

2. Biogene and Cocoa-nut Cakes.

Mix a quarter of an ounce of yeast with four tablespoonfuls of lukewarm water. Add one and a half tablespoonfuls of desiccated cocoa-nut powder.* Mix well. Cover and leave to ferment in a warm place (not hot) for one hour. Then beat up one egg with a little warm water; add this and six tablespoonfuls of biogene to the above. All should be well mixed into a stiff paste. Place in six small pattie tins. Bake in a moderate oven twenty or twenty-five minutes. When taken out of the oven allow the cakes to stand for ten minutes, and then slip them out of the tins with a knife, and allow them to dry. The tins should not be greased.

3. Gluten and Cocoa-nut Cakes.

Mix a quarter of an ounce of yeast with four tablespoonfuls of lukewarm water. Add one and a half tablespoonfuls of desiccated cocoa-nut powder. Mix well. Cover and leave to ferment in a warm place (not hot) for one hour. Then beat up one egg with a little warm water; add this and three tablespoonfuls of gluten to the above. All should be well mixed into a stiff paste. Place in six small pattie tins. Bake in a moderate oven twenty or twenty-five minutes. When taken out of the oven, allow the cakes to stand for ten minutes, and then slip them out of the tins with a knife, and allow them to dry. The tins should not be greased. These cakes should be toasted and buttered and not eaten cold.

4. Cocoa-nut, Casein, and Gluten Cakes.

Desiccated cocoa-nut powder two and a half ounces.
Casein two ounces.
Biogene half an ounce.
Gluten flour one ounce.
Two eggs.

Place the cocoa-nut powder in a dish; mix it with a quarter of an ounce of German yeast; cover it with water and mix well. Leave the mixture in a warm place (not hot) for one hour. Then add the casein, biogene and gluten flour, two eggs (beaten up), and a small pinch of salt; mix well and drop into six small tins. Bake for twenty-five minutes. These cakes only contain a very small amount of starch; to many patients they are quite palatable, and before the war the cost was small.

5. Cocoa-nut Cakes.

Half an ounce of German yeast.
Two tablespoonfuls of lukewarm water.
Eight ounces of desiccated cocoa-nut powder.

Mix into a paste, adding a little more lukewarm water if necessary. Leave in warm place for one hour. Then add one egg (beaten up in two tablespoonfuls of milk) and a little salt. Mix well. Place in eight small dishes or tins (well greased). Bake in a moderate oven twenty or thirty minutes. These are the cheapest diabetic cakes.

6. Almond Cakes.

These can be made in a similar manner; almond flour being used in place of cocoa-nut powder.

Cakes 2, 5, and 6 are free from starch, and should be practically free from sugar if prepared satisfactorily. Cakes 1, 3, and 4 contain a very small percentage of starch, as the gluten flour used contains 5 or 6 per cent. of starch.

If the patient is unable to eat these cakes, or unable to have them prepared satisfactorily, or if they are too expensive and the pure diabetic bread also too expensive, then it is better that he should take a small amount of ordinary white bread, three ounces daily, rather than take cheap impure diabetic bread in indefinite quantities. It is always desirable that all diabetic breads should be tested roughly by the medical man before they are advised to patients. This may be done by dropping a little of the following solution on to the cut surface of the diabetic bread:

Iodine	...	...	...	1 grain
Potassium iodide	...	...	...	1 "
Water	...	...	...	½ oz.

A deep blue-black coloration is produced if the bread contains much starch.

This simple test is sufficient to show that a large number of the very palatable cheap diabetic breads are loaded with starch, and therefore unreliable, unless they be regarded as practically the same as white bread and taken in the same limited quantities.

Diabetic patients should not try one bread substitute only. They should not cease to use all diabetic breads, should the first one tried be unpalatable. A number of the reliable bread substitutes should be tried, and the patient should continue to take the most palatable of these reliable preparations. But the patient should be allowed

* Desiccated cocoa-nut powder can be obtained from Messrs. Burgen and Co., 403, Oxford Road, Manchester, and from Messrs. Callard and Co., 74, Regent Street, London, W., and from many other firms.

to try only reliable diabetic breads—that is, those which the medical man has found from his own testing to be satisfactory.

