

## Memoranda:

### MEDICAL, SURGICAL, OBSTETRICAL.

#### THE MIMICRY OF PHTHISIS BY HYSTERIA.

IN view of the publicity accorded by the daily press to the illness of a certain young woman and her recovery, which has been called miraculous, it may be interesting to your readers if I furnish a short account of her nine months' stay in this sanatorium.

She was admitted on May 22nd, 1906, her age being 16 years, and her weight 7 st. She remained until January 1907, when she was discharged "in excellent health." The diagnosis made on admission was: "Hysteria; hysterical vomiting; haematemesis, vicarious in origin." There was no question at any time of her being tuberculous. She spent another three weeks here in January, 1908, by invitation of the sister in charge, during which time she was very active and cheerful, taking part in private theatricals got up for the benefit of the patients. At this visit also her lungs appeared perfectly healthy. Her subsequent history would appear to be one of relapse from her previous disease. It is, of course, well established that paralysis of pretty well every sort, complete blindness, deafness, mutism, vomiting, cough, bleeding (often profuse), from any mucous, surface may each and all be due to hysteria, and to this alone; and the interesting question remains as to the physical signs in her lungs.

I would point out that in this latter disease a harsh vesicular expiratory murmur; a broken-up, wavy inspiratory, and even expiratory, murmur; limitation of movement, increased vocal fremitus, impaired resonance, and increased voice sounds are all to be met with and to be taken at their true value. I have at the present moment under my care a young woman whose temperature has frequently reached 110°, and whose disease is hysteria, and, I believe, that only. That to call a diseased state by this name may easily be a cover for ignorance or an excuse for superficiality I am well aware, but I am convinced that in this girl's case an excellent opportunity is afforded for the study of this disease in the variations of its physical signs, the multiplicity of its symptoms, and the suddenness and completeness of its resolution.

E. G. MARCH,

Reading, Honorary Medical Officer, Box Grove Sanatorium.

I THOUGHT it might interest you to hear from one of the "twenty doctors" who are reported to have attended the "miracle case." I attended her for about six months in 1908, and paid special attention to her case. The details, which I well recollect, may be of interest. I was called to see her, and found her up and dressed. She complained mainly of pain after food, and vomiting, with general weakness. She gave a history of having been treated for pulmonary consumption in a home at Reading, where they gave her fresh air and a forced meat diet, sometimes "raw." I found her very pale, quite colourless in fact, inclined to be thin, but not wasted. The lungs showed no evidence of disease at all, and the heart was healthy. She had no cough and no evening rise of temperature all the time I was attending her, with the exception of one short spell lasting a few days. Nothing abnormal could be seen or felt in the abdomen. She complained of acute tenderness on pressure over the epigastrium, much less acute, but still present, when her attention was engaged elsewhere. Her mother told me she vomited everything, and at times brought up large quantities of blood.

As she was then taking ordinary food I ordered her to bed on a milk and barley-water diet. For a time the vomiting ceased. After a few weeks she complained that she could not continue the milk, and started being sick sometimes. On several occasions I was informed that she had brought up a pint of red blood, but was never fortunate enough to see it myself. When I insisted on everything being kept for my inspection I was shown, two or three times, a little blood-flecked vomit. She appeared to have no coffee-grounds vomiting, nor any melaena.

Peptonized milk made no difference, so I got a nurse to give rectal feeds twice a day. The patient strongly objected, but after persisting ten days or so she was able

to take milk again without it causing vomiting. However, she now began to have violent attacks of pain, usually about 7 p.m. I was sent for many times, usually to find the attack over, and to be told by the patient that she was dying, and that she would be glad to die. I am able to state that at this time there was neither sugar, blood, nor albumen in her urine.

She was always very patient, complained not at all, and appeared to be quite resigned. She seemed to have no hope of recovering. She preferred to lie still with the blinds half drawn, and with her eyes half closed. I considered that she might at one time have shown signs of consumption, that the forced feeding with meat had impaired her digestion, and possibly caused some gastric ulceration. Although called many times, and urgently, because they said she was dying, I never found in her any cause for immediate anxiety, and was, I think, rather blamed by her mother because I insisted on keeping to that opinion. Her pulse, under me, never rose above 100, and was usually under 80. There was never any dimness of vision or deafness.

