

treatment. There was also loss of flesh, muscular weakness, loss of memory, mental depression, and bad dreams. He reported sick on account of the tremor increasing and persistence of paralysis of his forearm.

He has now had six treatments by cerebro-spinal galvanism. He is sleeping well, and has only slight headaches occasionally. The tremor has disappeared, his memory is good, and he is quite cheerful. Some voluntary movement returned to the extensors of the hand and wrist after treatment of the spine by labile galvanism, and the power of movement is increasing although he has had no local treatment for these muscles.

The conclusion I have arrived at from the trials I have carried out of this treatment is that nearly all cases of the neurasthenic type of shell shock would derive great benefit from it, and the majority of cases, excepting those of the most severe type, would be cured in under three months.

TREATMENT OF MENINGITIS.

BY

WALTER BROADBENT, M.D., M.R.C.P.,

MAJOR R.A.M.C.(T.),

SENIOR ASSISTANT PHYSICIAN TO THE ROYAL SUSSEX COUNTY HOSPITAL, BRIGHTON; PHYSICIAN TO THE ROYAL ALEXANDRA HOSPITAL FOR CHILDREN.

PNEUMOCOCCAL meningitis is still considered so universally fatal that it seems useful to put on record cases of recovery.

My first successful case occurred a few years ago in a child between 3 and 4 years old, who had a severe attack of bronchopneumonia lasting a fortnight. The lungs began to clear up, but the temperature remained between 102° and 103° F., and the child became drowsy. When admitted to hospital there was almost complete coma; the neck was retracted, and there was strabismus. By lumbar puncture a thick white fluid flowed off under pressure; it looked like pus from an empyema, and gave an abundant growth of pneumococci. The child was put on urotropine gr. 3 every four hours, and was given 5 c.cm. of Pane's antipneumococcal serum by the mouth; no food was given for two hours before or two hours after. The Pane's serum was given every twenty-four hours on an empty stomach for three days, then every other day, and later twice a week. Lumbar puncture on the third day gave a less thick fluid. After the third day there was slow but steady improvement. The temperature did not settle to normal for six weeks, but at the end of three months the child was perfectly well.

Since then I have had two recoveries in children treated in the same way. I give Pane's serum by the mouth in children, preferably when waking in the early morning, as the stomach is then at its emptiest. In pneumonia it has always acted well taken in this way. The dose by the mouth is double that necessary hypodermically, but the child is saved the pain of the injection.

The only case in an adult which I have treated was a soldier admitted to hospital in April.

He had had headache for eight or nine days, with a temperature from 99° to 101° F. for a week, and vomiting independently of meals. On admission the temperature was 101°, the pulse 90. He complained of severe headache and frequent vomiting. There was a large crop of herpes on his lips, the tongue thickly furred, and the mouth very foul. His head was not retracted, but it could not be moved forwards beyond the vertical. Kernig's sign was present. Knee-jerks were absent, and the plantar reflexes were flexor. Cloudy fluid was obtained by lumbar puncture. Nothing abnormal was found in the chest. He was given urotropine gr. 20 every four hours.

Next day the cerebro-spinal fluid was reported to give a growth of pneumococci, and 10 c.cm. of Pane's serum was injected in the flank; this was repeated every other day for four doses, then every third day for three more doses. Improvement began about the fifth day, the headache being less severe, and the temperature falling in the morning to 98°, though still 101° in the evening, instead of keeping consistently high. Vomiting was less frequent also. As the general condition improved the pulse-rate became faster, 100 to 120. For the first three days it had not risen above 90, though the temperature was 100° to 101° all the time.

The temperature definitely began to fall on the twentieth day after admission, and became normal by the twenty-third. Urotropine gr. 20 was given every four hours up to this date without any urinary symptoms. The patient became very emaciated during the illness, and was a long time regaining flesh and strength, but he is now at a convalescent home feeling quite well.