I think that most patients will find one or more palatable cakes amongst the six for which directions for preparation have been given in this note, and the cost will be considerably less than that of diabetic breads. The cheapest are the cocoa-nut cakes and the combined cocoa-nut, casein, and gluten cakes. All are satisfactory chemically, if carefully prepared. Probably most patients will find the biogene and gluten cakes or the combined cocoa-nut, casein, and gluten cakes the most palatable.

Memoranda:**MEDICAL, SURGICAL, OBSTETRICAL.****TETANY AFTER THYROIDECTOMY;
RECOVERY.**

A GIRL, aged 20, was admitted to the Church Missionary Society's Hospital, Old Cairo, Egypt, for the removal of the left lobe of an enlarged thyroid. The gland had been very large, and the right lobe had been removed by another surgeon in the hospital some months previously, so at this operation I was careful to leave a considerable portion of the gland, which I considered should be sufficient to avoid complications, and also to disturb the parathyroids as little as possible. She stood the operation quite well, but exhibited slight signs of tetany after thirty-six hours, and on the third day had regular spasms. The extremities were chiefly affected, and the "accoucheur hand" was well marked. Feeding with thyroid gland was at once commenced; at first five grains three times a day, increased after a few days to ten grains. Enemata of calcium lactate in solution were also given. The spasms continued at intervals, some which included the muscles of respiration and produced dyspnoea and marked cyanosis being very alarming. Thinking she was going to die, her relations wished to take her home on the fifth day, and were with difficulty persuaded to leave her in hospital. Under the treatment stated the spasms became less frequent, and then ceased altogether. The amount of thyroid gland was gradually decreased, and stopped after a few weeks, and the patient made a good recovery.

I regard the case as particularly interesting on account of the recovery, as all writings on the subject speak of tetany following operations on the thyroid as a most fatal complication.

ROBERT B. COLEMAN, M.B., Ch.B.

Church Missionary Hospital,
Old Cairo, Egypt.

PITUITRIN IN LABOUR.

THE article in the BRITISH MEDICAL JOURNAL of October 14th, by Drs. Haultain and Swift, on the morphine-hyoscine method of painless childbirth was very interesting to me. I happened to be engaged at an extremely prolonged and tedious confinement at the time. I had administered gr. ½ of morphine and gr. ⅙ of hyoscine in the first stage, and the patient got some much needed sleep. As on previous occasions on which I had used the drugs, I was not satisfied that I had not prolonged the labour—probably I had given the injection too early. It is quite evident, however, that the proper method of procedure, as summarized by Drs. Haultain and Swift, completely bars the use of morphine-hyoscine in private midwifery practice. This is unfortunate on account of the demand there is for "painless childbirth," brought about by the booming of the subject in the lay press. However, I am finding considerable satisfaction in the discriminate use of pituitrin. The injection of 0.5 c.cm. in the late first stage acts like a charm. The initial pains resulting are often very severe and tetanic, often continuous, but soon subside and become more like normal pains. I am satisfied that a quick labour, such as often occurs after the use of pituitrin, is more gratifying to the patient in every way. Chloroform can be used in addition, but instrumental labours in my practice are becoming surprisingly less frequent. In two recent cases of breech presentation it probably saved the infants' lives.

Padiham, Lancs.

A. P. AGNEW, M.B., C.M.

The anaesthesia produced is, of course, not the third degree of narcosis. It is just something deeper than "twilight sleep." Some surgeons do not like it, especially for abdominal cases. Chloroform no doubt gives a better anaesthesia from the operator's point of view. Their percentage of deaths is hardly affected by the fractional addition of the chloroform risk. My experience, however, leads me to plead earnestly that they should put the patients' safety and comfort before their own convenience. Is it not better that an operation should be held up for a few minutes by rigidity than for the performance of artificial respiration? No doubt there is still room for improvement in our methods. I think it will come by the addition to our preliminary injection of some alkaloid which will ensure relaxation.—I am, etc.,

London, W., Dec. 3rd.

G. A. H. BARTON.

COMPULSORY LATIN.

