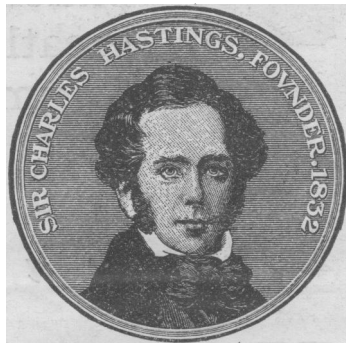


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the inner surface of the aryteno-epiglottidean fold and ventricular band. The tumours bulged into the pyriform fossa of the pharynx and rapidly increased in size. Chevalier Jackson states that not one true sarcoma was found among 643 neoplasms of the larynx seen at his clinic, and there are only three specimens of sarcoma of the larynx to be found in all the museums of the London medical schools. The diagnosis of sarcoma is completed by exploration and a diagnostic section, and a survey of the literature of such cases shows the tumours to be either round-celled or spindle-celled sarcomata.

The subglottic growth, often found below the anterior third of the vocal cord, cannot be clearly seen by the direct or indirect method of examination. A heaviness in movement or fixation of the vocal cord occurs comparatively early in subglottic growths, but our President, Sir St. Clair Thomson, has shown that it is undoubtedly a late and unfavourable sign in the manifest cancer. The diagnosis of such cases of cancer should be made before fixation of a vocal cord is evident. The subglottic growth is more malignant and is quickly disseminated to the cervical lymphatic glands—therefore an early diagnosis is urgent and the "wait and see" policy cannot be adopted.

The directoscope and Jackson's anterior commissure laryngoscope with retraction of the vocal cord outwards now enable us to obtain a better view of the subglottic growth and the subglottic extension of a more manifest growth.

There is still some controversy as to the value of the removal of a portion of the growth for diagnostic purposes. Our President in July, 1922, recorded that in 37 out of 51 of his cases, the diagnosis was completed and proved to be accurate without the removal of a piece for diagnosis. In the remaining 14 cases the diagnosis obtained by a diagnostic section was misleading in two cases. A diagnostic section is a valuable but not an infallible aid to diagnosis, and it should be emphasized that a negative section should be ignored and considered to be useless. The value of a diagnostic section is increased if a sufficiently large and deep portion from the centre of the growth is removed. The whole portion should be carefully sectioned and searched from the surface to the depths and a number of sections made. For mechanical and other reasons, it is frequently difficult to obtain a satisfactory or sufficiently deep piece for section; but we are now better equipped with Jackson's tissue forceps and improved direct laryngoscope. There is an impression that the direct method of examination should be more frequently employed and every opportunity should be taken to make use of it. For example, when an anaesthetic is given for the extraction of teeth as a preparation for operation, information can be obtained by a direct examination.

If the diagnosis is in any way doubtful, a diagnostic section is imperative and hastens the diagnosis. If the wound produced by the removal of a portion does not heal, or if the tumour increases in size, it is strong evidence in favour of cancer. I have never seen any harm arise after the removal of a diagnostic piece, but the picture may be entirely altered and diagnosis made more uncertain in the case of a negative section. No doubt in suitable cases time will settle the diagnosis, and judicious waiting, with an examination once a week or at even longer intervals, will finally reveal the accurate diagnosis; but patients and their friends are apt to become restive and demand to know whether it is cancer or not. It is not always expedient to delay by waiting, but there are cases in which it is advantageous to wait and to be cautious. The delay, which should be as short as possible, gives an opportunity to have the teeth and mouth cleaned up. It serves to get the patient in training for an operation and a second opinion can be obtained if desired. It is often useful and expedient to have a second opinion; it increases the patient's confidence in his surgeon and may be helpful.

If these methods of diagnosis fail in a case of suspected cancer, it is justifiable to perform an exploratory laryngofissure with full permission to proceed to a radical operation. Where the growth is obscured by oedema of the mucosa or by inflammatory changes, such an exploratory operation is a necessity. It has been done, and no harm to the patient

has accrued, particularly in those cases in which tuberculosis has been excluded. Exploratory laryngofissure has of course been frequently done to ascertain the extent of the growth and to decide whether a partial or complete laryngectomy is necessary.

