

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

SALICYLIC IONIZATION AS A PALLIATIVE IN MULTIPLE NEUROFIBROMATA OF THE SPINAL CORD.

Some eighteen months ago a nurse, aged 49, the victim of multiple neurofibromata of the spinal cord (von Recklinghausen's disease), came to me in despair. She had recently been operated upon and a number of small fibromata had been dissected from the spinal nerve roots. As, however, it was found impossible to remove more than a certain proportion of the very numerous little tumours, she experienced little benefit from the operation. The pain and stiffness in the back continually increased; she walked lamely and became liable to sudden loss of power in the lower extremities, causing her to fall down in the street as if struck. She had to cease work and life became a burden to her. The surgeon told her he could do no more.

I searched the literature in the nearest medical library for information as to the treatment of this obscure disease. No suggestions were forthcoming. "If operation fails the case is hopeless" was the general verdict. In desperation, her condition being so miserable it could scarcely be made worse, I suggested she should try electrical treatment. After a six weeks' course of salicylic ionization she was wonderfully improved; the pain and stiffness had vanished, the limbs had regained their strength, and the nodules, though still tender on pressure, caused little or no inconvenience.

Shortly afterwards she was once more able to take up her work as a masseuse, and from that time up to the present she has kept reasonably fit. At the moment, in addition to a large amount of private work, she attends two military hospitals, treating from twenty to thirty cases daily. She still finds it necessary to keep up the ionization treatment—without it pain and stiffness return—but a couple of applications a week are sufficient to keep the trouble at bay.

I have now advised her to try potassium iodide in place of the sodium salicylate to attempt to bring about actual disappearance of the nodules. The patient attributes her present well-being entirely to the electrical treatment, and since instead of being a hopeless invalid she is now a useful member of the community, it seemed well to place the case on record for the benefit of others similarly afflicted.

G. H. HICKLING, M.D., D.P.H., B.Sc.
Marple Bridge, Derbyshire.

A CASE OF HAEMATEMESIS AND MELAENA NEONATORUM WITH RECOVERY.

ON May 19th, 1917, Mrs. —, a primipara, who had suffered during the earlier part of the puerperium from continual vomiting, and during the latter part from albuminuria, was delivered of a male child at 10.30 p.m. Apart from a delayed second stage, when forceps were applied under an anaesthetic, the labour was normal. The child when born had extreme moulding of the head, cried feebly, and its respirations were shallow, but stimulation by slapping made it cry lustily and respiration became normal.

On May 21st, at 2.30 a.m., twenty-eight hours after birth, attention was drawn to the child by a gurgling sound, and it was found that it had vomited blood. This continued on and off until 3.30 a.m., by which time 8 to 10 ounces had been vomited. At 3.45 a.m. there was recurrent haematemesis of another ounce, and the child was given 1 minim of tincture of opium in half an ounce of water by the mouth. At 5 a.m. there was a further haematemesis of another ounce, and again the child was given 1 minim of tincture of opium. After this it went to sleep, and there was no further haematemesis.

At 9 a.m. Dr. Charles R. Box saw the infant, and advised subcutaneous injections of human serum; meantime a large tarry stool streaked with bright blood was passed. At noon the first subcutaneous injection of 10 c.cm. human serum was given in the abdominal wall, and a gelatin mixture (gr. x in 3ss) given by the mouth every two hours throughout the day.

On May 22nd the stools were still tarry but not streaked with bright blood. Another subcutaneous injection of 15 c.cm. human serum was administered, and half an ounce of a 10 per cent. solution of glucose given every two hours alternately with the gelatin mixture, by mouth. On May 23rd the stools were tarry; the glucose solution and gelatin mixture were continued, and 10 c.cm. serum injected. Next day the stools were still tarry; no serum given, but glucose solution and gelatin mixture were continued. On May 25th the stools were normal. Another 10 c.cm. serum injected. The glucose solution and gelatin mixture were discontinued, and two ounces of No. 1 humanized milk substituted every two hours.

Jaundice was evident from May 22nd to May 26th, when it gradually disappeared. After May 24th the child was perfectly well, and took his feeds well. No. 2 humanized milk was substituted for No. 1 on June 4th, and he gained on the average over one ounce in weight daily.