Lumbar puncture is much simplified if a hypodermic syringe of eucaïne and adrenalin solution is injected under the skin at the selected site, and also down between the arches of the vertebrae, in adults as deeply as the hypodermic needle will reach, in children of course not far enough to risk entering the spinal canal. After waiting

five minutes, lumbar puncture can be done painlessly and without any movement on the part of the patient.

An interesting case of streptococcal meningitis, again a soldier, was admitted under me in February.

He had been ill for a fortnight and complained of intense headache, which kept him awake at night. His pulse and temperature were normal for the first four days. He did not vomit, his tongue was very furred, and his breath offensive. There was no retraction of the neck and no Kernig's sign. No drugs had any appreciable effect on the headache. Four days after admission he had a sore throat and his temperature rose to 100° F. There was then for the first time some difficulty in making the chin touch the chest. A day later rigidity of the neck was definite. There was also oedematous swelling of both temporal and preauricular regions, more marked on the right side. Next day there was oedema of the eyelids as well as of the temporal regions. Kernig's sign was present for the first time in slight degree.

The cerebro-spinal fluid was cloudy. After examining this a bacteriologist declared the case to be one of spotted fever, and had him removed to the sanatorium, where he came under the care of Dr. Duncan Forbes, who, when the man died a few days later, kindly showed me the results of the *post-mortem* examination. There was pus at the base of the brain containing a Gram-positive streptococcus. The body of the sphenoid bone was extensively diseased.

It seemed evident that the disease was primarily of the bone, and that the meninges were affected later. The most interesting feature of this case was the swelling of the temporal and orbital regions with definite signs of meningitis, coming on after the throat became infected. There was no nasal discharge nor any indication that the ethmoid was diseased.

The most severe case of meningococcal cerebro-spinal meningitis in which I have seen recovery take place was the following:

A boy aged 14 was seen in consultation several times with Dr. H. J. Pulling in January, 1915. He got up well one morning; at dinner time he refused his food, and complained of headache. When I saw him, at 8.30 p.m., he was lying on his side with his legs drawn up. He was quite comatose, with marked strabismus and paralysis of the left arm. There was evidence of pain on pushing the head forward, but no real retraction of the neck; Kernig's sign was very marked, the knee-jerks were weak, the left plantar reflex extensor; temperature 103° F. Lumbar puncture gave milky fluid under great pressure; over a test tube full was allowed to flow before the stream became of normal pace. There was no rash that day. He was given 8 grains of urotropine every four hours through a nasal tube, and was also fed in that way; 10 c.cm. of Pane's serum were injected as it was at hand. The cerebro-spinal fluid gave an abundant growth of meningococcus, after which Flexner's serum was obtained and injected subcutaneously. By the third day he had improved remarkably, being quite conscious and taking food well, but he relapsed though not to unconsciousness. Later there was incontinence of urine and faeces, but vomiting was not troublesome. He became extremely emaciated, and always lay on his side curled up and often moaning. It was very difficult to prevent the formation of bedsores. He took urotropine for a long time, and opium was given for the relief of pain and to promote sleep. He was very ill for two months, but Dr. Pulling ultimately pulled him through, and he is now quite well mentally and physically except for slight stiffness of the left arm.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

COLLOSOL ARGENTUM.

I HAVE been using collosol argentum lately, and I think the results may interest others.

The first case in which I used it was a lady who had had pyorrhoea for several years. I gave her 15 minims of the drug hypodermically in the arm. One injection cured her.

A young girl, aged 18, came to my house with acute inflammation of one eye with an ulcer on the cornea. Two drops of collosol argentum were dropped in the eye at 7 p.m., and a pad placed over the eye. When she came next morning the eye, to my astonishment, was quite well; the ulcer had disappeared, and there was no inflammation.

A man in poor health was admitted to hospital and I removed his appendix. He did very well till the fourth day when he developed acute intestinal obstruction. He was opened again and a twisted intestine was put straight, but although he had good relief from the bowels he did not do well. The wounds suppurated, and he got septic diarrhoea which nothing seemed to relieve. In despair I injected 20 minims of collosol argentum every day. The diarrhoea soon stopped, the pus dried up, the wounds took on a healthy aspect, and he made a good recovery.

