

extend below the knee. His temperature for several days reached 102°. For a week he was treated for sciatica and influenza. The temperature fell, and the pain became less, but the general discomfort about the sacro-gluteal region was increased. Thus he could not with any comfort turn in the bed or change his position. It gave him great pain and trouble to get out of bed. Yet on examination all the movements of the hip-joint were perfectly free; no pain was caused by forcibly crowding together the iliac bones.

There was no tenderness on rectal examination. Sacro-iliac disease was carefully searched for. For a month nothing but palliative treatment was adopted, there being no evidence of bony disease. The patient in the meantime was improving, though his temperature was never settled, reaching 99° and 100° after intervals of no fever.

He was allowed up and out for drives, but the discomfort in the sacro-gluteal region was never absent, and leaning on his sound leg produced more pain on the opposite side. An x-ray photograph demonstrated an early focus in the bone on the iliac side of the joint, apparently secondary to synovial disease. I proceeded to operate in the manner already indicated. The opening in the bone struck the front of the joint, and after a little gouging in an anterior direction about half a drachm of pus was evacuated. The finger could feel the pelvic fascia deep to the iliacus muscle, and was carried into the small abscess cavity leading underneath the bone towards the sciatic notch. The overhanging bone was gouged away, and the little cavity filled with sublimate iodoform and bismuth paste. After the operation the pain and discomfort disappeared, and the wound healed without drainage. A weak spot developed in the scar a fortnight afterwards, and on introducing a probe a little serum and bismuth were extruded. Each day there was a little bismuth on the pad covering this point. In eight weeks the patient was sent home. Six months after operation, Dr. Rensen, a distinguished Continental surgeon whom he consulted, wrote to me as follows: "Mr. R. is now quite well. The little fistula has closed after one injection of bismuth and

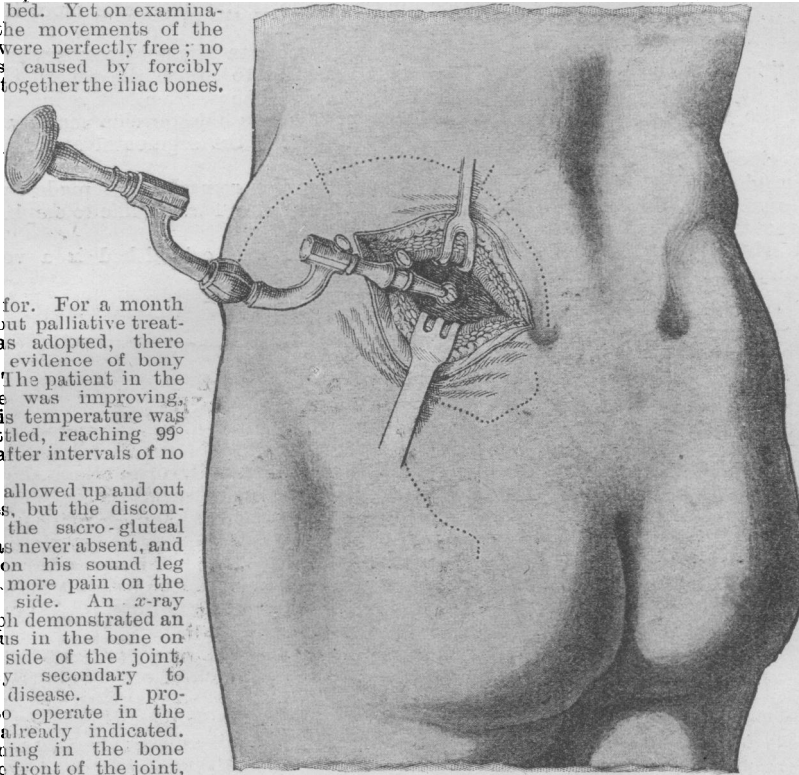


Fig 5.—Drill (directed slightly backwards) applied to the bone midway between the sciatic notch and the iliac crest.

vaseline. He has augmented his weight, and walks upright without any support." A year later this gentleman was in perfect health.