#### Conclusions.

1. An earlier diagnosis of extrinsic cancer of the larynx is urgently needed.
2. Time will settle the diagnosis in some cases of intrinsic cancer, and it gives an opportunity to prepare the patient for operation, etc.
3. The direct method of examination is an aid to diagnosis and will ascertain the extent of the growth.
4. A diagnostic section of an intrinsic cancer is a valuable but not infallible aid to diagnosis. Such a section should be made in all doubtful cases.
5. An exploratory laryngofissure is justifiable when all other methods have failed.

## Memoranda:

### MEDICAL, SURGICAL, OBSTETRICAL.

#### AN UNUSUAL CASE OF INTESTINAL OBSTRUCTION.

The following case we believe to be unusual as we cannot find reference to similar cases in the literature, at our disposal.

F. K., aged 27, a reservist ambulance orderly, was admitted to hospital at 10.30 a.m. on January 16th, 1930. He gave the history that the previous evening at about 7 p.m. he had partaken of a heavy meal, almost immediately afterwards being seized with acute abdominal pain. He vomited at the time and continued to do so throughout the night. The following morning he reported sick at his medical inspection room and was at once sent to hospital for admission.

On arrival the patient was markedly collapsed, with a pinched face and a pulse uncountable and imperceptible at the wrist. The respiration rate was 22 and the temperature 97.7° F. The abdomen was distended, rigid, and tender, especially in the epigastrium; movements were practically nil. The patient had not passed urine and the bowels had not been open since before the onset of the attack; a gentle enema gave no result. He was at once given brandy 1/2 oz. and pituitrin 1/2 c.cm., and prepared for operation.

The abdomen was opened by a mid-line subumbilical incision. Loops of slightly distended but much engorged small gut presented, and the abdominal cavity contained a considerable amount of blood-stained fluid. The trouble was eventually traced to the sigmoid loop, which was long and mobile, and which had swung across the abdomen to the right side, where it had herniated into a large retrocaecal fossa. It was tightly gripped in this position by a tense peritoneal band extending from the abdominal wall behind the caecum to the lower end of the attachment of the mesentery of the ileum. The sigmoid loop was tightly stretched but was not twisted. It was found that in taking up this position it had come to lie across the mesentery, obstructing the blood supply of the ileum for six or eight feet to within one foot of the ileo-caecal junction, where the structures, including the appendix, were quite normal.

The constricting band of mesentery was divided and nine inches of strangulated, distended, and engorged sigmoid colon withdrawn; this might have recovered, but the viability of the small gut was very doubtful. The ileum above the obstruction was turgid but not greatly distended; the portion involved was blown out, but the bowel from below the obstruction round to the sigmoid was nearly empty and normal in every way. Continuous intravenous saline was given throughout the operation, but at this stage life was almost extinct and it was considered advisable to close the abdomen. The patient died about one hour later.

The points of interest in this case seem to be the sudden onset, the absence of any marked distension, and the nature of the double obstruction. There were no adhesions to suggest a congenital malposition of the sigmoid. A possible explanation is that the small intestine was the first to suffer, allowing the contents of the large bowel to travel on till they reached the sigmoid loop, where they were held up, and so led to the second strangulation.

B. K. SIKAND,  
Captain I.M.S.(T.C.).  
E. VENN CLAYDON,  
Lieutenant I.M.S.

Rawalpindi.

the threat of blindness. He had always been myopic, and after some premonitory symptoms he lost completely the sight of one eye. In the hope of saving the other he first resigned his professorship, and then gave up his teaching work at hospital, but unfortunately all precaution was vain, and for some months before his death he was practically blind. He is mourned by his wife, who was for many years his constant companion and helpmate, and by many friends. No one ever met MacIlwaine without being cheered and stimulated by the encounter. Charming disputation, kindly, reasonable, well equipped with knowledge and with the art to use it, he was an ideal companion. Who that knew him can forget his mellow voice—in his younger days he was a delightful singer—and his bright laugh? Peace be to his ashes.