Abbey House, Kenilworth.

WM. MARRIOTT.

HYPERPYREXIA IN ENTERIC FEVER.

L. B., aged 28, male, an Italian ice-cream vendor, was seen by me for the first time on June 25th. He had been feeling "out of sorts" for some days, suffering from headache and diarrhoea. His temperature at my visit was 103.6° F., the belly was tumid, the tongue furred, and some suspicious spots were seen on the abdomen. A diagnosis of typhoid fever was made, and subsequently confirmed by the Widal test. The stage of the illness seemed to be about the beginning of the second week. For the next six days the evening temperature remained at about 103° F., there was considerable bronchitis, and diarrhoea was at times troublesome. On the evening of July 2nd the temperature fell to 101° F., but by midday of July 3rd it had risen to 104.2° F. A sponging with cold water had no effect, as two hours later it had reached 105.6° F. The patient was then rubbed over with ice, which brought the temperature down to 103° F. It immediately began to rise again, attaining 106° F. in two hours. An ice-pack reduced it to 103.2° F., only for it to shoot up again to 107.2° F., when the patient succumbed.

Death from or accompanied by such pyrexia is comparatively rare in enteric fever, and I have ventured to think that the circumstance is worth recording.

F. M. FONSECA, F.R.C.S.I., D.P.H., L.A.H.Dubl.,
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Hospital.

EXCISION OF CAECUM: FATAL GASTRIC DILATATION.

E. S., aged 28, an Indian, was admitted on April 28th, 1917, for abdominal pain, especially in the right iliac fossa, of eight months' duration. He had no acute attacks, but the pain was gradually getting worse; there had been no attacks of obstruction.

Examination showed a hard nodular mass in the right iliac fossa, diagnosed as caecal tumour, malignant or tuberculous. On May 2nd, 1917, a large pararectal incision was made, and the tumour was found to be an extensive carcinoma which had become adherent on the outer side to the parietal peritoneum as well as the omentum. The caecum, ascending colon, and hepatic flexures were excised with the last few inches of the ileum, and lateral anastomosis performed. In mobilizing the caecum and colon the peritoneum on the outer side was of necessity cut rather further than usual from the bowel, so that some but not a great deal of tension was necessary to bring the parietal peritoneum and mesocolon into apposition to peritonealize the raw area.

The patient stood the operation well. The next day, however, his pulse began to fail, there was no sign of peritoneal infection nor bleeding. There was no vomiting at any time. The pulse gradually failed and he died. He was kept sitting up and in this position did not show signs of dilatation of the stomach.

At the *post-mortem* examination all was found well with the anastomosis and there was no haemorrhage, the stomach and that part of the duodenum proximal to the superior mesenteric artery was greatly dilated and contained all the fluid the patient had taken. Whatever may be the usual cause of acute post-operative dilatation of the

stomach, there can be no doubt that in this case the tension on the mesocolon had caused the superior mesenteric artery to obstruct the duodenum and produce acute dilatation and death without vomiting.

C. H. BRODRIBB, Major I.M.S.,
Medical Officer in Charge of the Civil Hospital,
Secunderabad.

Reports

ON

MEDICAL AND SURGICAL PRACTICE IN HOSPITALS AND ASYLUMS.

VICTORIA WAR HOSPITAL, BOMBAY.

GUNSHOT WOUND OF LIVER: SECONDARY HAEMORRHAGE: LIGATION OF BRANCH OF HEPATIC ARTERY: RECOVERY.

(By T. S. NOVIS, F.R.C.S., Major I.M.S., Surgical Specialist to the Hospital.)

Lieutenant M. N., Turkish prisoner, was struck by a rifle bullet, which entered his chest in the seventh right costal interspace, 1 in. outside the nipple line, and passed out below the costal margin in the posterior part of the right flank, wounding the liver and right lung. At first his progress was satisfactory and his wounds had almost healed when transferred to a hospital ship three weeks later.