CASE II.

This was a girl who, in December, 1910, complained of "sciatic" pain from the hip to the ankle. She was treated with liniments, but finding no improvement, was admitted into a Dublin hospital about eighteen months ago and was detained for six weeks. After another interval, as her pain increased, she sought admission to another hospital, where, after treatment for sciatica, an abscess formed and opened on the outer aspect and below the left gluteal fold.

For four months the sinus discharged; she became more and more incapacitated, and appeared in a crippled condition at the extern department of Mercer's Hospital.

An x-ray photograph readily showed active disease of the sacro-iliac joint.

The patient was admitted to Mercer's Hospital in November, 1911. The articulation was laid open in the manner described and cleared of tuberculous granulation tissue and diseased bone.

Shortly after the operation she developed diphtheria, and the wound, already infected from the pre-existing sinus, suppurated freely. A sequestrum was extruded through the sinus some weeks later. Her convalescence was prolonged, but six months afterwards the operation wound was soundly healed and the sinus closed.

She was seen recently and is a strong, healthy girl, without any discomfort save some stiffness in her sacro-iliac region.

CASE III.

Male, aged 49, admitted to Mercer's Hospital, September, 1910, with symptoms of sciatica and lumbago; urine loaded with urates. No signs of sacro-iliac disease, for which he was carefully examined. X-ray photograph defective; the patient refused to remain in hospital until a second picture was obtained.

"Sciatica" and "lumbago" increased in severity, and the patient sought readmission. One month after his first examination an iliac abscess could be detected. An x-ray photograph now showed extensive destruction of the left sacro-iliac joint, in addition to a focus in the lumbo-sacral articulation. The case was treated along conservative lines, the abscess was evacuated, and sublimate bismuth and iodoform paste introduced into the cavity. The patient made a good recovery.

THE LIGHTING OF OPERATION TABLES.

Demonstration.

DR. F. W. COLLINSON, of Preston, gave a demonstration of an electrical lighting system devised by him for use when operating at a private house. It consisted of a 12-volt accumulator battery and a telescopic upright, which could be clamped to the edge of the table used, and would support two 12-volt lamps of from 16 to 32 candle-power. The lamps could be easily and readily fixed upon

the table in any position and turned in any direction for an operation with a patient in any recognized position. One of the lamps could be replaced by a head light, leaving the other in its position over the patient. The accumulator battery had a capacity of 40 ampère hours, and would keep the two lamps alight for six or seven hours. It could also be used for lighting a sigmoidoscope, urethroscope, cystoscope, and the like, and could be fitted so as to heat a cautery. The accumulator weighed about 44 lb., and the rest of the appliance about 20 lb.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL

EXCESSIVE INGESTION OF SALT PRODUCING OEDEMA.

ON September 8th I was asked to see a child 2 years old who was said to be very much swollen. The hands and feet were both markedly oedematous, and the face was stated by the mother to be very puffy every morning. Examination of the chest did not reveal any abnormality, and a urine analysis failed to show anything wrong with the kidneys.

A remark of the child's grandmother, however, seemed to me very significant. She said the patient was very fond of salt, and when he got the opportunity he promptly consumed the contents of the salt-cellar.

Thinking this might be the cause of the oedema, I ordered him to have no salt with his food and suggested that no salt should be left on the table within the child's reach. As his tongue was rather white a simple mixture containing magnesia and tinct. card. co. was prescribed, and a dose of castor oil to be given that night at bed-time.

On calling four days later I was gratified to find that the oedema had entirely disappeared, and that the child seemed in its usual state of health.

South Shields.

JOHN BAIN, M.B.

ALLYL SULPHIDE IN TUBERCULOSIS.