SIR,—I think that some of the following choice specimens, culled from recent examination papers by candidates for the third M.B. examination of this university, are in themselves a mute appeal for the inclusion of Latin (and Greek) in the course of preliminary training of medical students:

In this media	Dyphtheria
Basiluria	Hæmorrhage
Accommodation	Enabling the heart to more
Detached	completely empty itself
Diphtheria	Unconscious

The argument might be put forward that, as they have presumably been through the mill of the previous examination, these candidates have passed an examination in Latin and Greek, and therefore the inference is against the utility of including these languages in a preliminary course of training. I maintain, however, that no person who has received an adequate training in Latin and Greek could forget that "media" is the plural of medium, or that there are such letters as ϕ and θ in the Greek alphabet. Moreover, it is (or was) quite possible for a person of average intelligence to satisfy the examiners in these languages in the previous examination on a three months' course of "cramming"; and this does not constitute a training in any sense of the word.

There is, I think, little doubt that inquiry would reveal the fact that the candidates who were responsible for these choice specimens had not in fact studied Latin and Greek at school, and had undergone such a "cramming" in order to pass the previous examination.

Now these men are, or will be in the near future, qualified medical practitioners, and as such their writings will be open to the scrutiny and criticism of such people as pharmaceutical chemists. Is it more desirable that medical men should spell correctly the words that they must use in everyday life, or that they should understand the differential calculus?—I am, etc.,

Cambridge, Dec. 17th.

DOUGLAS COW.

CANADIAN ARMY MEDICAL SERVICE.

SIR,—My attention has been called to a note in your issue of December 9th, p. 816, in which you refer to your comments on the appointment by the "High Commissioner of Canada of a Board of Inquiry into the Administration of the Canadian Army Medical Corps in Europe," and I observe that you repeat in that note the very objectionable forecast which you made in your issue of November 25th as to the tenor of the report of the Board of Inquiry then sitting, and by way of explanation of the same intimate that this forecast only expressed your own *hopes* and *anticipations* as to the finding of the Board.

I have considered very carefully your comment, under the heading of "Canadian Army Medical Corps," in your issue of November 25th, and your note under the same heading in your issue of December 9th. I now desire to make the most emphatic protest in regard to your comment in your issue of November 25th, as being inaccurate, misleading, and tending to prejudice the Board in their deliberations.

In regard to your *anticipations* or *belief* as to the tenor of the report, I presume these anticipations have some foundation. It may be your informant is in such close touch with the members of the Board as to be able to forecast their findings, or possibly your article was written with the idea of endeavouring to influence the Board in its findings. It is impossible for me to say. In any case

I can only regard it as most objectionable, from whatever standpoint, and your so-called explanation in your issue of December 9th, if anything, accentuates what you published in your former issue.

The publication of a note from your correspondent in Montreal in your issue of November 25th is to my mind the clearest possible indication of the animus which underlies the whole comment.

I do not know whether you have read my report, or whether you are aware of the situation in reference to the Canadian Army Medical Corps in England and France. In any case, your comments are, I think, most uncalled for and most unfair, and I regret to say that I can only conclude that your informant has induced you to publish this article with the idea of injuring me, both professionally and as an officer of the Canadian Army Medical Service.

I must say in conclusion that I am more than surprised that a journal of your standing would publish anything without being conversant with all the facts. I am therefore writing you in the hope that you will correct the inaccuracies and withdraw the comments which you so unjustly made.—I am, etc.,

H. A. BRUCE, Colonel,
Special Inspector-General, Canadian
Medical Service.

London, W.C., Dec. 18th.

*** Our hopes and anticipations were founded wholly upon knowledge of the excellent work done by the Canadian Army Medical Corps in France and in this country. We did not seek in any way to influence or anticipate the results of the investigations of the Board of Inquiry, even were it possible for us to do so, which, in view of the eminent and impartial character of its members, would be unthinkable. We have no information as to the proceedings of the Board, and have never professed to possess such information. Colonel Bruce's report has not, so far as we are aware, been published in this country or in Canada. It is stated, however, that extracts from it published in Canada show it to contain serious charges against the Canadian Army Medical Corps. We are very ready to correct any inaccurate statement and to withdraw any erroneous comment, but surely it is open to us with propriety to express the hope that the charges may prove on full and impartial investigation to have been mistaken.

Medical News.

DR. R. V. CLARK, M.O.H. Croydon, has been elected a Fellow of the Royal Sanitary Institute.

DR. WALTER H. POLLARD of Edgbaston has been appointed to the Commission of the Peace for the county borough of Smethwick.