Of course, much may have happened since 1908, but at that time I am certain she had neither consumption nor diabetes, for I overhauled her many times and thoroughly, being rather puzzled to account for her condition, and being always a little sceptical about the correctness of my own diagnosis of gastric ulcer.

Retford.

F. NORMAN HITCHCOCK.

#### ON THE CARE OF A CASE OF MEASLES.

NOW that we seem to be at the beginning of an epidemic of measles, I would draw attention to the importance of special care of the nose and throat in the treatment of that complaint. It has been pointed out by many observers, and is, indeed, a matter of common knowledge, that in this as in other of the acute specific fevers the secretions from the nose and throat are not only profuse but highly septic; and hence it is not unreasonable to infer that many of the complications, especially purulent otitis, bronchitis, and bronchopneumonia, are induced by the direct action of noxious organisms so introduced into the system. The infective principle can be readily absorbed through the tonsils, and the mucus itself, with all that it contains, may be conducted through the Eustachian tube into the tympanum, or drawn downwards into the air passages of the lungs by the ordinary movement of inspiration. Moreover, the entrance of the same tainted secretion into the alimentary canal—for it is invariably swallowed in large quantities—tends to set up poisonous decompositions in the stomach and bowels. Much local disturbance may be excited by this means, and the absorption into the blood stream of the products of this unhealthy fermentation may be the cause of widespread mischief.

It is more than probable that most, if not all, of the inflammatory complications of measles owe their origin to this septic material acting either locally or through the general circulation. I believe that by attention to this matter, not only would the illness be made to run a shorter and more favourable course, but the occurrence of the more serious consequences, such as purulent otitis and meningitis, disseminated myelitis and multiple neuritis, pneumonia, and enteritis, not to speak of the various eye complications, might be made unlikely, if not impossible.

The belief is now widely held that it is to the tonsils and naso-pharynx that we must look for the channel through which infection is conveyed to the general system in a variety of diseases. There can be little doubt that the naso-pharyngeal mucous membrane is not only especially open to an invasion of virulent organisms, but is also the least capable of resisting their attacks. From careful observation extending over many months I have come to realize that in early life a post-nasal catarrh can be readily excited, and, as it does not necessarily give rise to local symptoms, may persist for weeks or months together, quite unsuspected, and be only discovered when the whole body is submitted to systematic examination. Of itself the derangement has little tendency to subside; and a mucous membrane which is already in a state of catarrh—that is, in a state which renders it readily receptive of microbic infection—has poor defensive power and is certain to be profoundly contaminated by the virus.

Some time ago I was asked to attend a case of measles.

The illness had occurred in a boy of 12 years of age whom I had known from his birth and during his visits to town had been often consulted about. The patient, an anaemic subject, had suffered from many attacks of bronchitis which had necessitated strict confinement to his bed, and had also been treated by myself on other occasions for post-nasal catarrh accompanied by violent and distressing cough. The epidemic of measles had broken out at his school, and many of the boys had been seriously ill with the disease and its complications. On account of the known susceptibility of his lungs I looked upon the patient as a bad subject for measles, and was accordingly impressed with the extreme importance of taking every possible step to prevent the further entrance of morbid organisms by way of the nose and throat. The pharyngeal mucous membrane showed the usual condition in measles; the membrane was red and swollen; the tonsils were congested and red, and thick muco-purulent secretion could be seen on the posterior wall. Local treatment of the naso-pharynx was begun without loss of time. Glycerine of boric acid was applied thoroughly to the throat with a brush three times a day, and an antiseptic spray containing 10 grains of resorcin to 1 oz. of normal saline was used to the nostrils every few hours, while the boy inhaled deeply so as to draw the atomized fluid completely through the nasal passages into his pharynx and trachea. The patient had already begun to cough, but under this treatment the laryngeal irritation never became distressing and very quickly subsided. There was never any sign of catarrh of the air passages of his lungs except that on one visit—the second day of the rash—I detected a few moist clicks at one spot just below the inferior angle of the left scapula; but these quickly passed away and were never renewed. The pharyngeal catarrh also quickly came to an end, and the boy was soon convalescent. The temperature throughout was that of an ordinary attack of measles.

The favourable progress of this case was a great and welcome surprise to the parents, who assured me that they had never before known their son to begin to cough as he had done without his suffering from a severe bout of bronchitis. I cannot help believing that his immunity on this occasion, when all the conditions pointed to an attack of bronchitis of exceptional severity, was due entirely to the attention paid to the nose and throat; and it is only as an inducement to others to adopt the same line of treatment, and not for any special interest in itself, that I have ventured to place this case upon record.

