

Memoranda

MEDICAL, SURGICAL, OBSTETRICAL

A CASE OF POISONING BY SODIUM NITROPRUSSIDE

Although it is well known that sodium nitroprusside is a powerful poison, we have been unable to find record of any cases of human poisoning by this substance. Glaister¹ in his textbook make no reference to the subject; Sollmann² gives a brief quotation from L. Hermann, in which it is stated that "nitroprussides liberate CN readily and agree with cyanides except that they are less convulsive." Wynter Blyth³ gives an account of some work by Reid Hunt in which the toxic dose of many cyanides, including sodium nitroprusside, was determined when injected subcutaneously into mice.

The absence of cases of human poisoning by sodium nitroprusside is not difficult to understand. It is a material which is unknown to the general public. Its principal use is as a reagent in certain important chemical tests. Hence those who have access to it have generally sufficient knowledge of toxic substances to prefer some other poison, if suicidally inclined.

The case about to be described was that of a student of chemistry. At about 2.10 a.m. he called out from the garden of his lodgings to a fellow boarder within the house that he was poisoned. The person spoken to at once went out to his assistance, and found him unconscious. A doctor was immediately sent for. He found the patient still unconscious, slightly cyanosed, with froth at the mouth and slight dilatation of the pupil. There was no characteristic smell in the breath nor burns about the mouth. The patient was immediately sent to the Leeds General Infirmary. On admission the condition of the patient was similar to that already described. Respirations were slow, irregular, and heavy, with short inspiration and prolonged expiration. The pupils were moderately dilated and reacted sluggishly. The temperature was 97.6° F., and the pulse 60. Death occurred at 4.40 a.m. No convulsions were seen at any time.

A post-mortem examination was made at 10 a.m. by Dr. Ella M. Hickman. On opening the body the smell of HCN was definitely detected, and all the evidence was consistent with cyanide poisoning. The stomach contents were removed in a stoppered bottle for separate examination. On removing the stopper after a short interval the smell of HCN was also readily detected here, and the presence of HCN in the air immediately above the fluid in the bottle was demonstrated by chemical tests.

In attempting to decide on the exact nature of the poison which had been taken, we soon excluded free hydrocyanic acid. The very definite smell of HCN on opening the body, and again frequently detected while handling the organs, and also evolved from the stomach contents, indicated that a very considerable dose of a cyanide had been taken, and if this had been in the form of free HCN death would have occurred much more rapidly than was actually the case. Death also appeared to have been unusually delayed even if the material taken had been potassium cyanide. While considering this point it was brought to our notice that a bottle containing a liquid had been found in the garden, three or four yards from where the patient had been found. The bottle was of about 4-ounce capacity, but only about half an ounce of liquid remained in it, and a portion of this was handed to us. It was a transparent, red liquid, and obviously an aqueous solution. It was soon seen that this contained neither hydrocyanic acid nor potassium cyanide. Chemical analysis proved it to be an aqueous solution of sodium nitroprusside, containing approximately 13 per cent. of the

solid salt (57 grains per ounce). When the stomach contents were examined for the presence of nitroprusside, strongly positive reactions were obtained. Poisoning by sodium nitroprusside appeared to us, therefore, to be definitely established.

The interest of this case lies in the fact that the symptoms before death, and the appearances after death, were those of hydrocyanic acid poisoning, but the time which elapsed after taking the poison before death occurred—namely, at least two and a half hours—was considerably longer than is the case when very large doses of the simple cyanides are taken. The effects are, of course, actually due to free hydrocyanic acid, which is produced as a result of the decomposition of the nitroprusside, and the time required for this decomposition to occur within the body accounts for the delay in the occurrence of death. But although this delay does occur, the rate at which HCN is produced from nitroprusside within the body is greater than one would expect from a knowledge of the behaviour of this substance *in vitro*. It is well known, for example, that aqueous solutions can be kept for long periods without the appearance of free HCN. H. E. Williams,⁴ in an account of the chemistry of nitroprussides (nitroferrocyanides) states that solutions of the sodium salt can be evaporated without decomposition, and our own experience verifies this statement. Of reactions which produce free HCN he mentions reduction in neutral solution with a copper-zinc couple, and reduction in sulphuric acid solution with sodium amalgam. Both these methods of reduction are fairly powerful ones, but the results of ingestion of sodium nitroprusside, as exemplified in the present case, certainly indicate that in the stomach, and possibly elsewhere in the body, reduction of this substance, with the production of free HCN, must be a fairly easy and rapid process.