THE communication of Dr. Minchin in your issue of August 24th, p. 460, on the subject of the treatment of phthisis by means of the active principle of garlic—allyl sulphide—and which was called forth as a result of your leading article upon tuberculosis treatment, is very interesting, especially at the present time when preparations are being made for the establishment of hundreds of State-promoted sanatoriums throughout the country, and an advance in the management of the disease demands more logical treatment than that dependent alone upon fresh air and a few vaunted but disappointing specifics. The well-known odorous properties of allium proclaim its penetrability, and this combined with its power as a germicide makes it an ideal inhalant in every stage of phthisis pulmonalis; its use, indeed, is indicated in every form of tuberculous mischief, and I can speak from the experience of several years past as to its undoubted curative properties, having put it to the test in general practice both in South Africa and this country. The preparations I have always employed have been those made under the direction of the pioneer of this treatment, Dr. Minchin, of Dublin, whose book upon the subject contains invaluable information.¹ Of the cases which I have treated within the past ten years by Minchin's method I will here mention the following:

CASE I came under my care in March, 1910, having been sent from an inland county to the sea. She was in an advanced stage of consumption—hacking cough, large amount of thick sputum, loss of weight, vomiting, sleeplessness, aphonia, and fatigue, the usual physical signs, coarse râles, bubbling and fine crepitation, both lungs being involved, the left more extensively; temperature at mid-day 102°; pulse 120. The treatment consisted in bed, fresh air, suitable diet, and the inhalation twice a day of allyl sulphide. As the patient got more accustomed to it in a few days this was increased to three times daily, and then more frequently—indeed, whenever she felt inclined—the allyl sulphide being sprinkled on the respirator designed by Dr. Minchin for the purpose. Within a week an improvement seemed to result in the quality of the sputum, which, instead of being tenacious and difficult to get up, became thin and easy of expectoration; the quantity appeared at first to increase, but I have found that this is not uncommon and consider it a favourable sign; the cough, from being hacking and unnecessarily frequent, became useful and less wearying. The patient began to enjoy refreshing sleep, and after three weeks' continuance of the treatment was able to go out and take gentle exercise. The temperature gradually fell to normal, and in two months she returned to her home, being sufficiently well to undertake a long journey by road and rail.

CASE II.—Another case of advanced tuberculosis was that of a patient who suffered from severe haemoptysis, with a large cavity in the left lung; the attacks of bleeding were frequent and alarming. I commenced attendance immediately following on one of these haemorrhages, and found the patient weak and very ill with all the symptoms and physical signs of advanced phthisis. He was placed on Minchin's inhalant, and his condition gradually became better—appetite improved, physical signs less marked, haemorrhage entirely ceased, and he was able to leave for home after two months' treatment.

Of many similar cases which I have treated—and I always adopt the routine practice of allyl sulphide in every case of tuberculosis—I have never seen one that did not materially benefit, lives having been prolonged and suffering relieved through its use.

It is, however, by its specific action upon tuberculous lesions that even more satisfactory results are to be obtained, for here the germicidal effect is unhandicapped by cavities containing shut-away fluid, as in the case of the lungs, which poison the system by their toxins, and are responsible for those cases of intractable phthisis one meets with. The credit of this theory is distinctly Dr. Minchin's, and there is no doubt that it will ultimately be adopted as affording the most rational grounds for surgical interference in tuberculous phthisis.

As an instance of the curative properties of allium when applied externally, or to an open tuberculous cavity, I will quote the following case:

CASE III.—A lad of 18, whom I commenced attendance upon in the spring of this year. He had a history of phthisis, and his condition was further aggravated by a large tuberculous cold abscess in the scapular region. It had been aspirated half a dozen times before I saw the case, and by direction of his home physician I refrained from adopting any further treatment at the time, and aspirated once or twice, but the fluid rapidly accumulated. I meantime had the patient on the inhalant, and his health improved. The internal pressure of the abscess

contents resulted in a sinus establishing itself through one of the old needle holes, and a chronic discharge followed. After six weeks of daily syringing and draining, the cavity showed no sign of healing. At this juncture, on the advice of Dr. Minchin, I decided to try an ointment of allium sulphide. The effect was magical. As in the case of lung disease, the discharge at first became more copious and watery, and then in a few days commenced to rapidly dry up. In a fortnight not a drop of pus exuded; even on pressure the walls of the cavity became adherent, the sinus closed, and, as far as this condition was concerned, the patient was cured.