On the first day of the voyage, during dinner, he was seized with faintness and exhibited all the symptoms of internal haemorrhage. The abdomen was opened through the right rectus and the wound in the liver packed, the ends of the gauze were left protruding through the upper end of the incision, which was closed after the peritoneal cavity had been emptied of blood, and a counter-drain introduced in the flank. The patient quickly rallied, and the packing was removed after four days. There was no haemorrhage.

On arrival in Bombay he was admitted to the Victoria War Hospital. He was very ill, and had a sinus at the upper end of the abdominal incision which was discharging a considerable quantity of brown pus. The temperature showed an evening rise, which became more marked after a few days, and was thought to be due to a small haemothorax on the right side of his chest having become septic; this, however, proved on exploration to be sterile. As his condition did not improve and the temperature assumed a more septic type, it was deemed advisable to open up the sinus running down to the liver and introduce a small drainage tube.

The symptoms were relieved, but four or five days later a severe secondary haemorrhage occurred, which was checked by plugging but not permanently stopped. Under anaesthesia the abdominal sinus was opened up by an incision extending back below the costal margin to the counter-opening in the flank; the scar in the seventh intercostal space, which was bulging, was also opened. Haemorrhage was very free from both openings, which communicated; the blood clot was hastily removed, and the wound in the liver packed with gauze soaked in adrenalin. Two days later, when the packing was removed, after loosening with hydrogen peroxide, all haemorrhage had ceased. The wound was washed out with hydrogen peroxide and lightly packed daily.

He appeared to be doing well for a week, when another severe secondary haemorrhage occurred during the night, which was temporarily controlled by packing. When I saw the patient he showed signs of serious loss of blood, and his condition was critical. I resected six inches of the eighth rib, and divided the diaphragm and liver tissue between the chest wall and the track of the bullet; having powerfully retracted the seventh from the ninth rib, I was able to see and, by understitching, secure a large branch of the hepatic artery, which was bleeding freely, and had been no doubt the source of haemorrhage from the beginning. He was transfused intravenously on the table, and again into the cellular tissue of the axilla on the evening of the operation.

From this time onwards his recovery was continuous though slow, and he eventually left the hospital with both wounds healed, looking stout and well.

Reviews.

THE TREATMENT OF DIABETES.

THE book with this title by Dr. ELLIOTT P. JOSLIN,¹ Assistant Professor of Medicine at Harvard, is a full and authoritative account of the modern treatment of diabetes on the lines laid down by Dr. F. M. Allen. It is well up to date in its practical and theoretical matter, as might be expected from a past laboratory worker who has now treated 1,300 diabetics. So clearly and refreshingly is this inherently difficult subject treated, that it becomes a singularly attractive problem. The present clash of arms is echoed by the dedication to the medical profession of the United States and her allies, and by the dictum on the opposite page that "it is desirable in peace, but a duty in war, for every diabetic patient to keep sugar-free. The food which the untreated diabetic patient wastes in a week would feed a soldier for a day."

Success in the treatment of diabetes, as in pulmonary tuberculosis, depends on early diagnosis, and accordingly the old rule always to examine the urine is insisted on to the extent that it should form part of the celebration of every birthday; the practical importance of systematic urinary examination in the detection of the disease in an early stage is shown by its discovery during life assurance examination in 11 per cent. of the author's male cases above the age of 10 years. A great advantage in Allen's fasting treatment is its simplicity, which obviates the need for complicated analyses of the urine and blood; in fact, the diabetic patient should, as part of his education, invariably test his urine, and as an example of the ease with which this can be effected reference is made to a boy aged 7 years who was able, not only to test his own urine, but that of other patients in the hospital, and to a girl of 4 who takes it for granted that the diet will be changed when she sees her urine give a positive Benedict reaction.