A child, aged 3, had tuberculous glands of the neck, and was very emaciated. The glands were removed and the wound did badly. Collosol argentum (10 minims) was given by the mouth

daily. The pus soon lessened and a cicatrix formed. Another gland subsequently gave trouble under the chin and had to be scraped occasionally, but the general improvement in the child is very remarkable.

A young woman, aged 27, developed symptoms of phthisis with tubercle bacilli in the sputum. She was given 20 minims of collosol argenteum hypodermically every other day. The night sweats have disappeared, the cough is much less, and she feels and looks much better.

I find the drug very useful as a nose spray for post-nasal catarrh and also for simple nasal catarrh.

St. Albans.

A. H. BOYS.

Reports of Societies.

MOUTH PARASITES IN PYORRHOEA.

At a meeting of the Royal Microscopical Society on October 18th, Mr. HERON ALLEN, the President, being in the chair, Dr. HELEN PAXELL GOODRICH and Mrs. M. MOSELEY contributed a paper on "Certain parasites of the mouth in cases of pyorrhoea."

After a study of some hundreds of cases and of examples of the condition in dogs and cats they had come to the conclusion that the gingival space was not primarily affected, but that the first lesion occurred at the surface of the gum. The tartar, which was characteristically formed in great amount, they attributed to an organism, a leptothrix, and not to chemical changes. The tartar often extended underneath the crown, and sometimes even to the root. They had seen no reason for separating tartar into two kinds, as had been done by some. In its early stages pyorrhoea was represented as a marginal gingivitis; afterwards the gums receded, and the gingival spaces became affected, pockets of pus and other suppurative changes ensuing. The recession had been noted to be more advanced on the left side in right-handed people, which might be accounted for by the use of a hard toothbrush. The destruction of bone which accompanied pyorrhoea, and which had been variously explained, they regarded as due to organisms emanating directly from the gingivitis. Of parasites they had found swarms of all kinds, particularly bacteria. The amoeba which had been described in America they found to be common; it was absent from healthy mouths which had been kept scrupulously clean. Its favourite habitat was the tartar and not the tissues of the gum. It was found on the under side of the tartar ridge and between the threads of the leptothrix, not in the periodontal membrane as the American authors had stated. The authors were strongly of opinion that it was not the causal organism of pyorrhoea. The reasons given for inculcating the amoeba were (1) that the amoebae burrowed down in the tissues, destroying the periodontal layer, and getting into the deepest parts of the pockets, (2) that it could not be found in healthy gums, (3) that emetine, a known amoeba destroyer, caused their disappearance and an improvement in the condition. To these arguments they raised the following objections: The amoebae did not occur in the periodontal membrane, but in the tartar; A. E. Williams had found the amoebae in 30 per cent. of New York children with healthy gums; and in four cases under close observation emetine had not been beneficial. Moreover, in advanced cases sometimes very few amoebae were found, whilst they might be abundant in early cases. Cysts had been described by some authors, but the only ones which they (Dr. Goodrich and Mrs. Moseley) had found were those of other amoebae, and were such as frequently found their way into the mouth from uncooked vegetables. All attempts to grow the amoebae had proved fruitless. The amoebae bore some resemblance to those of dysentery—*Entamoeba histolytica*—but showed certain differences, notably that the cell inclusions were usually remains of mononuclear leucocytes, not of red blood corpuscles. Trichomonas was often found, but usually in small numbers, and was unconnected with the pyorrhoea. The leptothrix was found in profusion and growing in several forms—as threads, as coccoid bodies, as flower heads, as a bottle-brush shaped form, and as fusiform bodies. It was closely connected with the tartar, which the authors considered was caused by a progressive calcification of its threads from their point of attachment. They had never found tartar in the absence of the

leptothrix, and suggested that tonsil stones, salivary calculi, and possibly other concretions might own a similar origin. The fusiform bodies appeared to be identical with the fusiform bacillus regarded as the cause of Vincent's angina.

