All apparently went well during the first eight days of the puerperium, after which an irregular pyrexia developed. On January 16th (the fifteenth day of the puerperium) the patient had a severe haemorrhage, and this persisted on and off until she was urgently admitted to hospital. She had no vomiting, and complained of little or no pain. Constipation was present, but was corrected by purges and enemata. On the day preceding the haemorrhage she had had diarrhoea, which had been checked with paregoric, and ergot and nux vomica had previously been given her by mouth.

I saw her on January 22nd, at 10 p.m., when the history suggested the retention of some products of conception which had become septic. She was exceedingly anaemic, with a small running pulse of 120 per minute, and respirations 24 per minute. She was wasted, and stated her inability to take much nourishment. Although complaining of little or no pain, she had the "abdominal type" of facies. The abdomen was soft and moved well, but there was slight tenderness over the brim of the pelvis. On vaginal examination it was found that the uterus was not particularly enlarged or tender, but there was an offensive blood-stained discharge.

Operation.

Under anaesthesia I explored the uterus. The os readily admitted the examining finger, which, when passed within the uterine cavity, came upon a firm transverse ridge of tissue, which at first I thought was a fragment of placenta. (It afterwards proved to be the lower edge of the normal posterior uterine wall.) Immediately above and posterior to the internal os I was struck by the softness and lack of resistance of the tissues. With a pair of blunt ring forceps portions of soft and blackened tissue were removed, which were thought to be detritus from the placental site.

In the same situation some tissue was grasped in the forceps which did not come away. Suspecting the possibility of its being a loop of bowel, I drew it down as far and as carefully as possible, and by means of special illumination demonstrated that my suspicion was only too well founded. Fearing that I had perforated the uterus, and in spite of the patient's desperate condition, I decided that the only course was to explore from above and, if possible, to remove the uterus. I divided the parietes by the ordinary mesial incision, but found the peritoneum adherent to underlying structures. The adherent coils of intestine were carefully separated and a condition of firm plastic peritonitis was found gluing all structures to one another including uterus, appendages and bladder. On further separating the coils covering Douglas's pouch, I came down on a large collection of foul-smelling pus. This was sponged out and the coil of small intestine which had been seen *per vaginam* was drawn up. It was found to be firmly adherent at both ends deep down in the pelvis, and over an area measuring 3 in. by ¾ in. on the side opposite to the mesenteric attachment the serous coat was eroded away, leaving the submucous coat exposed. Owing to adhesions it was found impossible to resect this. The hole in the back of the lower uterine segment was explored and cleaned as much as possible, and the appendix, which was very oedematous and lying in the abscess cavity, was removed. Owing to the generalized adhesions in the pelvis (general peritonitis was absent) and the grave state of the patient nothing further was attempted. A large tube was passed down to the bottom of Douglas's pouch and the wound closed. A piece of thin-walled colotomy tubing was inserted *per vaginam*, through the os uteri. This was removed twelve hours later, having apparently not assisted drainage to any great extent.

After-History.

During the next twenty-four hours the patient held her own and complained of little pain. The temperature fell to normal and the pulse remained about 136 per minute. She was kept on brandy by the mouth and camphor subcutaneously, and managed to take slop food in the absence of vomiting.

Forty-eight hours after operation the temperature rose to 101°, and this nocturnal rise persisted till the fifth day, when the temperature rose to 103°. Douches of Dakin's solution were given night and morning, and the abdominal wound continued to drain freely, at first emitting foul material indistinguishable from faecal content.

On the third day, by means of calomel gr. ¼ given four-hourly, the bowels acted well and continued to do so regularly during her recovery. By the end of the second week the temperature had fallen almost to normal, the patient was taking her food well, and the abdominal wound was cleaning and tending to close. Vaginal discharge had almost ceased. At the end of the fifth week she was sent home, the abdominal wound having closed and the patient's condition being most satisfactory. Her doctor has now been to see her, two and a half months after operation, and reports that she is fairly well and has had no need to call him in.

The case would appear to be one of infection of the placental site, aided possibly by its low position in the uterus, followed by a gradual sloughing of the uterine wall at the placental site, and secondary haemorrhage therefrom. A coil of small intestine lying in Douglas's pouch became adherent and eroded, and the infection spreading produced pelvic peritonitis and pelvic abscess. Although the bacteriology of the case was not worked out, the strong presumption is that it was an infection by *B. coli communis*, and it is surprising that the patient withstood and survived a condition so desperate.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

ENCEPHALITIS LETHARGICA WITH SEVERE HICCOUGH AT THE ONSET.