R. J. J.

The death of Dr. W. R. HIGGINS of Louth, on August 22nd, has caused deep regret in Lincolnshire. William Robert Higgins, second son of the late Dr. T. J. Higgins, was born in 1878. He received his medical education at the University of Cambridge and the London Hospital, obtaining the diplomas M.R.C.S., L.R.C.P. in 1904, and graduating M.B., B.Ch.Camb. in the following year. He proceeded M.D. in 1911, and became a Fellow of the Royal College of Surgeons of Edinburgh in 1918. He commenced practice in Louth in association with his father in 1904, and six years later was appointed medical officer and public vaccinator for the Welton district. He was consulting surgeon to the Alford Hospital, and surgeon to the Louth and District Hospital and St. Margaret's Home. During the war he was attached at first to the 4th Northern General Hospital, Lincoln; he then served for a time in the *Mauretania*, functioning as a hospital ship, and was later with the army in France. On returning to civilian life he took an active part in assisting the organization of ex-service men, and was one of the founders of the Louth United Services Club, of which he was president at the time of his death. He became a member of the Louth Town Council in 1921 as the representative of the ex-service men, retiring in 1926. He was also a governor of the Louth Grammar School, where as a boy he had received his early education. His breezy personality, warm-hearted devotion to his patients, loyalty to his colleagues, and exceptional oratorical abilities made him a notable figure in Louth, both professionally and personally. He was a fearless and resourceful surgeon, and his valuable work at the Louth Hospital was highly appreciated.

Dr. JOHN THOMSON WILSON, formerly medical officer of health for the county of Lanark, died on August 25th. He was a native of Cambuslang, and graduated at Aberdeen University in 1891. He first assisted Professor Matthew Hay at that university and afterwards was assistant to the medical officer of health for Shropshire. Practically all his professional life, however, was spent in Lanarkshire, but he derived his training and scientific outlook from the University of Aberdeen, which sent forth about that time a group of men who subsequently became famous in public health. All these men showed that painstaking care in the application of science to health problems which characterized Wilson in the highest degree. He was the second county medical officer for Lanarkshire, taking up his duties there within five years of the passing of the Local Government (Scotland) Act, 1889, at a time when county health administration was chaotic, and he laboured there for more than thirty years so as to form in that important area an effective administration for improving the public health and raising the social standards of the people. In this he did most notable work, and only those who knew the conditions in Lanarkshire in the nineties are able to form a just opinion of the magnitude of the task which he faced. Water supply and sanitation in these villages and busy industrial towns were wanting or primitive to a degree. The rich mineral wealth of the county attracted immigrants from all parts of Great Britain and Ireland, giving rise in many areas to grave overcrowding and increasing the effects of bad sanitation. In dealing with these Dr. Wilson showed not only clear judgement, but

unswerving determination to improve the conditions of the inhabitants. In these days of advancement and progress in public health matters it is pleasing to have to record of one of the most progressive of medical officers of health that with him environment and general health considerations had always the first place. He did not believe that *ad hoc* effort could ever correct faulty health conditions, but, nevertheless, all special departments in public health work had his enthusiastic support. The bacteriological laboratory, the chemical laboratory, and the hospital arrangements of Lanarkshire under his inspiration became foremost throughout Scotland, while the tuberculosis and venereal schemes and the child welfare arrangements of that county were all well thought out and models of their kind. Dr. Wilson was gifted not only with a sound scientific knowledge of disease and health conditions, but also with much business acumen and common sense, upon which he relied in dealing with his many committees and councils. He was something more than a mere medical man or medical officer of health—he was a practical man of the world who appreciated practical difficulties and envisaged problems as they appeared to councillors and public representatives. On that account he was singularly successful and happy in his relationship with his councils, who ever placed in him their confidence and respect. Dr. Wilson's influence in public health extended far beyond Lanarkshire. A generation of medical officers of health, working in England, Scotland, and the Colonies, owe to him their first inspiration in public health, and many of the advances made in the past thirty years elsewhere have been almost directly due to that quiet, self-contained, patient, and high-minded chief, whom all his assistants revered. His passing leaves a blank with many, but his example lives.

Dr. HUGH COLLIGAN DONALD, T.D., who died at Paisley on August 20th, aged 60, was the third son of the late Dr. J. T. Donald, a former Paisley medical officer. He was educated at Paisley Grammar School, Merchiston, and Glasgow, where he graduated M.B., C.M. in 1891. Six years later he obtained the diploma F.R.C.S.Ed., and was appointed surgeon to the Royal Alexandra Infirmary, Paisley, a position from which he retired only this year. He was also consulting surgeon to the Royal Victoria Eye Infirmary, a certifying medical officer for mental disease and lunacy, and specialist in venereal diseases to the Paisley and Greenock corporations. At the outbreak of the South African war he became a medical officer to the 3rd British Cavalry Brigade, and he received the Queen's medal with four clasps. In 1914 he acted as senior medical officer to the Argyll and Sutherland Brigade (Territorial), with the rank of major in the R.A.M.C., subsequently serving in other capacities and retiring with the rank of lieutenant-colonel. He was a member of the British Medical Association.

