

in the day, he had no dyspnoea, the lungs were very emphysematous, the cardiac dullness extended 1 in. external to the nipple line; there were no bruits. The tension of the pulse was high, and the artery thickened (blood pressure, taken subsequently, was 180 mm.). There was no albuminuria. He remained fairly well, with occasional tendency to a little swelling of the feet until the second attack occurred, in the early morning on April 4th, 1909. This was followed by a bad breakdown, with much oedema, which, again, after sufficient recovery had taken place to allow him to attend his office, was followed by a third attack of asthmatic character, on December 28th, 1909; dropsy set in, and he died, with the distress usual in mitral disease with anasarca, on April 14th, 1910.

CASE III.—A man, aged 50 years, an ironmonger; enjoyed good health until 48 years of age, after which he had been short of breath on exertion. First seen during a short feverish bout lasting four days; the heart impulse was in the sixth space, 2 in. external to the nipple line, no bruits; pulse moderate tension (blood pressure, taken subsequently, 145 mm.); liver 2 in. below the costal margin; no oedema. He returned to work in a few days, but a few weeks later, on February 1st, 1909, I was called up to an asthmatic attack, which was relieved with morphine; in several of the next few nights the paroxysm recurred. He has been under observation since, and has had several bouts of heart failure, beginning, on each occasion, with these night attacks, which have tended to recur for several nights in succession; bromide has not prevented the attacks, and morphine, by the mouth, has only been of use if taken before any respiratory distress has developed. There has been some pyrexia at times, but only a definite embolism once, in April, 1911, when aphasia was present for six hours. The physical signs are unchanged, in November, 1911; there has never been oedema, though occasionally the feet are rather puffy. He has avoided attacks of an asthmatic nature for the last nine months by taking the greatest care not to overexert himself. The attacks in his case have been most violent, producing lividity and profuse sweating, unless cut short with morphine hypodermically.

CASE IV.—A managing clerk, 50 years old; first seen in October, 1910, for shortness of breath on slight exertion; has had no previous illness. The heart was enlarged, dullness 2 in. external to the nipple line, mitral systolic bruit, rough first sound in the aortic area, no diastolic bruit; pulse 110, high tension, blood pressure 170 mm., artery rather thick; lungs emphysematous; urine contained no albumen, but 5 per cent. of sugar present. A few days' rest, with suitable diet, reduced the pulse to 84 and the percentage of sugar to 1.25. He returned to work with a pulse of 80 in about a month. In January, 1911, he did a fortnight's very strenuous work, mostly mental, and on the 15th went to bed tired, but otherwise well. At 1 a.m. next morning he had an asthmatic attack; the pulse later in the morning was 120 and the breathing rather rapid, but no urgent dyspnoea. After a long rest he again returned to work, contrary to advice, and broke down in March, in June, and in August, one of the earliest symptoms of failure in each case being an asthmatic attack in the night. In September he developed oedema, and died with the usual symptoms of mitral regurgitation with anasarca on October 12th.

In a fifth case—an alcoholic man—I have been called up very many times to attacks which at the time have been exactly comparable, but as it was not possible to demonstrate any enlargement of the heart, as there was a large amount of albumen in the urine and as no *post-mortem* examination was obtained, I have not included the case, though I should conclude that the attacks depended on a degenerated heart muscle.

Probably such attacks are not very rare, but they are very striking, and appear to have received little attention in textbooks. Under the index of "cardiac asthma" in one book,² I have found a clear account of such paroxysms, but nowhere else. This name, "cardiac asthma," has been criticized, and one cannot presume to enter that controversy; but these spasmodic paroxysms, occurring in association with senile heart troubles, would appear to be in need of further recognition in books, for they would seem to be an early and, to the medical man fresh from hospital, an unexpected indication of a very grave condition.

REFERENCES.

¹ Correspondence on Cardiac Asthma, BRITISH MEDICAL JOURNAL, November 4th, 1911. ² Diseases of the Heart, James Mackenzie, M.D.

THE late Sir Samuel Wilks, Bart., left estate valued at £16,822.