A SINGLE man, aged 27, had, in the course of his business, to visit ships at the London Docks. On the morning of December 11th, 1920, he felt quite well; at mid-day, on his way home from the docks, hiccough began, and was so persistent that at the end of two hours he consulted a doctor. Dr. Frazer, who saw him at this time, writes that he had "severe hiccoughs and general malaise." He then began to vomit about every quarter of an hour. Hiccough and vomiting persisted till 4 the next morning (a period of sixteen hours) when he went to sleep. Both symptoms disappeared and have not recurred.

For the next twelve days he remained in bed; he had headache and felt feverish, but did not feel sleepy. He travelled to his home at Cardiff on December 23rd; seeing everything double. On that evening he was seen by Dr. Fiddian (to whose kindness I am indebted for the notes of his condition). He then had a temperature of 102° F., was very tremulous, and delirious at times. A few days later he imagined he was being kept confined in a cabin on board ship, and became so violent that he had to be placed under restraint. Three days later he was quiet and became very sleepy. I saw him on January 17th, 1921. He was then stuporous and complained of diplopia. His face showed the typical Parkinson's mask. There was no squint or nystagmus, the pupils were equal and reacted to light, and the fundi were normal. The limbs were rigid and coarse regular tremor of the left arm was present. The reflexes were normal, except that both abdominal reflexes were absent, and that left-sided extensor toe response was obtained by the methods of Oppenheim and Gordon, but not by stroking the sole of the foot, the latter producing flexion.

He gradually got better. At the beginning of April (three months after the onset) he noticed twitchings of the left shoulder which later spread to the right. These have persisted. The muscles involved are the trapezius, sterno-mastoid, latissimus dorsi and pectorals. The contractions are coarse, of regular rhythm (often synchronous with the pulse beats) about 70 to the minute. They are most liable to come on in the evening and keep him awake. They disappear during sleep, but are always present when he awakes in the morning. The left side is more affected than the right.

For some months he has had to use a magnifying glass for reading, but now (six months after onset) he can read Jaeger 2 and Jaeger 4, though only for a short time; the pupils respond only slightly to a bright light. Nystagmus is present. The reflexes have become normal, and the rigidity of face and limbs has disappeared. While quite clear mentally, there remains a certain intellectual stiffness.

Concurrent epidemics of hiccough and encephalitis lethargica have been reported during the last two years, in all parts of the world, and more especially in France. Sicard and Dufour[1] have published cases, connecting "epidemic hiccough" with encephalitis of the myoclonic type. The course of an attack of epidemic hiccough is usually as follows: After a prodromal period lasting three or four days, during which lassitude, headache, general pains and slight fever are present, severe hiccough appears. It may occur in "rhythmic crises," lasting fifteen to ninety minutes, with similar intervals of rest, or may be continuous. It usually lasts for two to four days, but may persist for ten. It may be complicated by bouts of vomiting. Spasms occur at the rate of six or eight to the minute. The onset and termination are usually sudden. It is reported as being common in males and rare in children.

Hiccough occurring as a prominent symptom has been described in connexion with outbreaks of influenza in this country; isolated cases of "spasmodic" hiccough have also been published,[2] but I do not know of any recorded case of severe hiccough of the epidemic type directly followed by undoubted encephalitis lethargica, as in the case here recorded. French authors have regarded these epidemics of hiccough as a mild form of the graver disease.

It may be objected that the small number of cases in which epidemics of hiccough and encephalitis lethargica have been clinically connected is no greater than can be

accounted for by coincidence. It is curious that hiccough has been chiefly observed in the myoclonic form of the disease—that is, where the clonic spasm of the diaphragm would be, *a priori*, most likely to occur. Economo and others[3] have described outbreaks of epidemic hiccough followed in about a month's time by the appearance of myoclonic encephalitis in the same district. If it were found that these cases of epidemic hiccough later developed any of the sequelae known to follow encephalitis, such as diplopia, inactive pupils, paralysis of accommodation, mental hebetude, insomnia, etc., and especially myoclonus, such a sequence would greatly strengthen the view here advanced.