With Dr. Minchin, I consider that the drug is an absolute specific in all tuberculous lesions in accessible situations, or in those which can be rendered accessible. It is in the happy combination of surgery and medicine that the successful treatment of phthisis will lie, and the discovery of the germicidal power of allyl sulphide has placed an ideal agent in the hands of the profession towards this end.

Rostrevor, co. Down. JOHN F. ELLIOTT, L.R.C.S.C.P.Irel.

ACUTE NEPHRITIS DUE TO TURPENTINE
ABSORBED BY THE SKIN.

I WAS consulted on August 26th by a woman about her daughter, aged 5 years. On August 21st the child had developed a mild bronchial catarrh, to which she is very liable, and the mother had kept her in bed and treated her in the way she usually did. On August 24th she noticed that the child's urine was of an extremely dark colour, and as this persisted she brought a specimen to me. The urine looked like *café au lait*; examination showed the presence of blood in large quantity, and the sample went almost solid with albumen on boiling.

I found the patient in bed, apparently perfectly well except for a slight degree of bronchial catarrh; there was no sign of any oedema, the heart was normal, and there was no suggestion of scarlet fever. The urine was scanty; a sample was sent to a pathological laboratory, and the report received stated:

Serum albumen and globulin in abundance; a number of granular, epithelial, and hyaline casts, with some renal pelvic cells and leucocytes; red blood discs present. There is nothing suggestive of calculus or growth.

There was no pyrexia, nor was the pulse-rate increased. On making further inquiries I was told that the child's back and chest had been freely rubbed with a liniment containing ammonia, camphorated oil, and turpentine. It then occurred to me that the haematuria was possibly due to the absorption of turpentine by the skin. The application was stopped, milk diet ordered, and the bowels freely opened. The condition of the urine being exactly that found in the early stages of acute nephritis, whether caused by cold or by some toxæmia, the case naturally caused a good deal of anxiety; but in a week the amount of blood and albumen gradually diminished, and in ten days had completely disappeared. The child remained quite well all the time, the bronchial signs soon clearing up. A sample of urine examined after a further ten days' interval was normal.

The case may be of interest, since it seems fair to assume that the nephritis was caused by the action of turpentine absorbed from the skin. I can find no reference to this in the books at my disposal. Dixon Mann (*Forensic Medicine and Toxicology*) quotes a case of haematuria due to the absorption of the vapour of turpentine, and probably a far larger amount of the drug would get into the system after a considerable area of skin had been freely rubbed with it several times. The possibility of such ill-effects is worth bearing in mind, seeing to what extent turpentine is employed as a liniment in chest conditions among all classes of patients.

KENNETH ANDERSON, M.B., M.R.C.S.,
Banwell, Somerset. L.R.C.P.

THE number of diphtheria intimations in Edinburgh for the week ending mid-day, September 21st, was eighteen, the same as in the preceding week. The number is larger than the average, but is not regarded as alarming. Most of the cases have occurred in one district of the city. The medical officer of health says there is no cause for apprehension, as what is believed to have been the cause has been discovered and dealt with by his department. This is the season when a recrudescence of diphtheria may in ordinary circumstances be looked for.

¹Treatment of Tuberculosis and Lupus with Allyl Sulphide. By Wm. C. Minchin, Dublin. Baillière, Tindall and Cox.

Certification of Lunatics.