AMONG the diaries we have received is one issued for the benefit of amateur photographers by Messrs. Burroughs, Wellcome and Co. In addition to space for ordinary diary notes it includes tables on which to record a variety of important details concerning exposures, and a multiplicity of photographic tips. Information is also given as to how to obtain permission to take photographs at certain public galleries, and elsewhere, and in the cover is a movable exposure calculator. There is more than one issue of the diary, since the details given vary somewhat with the latitude in which the book is to be used. The price of the edition for Great Britain and Central Europe is 1s.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

VACCINE TREATMENT OF BACTERIAL INFECTION OF THE STOMACH WALL.

THE following case may be of interest to some of your readers. The patient, a man aged 48, who consulted me in April 1910, had been suffering for some twelve months from "foul breath." So great was the social inconvenience that it became almost impossible for him to carry on his business, involving as it did intercourse daily with a somewhat fastidious *clientèle*.

In his efforts to seek relief he had consulted many physicians and specialists, among the latter a very eminent throat specialist who declared that he was quite free from nasal trouble, and a dentist who declared that his denture was flawless.

I made a very careful general examination and could discover no physical disability save a cystitis of long standing (45 years). This latter, the patient informed me, dated back to his childhood when he had been operated on for stone in the bladder, at the age of three years. A stricture followed the operation, and as long as the patient can remember his urinary stream has been small. There were no symptoms of stone at the time of examination. On passing a No. 4 catheter about 2 oz. of "residual" urine came away; this was found to contain numerous pus cells, and on bacteriological examination yielded a growth of pure streptococcus.

The patient did not complain of "indigestion" (that much abused term). He had a hearty appetite, but eating or starving he had his "foul breath." The stomach emptied itself in normal time, and the gastric chemistry was normal. Cultivations made from specimens of his stomach contents yielded streptococcus and *B. coli*.

There was a possibility that the streptococcus found in the stomach came from the nose or was due to pyorrhoea alveolaris, but the opinions of the above mentioned specialists would seem to negative this. The patient would therefore seem to be suffering from a bacterial infection of the stomach, and it is interesting to note that the streptococcus was found in the bladder also.

I had a "vaccine" prepared consisting of a streptococcus from the urine and a *coli* from the stomach in the following proportions:

	1	2	3	4
Streptococcus	5	5	10	20
<i>Coli</i>	5	10	15	20

I made the first injection on April 19th, 1910, and repeated it at intervals of one week, giving in all four doses. By the middle of May, 1910, the "foul breath" had completely disappeared and has not returned up to the present, now seventeen months afterwards.

The case presents many features of extreme interest to the stomach specialist, but in the course of a short communication I shall refer to one only. Hitherto, infection of the stomach walls by the *B. coli* has been noted by gastro-enterologists in obstruction of the pylorus due to malignant disease only, and I have been unable to find in the literature any record of a case in which, though the gastric motility was normal, a bacterial infection of the stomach mucosa by this organism had occurred.

The cystitis in this patient improved, but did not, of course, disappear during the treatment, but he has since had the urethral stricture dilated, and all the pus has disappeared from his urine.

Dublin. FRANK KENNEDY CAHILL, F.R.C.S.I., D.P.H.

TREATMENT OF INTESTINAL STASIS.

I HAVE read with interest Dr. Frank Elvy's article on this subject in your issue of November 4th. My method in the treatment of chronic constipation may also be of use, especially as the patient can carry out the treatment himself.

An ordinary rubber ball 10 inches in circumference and 4 lb. of No. 8 shot are required. The shot will just fit into a ball of this size, which should be full and hard. To fill the ball a small slit must be made and the shot poured through a funnel—an aural speculum answers the purpose. The slit can then be closed with a patch, applied as to a bicycle tyre puncture. A ball of this weight is suitable for an adult, about half for a child. Cost, 1s. 6d.

I always advise the patient to keep the ball near his bed and use it regularly, in the recumbent position, night and morning for ten minutes, rolling it over the course of the large intestine. The results vary; some cases have to persevere for two or three weeks before the bowels act regularly; with others there is an immediate improvement.