On the whole the evidence seems to justify the conclusion that epidemic hiccough is a manifestation of encephalitis lethargica; they should therefore be notified, and should be treated like any other form of lethargic encephalitis, especially as regards rest and isolation.

No remedy has been found of any use in controlling the actual attack. As benzoyl benzoate has been found by Nacht[4] to be valuable in certain forms of persistent hiccough it would seem worth while to give it a trial.

ALFRED HOWELL, M.D., M.R.C.P.,
Senior Assistant Physician to King Edward VII Hospital, and Visiting Physician to the City Lodge, Cardiff.

REFERENCES.
[1] *Medical Science—Abstracts and Reviews*, vol. iii, No. 5, p. 481. [2] BRITISH MEDICAL JOURNAL, 1921, i, 82. [3] BRITISH MEDICAL JOURNAL, EPITOME, May 8th, 1921, p. 86. [4] *Lancet*, September 4th, 1920, p. 512.

Reviews.

ASYLUM ADMINISTRATION.

FOR a period of about two years during the war Dr. MONTAGU LOMAX held the position of temporary assistant medical officer in two large county asylums, and in his volume, *The Experiences of an Asylum Doctor*,[1] he has recorded the impressions he gained of lunacy administration and of the treatment of the insane in this country. The picture of asylum life herein given is extremely depressing, and the book creates a most painful impression upon the mind of the reader. An asylum is depicted as a gloomy and often dilapidated barrack-like building, where the atmosphere is such that brightness, hope, enthusiasm, and devotion—qualities which should be conspicuous in any institution for the sick and which are essential for its well-being—are unable to flourish or survive. It is clear that this must be so if the author is accurately describing the conditions which exist when he writes (p. 54):

> "The thoughtful observer . . . no longer wonders at the attitude of chronic pessimism which characterizes asylum doctors, attendants, and patients alike; the profound melancholy and dreary hopelessness which impregnates like a miasma the general asylum atmosphere, and which presses so heavily upon all those who live within its walls."

It is evident that there must be something seriously wrong with a hospital in which the attitude of the staff and patients can be described in terms such as these; and as Dr. Lomax takes his readers through the various departments of the asylum and describes the methods of treatment—or the absence of treatment—a feeling of profound dissatisfaction with the system in vogue will inevitably be aroused. We can only briefly indicate some of the conditions upon which the author bases what is a very serious indictment of asylum administration.

The asylum buildings are described as comfortless, badly constructed, unhygienic, and totally unsuitable for their purpose; the wards are barely furnished, and in some instances are devoid of bookcases or any means of amusement; there are no proper facilities for hospital treatment; no operating theatre; only a few dirty and neglected surgical instruments; and a dearth of dressings and other necessary appliances. The patients, it is said, are badly fed, clad in a convict-like garb, dirty and unkempt; no overcoats are provided in wet or cold weather; no attempt is made to occupy, interest, or amuse; and exercise is confined to a prison-like yard. There is, the author asserts, no pretence to classify, and all kinds of cases are indiscriminately herded together without consideration of their feelings or individual needs; there is no systematic treatment and no attempt at cure; the asylum is only to restrain and detain, and restoration to mental health only occurs by accident. Active treatment is almost confined to the excessive use of sedatives, and refractory or excitable patients are punished by drastic purgation or seclusion in dark rooms. The staff are bored, indifferent, and uninterested—not actually cruel, but tactless and more or less callous.

This is Dr. Lomax's description of asylum life, and since the book is written for the information of the general public, it may well be asked if it is a tested description of the average mental hospital in this country. With a few exceptions Dr. Lomax evidently regards it as such, and he conveys the impression throughout his book that the account he gives is generally applicable. It would indeed be sad if the conditions such as the author depicts were usual in the English asylums. Such a view we cannot accept; to do so would involve, so we believe, a grave injustice to a large body of skilled and devoted asylum workers. There are a large number of asylums in which the conditions as described above do not exist; where the nursing is of a high standard, tuberculous cases are isolated, operations are performed by consulting surgeons, the medical staff are in constant consultation together, occupation is systematically encouraged as a form of therapy, the patients are warmly clad (with overcoats), amusements are organized, the staff are keen, hopeful, and enthusiastic, and the aims are to cure recoverable cases and to make the life of the patients as a whole as happy as possible. Many statements which Dr. Lomax makes will be read with great surprise by those associated with asylums. As, for instance, that letters received by patients are read by anyone but themselves, and that the medical staff are not accustomed to interview their patients in private. In many asylums it is customary to study the patients and to hear their troubles quite alone, with no one but the doctor to hear what they have to say. For this reason a woman doctor is almost essential in a large asylum; development along this line might well become more general.