A workhouse medical officer wrote asking if the guardians could legally include in his salary fees for certifying lunatics, and for giving medical attendance to officers resident in the workhouse.

This was discussed by the council. It was contended by some that the inclusion of lunacy fees was opposed to the provisions of the Lunacy Acts; and with regard to attendance on resident officers at the workhouse, it amounted to providing at the expense of the rates medical attendance for presumably well paid officials. Dr. Parsons said that to his knowledge both these practices had been sanctioned by the Local Government Board in the metropolis. With regard to the Lunacy Acts, it was not compulsory on the justice to make any order as to payment of the certifying practitioner, and a justice was procured by the guardians, who consented to this arrangement. The council was unanimously of opinion that both these practices should be condemned. The object of the Lunacy Acts was to insure that impartial and unbiased justices should examine lunatics. If a justice could be selected for one purpose, he might be for another. The Honorary Secretary was requested to make inquiries into the matter, and bring it again before the council.

LOCAL GOVERNMENT BOARD REPORTS.

Shaftesbury Borough and Rural Districts.—Shaftesbury is an old-world town, situated on a plateau 700 ft. above sea level, and overlooking the Vale of Blackmoor. The country around which occupies the north-west corner of Dorset is included in the area of the Shaftesbury rural district. A very large dairying industry is carried on in the district, the average daily output of milk being about 10,000 gallons. The conditions under which the trade is carried on are related in a report (new series No. 67) of Dr. F. St. George Mivart to the Local Government Board. Regulations under the Dairies, Cowsheds, and Milkshops Orders have been adopted by the rural council, but they are apparently not enforced. There are 130 cowkeepers registered and 75, including members of the district council, who are not registered. A few cowsheds Dr. Mivart describes as being well kept, and many others had excellent features, but for the most part they were unsatisfactory, and the condition of many was bad. The walls and floors were in a foul condition, there was a want of ventilation and light, deficient cubic space, and defects or absence of drainage. In many instances pigs were kept in the same sheds as the cows. The general condition of the fold yards is described as bad. Manure was accumulated with liquid filth in vast quantities close to the openings of sheds. In two instances cows were seen plunging through this filth in order to enter the sheds to be milked, their udders trailing in the manure. At many farms there was found to be a lack of water. At some, the property of a Cambridge college, farmers are obliged all the year round to fetch water in churns from a long distance. Of the twenty-nine members of the rural district council twenty-two are tenant farmers, practically all engaged in milk businesses in one way or another. The ineptitude of the council may be gathered from the fact that the inspector of nuisances was definitely instructed by resolution that he should arrange for the tenant and the agent of a farm to be present whenever he went to inspect it. As the inspector is also inspector of nuisances to the town of Shaftesbury and surveyor to the urban and rural districts, it necessarily follows that this restriction hampers very considerably—as no doubt it was intended it should—his inspections of the dairy farms in the district. The housing regulations seem to be almost ignored both in the borough and rural district. Forty houses were inspected in the rural district, and the agent of seven was asked to remedy defects. A committee of the council was appointed to view the houses, but “no result seems to have followed the labours of the committee.” The attitude of the borough council on sanitary matters may be gathered from the following extract from Dr. Mivart’s report: “From the minutes of a meeting (date not recorded) between August, 1908, and January, 1909, it appears that a committee of five members was appointed to inspect and report upon the row of miserable dwellings called ‘the Pool,’ but I cannot trace any further reference to this committee or its doings. The condition of the place in question when I saw it seemed to indicate that the committee’s labours had been unfruitful.”