The dietetic treatment is successful only when the urine is free from sugar, for the diabetic patient's tolerance for carbohydrates increases when this occurs. In the past, the first year after the discovery of diabetes was the danger zone for the patient, as 68 per cent. of the deaths occurred in this period, whereas now the author's cases show a mortality of 14.8 per cent. only. This improvement is ascribed, in the first place, to the fasting treatment, and, secondly, to the preparation for the fast by the omission of fat, then by the restriction and omission of protein, and then the restriction of carbohydrates. It is seldom necessary to prolong the fast for more than four days, and if the urine is not sugar-free then, there is probably some complicating infection. The prevention of acid intoxication is aimed at by the omission of fats from the diet in the preparatory stage and by a return to it after the carbohydrates and proteins have been resumed. When, however, it threatens to become severe a definite campaign is initiated, and here as elsewhere detailed and clear directions are set out; large quantities of fluid in the form of coffee, tea, thin broths—two pints within every six hours—rest in a warm bed, the avoidance of constipation by enemas, and digitalis or caffeine hypodermically to sustain the circulation, are ordered. Alkalies are forbidden; this may appear a revolutionary doctrine, but the author, who was formerly its strenuous supporter, now gives good reasons for the view that the dangers outweigh the advantages of this treatment.

The practitioner who wishes to employ the Allen treatment should have this practical volume with its useful tables of diets at his elbow to fortify and inspire him with the author's hopeful confidence.

TRENCH FEET.

LIFE in the trenches from the point of view of trench feet is admirably illustrated in a little Italian manual on *Congelamenti*,² which may be translated "congelation," or,

¹ *The Treatment of Diabetes Mellitus.* By Elliott P. Joslin, M.D., Assistant Professor of Medicine, Harvard Medical School, etc. Second edition, enlarged and thoroughly revised. Philadelphia and New York: Lea and Febiger. 1917. (Med. 8vo, pp. xvi + 559; illustrated. 4.50 dollars.)

² *Congelamenti: Patogenesi e Cura.* By Piero Casali, Maggiore Medico, and Felice Pulle, Capitano Medico. With a Preface by Professor Luigi Devoto. Milano: Ulrico Hoepli. 1917. (Fcap. 8vo, pp. xvi + 364; 117 figures. L. 6.50.)

The Services.

EXCHANGE.

LIEUTENANT R.A.M.C., who has served a year in France at a base hospital, desires an exchange for the winter months with a medical officer in England.—Address, No. 3600, BRITISH MEDICAL JOURNAL Office, 429, Strand, W.C.2.

Universities and Colleges.

UNIVERSITY OF CAMBRIDGE.

THE following candidates have satisfied the examiners in both parts of the examination in Sanitary Science: Captain A. J. Gibson, R.A.M.C., Captain G. B. Mason, R.A.M.C., D. Wainwright.

UNIVERSITY OF LONDON.

ST. THOMAS'S HOSPITAL MEDICAL SCHOOL.

MR. R. H. O. B. ROBINSON has been awarded the University Scholarship of £50. He is the son of Mr. Betham Robinson, surgeon to the hospital.

MIDDLESEX HOSPITAL MEDICAL SCHOOL.

The following scholarships, medals, and prizes have been awarded during the session 1916-17:

Entrance Scholarships: H. B. Shaw (first), E. B. Dancy (second), J. Whithby (third). Broderip Scholarships: R. E. S. Webb (first); second not awarded. Lyle Medal and Scholarship: S. C. Shaw. Freeman Scholarship: S. C. Shaw. Hetley Clinical Prize: R. E. S. Webb. Second Year's Exhibition: O. S. Hillman.

UNIVERSITY OF EDINBURGH.

GRADUATION CEREMONY.

A GRADUATION ceremony was held in the M'Ewan Hall on October 12th, when the degree of Bachelor of Science in the Department of Veterinary Science was conferred for the first time. The principal, Sir Alfred Ewing, in a short address after the ceremony, said that notwithstanding the preoccupations of war and the difficulty of meeting its claims and sustaining its losses the need for new developments had not been forgotten and definite progress had been made in more than one department. Satisfactory arrangements had now been made to give to women in medical classes the same privileges as men in respect of clinical as well as academic instruction. A professorship of tuberculosis and allied diseases had been instituted, and in Sir Robert Philip the university had received an accession to its medical staff which would bring additional lustre to the school. Steps had been taken to divide the subject of chemistry among three more professors—of general chemistry, of chemistry in relation to medicine, and of technical chemistry. The initial steps for the establishment of chairs in French language and literature and German language and literature, and lectureships in Spanish and Italian languages had been taken.