We have felt constrained to combat the view that conditions such as Dr. Lomax describes are in any sense general in asylums, and we feel that it is essential that the public should realize that there is another and brighter side to asylum life with which the author is apparently unacquainted. There is, however, no room for complacency, and we agree with Dr. Lomax that the asylum system is sadly in need of reform. The huge, cheerless, and cumbersome barrack asylums, such as the author depicts, are perhaps symbolic of the system of lunacy administration which has gradually evolved. The machinery is rusty and antiquated—unsuited to modern needs and aspirations. Dr. Lomax devotes much attention to the question of reform, and suggests directions in which they might be undertaken. The majority have been advocated by the Medico-Psychological Association, and a considerable number have been in operation in various asylums for a number of years. On many minor points relating to the comfort of the patients Dr. Lomax has useful suggestions to offer, and with his ideal of a village asylum we are in entire agreement.

The author has written a clear and particularly frank account of his experiences, and his book will certainly arouse public interest, and probably become the subject of further inquiry. It should not be possible for the conditions described in this book to develop in any institution for the sick, and it may be, as Dr. Lomax says, that the fault is not so much with those who administer the asylums as it is with the system they are called upon to administer. Whether the account presented by the author is overdrawn, or whether he has sufficiently taken into account the conditions created by the war, we cannot presume to decide, but it is perhaps true to say that the more public attention is drawn to asylums, even if an antagonistic attitude is shown, the better it will ultimately be for those institutions.

The want of public interest is perhaps the greatest difficulty with which the mental hospitals have to contend. They are out of contact with the community; they tend to be "last resorts"; and they do not fulfil as completely as they might those social functions for which, in many instances, they are admirably designed. They need to be in vital touch with social organizations, visited more,

[1] *The Experiences of an Asylum Doctor*. With Suggestions for Asylum and Lunacy Law Reform. By M. Lomax, M.R.C.S. London: G. Allen and Unwin, Ltd. 1921. (Demy 8vo, pp. 255. 12s. 6d. net.)

became a vice-president and continued to hold that position until on the advent of the Territorial Force the school dissolved as the necessity for it ceased. During Colonel Bull's association with the Volunteer Ambulance School of Instruction some 768 medical officers and 12,000 N.C.O. and men obtained pass certificates. Between 1901 and 1908 Colonel Bull was honorary secretary of the S.M.O. Association which originated with the sole object of bringing volunteer medical officers together with the ultimate idea of welding the volunteer medical officers of yeomanry, engineers, artillery, and infantry into a corps similar to and co-ordinate with the R.A.M.C. Eventually we agreed on many points, and a deputation of myself, Bull, Raglan Thomas, and Andrew Clark, presented our case before Lord Raglan, the then Under Secretary of War to Mr. Brodrick (now Lord Midleton); eventually all our demands, except two, were granted. In 1912 Colonel Bull became A.D.M.S. to the South Midland Division and at the outbreak of the war worked hard. Later he was sent to Birmingham on recruiting work, and did splendidly till demobilized in 1919. In the county of Bucks, where his ingrained common sense and feeling for justice soon gave him a firm position, he was made a D.L. and J.P. As a Freemason he attained a very high position, and was in great demand at all important ceremonials. After the war he was appointed county director to the Bucks branch of the British Red Cross Society, an office in which his reputation as an organizer of military medical units and his knowledge of training St. John Ambulance served him well.

H. E. CUFF, O.B.E., M.D., F.R.C.S.,

Principal Medical Officer, Metropolitan Asylums Board.