Ince-in-Makerfield Urban District.—The sanitary administration of the urban district of Ince-in-Makerfield, where there is now a population of over 22,000 persons, was reported upon unfavourably by Dr. Franklin Parsons to the Local Government Board in 1879 and again in 1886. In the report (new series, No. 65) of Dr. E. P. Manby, which has just been issued by the Board, there is not much evidence of great progress having been made in the direction of remedying unsatisfactory conditions. In 1879 the infant mortality-rate was equal to 181 per 1,000 births. In 1909 it was 212, and in 1911 it was 184 per 1,000. Dr. Manby considers that the probable causes of this high rate are the same as those stated by Dr. Parsons thirty-three years ago, namely, local insanitary conditions and social and domestic conditions and habits unfavourable to health. All that appears to have been done in the period which has elapsed between the

visits of the two inspectors is the sewerage and paving of a portion of the district, reducing the size of privy middens and improving the system of scavenging. Quite lately a female health visitor has been appointed who will act under the direction of the medical officer of health in connexion with administration made possible through the adoption by the council of the Notification of Births Act. There are about 4,500 houses in the town, of which no less than 4,000 are provided with privy middens, although in many cases there is not a separate closet for each house. The cost of emptying these privies amounts to nearly £1,700 per annum, a sum nearly equal to a sixpenny rate. As the streets are already sewered this appears to be a very costly proceeding, and it would be more economical for this yearly expenditure to be used for the conversion of the privies to waterclosets under the provisions of the Public Health Acts Amendment Act, 1907.

Universities and Colleges.

UNIVERSITY OF LONDON.

Advanced Lectures in Physiology.

THE following advanced lectures in physiology are announced to be given during the first term:

Professor W. M. Bayliss, F.R.S.: Eight lectures on the action of enzymes at University College, on Fridays, at 5 p.m., beginning on October 25th.

Dr. F. S. Locke: Four lectures on the physiology of the mammalian heart at King’s College, on Mondays, at 4.30 p.m., beginning November 11th.

Dr. E. L. Kennaway and Mr. J. H. Ryffel: Eight lectures on metabolism of carbohydrates and fats at Guy’s Hospital, on Thursdays, at 4 p.m.

Lectures by Professor of Protozoology.

Professor E. A. Minchin, F.R.S., will give a general course of twenty lectures on protozoa at the Lister Institute of Preventive Medicine on Mondays, Wednesdays, and Fridays, at 5 p.m., during the second term. These lectures, which are free, will be addressed to honours B.Sc. students and to medical men, and will be followed by exhibits of preparations as occasion requires.

The Lister Institute of Preventive Medicine.

Owing to the appointment of Dr. Dean to the Chair of Pathology in the University of Sheffield, he will be unable to deliver the lectures of which notice has been given. The remaining lectures in the course will be given as arranged.

VICTORIA UNIVERSITY OF MANCHESTER.

THE following candidates have been approved at the examination indicated:

FIRST M.B.—*Part I, Inorganic Chemistry and Physics:* Alice M. A. Holt, Dorothy Potts, C. R. Sandiford, D. M. Sutherland, *R. L. Newell, *W. Stansfield, †A. M. Cotes. *Part II, Elementary Biology:* A. M. Cotes, E. R. Gilmore, C. R. Sandiford.

* Physiology only.

† Chemistry only.

UNIVERSITY OF SHEFFIELD.

DR. HENRY ROY DEAN, Assistant Bacteriologist to the Lister Institute, has been appointed to the Joseph Hunter chair of pathology in the room of Professor J. M. Beattie, who has become Professor of Bacteriology in the University of Liverpool. Dr. Arthur Hall has succeeded Professor Beattie as Dean of the Faculty of Medicine.

The Services.

VOLUNTARY AID DETACHMENTS AND THE USE OF BRASSARDS.