The experience of this case also suggests that in cases of cyanide poisoning, where death appears to be unduly delayed, unless definite evidence of the use of a simple cyanide is forthcoming, the possibility of a complex cyanide having been taken should be explored.

F. S. FOWWEATHER, M.D., M.Sc., F.I.C.,
D.P.H.
Reader in Clinical Chemical Pathology, University
of Leeds; Chemical Pathologist, Leeds
General Infirmary.

REFERENCES

- ¹ Glaister, J.: *A Textbook of Medical Jurisprudence and Toxicology*, fifth edition, 1931.
- ² Sollmann, T.: *A Manual of Pharmacology and its Applications to Therapeutics and Toxicology*, third edition, 1926, p. 774.
- ³ Wynter Blyth, A. and M.: *Poisons: Their Effects and Detection*, 1920, p. 225.
- ⁴ Williams, H. E.: *The Chemistry of Cyanogen Compounds*, 1915, p. 163.

RUPTURE OF POSTERIOR CEREBRAL ARTERY

The recent reports in the *Journal* of cases of "congenital intracranial aneurysm" prompt me to submit the following case.

On November 14th, 1930, an unmarried woman, aged 47 years, seamstress, always of a delicate constitution and a victim of indigestion and obstinate constipation, when stooping to fasten her shoe felt a sharp pain in the back of her head, with accompanying disturbances of vision, which passed off in a few days. A similar experience under identical conditions occurred on November 27th. She went to work as usual on November 28th, but had to return home because of double vision. I saw her on this date, when there was complete oculomotor paralysis of the right eye, with ptosis and widely dilated and immobile pupil—the eye could be slightly rotated inwards. There was also pain in the back of the head, increased by forward bending of the head, but no rigidity of the neck, and Kernig's sign was absent. Confined to bed, she remained in this condition until December 16th, when, feeling very sick, and having a severe headache, she awoke her sister about 4 a.m. I saw her at about 5 a.m., when she was

already unconscious. Coma supervened, and death took place at 10 a.m. Between 5 and 6 a.m., by lumbar puncture, I removed some cerebro-spinal fluid, which was deeply stained with blood.

Post-mortem examination of the brain revealed an extensive basal haemorrhage, which extended also down the spinal canal. This was the result of a rupture of the right posterior cerebral artery close to the bifurcation of the basilar artery into the posterior cerebral arteries. The third nerve at this point was severed, all but the merest strand.

Ramsbottom, Lancs.

H. LAWRIE.

Reviews

MEDICO-CHIRURGICAL PRACTICE

Edited by a distinguished triad of the Faculty of Medicine of Paris, the third edition of *La Pratique Médico-Chirurgicale*¹ is heralded by the issue of the first four volumes. The complete eight volumes will provide a compendious encyclopaedia embracing medicine, surgery, obstetrics, and the ancillary specialties, written by 220 collaborators, each of whom is an exponent of the first rank in his particular subject. Avoiding hypotheses and theoretical discussions, the work provides a straightforward practical guide for the practitioner in etiology, symptomatology, diagnosis, prognosis, and treatment, with praiseworthy conciseness, but with sufficiency of detail. Extreme delicacy of judgement is required in such a work to maintain suitable balance as regards the subject-matter. On the whole, this has been attained in the volumes before us, except in the treatment of the majority of pharmacological subjects, which is too brief to be of value. Avertin, for instance, is dismissed in six lines. The photographic and x-ray plates are excellent, but the pathological line drawings are not in keeping with the general standard of the work. The figures dealing with dental anaesthesia (p. 455 et seq.) are most obscure.

