of optic neuritis, and I think that, in the complete absence of any other possible cause, one is justified in attributing this case to ankylostomiasis. It is curious to note that there were no other signs of infestation with this parasite, only a very slight degree of anaemia being present, and the man himself felt in excellent health right up to the day of his attack.

I am indebted to the Officer Commanding B.S.H., Ranikhet, for permission to publish this case.

A CASE OF MELÆNA NEONATORUM.

By MAJOR J. P. LITTLE.
Royal Army Medical Corps.

In July, 1925, Mrs. A., wife of a soldier in Ranikhet, was delivered of a healthy male child.

For the first twenty-four hours the child appeared perfectly normal, but during the first day of life there was noticed a certain amount of dark vomit on the pillow. This was followed shortly afterwards by the passage of tarry stools.

The child was given calcium lactate and observed for a period of twelve hours in the hope that the condition would resolve itself. As there was no improvement at the end of this period, on the advice of Captain McVicker, R.A.M.C., Surgical Specialist, and Major Priest, R.A.M.C., Medical Specialist, it was decided to try intravenous injections of the mother's blood.

Ten cubic centimetres of blood was withdrawn from the mother and citrated and a transverse incision of about one inch made across the child's neck in the hope of finding the external jugular vein. No vein that could take a cannula or needle could be found until the internal jugular was reached; and as it was decided that to use this vein would entail too much risk, and as, further, the child's condition precluded any longer search, the wound was closed and the child returned to the mother.

From the time of the operation the melæna ceased, except for a small quantity that had obviously occurred before the operation. While searching for the vein it was noticed that the blood did not clot at first, but within a few minutes was clotting normally. The child made an uninterrupted recovery.

The case is interesting from the fact that it opens the question as to whether the previous successes recorded have not been as much due to the trauma of injection as to the substance used—the trauma acting as a stimulus to the formation of prothrombin, which stimulus may possibly be required in these cases.

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