Reviews.

DERMATOLOGY.

It is easy for a reviewer to say that a textbook which has reached its sixth edition has justified itself by winning public approval, and that it is therefore unnecessary for him to express an opinion on it. We will not take this easy course with the sixth edition of Dr. NORMAN WALKER'S *Introduction to Dermatology*,¹ because, though the first edition, which appeared in 1899, was a good book, the author has gone on steadily improving it. It has all along been first and foremost a thoroughly practical book, dealing at length with the commoner affections, but not omitting the more rare. It everywhere gives evidence of the fact that its author is an experienced teacher, and in the discussion on symptoms and treatment its pages are imbued by the most recent lessons of pathology and bacteriology. A good example of the merits of the book is afforded by the section dealing with the various forms of dermatitis. The sections on dermatitis venenata and dermatitis autophyta are instances of shrewd observation, and also afford an example of a respect in which the book has been improved. It has always been well illustrated, but its success has encouraged the author and publisher materially to increase the number of pictures; there were forty-nine plates in the fifth edition, there are sixty-eight in this. All of them are helpful, and none introduced, as sometimes happens, because the author happened to have good drawings by him. A number of them are in colours, very well reproduced. In the discussion of the treatment of rodent ulcer we find in this edition a note upon its treatment by radium, to which the author says "there is no room for doubt that certainly in the earlier stages exposure to radium is the most satisfactory method of treating rodent ulcer. The duration of the exposure required depends, of course, on the amount and activity of the particular specimen of radium used. In about a fortnight after exposure there is a violent reaction, and a peculiarly adherent seal forms. When this falls off (in two or three weeks) the part is usually soundly healed." In the fourth and fifth editions the author acknowledges his obligations to Dr. Cranston Low, and his name appears on the title page of the sixth edition. The book is one which we can heartily recommend to general practitioners, not only because of its practical and comprehensive character, but because the illustrations are so numerous and so typical that they render a separate atlas unnecessary.

Dr. W. KNOWSLEY SIBLEY'S *Treatment of Diseases of the Skin*² has reached a second edition. The author has taken the opportunity of adding new sections on a number of skin disorders to which attention has been particularly directed during the last four years. He has also added a chapter on radium, and has extended those on x rays and ionization. In fact the special characteristic of the book seems to be the attention given to physical methods of treatment, and in particular to x rays, which the author considers to be valuable in a number of skin diseases. He does not speak very enthusiastically of the use of radium in rodent ulcer, and appears to prefer to treat this disorder by x rays. A full pastille dose or more should, he advises, be administered the first time, with gradually diminishing doses afterwards, the treatment being repeated about every three weeks. It is, he says, often a good plan to apply carbon dioxide snow first, and then after a few days x rays. The book is illustrated by reproductions of a number of photographs, and its practical utility is increased by a classified list of prescriptions.

¹ *An Introduction to Dermatology*. By Norman Walker, M.D., F.R.C.P., with the assistance of R. Cranston Low, M.B., F.R.C.P. Sixth edition. Edinburgh and London: W. Green and Sons, Limited. 1916. (Demy 8vo, pp. 381; 68 plates, 84 figures. 15s. net.)

² *The Treatment of Diseases of the Skin*. By W. K. Sibley, M.A., M.D., B.C. Camb., M.R.C.P. Lond., M.R.C.S. Eng. Second edition. London: E. Arnold. 1916. (Cr. 8vo, pp. 316; 16 plates. 6s. net.)

Universities and Colleges.

UNIVERSITY OF LONDON.

LONDON HOSPITAL MEDICAL COLLEGE.

THE following Entrance Scholarships in Science have been awarded: "Price" Science Scholarship, value £50, to Mr. R. A. Madgwick; Entrance Scholarship in Science, value £50, to Mr. D. Hunter.

KING'S COLLEGE HOSPITAL MEDICAL SCHOOL.