London, W.

EUSTACE SMITH, M.D.

#### AN EPIDEMIC OF MEASLES.

THE village of Hanwell, Oxfordshire, is now having what is almost a unique experience in these days of inter-communication. After a period variously estimated at twenty-seven to forty years since measles last was so prevalent here, an epidemic has broken out, and the effects are remarkable. Men, women, and children have been attacked, and in some cases with considerable severity; more than 25 per cent. of the population have been *hors de combat*. The disease was introduced by a youth of 18 who works in Banbury, three miles away, and very quickly spread. The number of adults and adolescents is remarkable; in one house the father, aged 45, two sons, aged 18 and 17, and four younger children have contracted the disease. Among adults the temperature appears to run rather high; one married woman developed 105.2°, and in her brother, aged 25, the temperature reached 104.5°. Up to the present time there have been about 50 cases in a population of 170.

Hanwell, Banbury.

WM. MILLIGAN.

THE *Times* announces that the Indian Budget, introduced into the Viceroy's Council on March 1st, provides for the expenditure of £333,000 on provincial sanitation, £40,000 on the Central Hygiene Research Institute, and £33,000 on the School of Tropical Medicine in Calcutta. A sum of £172,000 is allocated to the Madras City waterworks. Sir Guy Fleetwood Wilson, in introducing the budget, stated that the Viceroy (Lord Hardinge), in his first discussion of the subject of finance, had said that his desire was that the improvement of sanitation and the diffusion of education should be the features of his viceroyalty.

## British Medical Association.

### CLINICAL AND SCIENTIFIC PROCEEDINGS.

#### GIBRALTAR BRANCH.

At a meeting held on September 4th, 1911, Fleet Surgeon O. W. ANDREWS read a paper on Salvarsan in the Treatment of Syphilis. After some introductory remarks, he said his experience was limited to 21 injections administered to 19 different individuals; in only one of those cases had there been any return of the symptoms, and that case was now under treatment for aphonia, attributed to syphilitic laryngitis, and the patient positively refused to undergo further treatment with salvarsan on account of an alleged death which was reported in a lay paper, and which was supposed to have occurred whilst the patient was under treatment by this remedy. The cases treated on board the *Bacchante* were as far as possible taken from amongst those which had proved refractory to mercurial treatment, but in several cases salvarsan was administered to men known to have suffered from syphilis, who wished to undergo the treatment in order that they might enjoy peace of mind by undergoing what Ehrlich described as the "therapia sterilisans magna."

It would seem that the action of salvarsan was largely due to the production of antibodies, which in turn killed those treponemas which had survived the direct action of the drug. That this was in all probability the correct explanation of the action was shown by the following facts:

1. It was reasonable to suppose there were fewer treponemas in an early than in an advanced one, and it was found in that practice a larger dose was required at the beginning than in the later stages; in other words, the dose should be inversely proportional to the severity of the case.

2. If a nursing mother the subject of syphilis, who had a syphilitic infant at the breast, were injected with salvarsan, her milk had a direct curative action on the infant, and this action was attributable to the antitoxin produced in the mother by the death of the treponemas within her blood. Later he would give a case from actual experience which illustrated this action.

3. The great danger in the use of salvarsan in debilitated subjects or in very young children was that they were more liable to be poisoned by the endotoxin set free through the death of the organisms within the body than by the arsenic contained in the preparation.

4. That the action of salvarsan depended on the production of an antitoxin was shown: (a) By the fact that it was useless to inject salvarsan as a *prophylactic* against syphilis; it could not act unless there were spirochaetes for it to destroy. (b) If serum were taken from a blister produced on a patient suffering from syphilis and who had been treated with salvarsan, this serum had a distinctly curative action on syphilitic affections.