I believe if this treatment was in general use there would be fewer cases of indigestion, haemorrhoids, and possibly even appendicitis, and probably a reduction in the sale of patent medicines.

I may mention a few of my recent cases. A young lady, who had spent a considerable sum in massage treatment without much benefit, improved greatly in a short time. A man, aged 50, who suffered from constipation and haemorrhoids for many years, was cured of both.

A witty lady patient christened her ball the "Corporation Roller." She has ceased taking purgatives.

Monkstown, Co. Cork.

R. E. FOOTT, M.D.

GUNSHOT WOUND OF THE ABDOMEN : OPERATION: RECOVERY.

A SOLDIER was admitted to the Military Hospital, Aldershot, having an hour previously received a bullet wound in the abdomen.

On admission he was collapsed and pulseless and had a large lacerated wound in the left subcostal zone. A small wound in the back was also seen, below the last rib and three inches from the spine on the left side. He was immediately placed on the operating table, when the anterior wound was enlarged longitudinally. The abdomen was found to contain much blood and intestinal contents. The small intestine was found to be severed in four places. Its lumen was completely cut across in two places, and in the other two places continuity was merely maintained by about one-sixth of its tinct circumference near the mesenteric attachment. Thus there were two loops of intestine, each about twelve inches long, with gaping ends to be dealt with. These loops were both high up, and were excised and the mesentery ligatured. This left three inches of gut from the duodeno-jejunal flexure, which was joined end to end to the distal portion of the bowel. The abdomen was then swabbed out and its walls closed without a drain.

The wound healed rapidly with the exception of a small area around the site where the bullet entered; this necrosed, owing probably to the skin having been burnt by cordite gases. The small wound of exit in the back, however, suppurated and left a long sinus which did not close for two months. Eventually the patient was able to return to duty.

J. W. H. HOUGHTON,
Major, R.A.M.C.

IODIZED PHENOL IN THE TREATMENT OF SINUSES.

EVERY surgeon knows the difficulty of curing a chronic discharging sinus. For some years I have treated without a single failure or recurrence long-standing as well as recent cases by the application of iodized phenol on a probe dressed with cotton-wool—Playfair's for large sinuses, an ordinary probe for small ones. These cases range from old tuberculous hip sinuses down to small abscess sacs. In one there were seven large and deep sinuses; in another the bare femur was struck by the probe. I once treated a Bartholinian abscess by dressing the sac in this way immediately after letting out the pus, and the wound healed without further discharge and without pain. Most cases require three or four dressings at intervals of a fortnight or three weeks. Contact is continued for about five minutes.

Burton-on-Trent. DIGBY F. B. COTES, M.R.C.S.Eng.

Reports of Societies.

EDINBURGH MEDICO-CHIRURGICAL SOCIETY.

Wednesday, November 29th, 1911.

Mr. J. M. COTTERILL, President, in the Chair.

The Position of the Stomach.

DR. W. RUSSELL, in a paper on the position of the stomach as a guide to pyloric or duodenal difficulty, described the changes consequent upon mechanical obstruction resulting from healing of duodenal and pyloric ulcers. These changes might be dilatation of the fundus ventriculi, ptosis of the lower border, ptosis of the whole organ, and carrying of the right border well past the middle line. The means of determining the stomach limits clinically were visible peristalsis, percussion, succussion, and auscultatory percussion. He specially emphasized this delimitation of the right border, which might be the only evidence of mechanical obstruction, and pointed out that in these cases the pylorus still remained central, and was posterior to the displaced antrum pylori. DR. CHALMERS WATSON said that auscultatory percussion was shown to have no value in delimiting the stomach by radiography and bismuth meals. DR. J. S. FOWLER asked if cases of mechanical obstruction in the stomach occurred between the ages of 3 and 10 years, following a congenital stenosis of the pylorus. DR. LOVELL GULLAND said that projection of the pyloric antrum to the right often occurred in cases without stenosis. Clinical methods of examining the stomach, such as DR. Russell had described, were superior to α rays. Professor CAIRD said that a difference in position and shape of the stomach at the time of operation from a previous clinical examination was due to the fact that the organ was empty. He advocated examination of the stomach both in the upright and lying down position. DR. W. T. RITCHIE spoke from practical experience of the wide divergence between α ray and clinical examination of the stomach borders. MR. STILES said that in the congenital stenosis of the pylorus in children, operation always showed the pylorus overlapped by the dilated antrum. He placed more reliance upon clinical examination of the stomach than upon radiography.