The University Scholarship in Anatomy and Physiology has been equally divided, and awarded to Messrs. L. M. Moody and H. T. Rymer.

NATIONAL UNIVERSITY OF IRELAND.

THE Dr. Henry Hutchinson Stewart Medical Scholarship has been awarded to Stephen Shea of University College, Galway.

ROYAL COLLEGE OF SURGEONS OF EDINBURGH.

THE following gentlemen, having passed the requisite examinations, have been admitted Fellows: M. L. G. Hallwright, M. Horan, W. C. McCaw, J. M'Houl, J. D. Milne, H. Nicol, A. C. Oldham, G. L. Preston.

ROYAL COLLEGE OF PHYSICIANS OF IRELAND.

At the 224th annual meeting of the President and Fellows of the Royal College of Physicians of Ireland on October 18th the following elections were made:

President, Dr. Joseph O'Carroll; Vice-President, Dr. Bewley; Censors, Dr. Henry Bewley, Dr. Martin Dempsey, Dr. W. A. Winter, Dr. B. Solomons; representative of the College on the General Medical Council, Sir John W. Moore; representatives of the College on the Committee of Management, Dr. Walter G. Smith, Sir John W. Moore, and Dr. T. Percy Kirkpatrick; Treasurer, Dr. Henry Bewley; Registrar, Dr. T. Percy C. Kirkpatrick; Librarian, Mr. Robert Phelps.

Mr. Leo Patrick O'Connor, having passed the final conjoint examination, was admitted to the licences in medicine and midwifery of the College.

CONJOINT BOARD IN SCOTLAND.

THE following candidates have been approved at the examination indicated:

FINAL EXAMINATION.—R. J. T. Malcolm-Casper, S. C. Swinburne, W. J. M. White, E. Annequin, S. W. Hoyland, Martha H. Hoahing, C. G. Booker, H. A. G. Dykes, Janie I. McBirnie, E. M. L. Morgan, P. L. Mannel, H. Morley, R. V. Clarke, R. McGregor, O. G. Evans, E. Butler, and R. Woodside.

Medicine.—Y. N. Kadam, E. G. Jones, W. F. Mason, and J. J. Mulvey.

Midwifery.—Y. N. Kadam, W. F. Mason, R. N. Burton, and W. T. Carroton.

Medical Jurisprudence.—C. V. Samwell, I. Borrah, W. U. D. Longford, G. N. Groves, T. R. Wilson, H. Shaw, Don A. Jayasinghe, R. McLaren, P. A. O'Brien, and W. T. Carroton.

SOCIETY OF APOTHECARIES OF LONDON.

THE diploma of the society has been granted to Messrs. W. Burridge, R. F. Jarrett, S. C. Varley, and H. St. H. Vertue.

Medical News.

THE next session of the General Medical Council will commence on Tuesday, November 28th; the President, Sir Donald MacAlister, K.C.B., M.D., will take the chair at 2 p.m.

THE London County Council has appointed Dr. C. H. Pring, Camberwell, to serve as a medical practitioner upon the Insurance Committee for the County of London.

A COURSE of lectures on diseases of the male urethra will be given by Mr. Frank Kidd in the clinical theatre of the London Hospital on Mondays, November 13th, 20th, 27th, and December 4th, at 4 p.m.

At the meeting of the Royal Anthropological Society on Tuesday next Mr. Aubyn Trevor-Battye will give an address, illustrated by the epidiascope, on the Gurkhas and their country. The meeting will take place at 5 p.m. at 50, Great Russell Street, W.C.

A MEETING to consider the steps to be taken to raise a memorial to the late Sir William Ramsay will be held at University College, London, on Tuesday next, at 4.30 p.m. Lord Rayleigh will preside, and Professor J. Norman Collie will deliver a memorial lecture.

THE Bradshaw lecture before the Royal College of Physicians of London will be delivered on Thursday

next by Dr. Hector Mackenzie, whose subject will be exophthalmic goitre. The Horace Dobell lecture will be delivered on November 7th by Dr. H. R. Dean, on the mechanism of the serum reactions. Dr. W. H. R. Rivers will give a second course of FitzPatrick lectures on medicine, magic, and religion, on November 14th and 16th. The lectures are given at 5 p.m. on each day.