Prior to the introduction of salvarsan, atoxyl was extensively tried as a remedy against syphilis, and was abandoned because its action depended upon a reduction product called para-aminophenylarsenoxyl which was formed, and arsenic was set free; in certain individuals peculiarly sensitive to arsenic optic troubles might arise. That objection did not obtain with salvarsan, but great care was at first exercised in selection of cases, so as to eliminate all those cases showing signs of optic neuritis. As an illustration of the antitoxic action on a syphilitic infant of the milk of a syphilitic mother treated with salvarsan he quoted a case published by Duhot in August, 1910:

A woman, aged 22, suffering from syphilitic roseola in March, 1903, was treated by intramuscular injections of mercurial cream, which were badly borne, then by inunctions of mercury and potassium iodide given by the mouth; she got gradually thinner, and in December, 1909, when already pregnant, only weighed 45 kilos (just over 7 st.). The previous month (November) she had begun to show lupoid syphilitic ulceration in the parotid region, which only yielded to very strong specific treatment and local applications of AgNO<sub>3</sub>, which left large cheloid scars. These had scarcely healed when others broke out, and so the case went on and ended up by invading the forehead, root

of Surgeons, Edinburgh; Professors Caird, Littlejohn, Hunter Stewart, Stockman (Glasgow), and Thomson (Oxford), and Drs. Dewar, Haultain, Ritchie, and Norman Walker, amongst others.

#### SIR FRANCIS CRUISE, M.D.,

PHYSICIAN IN ORDINARY TO H. M. THE KING IN IRELAND; CONSULTING PHYSICIAN, MATER MISERICORDIAE HOSPITAL, DUBLIN.

SIR FRANCIS CRUISE died on February 26th at his residence in Dublin. He had been ill for some time, but his condition only became serious about a week before his death.

He was born in Dublin in 1834; he entered Belvedere College at the age of 10, where he showed great ability and devoted himself ardently to his studies. In later years he was extremely proud of his election as first President of the Belvedere Union. He afterwards went to Clorgoves Wood, and entered Trinity College, Dublin, in 1852. He graduated in Arts in 1856 and in Medicine in 1858. During his course in college he studied under such distinguished men as Professor Banks, Professor Smith and Professor Apjohn. He then studied at the Home of Industry Hospitals and at the Carmichael School of Medicine, where he took an active part in the scientific work of Dr. Robert McDonnell. At the completion of his hospital studies, as he was run down in health owing to overwork and a severe attack of fever, he went to America with Count Henry Russell, and afterwards spent some time in study at various European schools of medicine.

All this helped to give him his broad outlook upon the world, and on his return he decided to practise in Dublin. Recognition of his ability, however, came slowly; in the first year he received £7 from private patients, in the second £11, in the third £30, and in the fourth £130; his practice then grew steadily year by year. During this time, however, he was not idle; he worked for many years as a teacher at the Carmichael School of Medicine, and in 1861 he took the M.D. degree in the University of Dublin. In the autumn of the same year, on the opening of the Mater Misericordiae Hospital, he was appointed Junior Physician. He was a constant writer on medical subjects, and was the pioneer of the introduction of the endoscope in Dublin, as he is said to have invented the first instrument of the kind which was used in that city. Sir Francis Cruise filled for many years the office of Senator of the University of Dublin and of the Royal University of Ireland from its foundation to its extinction. He was appointed to various responsible offices, including that of Consulting-Visitor in Lunacy under the High Court of Chancery. He was President of the Royal College of Physicians in Ireland from 1884 to 1886. In 1896 he received the honour of knighthood. In 1901 the late King Edward appointed him Honorary Physician in Ordinary in Ireland, and in 1905 Pope Pius X honoured him with the decoration of Knight of St. Gregory the Great in recognition of his writings upon *The Imitation*. In 1906 Sir Francis declined the honour of a baronetcy.

Besides devoting a large part of his spare time to literature, he was known in Dublin as an ardent lover of music, and he was himself an accomplished player of the violoncello. He was President of the Instrumental Club, a Governor of the Royal Irish Academy of Music, and has edited many classical works and Irish airs. He married in 1859; the union lasted for more than fifty years, and its golden jubilee was observed a year before the death of Lady Cruise.

**THE LATE PROFESSOR YOUNG.**—The Anatomical Society was represented at the funeral of Emeritus Professor Young by Professor Elliot Smith, a vice-president, the president, Professor R. W. Reid of Aberdeen, being unavoidably prevented from attending.