## The Services.

### NORTH PERSIAN FORCES MEMORIAL MEDAL.

THE War Office announces that Captain H. W. Mulligan, M.B., Indian Medical Service, has been awarded the North Persian Forces Memorial Medal for the year 1929 for his paper, "Studies on the reticulo-endothelial system, with special reference to malaria," published in the *Indian Journal of Medical Research*, vol. xvi, No. 4, April, 1929. This medal is awarded annually for the best paper on tropical medicine or hygiene published in any journal during the preceding twelve months by a medical officer, of under twelve years' service, of the Royal Navy, Royal Army Medical Corps, Royal Air Force, Indian Medical Service, or of the Colonial Medical Service, provided the Memorial Committee considers that any of the papers published has attained a standard of merit justifying an award.

## Universities and Colleges.

### UNIVERSITY OF CAMBRIDGE.

DR. H. W. FLOREY, of Gonville and Caius College, has been reappointed Huddersfield lecturer in special pathology.

The following elections are announced: G. L. Taylor, M.D., to the John Lucas Walker studentship for three years; A. Branch, M.D., to the Gwyneth Pretty studentship for three years.

## Medical News.

THE annual exhibition of the Royal Photographic Society of Great Britain opened on September 11th at 35, Russell Square, W.C.1, and will continue until October 11th. Among the exhibits are photomicrographs illustrating the structure of emulsions, studies of the effect of recoil in revolver shooting and of shotgun bursts due to obstruction, radiographs showing structure differentiation, and colour transparency views of Indian subjects.

AT the provincial meeting of the Society of Medical Officers of Health to be held at Lowestoft on September 19th and 20th the members will be entertained by the Mayor and Corporation of Lowestoft at luncheon at 12.30 on September 20th and not on September 19th as stated in our previous notice.

THE Committee for the Study of Medical Hydrology is arranging its programme for the coming winter. The object of the committee is to supply lecturers on the subjects of spa treatment and general medical hydrology for medical societies and for medical schools where these subjects are not already included in the curriculum. A list of the lecturers available will be forwarded on application to Dr. Geoffrey Holmes, 11, Ripon Road, Harrogate.

THE annual meeting of the International Society of Medical Hydrology will be held this year in Lisbon and the Portuguese spas, from October 15th to 23rd, in conjunction with the Congrès international d'Hydrologie. One medical discussion is being arranged by the society, on the treatment of digestive disorders by waters and baths. General meetings will also be held to consider a system for the international registration and classification of waters, the organization of health resorts for insured workers (social hydrology), and proposals for the protection of the names of the spas. Papers are read in English, French, or German, and translations supplied. The Portuguese spas to be visited include Coimbra, Curia, Oporto, Bussaco, and Vidago. The annual meeting will also include social events, a banquet in Lisbon, and reception by the President of the Republic. The meeting is open to non-members, at a fee of 10s. (and 5s. for a lady accompanying a participant). Expenses in Portugal are £10 3s. 6d., and the fare from London to Lisbon and back in ss. *Cap Arcona* from Boulogne on October 11th is £19 0s. 6d. Alternative travel overland can be arranged. A limited number of medical practitioners and students who are interested in hydrology are invited to take part in this meeting. Applications should be received at the office of the society, 55, Wellington Road, N.W.8, not later than September 15th.

A MEETING of the Royal Sanitary Institute will be held on Saturday, October 4th, in the Town Hall, Hereford. The subjects for discussion will be the place of women in local government, the preservation of the countryside, and the health authority and the milk supply. The chair will be taken at 10 a.m. by Dr. George F. Buchan.

THE German Society for Industrial Hygiene will hold a congress at Breslau from September 22nd to 24th; papers will be read on work and housing by Professor von Drigalski of Berlin and on hygiene in the office by Dr. Holstein of Frankfort-on-the-Oder and Dr. Kremer of Berlin.

