

the presence of this organism may be led to suppose that the elaborate set-up for producing *dark-ground illumination* (as in the search for *Treponema pallidum*) is required. In fact, all that is required is that the condenser of the microscope be racked well down so as to produce a darkened background, just as is done during the enumeration of blood cells. A wet preparation of the *fresh* material is made, warmed for a few moments, and then examined with the ordinary 2/3-in. and 1/6-in. objectives. The organisms, with their pear-shaped bodies, anterior flagellae, and lateral undulating membranes, are easily seen among the immobile pus and epithelial cells of the vaginal discharge. I have no experience of searching for them in the male, but feel that they could be readily distinguished from spermatozoa by the most inexperienced. No other organism resembling them is likely to be found in the vagina or urethra. I feel that your phrase should be modified, as otherwise specimens may be sent long distances to laboratories equipped with dark-ground apparatus instead of being examined in the consulting-room, a thing anyone can do who still retains the microscope of his student days. The *Trichomonas vaginalis* is sure to die *in transit*, and then the examination is wasted.

Coincident Inflammation of the Hip-joint in Two Children

Dr. C. LL. LANDER (Maiden Newton, Dorset) writes: Two children, a girl of 5 and a boy of 3½, went to a tea-party in the village where they live at which a considerable number of children were present. Three weeks later they were seized with symptoms pointing strongly to acute inflammation of the hip-joint (infective osteomyelitis). First, the girl, who complained of pain in the left knee. She had a temperature of 103°, and lay with the thigh abducted and semiflexed. Any movement was excessively painful, the whole pelvis moving with the thigh *en bloc* when movement of the joint was attempted. Two days later the boy presented similar symptoms except that there was no pain referred to the knee. I treated both with sulphanimide 0.25 g. tablets. The girl, owing to inefficient nursing, took only one tablet and parts of two others on the first day, but was decidedly improved thereby; six more tablets on the second day relieved the symptoms entirely; a further dose of four tablets was given on the third day. The boy had six tablets on the first day, followed by four on the second and third days. All pain and fixation of the joint had by then disappeared, and it was difficult to keep the child in bed any longer. In fact the parents gave me a broad hint that further attendance from me was hardly called for. These cases are unique in my experience, first, because of the apparently common source of infection and, secondly, on account of the dramatic way in which the symptoms completely disappeared.

Two Suggestions in Clinical Examination

Mr. K. WILSON JAMES, F.R.C.S.Ed., sends the following notes from Kingston, Jamaica: (1) *A Percussion Test in Acute Lower Abdominal Conditions*.—As an aid in the differential diagnosis of lower abdominal conditions this simple test is sometimes very useful. It consists in lightly percussing over certain areas and asking the patient to state the point of maximum pain. For example, the left hand is placed on the lower abdomen with the index and middle fingers separated to form a V. The tip of the index finger is made to rest over the internal inguinal ring and that of the middle finger over McBurney's point. On percussing, the site of maximum pain in acute adnexal conditions will be found to be over the internal ring, whereas it will usually be in the region of McBurney's point in acute appendicitis. (2) *A Three-finger Examination in Obscure Pelvic Cases*.—With the patient in left lateral, Sym's, or dorsal position as may be found most suitable, the index and middle fingers are introduced into the vagina and the lubricated ring finger into the rectum. The thumb then rests upon the pubis and the little finger upon the perineum. Thus the whole hand assumes a natural position, and an extremely thorough bimanual examination of the pelvis is possible with the aid of the other hand. There is the feeling as if the whole hand is inside the pelvis, and this manoeuvre is worth trying in difficult pelvic examinations and in obscure cases.

Swallowed Plastic Button undetected by X Rays

Dr. J. A. STEPHENS (Kirkburton) writes: On Nov. 29, 1943, a rather worried mother brought her baby, aged 7 months, to see me on account of the following circumstances. That morning on going to look at the child in his pram in the garden she noticed that the second button of his woollen cardigan was missing. She had noticed the child sucking this particular button, which was attached by wool, on a few occasions. She hunted high and low for the missing button but failed to find it, and assumed that the child had swallowed it. Three similar buttons were still attached to the coat. They were made of some smooth plastic material 5/8 in. in diameter and about 1/8 in. thick. I advised the mother to watch and examine the child's stools carefully for the next few days. By Dec. 3 the button had not been found, and so I sent the child for x-ray examination, instructing the mother to take the coat as the