We regret to announce the death of Dr. JULIUS PAGEL, Professor of the History of Medicine in the University of Berlin, at the age of 60. He was born at Pollnow, and studied medicine at Berlin, where he graduated in 1876. He began lecturing on medical history in 1891, and was given the title of Professor in 1898. He was the author of an introduction to the history of medicine in the nineteenth century, of a biographical lexicon of the medical practitioners of the nineteenth century, of a work on Deontology (medical ethics). He also edited the works of

Henri de Mondeville, and wrote many papers dealing with subjects related to medical history. He was co-editor with Professor Neuburger of a large work on the history of medicine.

## Universities and Colleges.

#### UNIVERSITY OF OXFORD.

DR. JAMES A. GUNN, F.R.S.E., has been appointed to the Readership in Pharmacology. He will have charge of the teaching of materia medica, and will superintend the construction of a new pharmacological laboratory. Dr. Gunn has for several years acted as Assistant to Sir Thomas R. Fraser in the materia medica department of the University of Edinburgh.

#### UNIVERSITY OF CAMBRIDGE.

*Degrees.*

THE following degrees have been conferred:

M.B.—A. J. S. Fuller, W. B. Marshall.  
B.C.—A. J. S. Fuller.

#### UNIVERSITY OF BRISTOL.

At a meeting of council held on Friday last Mr. Ernest W. Hey Groves, F.R.C.S., was appointed Lecturer in Surgery to dental students.

The thanks of council were given to the Bristol Royal Hospital for Sick Children and Women and the Victoria University of Manchester for gifts of valuable specimens to the pathological museum.

#### CONJOINT BOARD IN IRELAND.

THE following candidates have been approved at the examinations indicated:

D.P.H. (*Both Parts*).—C. Averill, A. D. Clinch, P. D. Bhiwandiwalla, F. Muller-Fonseca, E. E. Goodbody, E. Morton, J. Robinson, P. J. Taaffe, E. C. Thomas.

\* Obtained honours.

## Medical News.

THE KING has been pleased to approve the appointment of the following gentlemen to the consulting staff of the Convalescent Home for Officers of H. M. Navy and Army, Osborne, Isle of Wight, as from November 23rd, 1911: Sir Anthony Bowlby, C.M.G., F.R.C.S.; Surgeon-General Sir Arthur M. Branfoot, K.C.I.E., M.B., F.R.C.S., I.M.S.; Sir James Kingston Fowler, K.C.V.O., M.A., M.D., F.R.C.P.; Mr. George H. Makins, C.B., F.R.C.S.; Dr. H. D. Rolleston; Mr. Charters J. Symonds, M.S., F.R.C.S.; and Dr. James Taylor, M.A., F.R.C.P.

DR. STCLAIR THOMSON has been unanimously elected a Corresponding Member of the Vienna Laryngological Society.

MR. HERBERT HAYNES TWINING has been elected Treasurer of the King's College Hospital in succession to Mr. Charles Awdry.

MR. J. ASTLEY BLOXAM, F.R.C.S., and Dr. William E. Cant have been appointed Knights of Grace of the Order of the Hospital of St. John of Jerusalem in England.

THE Hunterian Society's silver medal awarded annually for the best original essay submitted by a general practitioner has been won by Dr. Arthur Goulston, M.A., M.B., B.C.Cantab., M.R.C.S., L.R.C.P., of Heavitree, Exeter, for his essay on "The Use of Sugar in Heart Disorders."

THE annual dinner of the Chelsea Clinical Society, at which Professor Einthoven will be present, will take place at the Richelieu Hotel, Oxford Street, on Wednesday, March 20th, at 7.45 for 8 p.m. punctually. Tickets, price 7s. 6d., may be obtained from the senior secretary, Dr. Halls Dally, 16, Lower Seymour Street, Portman Square, W.

DR. COLLIER, J.P., Lincoln, on retiring from practice, was presented, as a token of their esteem by many of his patients and friends with a handsome suit and dressing-case. The members of the Lincoln Women's Liberal Association and other friends also gave Mrs. Collier a very beautiful morocco case filled with toilet requisites, "on her resigning her position as local president, after nineteen years of strenuous and invaluable service in the cause of religion, education, and social reform."

THE International Anti-Epilepsy League will hold its annual meeting this year at Zurich on September 6th and 7th, at the same time as the International Congress of Psychology and Psychotherapy, and the meeting of the

Society of Swiss Psychiatrists and Neurologists. The presidents of the business meetings are Professors Tamburini of Rome, and von Monakoff of Zurich; those of the scientific meetings are Professors Forel of Yvonne, and Donath of Budapest. Among the subjects proposed for discussion are the following: A diet poor in salt; and alcoholic epilepsy.