THE recent meeting of the International Society of Microbiology in Paris was attended by more than 700 members. The three sections—general and medical microbiology; serology and immunity; and agricultural microbiology—had daily sessions at the Pasteur Institute. Professor Ledingham and Dr. Arkwright were the only English "rapporteurs," and dealt with variation amongst bacteria; Sir Almroth Wright demonstrated bacteriological technique. Numerous papers on the relation of lipoids to immunity, neurotrophic viruses, yellow fever, blood groups, undulant fever, influenza, scarlet fever and diphtheria, bartonellosis and syphilis, reviewed the present knowledge of these fields of study; the detailed papers will be published later. The exhibition of some excellent films of the developmental cycle of various parasitic worms and the splitting of bacilli attracted a large audience. Professor Bordet, the president, announced at the final meeting that the next congress would take place in Berlin in 1933. The banquet on the last evening was so popular that the restaurant originally chosen could not accommodate the diners. The speeches reflected the spirit of real international amity, which was an especially pleasing feature of the whole congress.

THE last annual report of the Board of Control states that on January 1st, 1930, the number of notified insane persons under care in England and Wales was 142,387, an increase of 1,307 during the preceding year, the average annual increase for the five years ending January 1st, 1930, being 2,167. The percentage distribution of the sexes—males 44.2, females 55.8—showed an increase of 0.3 in the proportion of males. Deaths numbered 9,799 (males 4,539, females 5,260). They

were 1,030 more than in the preceding year. The number of certified mental defectives in institutions on January 1st, 1930, was 23,485. In addition, there were 2,212 defectives in institutions and homes who were not certified, making a total of 25,697.

KING'S College Hospital Medical School has now entered upon its centenary year, and an account of the work accomplished during the past 100 years will be given by Dr. Raymond Crawford on October 1st at the opening ceremony of the winter session, presided over by Dr. G. F. Still. The centenary dinner, under the chairmanship of Sir St. Clair Thomson, will be held on the evening of the same day at the Connaught Rooms. The medical school needs urgently the completion of its buildings, the erection of half of which was prevented by the outbreak of the war. It is proposed to mark the centenary by carrying out this work as soon as funds are available, and for this purpose money is being collected.

AT the recent Empire Conference of the British Red Cross Society a resolution was passed approving the principle of reading as part of curative medicine, and desiring to see it established in all hospitals in due course. In this connexion it is of interest to note that the subject of hospital libraries will be discussed at the Conference of the Library Association to be held this month in Cambridge. On Tuesday, September 23rd, at 2.15 p.m., there will be a short paper on the history and practice of this work as done in Great Britain; Miss Ostenfeld, organizer of the Hospital Library Service at Odeure, will speak on collaboration between public libraries and hospitals in Denmark; and Miss Perrie Jones, hospital librarian, Public Library, St. Paul's, Minnesota, on the psychological value to patients of hospital libraries. Representatives from institutions are invited to write for further details to the secretary, Library Association, 76, Bedford Square, W.C.1.

THE system of compulsory notification of acute rheumatism which was instituted in the Royal Borough of Kensington in October, 1927, for an experimental period of three years, will be continued for another period of three years, dating from October 1st, 1930. It has been decided that the expression "acute rheumatism" shall be interpreted to mean the following conditions, occurring separately or together in a child under the age of 16 years: (1) rheumatic pains or arthritis, if accompanied by a rise of temperature; (2) rheumatic chorea; (3) rheumatic carditis. Complete details are embodied in Statutory Rules and Orders, 1930, No. 659, published by His Majesty's Stationery Office, price 1d.

A MEMORIAL window to the late Dr. John K. Stewart was recently unveiled by his son in the Randalstown Presbyterian Church, County Antrim. Dr. Stewart died on April 15th, 1923, at the age of 29, as a result of wounds received on active service. An obituary notice appeared in the *Journal* of May 5th, 1923 (p. 792).

MEMBERSHIP of the Guild of St. Luke is open to all students and practitioners of medicine—both men and women—who are members of the Church of England, the clergy of which are eligible as clerical associates. The Guild was started in London by a few medical students over sixty years ago, and there are also now in London a Women's Ward and a Students' Branch, as well as a Midland Counties Ward and a Cambridge Ward. The Chapter of the Guild meets in each month of the academic year, and a festival service is held annually at St. Luke's Tide, either at St. Paul's or Westminster Abbey. This year the service will be at St. Paul's. Particulars of the objects and activities of the Guild and forms of application for membership can be obtained from the secretary of the Guild of St. Luke, King's College, Strand, W.C.2.