THE Department of the Official Receivers in Companies Liquidation of the Board of Trade has notified that the firm of Slack and Brownlow of Manchester and Imperial House, Kingsway, W.C., have become the purchasers of the Berkefeld Filter Company, Limited, and are now carrying it on under the style of the Berkefeld Filter Company (British). The Board of Trade is satisfied that all persons interested in the purchase are purely British, and the business may now be regarded as a British concern. Transactions may be entered into with the Berkefeld Filter Company (British) without infringing the provisions of the Trading with the Enemy Act.

AN association for the study of the internal secretions was formed during the recent meeting of the American Medical Association in Detroit, and will meet annually during subsequent sessions of that association. It proposes to publish a periodical, to maintain circulating libraries, and to establish local groups to hold round-table discussions in clinical medicine, neurology, gynaecology, surgery, pediatrics and paedology, and experimental medicine. Among the members of the organizing committee are Professors L. F. Barker, of Baltimore, and Judson Daland, of Philadelphia. The secretary is Dr. Harrower, of Los Angeles, and the treasurer Dr. W. W. Duke, Waldheim Buildings, Kansas City, Missouri.

ANOTHER course of Chadwick public lectures has been arranged. Professor Stirling gave the first of three lectures on fatigue and its effects on industry and efficiency, at the Royal Society of Arts, Adelphi, on Friday. Dr. Charles Porter will begin a course of three lectures on the health of the future citizen, at the Norwich Museum on November 2nd; Dr. J. C. Nash, county medical officer and chief school officer, Norfolk, will give a lecture on baby saving for the nation, at the Hampstead Central Library on November 20th; and Mr. Paul Waterhouse will give the first of three lectures on architecture in relation to health and welfare, at the Surveyors' Institute, Westminster, on November 30th. The lectures are free, and a programme can be obtained from the Chadwick Trust, 40 (6th), Queen Anne's Chambers, Westminster.

THE Post Office regulations permit the transmission of deleterious liquids or substances only by letter post. Any such liquid or substance must be enclosed in a receptacle, hermetically sealed or otherwise securely closed, which receptacle must be placed in a strong wooden, leather, or metal case in such a way that it cannot shift about, and with a sufficient quantity of some absorbent material (such as sawdust or cotton-wool) so packed about it as absolutely to prevent any possible leakage from the package in the event of damage to the receptacle. The packet so made up must be conspicuously marked "Fragile, with care," and bear the words "Pathological Specimen." A person who sends such liquids or substances contrary to these regulations is liable to prosecution.

THE discussion on the need for improvement in the care of pregnant women, at the meeting of the Section of Obstetrics and Gynaecology of the Royal Society of Medicine on Thursday, November 2nd, will, as has already been announced, be opened by Dr. S. G. Moore, M.O.H. Huddersfield. Abstracts of his lectures on infantile mortality and the relative value of measures for its prevention were published in the BRITISH MEDICAL JOURNAL of May 6th and May 13th, 1916, pp. 659 and 693. The discussion will be continued by Dr. Amand Routh, who will speak on the importance of getting all pregnant women under supervision, and affording them the necessary treatment; Dr. Comyns Berkeley, who will speak on the co-operation of medical practitioners and midwives with the local health authorities, and Lady Barrett, M.D., M.S., who will deal with the linking up of all organizations for maternity and child welfare in local health districts.

THE medical profession in Berlin has lately expressed its disapproval of the way in which the authorities have ignored the opinion of doctors on the distribution of food. Apparently not a single medical man has been consulted. It is not, therefore, surprising that the interests of the sick and the mentally deficient have been overlooked, and that facilities for providing them with adequate supplies of nourishing food are lacking. The representatives of the medical profession in Berlin insist on a reorganization of the present methods of distributing milk, cream, butter, and meat among invalids. After August 1st, 1916, the amount of soap and other fatty preparations for washing

was reduced to 50 grams a head a month. As a substitute 250 grams of soap powder may be claimed for each person, but the use of all soft soap is totally prohibited. As a concession to the medical and nursing professions, four soap cards are allowed.