DR. EDWARD BENJAMIN GRAY, sometime Litchfield Lecturer in Clinical Medicine in the University of Oxford, left estate of the gross value of £53,737.

QUEEN CHARLOTTE'S LYING-IN HOSPITAL, Marylebone Road, London, has opened a new temporary building as an antenatal department, and is also establishing an infant welfare centre. Since the outbreak of the war over 3,000 wives of soldiers and sailors have either been received in the hospital or attended at their homes.

THE American Association of Labor Legislation has invited some fifteen hundred antituberculosis associations in almost every part of the United States to take part in a campaign for health insurance. Bills providing for legislation on the subject are to be introduced in more than twenty States.

MR. MALCOLM E. MACGREGOR will be glad to exhibit actual specimens of the insects described by Lieutenant-Colonel Andrew Balfour, C.M.G., in his pamphlet on the medical entomology of Salonica in the museum of the Wellcome Bureau of Scientific Research, 10, Henrietta Street, Cavendish Square, on any week day except Saturday, between 10 and 4 p.m. We have received from Mr. MacGregor a letter in which he expresses the view that some recent experiments on methods of freeing clothes of lice have not been conducted on the most profitable lines, and that further inquiries should be made not in the laboratory but in the field. As repellents powdered naphthalene and a mixture of naphthalene (95 per cent.), iodoform (2 per cent.), and creosote (2 per cent.) have met with the most approval, but the surest means to success in the destruction of lice is the sterilization of the clothes by steam, or the application to separate garments of heat, steam, petrol, paraffin, or turpentine.

Universities and Colleges.

UNIVERSITY OF MANCHESTER.

THE following candidates have been approved at the examination indicated:

FINAL M.B. AND CH.B.—*G. E. Archer, E. R. Gilmore, J. B. Leigh, B. L. Lloyd, *J. A. Panton, C. R. Sandiford.

* Awarded distinction in Obstetrics and Diseases of Women.

UNIVERSITY OF LIVERPOOL.

THE following candidates have been approved at the examination indicated:

FINAL M.B., CH.B.—Part I: R. A. Cooke, S. G. Evans, Phoebe A. Ince, W. A. Jackson, W. M. Jones, V. Lévy, G. A. Mitchell, S. G. Mohamed, F. A. Prosser, W. L. de Silva, G. S. Swan, H. G. Young. Part II: E. H. T. Cummings, A. L. Davies, R. L. Duggle, R. R. Evans, H. P. Williams.

DIPLOMA IN TROPICAL MEDICINE.—M. Barseghian (Basil), H. L. H. Lim, A. L. J. Lim, G. N. Metzger, E. D. Söderström, L. Wheeler.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.

A COMITIA was held on Friday, December 15th, when Dr. Frederick Taylor, the President, was in the chair.

Admission of a Fellow.

Dr. Joseph Arthur Arkwright, who was elected to be a Fellow on April 27th last, was by a resolution of the College admitted to the Fellowship *in absentia*.

Gift to the College.

A resolution was passed that the best thanks of the College be given to Mr. F. W. Mitchell for his generous donation, through Dr. E. Malins, F.R.C.P., of Birmingham, of £500 to be devoted to the research, investigation, and treatment of tuberculosis.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

An ordinary Council was held on December 14th, when Sir Watson Cheyne, President, was in the chair.

Examinations for the Fellowship.

The question of temporarily discontinuing the examinations in anatomy and physiology for the Fellowship and for the Final Fellowship was discussed; it was decided, however, that both examinations should be continued.

Issue of Diplomas.

Diplomas of Fellowship were granted to the following four candidates found qualified at the recent examination, for which seventeen candidates presented themselves: T. J. Cobbe, W. E. Tanner, H. B. Walker, and A. E. Woodall.

The diploma of Member was conferred upon H. G. Grant, M.D. Dalhousie, who had complied with the necessary by-laws.

Diplomas were issued to thirty-two candidates found qualified for the licence in dental surgery.

Meeting of Fellows and Members.

As no quorum was present no official meeting was held on Thursday, November 16th.

The President, in answer to questions put at the meeting, stated that no further meeting would be summoned for the year 1916, and that no reduction in the quorum was advised.

Voting of Fellows Resident Abroad.