Vaccine-Therapy.

DR. JAMES RITCHIE, in a paper on vaccine-therapy, discussed the difficulty of judging the effects of vaccination. Estimation of the opsonic index, at present the only serological method available, was almost impracticable, because of the laborious procedure, and the difficulty of attaining requisite technical skill, and it lay with the clinician to define the signs and symptoms of successful and unsuccessful reaction in the case of each infection. On the prophylactic side, the success of antityphoid inoculation suggested that all persons likely to be exposed to typhoid infection abroad should undergo the treatment. In their therapeutic use, the statistical bases for judgement were less satisfactory. The only cases in which weight could be attached to opinions based on limited experience were those in which a sudden improvement took place, either in a chronic disease whose previous treatment had failed, or in an acute illness of fatal import. It was generally agreed that good results had been obtained in chronic suppurative conditions, except, perhaps, in acne; and the same was true of gonorrhoeal arthritis and gonorrhoeal vulvo-vaginitis in children. In pulmonary tuberculosis statistics showed that tuberculin inoculations had definitely improved the results obtained by sanatorium treatment. In already caseating or suppurating tuberculous glands vaccines were ineffective; but they were likely to have good results in earlier gland infections, or in persistent sinuses and mixed infections. In tuberculosis of bones and joints a plea was put forward for the more extended use of tuberculin in early synovial tubercle, caseation being relatively a late event in this condition. Success had also attended vaccine treatment in old-standing semi-quiescent tubercle in whatever site it occurred. In non-tuberculous infections of the urinary tract there had been good results, especially in subacute *coli* infections and even in many chronic cases. But bacilluria often persisted after the disappearance of symptoms. In acute diseases, striking success had

the learned judge did not extend the custom one inch beyond what was necessary for the decision of the case. His ruling could not be quoted as an authority for the proposition that a medical man is bound, by custom, not to charge for attendance upon a brother practitioner, his wife, and family. Yet if anyone knows that he is likely to be made the victim of an abuse of any such kindly custom, he will be well advised to take the proposed hint of the judge who tried this case. He said: "I think that in a case like the present, if a doctor intends to charge he must say so, thus giving the patient the opportunity of declining his services and of going to another doctor who will not charge."

WORKMEN'S COMPENSATION.

Privilege Claimed for Medical Reports.

In a case at Liverpool (November 20th) it appeared that a stoker labourer, aged 55, on one of the White Star liners met with an accident in March, 1909, sustaining injury to his head. He complained of pains in the head for a considerable time. In August, 1911, acting under medical advice he went to a hospital, where he underwent an operation, but he died on August 6th, cerebral abscess being given as the cause of death. The widow having claimed compensation on behalf of herself and her four children, the employers paid £10 into court. The widow was willing to accept this sum, but the county court registrar being of opinion that the amount was inadequate, invited the company's solicitors to let him see any medical reports there might be in existence in relation to the man's death. The solicitors respectfully declined to do this, on the ground that the reports were privileged. Upon the matter being referred to the judge, he refused to record an agreement, on the ground that the sum of £10 was inadequate, but he gave no ruling on the question of the privilege claimed.

Capacity of a One-eyed Collier.

In a case at Sheffield (November 23rd) the question arose whether a collier who had lost the sight of one eye was capable of working at the coal face. Dr. Hayes, of Leeds, said that, although there were many miners with only one eye, he considered their occupation was dangerous. In the case of a fall of coal the chance of escape was much diminished. Dr. Pooley, on the other hand, was of opinion that the man was fit to work in the pit. He said he knew a professional cricketer with but one eye who took fifty wickets during the season, his batting average being 20. The county court judge awarded the sum of £1 a week.

MULTIPLE DOORPLATES.

