

J. J. SINCLAIR.

Diagnostic Test for Kala-azar

SIR,—On coming to this Province as Inspector-General of Civil Hospitals after many years in a specialist appointment elsewhere, I find that the "aldehyde test" for kala-azar originally discovered by me and first described in my note published in the *British Medical Journal*, 1921, 2, 266, is now everywhere associated not with my name but with another's. The facts are that on finding this remarkable reaction in a small series of cases and realizing its immense usefulness in the diagnosis of an extremely prevalent and disabling disease (easily cured once the diagnosis is made), I wrote describing it not only to you but also to the Calcutta School of Tropical Medicine, where it was abundantly confirmed and allowed to be labelled with another worker's name.

While not disputing the value of subsequent work purely confirmatory in character, I consider I am at least entitled to share the honours. The test is extremely simple and reliable, and is, in fact, performed many thousands of times annually in North-Eastern India in a form not differing in any way from that described by me.

I may perhaps further quote from Major-General Sir Ernest Bradfield's *Indian Medical Review* (p. 206): "In 1921 Spackman introduced for kala-azar a modification of the formol-gel test of Gate and Papacostas, first used for syphilis. The test was further popularized by Napier."—I am, etc.,

Bihar, India.

W. C. SPACKMAN,
Col., I.M.S.

Irritant Spectacle Frames

SIR,—Dr. H. Thistlethwaite (April 17, p. 493) is apparently the first to record in this country the occurrence of sensitization following the wearing of spectacle frames of artificial tortoise-shell. In 1942 I mentioned in a letter to you (Jan. 3, p. 24) that H. S. Berkoff (*Arch. Derm. Syph.*, 1938, 38, 746) reported a sensitization dermatitis related to the wearing for ten days of spectacle frames of synthetic resin. Berkoff believed that the tricresylphosphate used as plasticizer (non-volatile solvent) in the resin was the irritant agent. It is surely important to ascertain if tricresylphosphate had been used in the present material, and, if so, to test Dr. Thistlethwaite's patients for dermal sensitivity to this substance. Confirmation of Berkoff's results would be an obvious indication for action on the part of the profession in its modern role as guardian of the common man against the products of the synthetic chemist, especially in view of the wide use of artificial resins from babies' toys to suspender clips.—I am, etc.,

Department of Pathology, the University, Glasgow. A. C. LENDRUM.

SIR,—Dr. H. Thistlethwaite (April 17, p. 493) has observed a new form of allergy. Being myself susceptible to this form I noticed that for at least three weeks after buying new spectacles the condition was acute. I at first thought the irritation was due to close-fitting sides or a tight bridge, but it soon became evident that the composition of the frames was to blame, though what precise chemical I am unable to state. There were in the past three years at least ten other cases, but not all the patients bought their spectacles from the same retailer, though I believe that all the frames in this part of the country are supplied by the same manufacturer and are now of the same shape and material.

Treatment in those cases where the spectacles are worn all day consisted in covering the frames—the sides and bridge—with fine darning silk, when the condition improved rapidly. In other cases a 10% solution of ichthammol on lint at night-time proved very effective.—I am, etc.,

J. E. KING.

The Services

Temp. Surg. Lieut. J. K. Thomson, R.N.V.R., has been appointed M.B.E. (Military Division) for skill and devotion in tending wounded survivors from a torpedoed merchantman, and Temp. Surg. Lieut. G. J. Laws, R.N.V.R., has been mentioned in dispatches for good services during operations off North Africa.

CASUALTIES IN THE MEDICAL SERVICES

Capt. GEORGE MACBETH CALDER, R.A.M.C., who was wounded in action in the Middle East in Oct., 1942, died from the effects of his wounds last month. He was the eldest son of Prof. W. M. Calder, LL.D., of Edinburgh, and graduated M.B., Ch.B. at Edinburgh University in 1936. After holding hospital appointments in England and Scotland he was specializing in psychiatry under Prof. D. K. Henderson when war broke out.

Flying Officer HAROLD PATTERSON HALL, R.A.F.V.R., who was killed in a flying accident on March 12, was born in Oct., 1914, and studied medicine at Newcastle-upon-Tyne, taking the Scottish triple qualification in 1941. After holding a house appointment at a mental hospital he received a commission in the medical branch of the R.A.F. on April 3, 1942, and at the time of his death he was M.O. to a fighter squadron.

Wounded.—Capt. G. O. Brooks, G.M., R.A.M.C., Lieut. H. B. Cowan, R.A.M.C., Temp. Col. J. H. Donnelly, R.A.M.C., Major L. H. G. Moore, R.A.M.C.