capable hands of Mr. Hey Groves, while the editor deals with malunion of the femur. An article on splinting by Captain H. G. Carlisle is well illustrated and does justice moreover to the work of Major M. Sinclair, C.M.G.

A consideration of the orthopaedics of joint injury occupy the seven succeeding sections. Among the names of contributors, which include Messrs. Naughton Dunn, Daw, Alwyn Smith and Aitken, appear those of two American writers. It is not quite easy to appreciate the exact bearing of Mr. Kedner's paper, excellent as it is. There is very little mention of the hip joint in it. The section is wound up by two articles on stiff joints and flail joints by the editor. The last two sections of volume I deal with amputations (Mr. Elmslie) and the fitting and training of limbless patients by Sir John Lynn Thomas.

Volume II begins with the consideration of injuries to peripheral nerves with their anatomy (excellently illustrated), diagnosis and prognosis, and their operative and post-operative treatment. End results are dealt with by Mr. Alexander and Miss Forrester-Brown. This is a very valuable part of the work and should be attentively studied by all who have the care of these difficult and often disappointing cases. Tendon transplantation, that much debated subject, is discussed by Mr. M. C. Murray, and then follow two sections on injuries of the head and spine by Dr. Farquhar Buzzard and Mr. Percy Sargent. Admirable in themselves as these sections are, they do not seem to have an obvious bearing on the subject. Some curious voluntary movements noticed in limbs, the nerves and muscles of which are paralysed, are explained by Professor Wood Jones.

The final chapters deal with splints, electro-therapy and massage, hydrotherapy and skiagraphy, and in the last chapter Dr. Hill gives his experiences of the organization and administration of a military orthopaedic hospital.

It will be seen that the main object of the book is to describe orthopaedic methods as applied to war wounds, but it also has an important bearing upon civil and industrial accidents. With a multiplicity of authors some inequality of treatment is to be expected, but on the whole the book is worthy of the subject and of its editor.

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Correspondence.

TREATMENT OF AMOEIC DYSENTERY WITH EMETINE BISMUTHOUS IODIDE.

TO THE EDITOR OF THE "JOURNAL OF THE ROYAL ARMY MEDICAL CORPS."

Sir,—In reading the "Notes on Treatment with Emetine at the University War Hospital, Southampton," in the June number of the JOURNAL OF THE ROYAL ARMY MEDICAL CORPS, I was interested, but not surprised, to find that treatment of cases of Entambea histolytica with salol-coated pills of emetine bismuthous iodide proved unreliable.

I had the misfortune to become infected with E. histolytica and recently was subjected to a course of injections of emetine hydrochloride followed by tabloids of emetine bismuthous iodide by the mouth.

Much to my surprise and pleasure, I found the tabloids caused me no nausea or discomfort of any kind. A few days after I began taking emetine bismuthous iodide by the mouth a complete tabloid was discovered to have passed, apparently quite unaffected, through the alimentary tract. Doubtless many salol-coated
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pills of emetine bismuthous iodide share the same fate and therein lies a possible explanation of the advantage of the emetine bismuthous iodide mixture referred to in the notes above mentioned.

British Station Hospital,
Rawal Pindi.

July 17, 1921.

F. S. IRVINE
Lieutenant-Colonel, R.A.M.C

MUMPS.

TO THE EDITOR OF THE "JOURNAL OF THE ROYAL ARMY MEDICAL CORPS."

Sir,—The following experience in mumps may prove interesting to your readers. Towards the end of 1917, I was placed in charge of a malaria convalescent camp, in the Murree hills, for Indian troops returning from East Africa. It was early winter and after the first week in December the camp was under three feet of snow. There were two units, in all about 800 strong, made up of Hindu and Mohammedan companies as usual, approximately in equal proportion.

Within a week of their arrival, on October 15, the first case of mumps appeared in a Mohammedan sepoy. On inquiry it was found that the disease had been going on in one unit, for several months, and had been so common, that hardly any notice was taken of fresh cases. Within a further ten or fifteen days, at least thirty more cases occurred, all among Mohammedans. This incidence was so interesting, that I immediately set about investigating the cause of the spread. As is well known the saliva is the principal if not the only vehicle of the infection.

It must be remembered that the Hindus always eat by themselves, while the Mohammedans always eat in small messes, of five or seven. There is a saying that if there be seven in a family of Hindus, there is sure to be eight kitchens, meaning that the Hindu not only eats by himself but cooks by himself as well. The sepoy sticks to his custom, which is essentially of a religious nature, quite as much as the opposite Mohammedan gregarious habit. In both the food is very similar, and of a very primitive nature, eaten without implements, save the hands, out of a wooden or earthenware receptacle. The food is always of a semi-fluid pulvaceous nature. It is a fact that not a single Hindu got infected. And a consideration of the habits already explained leaves no doubt on the way the infection was spread from man to man.

While on the subject of mumps, I may be allowed to mention a point or two as to diagnosis. While it is generally admitted that this is easy, I have recently seen a case in an adult of 19, which shows a possible source of error. He was a young recruit, and reported sick with a large parotid swelling, which was seen by two surgeons. They both thought of mumps, and I saw the case later, in due course. Within eight days the diagnosis was clear. There was no fever at all, and the swelling remained one-sided. As soon as the patient was able to open his mouth and the teeth were examined, it was observed that the lower wisdom tooth on both sides was unerupted. An impacted molar was diagnosed, and the skiagram confirmed the diagnosis. Shortly afterwards a patient came to hospital, suffering from a double pre-auricular swelling, extending well round the ear on both sides, so as to appear on superficial examination, very much like double