SANDY.—Our correspondent's questions appear to suggest the existence of a rule of "one man, one doorplate," but we do not know of such a rule. All that seems reasonable is that a doorplate should indicate a bona fide tenancy, though in scattered country districts it may be necessary to indicate houses at which messages may be left for the doctor on his rounds.

Public Health AND POOR LAW MEDICAL SERVICES.

REPORTS OF MEDICAL OFFICERS OF HEALTH.

Warwickshire.—Dr. Bostock Hill in his report dealing with the health of Warwickshire for 1910 states that there were 9,860 births compared with 9,835 and 10,308 in the two previous years, which gives a birth-rate of 23.7. In the urban districts the birth-rate was 22.8, and in the rural districts 25.1, the highest being in Nuneaton (32.2), and in Foleshill (34.1). The deaths numbered 4,844, giving the low death-rate of 11.6. The total number of deaths registered from phthisis was 333, and from other tuberculous diseases 109. At the present time there is no sanatorium in the county nor any institution devoted to the treatment of consumptive patients, but during the year the Lord Lieutenant appealed to the county as a whole to help him to establish a sanatorium for persons suffering from this disease. The County Council has sent health visitors to advise all persons known to be suffering from consumption, and the Medical Officer of Health has proposed that the small-pox hospital be made use of for treating phthisical patients.

County Borough of Oldham.—The estimated population at the middle of 1910, based on the last census returns was 146,700. The birth-rate was 25.2 per 1,000 of the estimated population, and the death-rate from all causes 16.7 per 1,000. The infantile mortality-rate was 127 per 1,000 births, compared with 144 in the preceding five years. As many as 95 per cent. of the total number of births registered were reported to the Medical Officer of Health under the provisions of the Notification of Births Act. Two women inspectors devote most of their time to visiting the homes of newly-born children. As a consequence of representations made by the National Housing Reform Council as to certain insanitary conditions which were said to prevail in Oldham, Dr. Reginald Farrar reported upon the sanitary circumstances of the town to the Local Government Board in the year 1909. In that report testimony was borne to the civic pride and spirit of municipal enterprise which

characterized the administration of the borough, though certain important recommendations were made. Dr. Wilkinson states in his report that those recommendations have been dealt with by converting two waste pieces of ground into gardens; paving several back streets and passages; trapping street gullies and disconnecting rainwater fall pipes; replacing ash-pits with ashbins; and effecting improvements in the cowsheds.

City of Hereford.—Dr. Miller, Medical Officer of Health for the City of Hereford, in his report for 1910 states that the population as estimated by the Registrar-General to the middle of 1910 was 22,652; it is on this estimate that the various rates are calculated. The birth-rate for the year 1910 was 21.85 per 1,000, compared with 21.59 during the previous year, showing a slight increase, but compared with the average of the past ten years show a diminution of 1.35 per 1,000. The death-rate was 12.83 per 1,000, the infantile mortality-rate was 101 per 1,000 births. During 1910 advantage was taken of the Housing and Town Planning Act, 1909, to deal with many houses which were considered unfit for habitation. During the year the medical officer of health reported on the water supply, especially with reference to filtration, with the result that the Town Council has recommended two extra filters to be installed which will when completed treble the present filtering capacity. Appended to the health report is the third annual report to the Education Committee which deals with the sanitary condition of the schools in the town and the medical inspection of school children. With reference to the medical treatment of those inspected Dr. Miller states that where parents were present at the time of inspection their attention was drawn to any disease or defect found; in other cases a written notice was sent advising the parents to have the child attended to. Medical and surgical treatment was obtained in about 60 per cent. of his cases, in one-third of them only after second notices.

SCHOOL CERTIFICATES.

DOUBTFUL (Scotland).—States that the School Board in his parish—which is 30 miles long by 15 miles broad, with two schools about 10 miles apart—makes him to grant certificates of medical unfitness to attend school for a fee of 2s. 6d., but will not grant him travelling expenses. The parents object to pay, and are, he considers, too poor to do so. Our correspondent wishes to know what he should charge, and whether he can legally refuse to give certificates. He also mentions that he asked the School Board to give him a retaining fee to cover expenses of granting certificates, but it has refused to do so.