The following degrees were conferred:

M.B., Ch.B.—D. Chanis, H. C. Elder, R. N. Mackenzie, Iqbal Singh Nalwa, A. J. Pollock, J. H. Sypkens, A. Ba Thaw, J. Thompson, K. L. S. Ward.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

ANNUAL MEETING OF FELLOWS AND MEMBERS.

A MEETING of Fellows and Members will be held at the College, Lincoln's Inn Fields, on Thursday, November 15th, at 3 p.m., when a report, copies of which can be obtained by Fellows and Members on application to the Secretary, will be laid before the meeting. Notices of motion must be received by the Secretary not later than November 6th. On and after November 13th a printed copy of the agenda will be issued to any Fellow or Member who may apply for one.

The honorary secretary of the Society of Members, Dr. Sidney C. Lawrence, informs us that the society addressed a letter to the Council of the College respectfully suggesting that in view of the present great pressure on the time and money of medical men at home and the absence of so many Members abroad on His Majesty's Service the annual meeting of Fellows and Members should not be held. In taking this step the Society reserved its right to advocate the cause of the Members on future suitable occasions. Dr. Lawrence adds that the Society regrets the decision of the Council to hold the meeting, as many Members will be unable to attend, and the expenses associated with the meeting might have been saved to the College funds.

CALENDAR.

The *Calendar of the Royal College of Surgeons of England for 1917*,¹ just issued, contains the customary historical and formal information, together with lists of Fellows, Members, Licentiates, and Diplomates, reports of proceedings, and financial statement. A short account is given of the work of the Committee of Reference, which during the year ending July, 1917, held fifty-two meetings. Professor Arthur Keith, in his report as Conservator of the Museum, states that the measures taken to safeguard its contents against aerial attack have not been in

any way relaxed. Until the conclusion of peace it is unlikely that preparations will be restored to their proper places in the Museum, but it should be understood that although the Museum is closed to ordinary visitors, its contents are made accessible to those who wish to carry on research or to make a study of a particular series of specimens or preparations. During the past three years the depleted staff of the Museum has been increasingly occupied with the War Office collection, and at the present time this work monopolizes the time and energy of all concerned.

COUNCIL MEETING.

An ordinary quarterly council was held on October 11th, when Sir George Makins, President, was in the chair.

Leave of Absence.

Leave of absence was granted to the President for three months, and to Sir Berkeley Moynihan for October and November, both during absence abroad on Government duties.

Catalogue of Surgical Instruments.

The thanks of the Council were given to Mr. Alban Doran for his services in continuing to arrange and catalogue the collection of surgical instruments in the museum.

University of Liverpool.

Sir George Makins was appointed a member of the Court of the University of Liverpool for three years from January 1st, 1918, the late Sir Frederic Eve having been the last so appointed.

Obituary.

DEPUTY SURGEON-GENERAL WILLIAM CHERRY, R.A.M.C. (ret.), late of New Ross, Ireland, died at Bournemouth on September 21st. He took the diplomas of L.K.Q.C.P. and L.R.C.S.I. in 1859, and entered the Army Medical Department as assistant surgeon on January 19th, 1860, becoming surgeon in January, 1872, surgeon-major on March 1st, 1873, and retiring as brigade surgeon, with an honorary step, on March 28th, 1887.

DEPUTY INSPECTOR-GENERAL WILLIAM HENRY PATTERSON, R.N. (ret.), died after a long illness on October 4th, aged 67. He was educated at the Ledwich School, Dublin, and took the diplomas of L.R.C.S.I. and L.K.Q.C.P. in 1871. Entering the navy soon after qualifying, he attained the rank of fleet surgeon on December 9th, 1890, and retired with an honorary step of rank on September 26th, 1905.