radiologist would wish to test the opacity of the buttons. When, with this object in view, the coat was shown to the radiographer, no interest was aroused. The report to the mother by the doctor who examined the radiograph was that the child had not swallowed the button, but he gave instructions that if the child had any vomiting, diarrhoea, or signs of pain he should be taken back immediately. I received no report and decided on a "wait-and-see" attitude. Late on the night of Dec. 8 I was called to see the child, who had waked up crying and vomiting some hours after being put to bed. On examination no abnormal signs were found, and next morning the child was quite fit again. I heard no more of him until Dec. 31, when the mother told me that during the morning when she removed the child's soiled napkin she found the missing button in his stool, the holes in the button being well filled with faeces. It is interesting to note that the button took 32 days to traverse the intestinal tract, that apart from the occasion mentioned there were no abnormal signs, and that owing to the composition of the button the x-ray examination and report were valueless.

Dermatitis after Local Sulphonamides

Dr. J. SEGOBIN writes from the island of Rodriguez: The memorandum on dermatitis after local sulphanilamide treatment (April 3, 1943, p. 144) by Flight Lieut. Ian MacGregor is interesting. May I add my observation to it. A girl of 16 sustained a fall and her foot was bruised in the inner part of her left ankle by the kerb of a cemented footpath. After a few days the bruised tissue sloughed off, leaving a tropical ulcer of about 1½ in. diameter. In spite of various local treatments for six months there was no improvement, and I then decided to apply powdered sulphapyridine. The wound did well, but after two weeks' application of 1 tablet of 1/2 g. daily, the region below got irritated and took the form of a large weeping eczema, which was easily amenable to lotio plumbi and lin. calaminae. Fortunately the incident happened at the terminal stage of the ulcer, and the suspension of sulphapyridine did not affect its healing.

Herpes and Varicella

Dr. TH. JAMES writes from Induna, Southern Rhodesia: To comment on Dr. R. J. Gourlay's letter (Dec. 4, 1943, p. 736) about his case of chicken-pox following contact with shingles, surely it can be said to be quite an established fact that these two conditions are closely but yet inexplicably associated, and in circumscribed communities like those on air stations and in camps it is always a wise measure when a case of shingles occurs to look among the contacts for cases of early chicken-pox. If the cumulative evidence of numbers is required I can add two more. One of these cases showed the association very clearly. An airman developed some vesicles on his left chest and did not report sick but had a friend who applied a dressing of sorts, daily for several days, after which time, however, he did report sick with a typical shingles eruption. His friend who had done the dressings reported sick with chicken-pox about ten days later.

Non-Combatant Officers

Wing-Cmdr. H. M. STANLEY TURNER writes: The current number of the *Journal of the Royal United Services Institution* contains an article on "The Dress of the British Army," by Major R. J. H. de Brett of the West Yorks Regiment, containing some interesting observations on the status of non-combatant officers—a class to which medical officers of all three Services belong. He says: "At present in the British Army, if an officer is to be given status in order that he may give orders and command respect, he has to be given the King's Commission, though he may not possess the technical qualifications which every holder of that Commission should possess." He continued: "A distinction between combatant and non-combatant officers is long overdue. Non-combatant officers should be given similar status to war correspondents and wear a uniform which clearly shows that they do not hold the King's Commission." Obviously if an individual does not hold the King's Commission he is not an officer, either combatant or non-combatant. What exactly the "technical qualifications" are which every holder of a Commission should possess the author unfortunately does not specify; nor does he enlighten us as to why medical officers should be given the status of war correspondents, even though they may be given the King's Commission to "command respect" if they have to "give orders," for they certainly fall within his definition of non-combatants.

Disclaimer

Squad. Ldr. G. WILLOUGHBY CASHELL, R.A.F., writes: The publicity in the lay press given to a recent communication of mine in the *British Medical Journal* was without my knowledge or consent.

Correction

In the *Journal* of April 15 (p. 546) under the heading "Trichomonas vaginalis," the first word of the second paragraph of the answer to the question should read "Liston," and not "Lister." The reference is *Brit. J. venet. Dis.*, 1940, 16, 34.