At the annual meeting of the Central Council of County Territorial Associations of Scotland, England, and Wales, held in Glasgow on September 25th, the question of the wearing of brassards by Voluntary Aid Detachments of the Red Cross Society during peace was under consideration. Recently the Army Council, in a communication to the County Territorial Force Associations, intimated that it had decided to prohibit altogether the wearing in time of peace of the Red Cross emblem in the form of a brassard. This decision was to prevent confusion, as the official brassard is only issued on mobilization, and the Council considers that in time of peace the use of the Red Cross should be restricted to official purposes, to be worn only on duty or in uniform, and in the form of a badge, or at least otherwise than as a brassard. The Standing Committee of County Presidents of the Red Cross Society has urged the Council to press the War Office to reconsider its decision, and allow Voluntary Aid Detachments to wear the brassard as many have been doing for two or three years. The chairman explained that the War Office sanctioned the wearing of the brassard when the Red Cross Society was raised, but a section of the Geneva Convention, dated 1911, was passed to the effect that brassards should be used only on mobilization. There was

Medical News.

THE St. Mary's Nursing Home, Chiswick, will be opened by Sir Anthony Bowlby on Tuesday next, October 8th, at 4 p.m.

A SERIES of post-graduate clinics on the lines of those in recent years will be given at the Ancoats Hospital, Manchester, by the members of the hospital staff, commencing on Thursday next, October 10th, at 4.15 p.m.

THE winter session of the Post-Graduate College, West London Hospital, Hammersmith Road, W., commences on October 14th, when Dr. Seymour Taylor will give the opening address at 5 p.m., the subject selected being Medical Education, Then and Now.

THE dinner which the medical men attending the demonstrations at the Kennington Road Tuberculin Dispensary proposed to give to Dr. Camac Wilkinson on October 7th has been unavoidably postponed till after October 15th.

THE winter term of clinical lectures and demonstrations at the National Hospital for the Paralysed and Epileptic, Queen Square, London, will begin on October 8th, when Dr. James Collier will lecture on bulbar paralysis at 3.30 p.m. Further particulars can be obtained on application to the Dean of the Medical School at the Hospital.

THE opening meeting of the New London Dermatological Society for the session will be held on Thursday, October 10th, at the Western Skin Hospital, Hampstead Road (close to Tottenham Court Road), at 4.30 p.m., when Dr. G. Stopford-Taylor, of Liverpool, will deliver an address on some practical points in the treatment of eczema. All medical practitioners are invited.

A SPECIAL post-graduate course dealing with the diagnosis and treatment of pulmonary tuberculosis, including the use of tuberculin, is to be given at the Brompton Hospital for Consumption in November. The fee for the course, which begins on November 4th, is 5 guineas in the case of those who are not already connected with the institution. Further information may be obtained from the Dean, Dr. Cecil Wall.

THE Lewisham Memorial to the late King—a new bacteriological and x-ray department for St. John's Hospital, Lewisham—is to be opened on Thursday afternoon next by Major Sir Edward F. Coates, Bart., the member of Parliament for that borough, and Sir Almroth Wright.

THE opening meeting of the session 1912-13 of the Hunterian Society will take place on Wednesday, October 9th, when Dr. Frederick Taylor will deliver at the London Institution, Finsbury Circus, at 9 p.m., the first lecture of the society. The subject selected is sleepiness. Mr. A. H. Tubby will deliver his address as president on October 23rd. The second Hunterian lecture will be delivered on January 8th by Professor Arthur Keith, who has taken for his subject the history and nature of certain specimens alleged to have been obtained from the *post-mortem* examination of Napoleon the Great. A special feature of the session will be the clinical afternoons at the Westminster Hospital on November 13th, and at the London Hospital on February 26th.

THE usual monthly meeting of the Executive Committee of the Medical Sickness, Annuity, and Life Assurance Society, was held at 429, Strand, London, W.C., on September 20th, 1912, Dr. F. J. Allan in the chair. The accounts presented showed that the claims in August were slightly below the expectation. There are 50 cases of permanent disablement on the society's books, and these alone account for nearly £5,000 per annum in sickness benefit, which will continue until age 65 or death previous to that age. These figures show conclusively the great advantages accruing to members of the medical and dental professions by joining such a society, which, for a comparatively small annual premium, is able to pay such benefits. It was reported to this meeting that a grant of money had been made to the widow of a deceased member by the Royal Medical Benevolent Fund, to which the society subscribes 100 guineas per annum; also that a son of a deceased member was elected to a foundation scholarship at Epsom College, to which also is subscribed 100 guineas a year. The new proposals are well up to the average for the eight months ending in August, but far below what they ought to be when all the advantages of membership offered are taken into consideration. Prospectus and all further information to Mr. Bertram Sutton, Secretary, Medical Sickness and Accident Society, 33, Chancery Lane, W.C.