At the last election to the French Senate sixteen members of the profession were successful. The following is the list of medical senators: Drs. Blanc, Hautes-Alpes; Bollé, Ain; Borne, Doubs; Cannac, Aveyron; Chauveau, Cote d'Or; Combes, Charente-Inférieure; Dellestable, Corrèze; Denoix, Dordogne; Flaissière, Bouches du Rhône; Gacon, Allier; Gauthier, Aude; Peschaud, Cantal; Peyrot, Dordogne; Rouby, Corrèze; and Vagnat, Hautes-Alpes.

DR. WILLIAM NICOLL will begin a course of seven lectures at the Lister Institute, Chelsea Gardens, on modern aspects of helminthology, on Tuesday, March 19th. The second lecture will be given on March 22nd, and the following lectures on Tuesdays and Fridays (with the exception of Easter week) ending on Tuesday, April 16th. The course is open without fee to medical men, and the lectures, which will be given at 5 p.m. on each day, will deal with the general outlines of helminthology, and with the chief special problems relating to the parasitic worms of man; they will be illustrated by lantern slides.

DR. CHARLES S. BRADDOCK, late Chief Medical Inspector, Royal Siamese Government, has recently stated, according to the *Medical Record*, that the official report for the city of Bangkok, Siam, covering the time from October 14th to December 9th, 1911, shows that for the first week of this period there were 14 deaths from small-pox, and that by the last week the number had risen to 74. In a single village of Siam he has seen as many as fifteen or twenty children totally blind from the result of this disease. In the epidemic of 1902 in the north of Siam as many as 75 per cent. of all unvaccinated children under the age of 5 years died from the disease. The adults were immune because they were the survivors of a previous epidemic, and had had the disease. At the present time the Government of Siam is endeavouring to vaccinate all the people, the King and Queen having set the example by being vaccinated. In the village of Tatchin an epidemic broke out some time ago, and before the officials of the Government were notified there were 100 deaths from the disease. The entire population of the village was vaccinated, and since that time there has been practically no small-pox there.

PROFESSOR CLAUD SCHILLING in a recent article (*Berl. Klin. Woch.*, No. 1, 1912) discusses briefly the suggestions made with the object of combating sleeping sickness, and advocates certain measures for adoption in Germany's new colonial acquisition in the Cameroons. After dealing with the geographical distribution of the disease and of the *Glossina palpalis*, etc., in the areas under discussion, he discusses the possibility of stamping out the disease by sterilizing the blood of man affected with the disease by medicinal measures, but admits that apart from the impossibility of detecting every case of the disease in any given area no suitable drug has been discovered. He examines the statistics of the English Sleeping Sickness Commission, which shows that 94 per cent. of all the patients died in spite of all means of treatment, and also those published by Ulrich giving a somewhat better result of atoxyl and arsacetin treatment in the first stage of disease. The English method of depopulating affected areas might have even tended to diminish the frequency of the disease in Uganda, but the recently published experiments of Sir David Bruce suggested that antelopes, and even oxen, sheep, and dogs might serve as reservoirs for trypanosomes. Attempts had been made to turn out the tsetse fly itself by destroying the trees on the borders of rivers and lakes, where the tsetse fly prefers to live. Koch showed that if the fly were robbed of moisture and shade it soon disappeared. Attention must, of course, first be given to the caravan routes. A further suggestion made was that the glands of each individual passing into the colony should be examined by a medical officer attached to the Customs house, and that when suspicion was aroused the contents of the glands or the blood should be examined. Finally he calls attention to the figures of the incidence of the disease in Uganda, and of the actual number of deaths. The number of admissions into the Uganda sleeping sickness hospital was 1,185 in 1906-7, 3,896 in 1907-8, 1,538 in 1908-9, and 590 in 1909-10, while the deaths each year since 1905 were 8,003, 6,522, 4,170, 3,662, 1,782, 1,546, respectively. He suggests that the disease frequency is undergoing a diminution, or, in other words, that the rise in the disease is now being followed by a fall.

## Letters, Notes, and Answers.

ORIGINAL ARTICLES and LETTERS forwarded for publication are understood to be offered to the BRITISH MEDICAL JOURNAL alone unless the contrary be stated.

