the specimen had been passed nearly an hour before I looked at it, the
organism showed movement for three and a half hours outside the body.
The active flowing movement first seen continued for two hours. The
only noticeable change was that the whole organism became smaller and
the red cells disappeared one by one until at the end none was left. The
movement then became slower, and when it had nearly stopped altogether
a new motion started; this was a rapid pulsating movement which only
lasted for about five minutes. The organism then showed a little more
sluggish movement and the cytoplasm became granular. The whole cell,
now eighteen μ in diameter, was round in shape with one small protrusion
of cytoplasm, and thus it remained, presumably dead.

The following points are of particular interest:—

(1) The length of time the organism lived outside the body—three and a
half hours. This was presumably partially due to the number of red cells
ingested, and also to the heat of the laboratory, about 90°F., on a damp
sticky day. Other specimens in the same preparation showed no movement
after two hours.

(2) The sudden change from an amoebic to a pulsating movement, and
the short duration of the latter stage.

(3) The presence of Entamoeba histolytica in a bacillary exudate.
Repeated efforts were made to isolate dysentery bacilli from this case,
without success. But the possibility of a mixed infection must not be
overlooked.

This is not the first time I have found E. histolytica with a bacillary
exudate.

The history of the case from which the organism was obtained is
briefly as follows:—

Trooper W., aged 24, had three years’ service in India. After he had
been in the country a few months he was admitted to hospital with blood
and mucus in his stools. He was given salts and was discharged fit in two
days. He did not report sick again until his present admission. He states,
however, that he never felt really fit, as he was always tired and in conse­
quence he played no games, although he had been very keen on football
when at home.

REPORT ON THE USE OF NEMBUTAL.

BY MAJOR J. W. LANE.
Royal Army Medical Corps.

I have given a fairly new drug, nembutal (a barbiturate), obtainable from
E. H. Spicer, Ltd., Watford, Herts, to about twenty of my parturient
patients with most pleasing results. I was giving three, but now give four
capsules (easily swallowed by most patients) when the os is three-fifths
dilated—or when the patient is obviously in the second stage. Within
fifteen to thirty minutes the patient is asleep, between the pains. She
groans during pains, which are not lessened in frequency nor strength; in
fact, in two very nervous patients my Sister in charge of the maternity ward
and I thought that the pains became more powerful under the nembutal.
Labour progresses normally, and the child is not asphyxiated but cries
lustily when born. The patient usually sleeps for about four hours after the
child is born, and when she wakes has no memory of the birth.

This drug seems to me to offer obvious advantages as compared with
hyoscine and morphia, or inhalation anaesthesia, during a normal labour,
and if a deeper anaesthesia is required for instrumental delivery, or rotation
of an occipito-posterior, ether (preferably) or chloroform can be given after
the nembutal, but in smaller quantities than without nembutal.

At first I watched the patients under nembutal with some apprehension,
but I found little or no change in blood-pressure, pulse or respiration from
the normal. Certainly in two cases where the nembutal was given very late
in the second stage the patients did not seem to be well under the influence
of the drug, but even in these two there was no memory on wakening of
the birth of the child.

It is possible with shouting to penetrate the consciousness of the
patient, but little help can be expected from her. One of the earliest cases
I had impressed me greatly. She was asked the morning after her confine-
ment how she felt after taking the nembutal and if she had much pain. She
said she very soon felt no pain, but felt much stronger and could feel
something coming down and out. She was the only patient who made such
a statement. As I have said before, most of them had no memory of the
birth of the child.

I have also used nembutal in three cases where I wished to do a
bimanual examination of the uterus; the patients were very nervous or
had complained at the out-patient clinic that they were being hurt. One of
these, one and a half hours after receiving three capsules, did not seem
to be much affected; in fact was only drowsy. But I examined her with
very little difficulty; without the nembutal it was impossible to examine
her. Another case of bimanual examination was heavily asleep in twenty
minutes, and slept on for twelve hours; and twenty-four hours after
administration felt doped. She also had three capsules.

In connection with this last point, I have not found any feeling of being
doped the morning following a night's sleep obtained by one nembutal
capsule.

In cases of insomnia caused by worry or anxiety, ordinary narcotics are
notoriously uncertain and slow in action, and the patient feels drowsy and
doped the day after and not fit for work. I think nembutal (two capsules)
with its quick action and early elimination should be of help in these
conditions.

Lastly, I have tried nembutal as a pre-anæsthetic and as a sedative the
night before operation. I have not had enough experience of this use of
Clinical and other Notes

the drug to feel justified in giving an opinion of value; but I can say that I have been satisfied with the results so far. I have been giving two capsules the night before, and two one hour before the operation.

I hope that my experiences with nembutal will cause other medical officers to give it a trial, and report their results in our Journal.

A CASE OF ACUTE BACILLARY DYSENTERY IN ENGLAND.

By Major S. J. L. Lindeeman, M.C.,
Royal Army Medical Corps.

During December, 1931, in Dorset, I attended an officer's wife for abdominal pains and diarrhoea. This lady had been in India, but had returned from abroad more than four years ago, and gave no history of ever having had dysentery or severe diarrhoea. The symptoms were thought at first to be due to some dietary indiscretion, and the usual castor oil with starvation was prescribed.

The next day she said that the diarrhoea was worse and was accompanied with severe griping pains and tenesmus, and she had seen a little blood in the stools. She seemed quite ill; temperature 102° F. and tongue furred. There was tenderness all along the colon. A stool was inspected and found to consist almost entirely of blood and mucus. Under the microscope a profuse cellular exudate was seen.

A specimen was sent off to the laboratory by post with a note that this was clinically a case of bacillary dysentery. Unfortunately the specimen was sent off at the week end, and the delay in the post did not give the laboratory much chance of isolating an organism. The report came back that it was undoubtedly a case of bacillary dysentery, in spite of the country of origin. Meanwhile the patient was not responding readily to saline treatment, and as she was really ill and in need of careful nursing she was sent into the local hospital. From here fresh specimens were sent to the civil laboratory, which succeeded in isolating a Flexner organism.

After three weeks in hospital the patient recovered.

It is interesting to consider whether this was a fresh infection or whether it had been bottled up for four years since her return from the East.

BULLOCK-SHOE PUNCTURES.

By Totem.

In an entertaining account of 1,200 miles travelling in India, Major L. B. Clarke draws attention to punctures due to bullock shoes. Having been a sufferer from the same cause, I can sympathize with him. Nine major gashes in six months, the last a complete bullock shoe through and through a brand new tyre and tube, somewhat marred one's enjoyment