Our correspondent is under no legal obligation to grant school certificates of medical unfitness, and can demand to be adequately remunerated for doing so. A retaining fee of £15 to £20 per annum would be little enough for this purpose. An alternative plan would be to charge the School Board 2s. 6d. for each certificate, plus mileage for travelling expenses.

LATE M.O.H.—If a sanitary authority elects to pay the whole of the salary of a medical officer of health out of the local rates and not to claim a moiety from the Exchequer grants to the county council, the sanction of the Local Government Board is not necessary.

Universities and Colleges.

UNIVERSITY OF CAMBRIDGE.

THE following degrees have been conferred:

M.D.—V. J. Woolley, W. Tyson, B. K. Nutman, J. F. Windsor.
M.B., B.C.—R. H. Manhood, H. C. Snell.

UNIVERSITY OF BRISTOL.

Degrees.

AT the autumn congregation the following degrees in the medical faculty were conferred. The candidates were presented by the Dean of the Medical Faculty, Professor Ed. Fawcett.

M.D.—I. F. Blackett, Latimer J. Short.
M.S.—C. A. Ioll.
M.B., Ch.B.—R. C. Clarke, E. E. Davies, C. A. H. Gee, S. H. Kingston, W. A. Reynolds, R. S. Statham, E. F. Thomas, I. W. J. Willcox, F. P. Mackie.
B.D.S.—C. J. Kelsey, W. J. Lennox.

SOCIETY OF APOTHECARIES OF LONDON.

THE following candidates have been approved in the subjects indicated:

SURGERY.—E. G. Brisco-Owen, B. W. Brown, C. C. Messiter.
MEDICINE.—F. C. Shone, W. H. Vincent.
FORENSIC MEDICINE.—B. W. Brown, L. K. Edmeads.
MIDWIFERY.—B. W. Brown, A. J. Tozer.
Section I. Section II.

The diploma of the Society has been granted to Messrs. E. G. Brisco-Owen and C. C. Messiter.

remembered that the present Director-General in a speech at Simla two years ago warned the service that they must look to the military rather than to the civil side for the future of the service.

Medical News.

AT the meeting of the Royal Microscopical Society to be held at 20, Hanover Square, W., on Wednesday next, at 8 p.m., Dr. F. Shillington Scales will make a communication on photomicrography of the electrical reactions of the heart.

UNDER the will of the late Mrs. Laura Theresa Pearce, of Tunbridge Wells, King's College Hospital receives a bequest of £500 and the Tunbridge Wells General Hospital one of £200.

THE German Congress of Internal Medicine will hold its twenty-ninth annual meeting in Wiesbaden next April (15th to 18th) under the presidency of Professor Stintzing of Jena. The chief subject proposed for discussion is the use of the Roentgen rays in the diagnosis and treatment of diseases of the stomach and intestine.

FOR some years past the Chelsea Hospital for Women has suffered from inadequacy of accommodation alike for nurses and patients, and from noisiness due to alterations in the line of traffic. Earl Cadogan, as was recorded last June, has presented the authorities with a much more suitable site, and as the foundation of a fund for building thereon the trustees of a charitable bequest have since made the institution a donation of £10,000; an appeal for further contributions is now made by the treasurer of the hospital, Mr. H. E. Wright.

THE sixth International Congress of Obstetrics and Gynaecology, as already announced, is to meet in Berlin on September 10th, 11th, and 12th next. The organizing committee now states that it has the co-operation of the German and of the Berlin Gynaecological Societies, and that an exhibition of obstetrical and gynaecological specimens, instruments, and apparatus will be held during the congress.

MESSRS. BURGE, WARREN AND RIDGLEY, of 91, Great Saffron Hill, E.C., have issued a new catalogue of their products in the way of fountain pens. The choice they have to offer in respect of price, size, variation in nib, method of filling, and external decoration is very great. Their own favourite, it appears, is the "twin-feed Neptune" at 10s. 6d.; one small ordinary Neptune fitted with steel nibs, and intended for children, is priced, we note, as low as 2s.