WE regret to announce the tragic death of Dr. Herbert Edmund Cuff, O.B.E., Principal Medical Officer to the Metropolitan Asylums Board, who was drowned while on holiday on August 16th. When bathing in a rough sea at Burnham Overy, Norfolk, Dr. Cuff's two young daughters, both of whom are said to have been good swimmers, got into difficulties, and Dr. Cuff, who was watching them from the beach, went to their rescue. All three were, however, carried away by a strong tidal current and drowned. Dr. Cuff, who was 57 years of age, was educated at Guy's Hospital, graduating M.B., B.S.Lond. in 1888, and M.D. in 1891; he took the diploma of F.R.C.S.Eng. in 1890. After having acted as house-physician at Guy's and as resident medical officer of the Leeds General Infirmary, he entered the service of the Metropolitan Asylums Board in 1893. He was appointed medical superintendent of the North-East Fever Hospital in 1897 and held the appointment for eight years, when he was attached to the staff at the head office, subsequently attaining the position of principal medical officer to the Board. During the war he was resident head of the Belgian Refugee Camp at Alexandra Palace; for this work he was awarded the O.B.E. He was the author of *Lectures on Medicine to Nurses*, part author of a work on practical nursing, and contributed to medical literature on the subject of infectious diseases. He is survived by his widow, with whom much sympathy has been expressed; she is the daughter of Dr. Philip Nunn, medical officer of health of Bournemouth.

Universities and Colleges.

UNIVERSITY OF CAMBRIDGE.

MR. F. J. W. ROUGHTON, of Trinity College, has been elected to the Michael Foster Research Studentship in Physiology, value £200. The Raymond Horton Smith prize in medicine has been awarded to Dr. R. L. M. Wallis of Downing College.

UNIVERSITY OF ABERDEEN.

THE late Miss Kate F. Grant, of Cullen, bequeathed the residue of her estate, amounting to over £2,000, to the University of Aberdeen for the purpose of founding bursaries in the Faculty of Medicine, to be called the Grant medical bursaries. The University Court, after consultation with the Senatus, will decide the amount and award of the bursaries, but preference will be given to candidates born in, or having a substantial personal connexion with, the parishes of Cullen or Huntly.

Medical News.

AT a meeting of the Privy Council held at Buckingham Palace on August 10th the King approved an Order in Council providing for the official termination of the late war at midnight on August 31st, 1921. The Order is of general application, except in regard to the Ottoman Empire.

THE Duke of Connaught opened, on August 13th, the nursing home which he has presented to Bagshot in memory of the late Duchess of Connaught and the Crown Princess of Sweden. The hospital, he said, was not a charity, but was intended to be of medical and surgical assistance to those who might unfortunately require it. The hospital, we understand, is open to any practitioner in the parish for the reception of his patients under his own care.

SIR STCLAIR THOMSON has had conferred on him the distinction of Chevalier de la Légion d'Honneur for services rendered in France with the Croix Rouge Française during the war.

A SPECIAL post-graduate course will be held at the Prince of Wales's General Hospital, Tottenham, N.15, from September 26th to October 8th. It will include practical demonstrations on clinical and laboratory methods each morning, demonstrations on groups of selected cases, general hospital work, and a clinical lecture each afternoon. Lectures will be given, among others, by Mr. C. J. Bond, C.M.G., of Leicester, on "Latent infections"; Mr. James Berry, on "The diagnosis of thyroid swellings"; Colonel W. H. Harrison, on "The routine treatment of syphilis and tests of cure in gonorrhoea and syphilis"; Colonel Byam, O.B.E., on "The invalid from the tropics"; Dr. Arthur Giles, on "Sterility"; Mr. H. D. Gillies, on "Plastic surgery"; and Sir W. H. Willcox, on "Diabetes." Practical demonstrations will also be given in associated special hospitals. Luncheon will be obtainable in the neighbourhood and tea will be provided each day in the hospital. A syllabus will be issued in due course and further information may be obtained from the Dean.

THE first travelling scholarship prize awarded by the People's League of Health has been won by Mrs. M. C. D. Walters, who during the war worked in the maternity hostels for Belgian women. Mrs. Walters will visit Brussels and other parts of Belgium, and make a report to the League. The prize is given in connexion with the Sims Woodhead health lectures, which will be resumed in October.

THE Voluntary Hospitals Commission continue to receive numerous applications from individual hospitals, and to avoid misunderstanding they are anxious to make it known that grants will only be made on the recommendation in London of King Edward's Fund, or in the provinces of the local Voluntary Hospitals Committees. Steps are now being taken in co-operation with the county and county borough councils to establish these local committees, and any inquiry as to whether a committee has already been appointed for a particular area should be addressed to the Clerk to the County Council. Hospitals are asked to defer their applications until the local hospital committee has been appointed, and in no case should any hospital apply direct to the Commission.

