And why was the failure due to an encephalitis; might not the reverse be true? One would like to know more about this.

(4) Lastly, Captain Elliott makes the astonishing suggestion that in bacillary dysentery the dosage of sulphaguanidine or sulphasuxidine may be adjusted in direct relation with "the fluid volume of the stool."

Does this mean the volume only of fluid stools, or of the fluid part of a stool? How is it measured, especially if there are 100 or more dysentery patients in the wards at one time, as may frequently occur in an endemic area? In point of fact, the volume of the stools is to the progress of the disease in inverse proportion in severe acute cases of bacillary dysentery. There may be thirty or more stools in twenty-four hours but such stools at this phase each consists of a few c.c.s only of non-faecal tenacious blood-stained mucus, aptly compared, in some instances, with pneumatic sputum and in fact they will not pour out on inversion of the bedpan, a fact which I was able to observe many times in the Middle East. The total volume of such stools, if it could be measured in any easily practical way, which I doubt, is often very small. Captain Elliott would, on his system, reduce the dose of the drug during this stage, just when it is most needed.

West Africa,
July, 1944.

I am, Sir,
Yours, etc.,
W. M. Priest,
Lieut.-Colonel, R.A.M.C.

VISUALIZATION OF LIVER ABSCESSES.

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


![Encapsulated empyema after a replacement and lipiodol injection.](image-url)
I would like to outline briefly a method we have used in a British General Hospital, M.E.F., which has at the same time both given us full information as to the site and size of the abscess and the amount of pus it contains. It has proved quite without ill-effects to the patient.

Needling is done at the point of maximum tenderness and when the abscess has been located 20 c.c. of pus are withdrawn and replaced by 15 c.c. of air and 1 c.c. 20 per cent (heavy) lipiodol. The film (from an encapsulated empyema visualized by this method) and the series of drawings (from two cases of liver abscess) illustrate the result (see figs. 1, 2, 3, 4 and 5).

Three layers, air, pus and oil, are easily recognized. If it is necessary to aspirate the cavity at a later date the line of demarcation between pus and oil can easily be projected to
the skin under the fluoroscope, and thus most of the pus will be removed in the second tap. This having been done only two layers will be left, air and oil-kissing pus.

Serial films at suitable intervals will show the progressive shrinkage of the cavity (during emetine course) until only a small residual blob of oil remains. By this means complete information as to the healing of the cavity or the necessity for further aspiration may be obtained.

No ill-effects from the lipiodol (which must be straw-coloured and not brown) were anticipated from what is known of its use in neurological diagnosis; nor have such ill-effects been encountered in the visualization of three liver abscesses and many intrathoracic cavities, both intra- and extra-pulmonary, which have been outlined by this method.

My thanks are given to Serjeant Colman, R.A.M.C., Radiographer at a British General Hospital, who made the drawings.

*July 6th, 1944.*

I am, etc.,

Ch. Scheiber,
Major, R.A.M.C.

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**Notices.**

"SOME EXPERIENCES WITH A PARACHUTE SURGICAL UNIT."

Major C. J. Rob, R.A.M.C., the author of the above article, published in the April, 1944 number of the *Journal*, informs us that his paper was written and submitted for publication over twelve months before its actual publication and that subsequent experience with the C.M.F. has changed many of the conclusions reached. Major Rob's paper, however, was not received by us until 22 May, 1943 and owing to extreme pressure on our space it was not possible to print his article before April, 1944.

"THE USE OF PLASTER OF PARIS IN THE TREATMENT OF BURNS"

(T. J. Smith & Nephew, Ltd., Hull.)

We have received a copy of the above Brochure which, we are informed, will be forwarded, in limited numbers, to members of the medical profession on request.