As from April 1st, 1916, glycerine manufacturers were asked to obtain from buyers a guarantee that all medicinal glycerine delivered would be used only for making up *British Pharmacopoeia* or *B. P. Codex* preparations, or where it was prescribed in individual cases, either alone or in combination with other drugs, by a duly qualified medical practitioner. These restrictions were not applied to stocks held by wholesalers or retailers prior to April 1st, but in view of the increased necessity for conserving the supply for the needs of the war, and the possibility that it may be necessary to reduce still further the quantity to be allowed for medicinal purposes, holders of such stocks are now asked to apply the restrictions to them. Such action will directly serve national interests in tending to secure a sufficient supply of glycerine for the general public in those cases where its value for medicinal purposes is of importance.

Letters, Notes, and Answers.

AUTHORS desiring reprints of their articles published in the *BRITISH MEDICAL JOURNAL* are requested to communicate with the Office, 425, Strand, W.C., on receipt of proof.

THE telegraphic addresses of the *BRITISH MEDICAL ASSOCIATION* and *JOURNAL* are: (1) **EDITOR** of the *BRITISH MEDICAL JOURNAL*, *Aitiology, Westrand, London*; telephone, 2631, Gerrard. (2) **FINANCIAL SECRETARY AND BUSINESS MANAGER** *Advertisements, etc.*, *Articulat, Westrand, London*; telephone, 2630, Gerrard. (3) **MEDICAL SECRETARY**, *Medisecra, Westrand, London*; telephone, 2634, Gerrard. The address of the Irish Office of the *British Medical Association* is 16, South Frederick Street, Dublin.

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.

OCTOGENARIAN asks whether the daily use of an ordinary glycerine suppository has been known to produce any injurious results. He has heard that haemorrhoids have been the result of frequent use.

A. A. P. asks to be recommended a preparation of cod-liver oil which is made up with salt instead of sugar, and which is free from nauseating flavour.

****** In the *British Pharmaceutical Codex* and in *Martindale's Extra Pharmacopoeia* formulae are given for emulsions containing solution or elixir of gluside (saccharin) instead of sugar.

INCOME TAX.

R. H. S. M. has for the past six years been in charge of a hospital abroad but returned to England to join the R.A.M.C. and has been an officer of that corps since August 1st. His intention is to return to his appointment abroad as soon as his services in the army are no longer needed. Is he liable to income tax?

****** So far as his army pay is concerned the answer is in the affirmative, inasmuch as tax is payable in respect of every public office or employment and upon every stipend payable out of the revenue of the United Kingdom. It is true that this means offices, etc., which are exercised within the United Kingdom (*Pickles v. Foster*), but this qualification does not assist our correspondent. He is not liable to pay tax on remittances from foreign property—if any—unless he remains in this country for at least six months, and possibly in the special circumstances any technical liability under this head would not be pressed. We may perhaps point out that in calculating the total income of the financial year 1916-17 for purposes of abatement or the fixing of the appropriate rate of tax, income which is not assessable—for example, the earnings of R. H. S. M. before he came to this country—should not be included. This might affect the amount of abatement due to him.

LETTERS, NOTES, ETC.

SCHOOL VICE.

CAPTAIN E. DUKE, M.D., R.A.M.C. (Hove) writes: It appears to me, and has done so for years, that the advice needful for boys may be summed up in three brief sentences: (1) Never allow any boy (or man) to touch you indecently; (2) never touch any boy (or man) indecently; (3) never touch yourself indecently. These cardinal rules should be impressed sanely upon every boy, whether at school or at home.

GASTRO-ENTERITIS DUE TO *BACILLUS AERTRYCKE*

VEL SUPESTIFER.