AUTHORS desiring reprints of their articles published in the BRITISH MEDICAL JOURNAL are requested to communicate with the Office, 429, Strand, W.C., on receipt of proof.

MANUSCRIPTS FORWARDED TO THE OFFICE OF THIS JOURNAL CANNOT UNDER ANY CIRCUMSTANCES BE RETURNED.

CORRESPONDENTS who wish notice to be taken of their communications should authenticate them with their names—of course not necessarily for publication.

CORRESPONDENTS not answered are requested to look at the Notices to Correspondents of the following week.

COMMUNICATIONS respecting Editorial matters should be addressed to the Editor, 429, Strand, London, W.C.; those concerning business matters, advertisements, non-delivery of the JOURNAL, etc., should be addressed to the Office, 429, Strand, London, W.C.

TELEGRAPHIC ADDRESS.—The telegraphic address of the EDITOR of the BRITISH MEDICAL JOURNAL is *Attology, London*. The telegraphic address of the BRITISH MEDICAL JOURNAL is *Articulate, London*.

TELEPHONE (National):—

2631, Gerrard, EDITOR, BRITISH MEDICAL JOURNAL.

2630, Gerrard, BRITISH MEDICAL ASSOCIATION.

2634, Gerrard, MEDICAL SECRETARY.

Queries, answers, and communications relating to subjects to which special departments of the BRITISH MEDICAL JOURNAL are devoted will be found under their respective headings.

### QUERIES.

INQUIRER asks if assistants in Irish pauper lunatic asylums have more prospects of being allowed to marry afforded them than those similarly situated in English asylums.

W. A. H. desires to hear of a good English medical work of the style of Osler's *Practical Medicine*, which has been translated into Russian.

URTICARIA asks for advice as to treatment of a most persistent and intense irritation of the skin, with urticaria, in an old man suffering from rheumatism and rheumatoid arthritis.

J. H. W. asks for experience as to the value of x rays as a prophylactic after amputation of the mamma for carcinoma, and whether any danger might accrue from the rays themselves.

COUNTRY BIRD asks if there is any danger in drinking water stored in a cistern the inside of which has been painted with red lead paint.

X. would be glad to hear of an address where his wife could obtain rational clothing for use during pregnancy. The so-called "maternity skirt," with its elastic waistband seems very unsuitable. Skirts supported from the shoulder are apparently the only solution.

CAPTAIN D. G. CARMICHAEL, R.A.M.C., writes to ask for information as to the origin of the following surgical expressions. He says: Surgically—(1) *Genu varum* = "bow-leg"; (2) *Genu valgum* = "knock-knee." But, according to Dr. Smith's smaller Latin-English Dictionary, 1912, p. 634, the adjective *varus-a-um* = "having the legs turned inwards—knock-kneed"; and on p. 633, *valgus-a-um* = "having the legs bent outwards—bow-legged." Thus the Latin words have the exact opposite meaning to their "surgical Latin equivalents"; in other words, *genu valgum* ought to mean "bow-legged" and not "knock-knee," and *genu varum* ought to mean "knock-knee" and not "bow-legged."

### FREQUENT MICTURITION.

N. asks for suggestion as to treatment of a business man, aged 28, who has suffered since infancy from frequent micturition, varying from ten to twenty times in twenty-four hours, usually two to three times at night. There is no nocturnal incontinence, and the urine is normal. Hypnotism has been tried without effect, and also the usual drugs.

### GRANULAR PHARYNGITIS.

J. M. would be glad of hints as to the treatment of chronic granular pharyngitis of six months' duration in a motor cyclist who has to be out in all weathers. Iodine and other paints, along with the usual general treatment, have been tried. The patient is an abstainer, and has given up smoking entirely.

### HOMES FOR INFIRM LADIES.

T. L. desires to hear of a home where an old lady suffering from incontinence of urine, not bedridden or imbecile, could be taken at a small charge.

P. L. B. asks for a home which would take an elderly lady who has only £4 or £5 a year in addition to the old age pension.

SABRINA wishes to hear of any institution, preferably in the midland counties, where an elderly woman who has gone blind from glaucoma could be admitted at a small charge.

### ANSWERS.

C. G.—Instruction is given in the use of the ophthalmoscope at most of the ophthalmic hospitals in London, and these courses usually commence in October, January, and May. In these classes ophthalmoscope cases are shown. For one who simply required practice in all forms of eye disease the best