ACCORDING to the *Journal of the American Medical Association*, "Typhoid Mary," the carrier who infected at least twenty-eight members of seven different families in which she was employed as cook, is still alive and is quarantined in a New York hospital, where she earns a small salary by cleaning glassware. Her stools are constantly used by the New York Department of Health as a control for bacteriological media.

THE August issue of the *China Medical Journal*, which periodical is published monthly by the China Medical Association, takes the form of a special leprosy number. Original articles and reports on the progress being made by leprosy institutions depict the outlook as regards the treatment of this disease in China at the present time, and Dr. J. L. Maxwell summarizes the salient points in this respect. The clinical side of the problem is discussed by Dr. Ernest Muir, Dr. A. J. Watson, and others.

THE issue of the *Paris Médical* dated August 16th is dedicated to the memory of Jules Marey on the occasion of the centenary of his birth, and contains the address delivered by Professor Richet to which we alluded in the *Journal* of August 16th (p. 271). Marey, who was for thirty-five years professor at the Collège de France, was

not only the first to introduce the graphic method into physiology and the sphygmograph into clinical medicine, but by his study of simple and complicated muscular movements, and of the flight of birds and insects, he was one of the precursors of cinematography and aviation. In addition to publishing the commemorative orations delivered by Professor Richet of the Académie de Médecine, Professor Gley of the Collège de France and M. Raoul Grimoin-Sansom, director of the Marey Institute in the Bois de Boulogne, the issue of the *Paris Médical* contains extracts from Marey's works on the circulation of the blood, human movements, and the flight of birds and insects.

PROFESSOR SIGMUND FREUD of Vienna has been awarded the Goethe prize of 10,000 marks.

THE one hundred and sixtieth volume of the *Archiv für klinische Chirurgie*, the two hundred and twenty-fifth volume of the *Deutsche Zeitschrift für Chirurgie*, and the issue of *Wiener medizinische Wochenschrift* for August 9th have each been dedicated to Professor Anton von Eiselsberg of Vienna on the occasion of his 70th birthday.

THE *Gazette des Hôpitaux* for July 30th contains a facsimile of the greatly abridged issue of August 1st, 1830, when *La Lancette Française*, as the journal was then called, was suspended by royal decree, in common with the rest of the periodical French press.

WE have received the first issue, published last January at Naples, of *Diagnostica e tecnica di Laboratorio*, a monthly journal edited by Professors L. D'Amato of Naples and L. Zoja of Milan, supported by an international committee. The issue contains original articles dealing with laboratory diagnosis and technique, short laboratory notes, reviews of books, and abstracts from current literature. The annual subscription is 120 lire for Italy, and 150 lire for foreign countries.

MR. LEONARD L. MACKALL, a well-known figure in Osler's world, has been appointed consultant in bibliography to the New York Academy of Medicine.

DR. JOHN WILLIAM HUNT, acting chief medical officer, has been appointed a nominated member of the Legislative Council of the Colony of Fiji.

MESSRS. CASSELL AND CO., LTD., announce for early publication *Sick Children: Diagnosis and Treatment*, by Dr. Donald Paterson; also a fifth edition of Treves's *Students' Handbook of Surgical Operations*, revised by Mr. Cecil Wakeley.

## Letters, Notes, and Answers.

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The address of the Irish Office of the British Medical Association is 16, South Frederick Street, Dublin (telegrams: *Bacillus, Dublin*; telephone: 62550 Dublin), and of the Scottish Office, 7, Drumsheugh Gardens, Edinburgh (telegrams: *Associate, Edinburgh*; telephone 24361 Edinburgh).

## QUERIES AND ANSWERS.

### WRITER'S CRAMP.

"DEVON" invites suggestions for treatment other than rest for writer's cramp? "Is electrical treatment of any value, and what is the prognosis?"

### PYLORIC CANCER: REMISSION OF SYMPTOMS.

"WICKLOW" writes: On March 5th last a patient of mine was discharged from a Dublin hospital with pyloric cancer too advanced, and himself in too bad a bodily state, for operation. He came home to die, and now, six months later, he is doing

casual work on a farm. Some three months ago he commenced to take cod-liver oil daily in good doses, and declares he improved from the day he began it. Has any reader had a similar experience? The man was carefully x-rayed and examined in every possible way in the Dublin hospital.