DR. J. W. MARTIN (Dumfries) writes with reference to Professor E. J. McWeeney's case of fatal gastro-enteritis (*BRITISH MEDICAL JOURNAL*, September 30th, p. 451): I treated a somewhat similar case at home of gastro-enteritis six months ago in a lad 17 years of age, a railway clerk. There was vomiting and profuse diarrhoea, which at times was bloody. A bacteriological examination of the stools by the local bacteriologist showed large numbers of a non-lactose fermenting bacillus which gave reaction similar to the paratyphoid group, non-agglutinated by paratyphoid A, B, or Gaertner serum, but serum from the patient did so in dilution of 1 in 1,000. The patient made a slow recovery. This bacillus may be allied to the one described by Professor McWeeney.

FERGUS(S)ON'S SPECULUM.

A CORRESPONDENT, in reference to the paragraphs on this subject in the *JOURNAL* (March 11th, p. 397, and August 5th, p. 208), points out that, in speaking of his well-known rectal speculum, Sir William Fergusson states that "it may be made in all respects similar to the speculum for the vagina which I devised many years ago, and which is now (1870) in very general use when such a mode of examination is needed" (*A System of Practical Surgery*, fifth edition, 1870, p. 655). Thus the great surgeon claimed it as his own, but it is not clear that it was not in some points a modification of a glass speculum used by Dr. Robert Fergusson.

NOCTURNAL DYSPNOEA ASSOCIATED WITH NASAL OBSTRUCTION.

T. writes: Surgeons have been operating on growing noses after the manner of Killian for more than ten years, a sufficiently long period to be able to give end results and thus enable the physician to advise operation or not—a difficulty at present. One cannot expect much benefit from organotherapy or drugs when the trouble is anatomical. But it is hard to witness healthy young chests gradually becoming crippled without let or hindrance. For sporting purposes men will do a tracheotomy on a hunter or racehorse, and exercise all sorts of ingenuity to prevent its roaring, etc. Is not the child worthy of more effort?

RETRACTION OF THE UTERINE MUSCLE ASSOCIATED

WITH OBSTRUCTED LABOUR.

DR. GORDON O. LAMBERT (Reading) writes: I have read with great interest the very instructive article in the *JOURNAL* of October 14th on retraction of the uterine muscles associated with obstructed labour. The personal experiences of Mr. H. T. Hicks, and the conclusions which he draws from it, are very valuable to those who undertake midwifery practice. One of his statements, however, seems to be not strictly accurate. Perhaps it is the inference naturally drawn from the statement rather than the statement itself which is open to criticism. Mr. Hicks writes: "It will be noticed that I have made no reference to textbooks or papers. I wish only to give a clear clinical account of a condition which I know occurs time after time without being recognized: . . . In one of the latest books on obstetrics this condition is lightly touched upon." I venture to think that Mr. Hicks is hardly just to the authors of several standard textbooks—for example, Galabin (*Manual of Midwifery*), Herman (*Difficult Labour*). In these books the condition is clearly described, under the head of "Bandl's Ring," and every well-educated medical man should be familiar with it in theory and on the watch for its occurrence in cases of obstructed labour. One is inclined to derive hope from Mr. Hicks's statement that "many practitioners may go thirty years without seeing a case of this kind, or never see one at all." Possibly prompt recognition and treatment of obstruction to delivery has greatly reduced the frequency of occurrence of Bandl's ring, or "the retraction ring," during many years past.

FASTING IN HEART DISEASE.

DR. JOHN HADDON (Hawick, Scotland) writes: In 1892 Sir Thomas Lauder Brunton, after careful examination, diagnosed heart disease and warned me against making much exertion. Since then I have learnt that, bad as my heart may be, if I do not eat "too much" or "too often," it seems to work well enough. To-day I have climbed to the top of our highest hill—1,400 ft. above sea level—better than I could do before I became a vegetarian in 1896. I have tried fasting myself and made others fast, and, from experience, I have come to the conclusion that the worse a heart is the more occasion there is for fasting.

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