COLONEL JAMES HYSLOP, D.S.O., Deputy Director of Medical Services, Union of South Africa, died at the Sanatorium, Pietermaritzburg, Natal, on October 5th, at the age of 60. He was the son of the late Thomas Hyslop of Woodpark, Kirkcudbright, and was educated at Edinburgh University, where he graduated M.B. and C.M. in 1879, afterwards studying at Berlin, Vienna, and Munich. For the past thirty years he had been Superintendent of the Natal Government Asylum at Pietermaritzburg; he was also President of the Natal Medical Council. He served in the South African war, gaining the medal and the D.S.O., and again in the suppression of the Natal Native Rebellion in 1906. He was for some years Principal Medical Officer of the Natal Militia. In 1899 he represented the Natal Government at the South African conference on plague, and acted as chairman of the plague conference at Durban.

DR. LEWIS A. STIMSON of New York, who died suddenly in September, was born at Paterson, New Jersey, in 1844. He graduated in arts at Yale in 1863, and served as a captain in the Union army till the end of the Civil War. He was professor of physiology from 1883 to 1885, of anatomy from 1885 to 1889, and of surgery from 1889 to 1898 in the New York University Medical College. In 1898 he was called to the chair of surgery in the Cornell Medical College, New York City. Dr. Stimson was consulting surgeon to the New York and Bellevue Hospitals, and his name was well known to surgeons throughout the world by his work on operative surgery published in 1900 and his *Treatise on Fractures and Dislocations*, which has gone through eight editions. He was also the author of numerous other contributions to medical literature. He was an enthusiastic yachtsman, and some years ago sailed his own boat in a race across the Atlantic.

¹London: Taylor and Francis, 1917. (Demy 8vo, pp. 502. 1s.)

Medical News.

THE scientific meetings of the Zoological Society of London will be resumed at the house of the society, Regent's Park, on Tuesday next, October 23rd, at 5.30 p.m.

DR. PRESTON KING has been nominated as mayor of Bath for the ensuing year, and Dr. James Pearson as mayor of Bootle. Both have previously held the office of mayor.

DR. JOHN DIVINE of Hull, lately a member of the Insurance Acts Committee of the British Medical Association, has been added to the Commission of the Peace for the city of Hull.

MR. ALEXANDER ADAIR ROCHE, K.C., who has been appointed one of the Justices of the High Court in the King's Bench Division, is the son of Dr. William Roche, who formerly practised at Ipswich and now, we believe, resides in retirement at Honiton.

A JAPANESE medical corps of one hundred men has gone to Rumania to help in the effort to control the epidemic of typhus fever in that country. The corps is divided into three sections—internal diseases, surgery, and epidemics—each with its own chief. The head quarters of the corps will be at Jassy.

THE Minister of Pensions has received from a Manchester gentleman, who wishes to remain anonymous, an offer to subscribe £50,000 towards the cost of institutional treatment for disabled sailors and soldiers. Half of the American Red Cross gift of £200,000 to the British Red Cross is to be devoted to institutions for orthopaedic and facial treatment and for general restorative work for disabled British soldiers.

AT the next meeting of the Medical Society of London, to be held on Monday, October 22nd, at 8.30 p.m., at 11, Chandos Street, Cavendish Square, W.1, Mr. Muirhead Little and Major R. C. Elmslie, R.A.M.C.(T.) will introduce a discussion on modern artificial limbs and their influence upon methods of amputation. There will be a practical demonstration with patients and appliances. Colonial and American medical men on active service will be welcomed at the meeting.

A MEETING of the Royal Sanitary Institute will be held in Newcastle on Friday and Saturday, November 9th and 10th. On Friday, at 7 p.m., a discussion on "Standards of meat inspection under war time and other conditions" will be opened by Mr. Thomas Parker, F.R.C.V.S., veterinary officer and inspector of provisions, Newcastle. On Saturday morning (10.30) Mr. John H. Mole, sanitary inspector and surveyor, Chester-le-Street R.D.C., will open a discussion, illustrated by an exhibit of building materials, on "Structure in municipal housing." On Saturday afternoon a visit will be paid to Elisabethville, a Belgian village where the buildings are of both temporary and permanent types, in order to inspect the planning and structure adopted.

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.2, 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.