On August 1st, 1916, there were 1,619 Fellows, of whom 289 were resident abroad, distributed as follows: Europe 2, Asia (including 52 in Indian Medical Service) 85, Africa 53, America and West Indies 46, Australia 66, New Zealand 37. The Council decided that Fellows resident abroad should be enabled to vote for members of Council, the necessary alterations for this purpose being made in the by-laws, namely:

SECT. IV.—Election and Admission of Members of Council.

Clauses 1 and 5 shall be and the same are abrogated and annulled, viz:

1. The place and time appointed for every meeting of the Fellows for the election of Members or a Member of the Council shall be announced in the *London Gazette*, and in two London daily newspapers, not less than thirty days and not more than forty before the day of meeting.

5. Not less than ten days prior to the day fixed for such meeting, the Secretary shall deliver or send by the post to every Fellow of the College, whose address in the United Kingdom is registered at the College, a voting-paper in such form as the Council of the College may from time to time direct.

The following shall henceforth be and are hereby made and ordained by-laws of the college, viz.: 1. The place and time appointed for every meeting of the Fellows for the election of Members or a Member of the Council shall be announced in the *London Gazette*, and in two London daily newspapers, not less than one hundred days and not more than one hundred and twenty before the day of meeting.

5. Not less than ninety days prior to the day fixed for such meeting, the Secretary shall deliver or send by the post to every Fellow of the College, whose address is registered at the College, a voting-paper, in such form as the Council of the College may from time to time direct.

General Medical Council.

The best thanks of the Council were given to Sir Henry Morris for his services as representative of the College on the General Medical Council.

Letters, Notes, and Answers.

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

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

AUTHORS desiring reprints of their articles published in the BRITISH MEDICAL JOURNAL are requested to communicate with the Office, 423, 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.), *Articulate, 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.

ANSWERS.

W. G. writes: In reply to "J. M.," I had a case of vaccination on the foot which became septic and caused unnecessary suffering. A baby kicks continually, and there is a liability of contamination by excreta.

LETTERS, NOTES, ETC.

VAGITUS UTERINUS.

MR. H. CALTHROP ALLINSON (Consulting Surgeon, West Norfolk and Lynn Hospital) writes: In reference to Dr. W. L. Dickson's communication (December 2nd, p. 784) and your editorial remarks, the following case, which occurred in 1898, may be of interest. I was called by a midwife to see a multipara who had been many hours in labour, and found that all pains had long passed away, and that the liquor amnii evacuated. A vertex presented. Owing to the total inertia there was some difficulty in applying forceps. As this did not in any way stimulate contraction, I returned home for powdered ergot, leaving the handles of the forceps all but buried in the vagina. On my return some half hour later I was told that matters were *in statu quo*, but whilst washing my hands I heard the child crying. Assuming it had just been born, I raised the bedclothes, and found the condition just as I had left it. I was told that the child's cries had been heard during my absence; they resembled in every way the cries of a newborn infant placed in its usual flannels, and were to be heard all over the room. This crying continued until the recent infusion of ergot took its usual prompt effect, and delivery occurred mainly by uterine contraction. The mother died two years later of pulmonary phthisis; the child is now serving in France.

ACIDOSIS IN CHILDREN.

DR. K. B. PINSON (Cheadle, Cheshire) writes, with reference to the note on acidosis in children by Dr. A. Campbell Stark, in the JOURNAL of December 2nd, p. 756:

When locumtenent in 1914 I frequently examined the urine of children taken ill with diarrhoea, with or without vomiting, for acetone. I usually found it, and can confirm most of his statements. Those I examined appeared all seriously ill. They had at first some fever, were more or less prostrated, often having a pale, somewhat livid, hue, and in some cases there were convulsions. At first, too, there was usually marked vomiting. The acetone in almost all cases was strikingly abundant. I treated the diarrhoea with sodium bicarbonate and teaspoonful doses of glucose. The acetone diminished rapidly, disappearing altogether, very regularly in six or seven days. Constipation followed the diarrhoea about the third day. All got perfectly well, although perhaps their condition was at first somewhat alarming. The initial cause of their illness, in two cases, was unripe fruit. I took no notes and had not many cases, but was impressed by the sudden and profuse appearance of acetone.

SCALE OF CHARGES FOR ADVERTISEMENTS IN THE BRITISH MEDICAL JOURNAL.

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