Letters, Notes, and Answers.

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.

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.

DR. A. CECIL HINCKES (Wells, Somerset) desires to hear of an institution that would receive a woman, aged about 47 years, paralysed, aphasic, and with incontinence. A payment of from 7s. to 10s. a week could be made, or possibly a little more with outside help.

SOUTHAMPTON desires to know of any institution from which he could buy a goat in milk which has had its thyroid gland removed.

ANSWERS.

DR. C. H. D. ROBBS (Grantham) writes in reply to "Cornishman's" query in the BRITISH MEDICAL JOURNAL of September 21st: A simple and effective apparatus for preventing dislocations of the shoulder was made for me by Messrs. Allen and Hanburys at a cost of 3s. 6d. It consists of a chest strap with buckle, to encircle the chest just below the axillae, an arm strap, and an adjustable link between the two. The patient for whom I employed it had repeated dislocations before wearing it, but remained free for over a year whilst using it. It is quite easy to adjust the buckle so that any desired limitation of range of movement of the arm can be obtained.

LETTERS, NOTES, ETC.

THE BLOOM UPON THE GRAPE.

DR. GEORGE PERNET (London, W.) writes: The latest atrocity in food-faking I have come across is an artificial bloom for black grapes. The stuff, I am told, is sprayed over the grapes, giving them, I admit, a beautiful bloom—painting the lily with a vengeance. But the bloom produced is almost too beautiful to be real. I discovered the fake by the rubbery taste of the grapes and the crinkling of the skin when pinched up between the finger and thumb. Perhaps some of your readers know more about it than I do. At any rate, "Caveat emptor."

"SECRET REMEDIES."

X. writes: I keep a copy of *Secret Remedies* hung up in my waiting room and find that it excites much interest. Another copy I lend out to any one who wishes to continue his studies. By this means valuable information is imparted to those who are in most need of it—the working classes. One man after keeping the book a longer time than usual explained that it had been the round of his workshop.

IODINE AS A SURGICAL DRESSING.

DR. P. B. COUSLAND (Edinburgh) writes: The following testimonies to the efficiency of iodine as a first-aid dressing under the most unfavourable conditions are worth recording: Dr. H. G. Barrie, writing in the *China Medical Journal* on the Red Cross work at Hankow during the recent revolution, says: "When first-aid had been skilfully applied with iodine dressings results were unmistakably good, and one regretted that this dressing was not more generally applied." A correspondent, writing of the same fighting, tells me: "The field workers were supplied with bandages, gauze, splints, morphine, and iodine. A 5 per cent. solution of iodine was applied to all wounds. In from one to twelve hours, and sometimes longer, most of the patients were carried off the battlefield into the base hospitals. No bad results were found from iodine even in cases where considerable absorption undoubtedly took place, as in shrapnel wounds. The splendid results from a free use of iodine, both in first-aid work and in the hospitals, made many of the Red Cross doctors staunch preachers of the gospel of iodine."

SCALE OF CHARGES FOR ADVERTISEMENTS IN THE BRITISH MEDICAL JOURNAL.

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Advertisements should be delivered, addressed to the Manager, 429, Strand, London, not later than the first post on Wednesday morning preceding publication, and, if not paid for at the time, should be accompanied by a reference.

NOTE.—It is against the rules of the Post Office to receive *postes restants* letters addressed either in initials or numbers.