The address of the Central Medical War Committee for England and Wales is 429, Strand, London, W.C.2; that of the Reference Committee of the Royal Colleges in London is the Examination Hall, 8, Queen Square, Bloomsbury, W.C.1; and that of the Scottish Medical Service Emergency Committee is Royal College of Physicians, Edinburgh.

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.

RHEUMATIC CRIPPLES.

SEVERAL correspondents have asked us recently for assistance in finding homes for persons suffering from rheumatoid arthritis or chronic rheumatism, only able to pay a small sum weekly. It appears that at the present time some such homes are occupied for military purposes. If any member is able to assist we shall be happy to publish the information or forward it to our correspondents.

LETTERS, NOTES, ETC.

COFFEE AND TEA.

THE difficulty recently experienced in getting tea, greater in some districts than in others, has probably disconcerted British housekeepers more than any of the shortages they have experienced during the last year. Some grocers have refused to serve to any one customer more than a quarter of a pound, which is the weekly ration of the British soldier in France. He no doubt likes his tea strong, but even so the ration is liberal, for half an ounce of tea is reckoned to make six cups, probably much more than he would have consumed at home. Large War Office purchases may account for the present shortage, but as the total consumption of tea in the United Kingdom is estimated to be about three hundred million pounds a year the twenty-six millions a year required for the British armies in France ought not to cause any permanent dislocation of the trade, and it is believed that the situation will soon be relieved by new arrivals. The comparative neglect of coffee in this country is probably due to ignorance of how it should be made, although the greater palatability of a cup of coffee made from the bean recently roasted and ground may have something to do with it. The common fault, however, is to treat the ground coffee in the same way as tea and to make much too weak an infusion. Two ounces of coffee to a pint of water is probably a proper proportion, and, according to Hutchison, a teacupful of such coffee will contain very much the same amount of caffeine and tannic acid as an equal quantity of tea. It should be noted that caffeine in coffee is combined with a peculiar acid, allied possibly to tannic acid, but exhibiting different properties from the tannin present in tea. This "caffetannic acid" is not particularly astringent. Further, according to the investigations of the *Lancet*, whereas the caffeine tannate of tea is precipitated by weak acids and therefore probably by the gastric juice, so that the caffeine is not absorbed until it reaches the alkaline alimentary tract, in the case of coffee the caffeine is soluble in both alkaline and acid fluids, so that the absorption of the alkaloid probably takes place in the stomach. This may explain the opinion generally accepted that coffee is a more powerful and rapid restorative than tea. A breakfastcup of *café au lait* is composed of about one part of black coffee to three of milk and will not contain more alkaloid than a teacupful of tea.

SHORTAGE OF MEDICAL STUDENTS AND THE MILITARY AGE.

A CORRESPONDENT writes with reference to the article on the shortage of medical students published in our issue of September 29th, p. 428, to express the opinion that the age limits for military service in the American army, namely, not less than 21 years and extending to 45 years, are more correct scientifically considered than those hitherto applied in this country, and continues: Boys of 18 years of age, if healthy, are generally high spirited, active, and fond of adventure, but from a medical point of view are not sufficiently developed, in most instances, to withstand the strain of either military training or active service, owing to their organs being not fully developed and the bones of the arms and legs not completely ossified. This is an anatomical fact and has had due weight with the Americans. Neither have boys of 18 the calculating steadiness of the man of 21 years upwards. At this stage of the war, then, it does not appear to me to be at all necessary to continue taking boys of age of 18 years away from their studies. By all means let these youths go on with their civil studies or training until they are 21 years of age, and organs, bones, and mind fully developed. Compulsion up to 45 or 47 years of age is certainly better. The military age should be raised from both ends of the scale. Another point respecting boys is that the compulsory calling up of an only boy, who is also an only child, ought not to be enforced, as by so doing there is the risk of exterminating (by compulsion) the family line.

TREATMENT OF SCABIES.

DR. R. HOGARTH CLAY (Plymouth) writes: I have never failed to cure scabies by using a bath containing 3 ounces of potassium sulphuret in as much water as will entirely cover the patient, who should remain immersed up to his neck, with hands and arms under water for twenty minutes. The bath should be of comfortable warmth, and of course all underclothing must be disinfected.

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