THE National Health Society has arranged for two training courses—the one for health visitors and infant welfare workers, and the other for the examination of the Sanitary Inspectors' Examination Board. The course for health visitors, which is recognized by the Board of Education, extends over two years, and includes theoretical work, practical training by full-time attendance at an infant welfare centre, and special training at a Poor Law infirmary, maternity hospital, infants' nursing home or similar institution. A course of practical instruction will be arranged at an ophthalmic hospital for the observation of cases of ophthalmia neonatorum. The full fee is £50. There is also a shorter course for both theoretical and practical training, arranged in regard to the previous knowledge and experience of students; the fee for this is £25. The fee for the course for the examination of the Sanitary Inspectors' Examination Board is £16 16s. Full particulars can be obtained on application to the Secretary of the society, 53, Berners Street, Oxford Street, London, W.1.

DR. W. H. PIMBLETT has been elected chairman of the Preston Insurance Committee, and Dr. R. H. Wagner chairman of the Plymouth Insurance Committee. Dr. Pimblett is physician to the Royal Infirmary, Preston, and a medical officer to two of the union districts. Dr. Wagner is honorary secretary of the Local Medical Committee.

IT is expected that the Registrar-General's preliminary report of the Census giving the figures for counties, boroughs, urban and rural districts, and parliamentary areas will be published next week.

THE Great Northern Hospital has received from King Edward's Hospital Fund a grant of £1,550 for the new nurses' home and other extensions from the final distribution of surplus Red Cross Funds.

A CONFERENCE convened by the International Red Cross Committee and the League of Red Cross Societies met in Geneva on August 16th for the purpose of considering what steps should be taken to relieve the conditions in Russia due to the famine. One result of the famine will almost inevitably be the spread of disease, especially of cholera and typhus fever, and a consideration of this aspect of the question by the conference is of supreme importance. In this connexion it is of interest to learn that at a meeting of the Supreme Council, held in Paris on August 14th, Lord Curzon emphasized the necessity for taking steps to protect Europe against these diseases, and urged the nations to provide funds for the purpose. This country has hitherto found adequate protection in the activities of the port sanitary authorities, which are kept well informed by the Ministry of Health of the progress of epidemics in all parts of the world. They are thus made aware at any moment from what part of the globe a particular disease is to be expected, and can take appropriate preventive measures.

DR. ALEXANDER MCNAUGHTON, J.P., for forty years medical officer of Ardnamurchan, has, on the occasion of his retirement, been presented by the parish council with a silver rose bowl and wallet of Treasury notes in recognition of his services. Mrs. McNaughton was the recipient of a gold wristlet watch.

PROFESSOR WIDAL has been appointed Grand Officer of the Legion of Honour.

Letters, Notes, and Answers.

As, owing to printing difficulties, the JOURNAL *must be sent to press earlier than hitherto, it is essential that communications intended for the current issue should be received by the first post on Tuesday, and lengthy documents on Monday.*

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

CORRESPONDENTS who wish notice to be taken of their communications should authenticate them with their names—of course not necessarily for publication.

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.

IN order to avoid delay, it is particularly requested that ALL letters on the editorial business of the JOURNAL be addressed to the Editor at the Office of the JOURNAL.

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1. EDITOR of the BRITISH MEDICAL JOURNAL, *Aitiology, Westrand, London*; telephone, 2630, Gerrard.

2. FINANCIAL SECRETARY AND BUSINESS MANAGER (Advertisements, etc.), *Articulate, Westrand, London*; telephone, 2630, Gerrard.

3. MEDICAL SECRETARY, *Mediscra, Westrand, London*; telephone, 2630, Gerrard. The address of the Irish Office of the British Medical Association is 16, South Frederick Street, Dublin (telegrams: *Bacillus, Dublin*: telephone, 4737, Dublin), and of the Scottish Office, 6, Rutland Square, Edinburgh (telegrams: *Associate, Edinburgh*; telephone, 4361, Central).

QUERIES AND ANSWERS.

TREATMENT OF ASTHMA.