### PROLONGED ADMINISTRATION OF SALICYLATES.

"M.D." writes: Can any pharmacologist tell me whether prolonged taking of sodium salicylate for chronic rheumatism is likely to be a factor in the deposition of oxalates forming oxalate renal calculi?

### WHITE SPOTS ON FINGER NAILS.

"R. L." asks for information about the nature and treatment of the white spots which occur on finger nails. He writes: Sir Norman Walker, I believe, stated that they were due to air in the nail cells. A patient whose nails are very unsightly through these spots plays a lot of golf and tennis.

### TREATMENT OF DYSMENORRHOEA.

DR. FRANCISCO PINERO (Barcelona), in reply to Dr. E. R. B. Murray's inquiry (August 16th, p. 372), writes: I would suggest injections of alcohol into the peritoneal ganglion of Frankenhauser, as described by Dr. Dietrich Bloss in the *Münchener medizinische Wochenschrift* of July 12th, 1929 (p. 1173).

### KEEPING FIT IN HOT CLIMATES.

SURGEON COMMANDER A. BERNARD CLARK, R.N., writes: Having spent four out of the past eight years on the Mediterranean station, I would like to reply as follows to the inquiry of "C. H. B." Alcohol is not at all essential to health, and I am convinced that one is better without it in hot climates. I am an abstainer myself, and have never had one day's real sickness. It is quite erroneous to say that total abstainers are the first men to go sick; actually, they are probably the last. I agree that protection of the abdomen, especially at night, is very important; there can be no doubt that a large number of cases of enteritis are caused by neglect of this precaution. Anyone who takes large quantities of alcohol must undoubtedly take a large amount of violent exercise to get rid of the poison and so keep fit, but one who abstains can get all the exercise he requires during the very hot weather in frequent bathing and swimming. There is no doubt that exercise of some kind is essential for complete fitness even in the hottest weather.

"C. G. H." replying to the inquiry of "C. H. B." (July 26th, p. 168), writes: Ten years' practice in the Tropics has convinced me that the problems of exercise and alcohol there are exactly paralleled by those in temperate climates, the individual varying in his requirements in both respects. Thus the "beefy, active, he-man," who has usually a large appetite, requires a considerable amount of exercise. The type which may be broadly called the "vagotonic" also seems to need alcohol as a sedative, without which he will react too readily to the many minor irritations characterizing life in a hot climate, becoming irritable and sleeping badly. The opposite type, however, the spare man of moderate habit and physique (broadly, the sympathicotonic), can, I am sure, do with far less of either, and will be the worse for trying to compete with those otherwise constituted. Too frequently there are to be seen cases of exercise pursued to exhaustion, and followed by the attempt to repair that exhaustion with an extra ration of alcohol. It is often forgotten that mere existence in a hot climate entails more output of energy, both bodily and nervous, than residence in a cool one; this should be taken into account by the individual (or his medical adviser) in working out his needs, in the way of exercise and alcohol. The latter is, in my opinion, of great use as a sedative, but should be employed strictly as such—for instance, at the end of a trying day to damp down the worries and irritations of work, and facilitate the transition to the evening's recreation. If a man always has a "sundowner," however, he will need two when the weather is bad or his job is particularly trying, and the step from this to the daily "two plus" is a short and easy one. Alcohol with the day's work ahead is anathema, and the royal road to a heat stroke.

### DERMATITIS HERPETIFORMIS.

"M.B." (Northampton) writes: In reply to Dr. Richmond's inquiry (August 23rd, p. 308), I have always thought that arsenic was considered the only remedy for dermatitis herpetiformis. I have had two cases—one nearly fatal in a very old lady—and by pushing arsenic to extreme doses brought about their recovery.

### SOUR MILK.

DR. M. R. SONI (Manchester), replying to "E. W. D." (August 9th, p. 236), writes: I recommend as the best and cheapest method of preparing sour milk the following procedure, which is adopted in India. Boil the milk, and when it has cooled down to about 100° F., pour it into a flat basin, adding two tablespoonfuls of "dahi," which can be obtained from most Indian restaurants. Stir well, and allow to stand for seven to ten hours in a moderately warm oven. At the end of this period the milk will have "set." All the sour milk is used except a few tablespoonfuls, which should be added to fresh milk on the following day; the process can be continued indefinitely. A little practice will improve the results to a great extent. If the milk tastes sweet