THE step taken by the National League for Physical Education and Improvement in forming a new department to deal with infant consultation centres and schools for mothers, appears to have met with much approval among those specially interested. The object is to co-ordinate the work of such undertakings, and to act as a clearing-house and source of information for those who propose to start work of the same kind and desire to profit by knowledge of the sources of failure and success elsewhere. Leaflets and coloured wall charts to assist in the education of actual and prospective mothers are in hand, and two reports containing much useful information on the subject have already been prepared. The address of the League is 4, Tavistock Square, W.C.

MESSRS. INGRAM AND ROYLE, of Bangor Wharf, Belvedere Road, S.E., have issued the twelfth edition of a booklet to which we have drawn attention in connexion with the exhibitions at several annual meetings. It supplies full analyses of most or all such medicinal waters as are ever used away from the springs from which they arise, together with information as to their dosage and the reputed indications for their use. There is also an index which, in addition to indicating the page at which the analysis of each water will be found, shows the altitude at which the springs lie, and the diseases in which their waters are used. The pamphlet, of which copies can be obtained post free on application, is undoubtedly one of much utility, more particularly as in this present edition the analyses are stated throughout in grains per pint, instead of as in former editions sometimes in grains, sometimes in decimal parts per litre.

Letters, Notes, and Answers.

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.

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.

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

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

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

PASTOR asks whether the Rogers Tytos sphygmomanometer is more rapid and superior to other makes.

N. N. S. asks for information as to the preparation of medicated sawdust as used by the late Mr. H. O. Thomas of Liverpool.

JUNIUS asks for information about Waldenburg's apparatus for the treatment of emphysema recommended in Pepper's *System of Medicine*.

INQUIRENS asks for information as to the best means for removing the dark stain of tobacco from a white moustache without causing injury to the hair.

RETired asks for experience in the treatment of internal pile by Unna's method of chrysarobin suppositories and the modification recommended by Kosobudski.

SANDFIELD would be grateful for any suggestions with regard to the treatment of a left facial spasm without discoverable cause. The subject is a female teacher in a council school.

ESURIENS asks for information concerning Chatham, Ontario: (1) As regards its climate. (2) Would it suit a case of chronic laryngeal catarrh? (3) Are there any prospects there for one desirous of engaging in fruit-growing?

S. D. C. writes: (1) James I is said to have expressed the opinion that doctors were of "very little use and hardly necessary." What is the reference for this? (2) Charles II, when attending Newmarket races, is said to have amused himself in conferring the M.D. indiscriminately. The holders of these bogus titles were known as "jockey doctors." What is the reference for this?

IDIOSYNCRASY asks for suggestions in the treatment of a patient who contracted syphilis eighteen years ago, and now has gummatous ulceration of the tongue. He cannot take iodides, although the various salts have been tried in small and large doses and in combination with ammonia, cinchona, etc. After taking the drug a few days he gets severe pains in the head, which keeps him from sleeping, and he suffers from very serious depression. He declares if the drug is insisted upon that he will not be responsible for his actions.

ANSWERS.

DR. GUBB (Mustapha Supérieur) writes: In reply to "Inquirer" (p. 1456) I think he would find Algiers especially suitable from a climatic point of view, the average temperature being several degrees higher than the resorts north of the Mediterranean. The hotel terms compare favourably with the European tariff—"pension," inclusive, can be had for from 8 to 10 francs a head a day. There are steamers direct from Southampton to Algiers (Nederland and North German Lloyd) every fortnight.

DREAMLESS NIGHTS.

DR. H. J. THORP (Ipswich) writes: In reply to "Chloroform." If he thinks his dreams at night are caused by worry or over-work, he may obtain relief by taking spirit of turpentine (m 30) in capsules at bedtime. Sufferers are apt to form exaggerated estimates of the amount of their wakefulness.

DIPLOMAS IN PUBLIC HEALTH.

WITH reference to the answer published under this heading in the JOURNAL of October 28th, p. 1144, "J. W." writes to suggest that prospective candidates should try for a diploma of a university, and recommends that granted by Oxford.