DR. W. J. MIDELTON (Bournemouth) writes, in connexion with Dr. Collins's letter on asthma in the BRITISH MEDICAL JOURNAL, August 6th, 1921: A short time ago a young laundress consulted me, accompanied by her mother. Both asserted that she had not drawn a comfortable breath, night or day, for fourteen years. I applied the galvano-cautery to the back of her neck, six small "dots." That night she slept well, and, by continuing the treatment, I have cured her asthma.

BRONZE POWDERS.

INDUSTRY.—The bronze powders used in printing and lithographic establishments contain copper and zinc with occasionally a minute trace of arsenic. Bronzing is now largely done by machinery, and is therefore not nearly so dusty a process as it was. The dust, being extremely light, floats in the atmosphere of the workroom and becomes entangled in the hair and folds of the clothing of the girls employed. It is apt, if it remains upon the skin, to cause considerable itching. When inhaled it causes respiratory catarrh, and when swallowed dyspepsia followed by anaemia.

LETTERS, NOTES, ETC.

RELATION OF ANKYLOSTOMIASIS TO MALARIA.

DR. D. BRIDGES calls attention to two mistakes in the report of his paper on this subject read at a meeting of the Malaya Branch, and published in the JOURNAL of July 30th (p. 149). The errors occur in the treatment with oil of chenopodium. This should be preceded by sodium bicarbonate and sodium sulphate, ½ drachm of each—not 1 drachm as in the case of the beta-naphthol treatment; also, the 2 c.cm. of oil of chenopodium should be given with 1½ oz. of castor oil—not 1 oz. This Dr. Bridges considers important, as the chenopodium must be well mixed in a large quantity of oil, for chenopodium, if not well diluted, often sets up chronic enteritis, and might cause extreme collapse or even death.

VACCINATION TREATED LOCALLY WITH CASTOR OIL.

DR. E. H. MYLES (Chichester) writes: Lately all cases of vaccination or revaccination showing excessive local reaction are treated as follows with the most satisfactory results. Take some cotton-wool and dab over the whole inflamed area with castor oil. Cover it with a square of boric lint, pinned in position. Put the arm in a sling, excuse the patient all duties, and direct him to attend daily for the same treatment. The lint should be large enough to enfold the arm loosely. The opposite (diagonally) corners are fastened inside the arm with a safety-pin. The upper corner is similarly fastened to the inside of the shirt or vest, but near the shoulder; the lower corner lies loose. This is not a lightning cure, but from the very first application all untoward symptoms are checked, the inflammation begins to subside, and continues to do so.

A FLY TRAP.

WE have lately seen a specimen of an ingenious fly trap, which we understand has been favourably reported on by a number of medical officers of health both in this country and in the United States. It is simpler in construction than the Japanese fly trap described by Captain Gilchrist in our issue of January 5th, 1918 (p. 40), about which we had many inquiries. It appeared, however, that the Japanese revolving wooden drum fly-trap was not manufactured in this country and could not be procured except in the Far East.

The "Curry" fly and wasp trap consists essentially of a gable-shaped metal framework, the upper part being covered with wire gauze. The galvanized iron base has a dark chamber with a slit at the top to admit light. An attractive bait, such as fish heads or sweetened vinegar, is placed in a pan set under the trap. When it leaves the bait the fly is attracted by the line of light, and entering the trap is caught. The apparatus is easily set up and appears strong and durable; it folds up flat for packing.

The trap is simple, and we are informed that it is very effective. The sample we saw contained thousands of dead flies, said to have been caught on the previous hot day in a private garden near a municipal rubbish heap. The size at the base is fourteen inches square, and the height to the top of the gable is about the same. The American Government, it is stated, bought 100,000 of the traps in 1918. It is sold in this country by Mr. W. Burton (160, Brondesbury Park, London, N.W. 2) at the price of 12s. 6d. post free in Great Britain.

A CORRECTION.

IN referring to the annual report of the James Murray's Royal Asylum, Perth, last week (p. 257), Dr. D. Maxwell Ross was erroneously referred to as the physician-superintendent, instead of Dr. W. D. Chambers; Dr. Ross resigned the post last year and unhappily died shortly afterwards.

VACANCIES.

NOTIFICATIONS of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found at pages 29, 32, 33, 34, and 35 of our advertisement columns, and advertisements as to partnerships, assistantships, and locum tenencies at pages 30 and 31.

THE appointments of certifying factory surgeons at Dunkeld (Perth) and Somercotes (Lincoln) are vacant.