The authors give essentially the modern French outlook, and the British reader will be impressed with the space afforded to psychiatric subjects. From the numerous subjects dealt with in volumes i and ii we would specially commend those on the surgical treatment of bronchiectasis (Dr. Oberlin), Caesarean section (Drs. Portes and Couvelaire), and the surgery of angina pectoris (Drs. Leriche and Fontaine). The section on the biliary system affords delightful reading, but most British surgeons will find fault with the unqualified statement that in acute appendicitis the pain "is most commonly located in the right iliac fossa, but sometimes in the umbilical region." The vexed question of antisepsis *versus* asepsis is summed up under the aphorism that, "while opposed in theory, they are ultimately combined in practice, and their union authorizes the bold technique of actual surgery." The sections on actinotherapy, on the arsenobenzols, and on artificial limbs are well written, and that on massage and remedial exercises is admirable.

In volumes iii and iv goitre is dealt with in a comprehensive manner, but the purely medical treatment of exophthalmic goitre is too theoretical for inclusion in an encyclopaedia such as this. Hydrotherapy, thermal treatment, ergotamine, sodium salicylate, haematothyroidin, etc., ought to be omitted and replaced by some practical details about the administration of iodine and quinidine. The field of hygiene and public health has received ample attention. No fewer than eighteen

pages are devoted to consideration of drinking-water (*eau potable*). The articles on dermatological subjects are well written, affording clear clinical descriptions and classifications, suitably illustrated by intelligible photographs. Eczema is differentiated from "eczematoid" conditions, the clinical entities of these groups being well substantiated.

The aim of the work tends to preclude much novelty and originality, but while treating the majority of subjects along conventional and, usually, orthodox lines, the collaborators have shown much originality in presentation of the facts, especially in the domain of surgery. Gastric and cerebral surgery are noteworthy examples. In view of the fact that modern surgeons are not likely to consult a general encyclopaedia to any extent, one wonders whether such works should not confine themselves solely to the sphere of the general practitioner, who, to take one example, is not likely to be ordinarily interested in the merits and technique of the operative methods used for diaphragmatic hernia. On the other hand, the present work very properly expounds such dentistry as commonly falls to the lot of the busy medical practitioner, and the clear methodical account of teeth extraction is worthy of emulation by most British authors of surgical manuals.

MEDICAL MYCOLOGY

It is a difficult thing for the medical man to obtain a comparatively brief yet adequate account of the moulds, yeasts, and related fungi which are of interest to him as causes of disease, or contaminations of his cultures, or are concerned in the spoilage of foodstuffs. There are, it is true, extensive monographs dealing with particular groups, but, apart from the detail they contain, their understanding implies a wide knowledge of mycology. Textbooks of bacteriology are too inadequate in their treatment of the subject to be of much use. Accordingly the time is ripe for a handbook² such as Professor HENRICI has now written. It has grown out of a lecture course which he has been giving for some years past to advanced students of bacteriology at the University of Minnesota, and, while making no claim to an exhaustive treatment of mycology, it clearly places before the medical and other bacteriologists all that they need know about the subject.

Beginning with a description of the structure and classification of the fungi, their methods of study, and biological activities, the author goes on to consider the more important groups of moulds, yeasts, and actinomycetes. When we recall that these groups include the causal organisms of the ringworms, thrush, actinomycosis, as well as a considerable number of tropical diseases, it is plain that a knowledge of the subject, however slight, is essential to every medical man. It is daily becoming more obvious that at least a number of bacteria belong to the fungi, and there is a well-defined movement to trace in the bacteria life-cycles and sexual relations similar to those found in the fungi; and so the bacteriologist also must be acquainted with the essentials of mycology—quite apart from a natural curiosity about the contaminating moulds which so frequently crop up in his cultures. Professor Henrici has supplied this need. The book is easily understandable by the beginner, and it is fully illustrated both by photograph and by line drawings. For those who wish to follow up any particular aspect of the subject there is a comprehensive bibliography. We have no hesitation in drawing attention to the usefulness of this volume to the bacteriologist and the physician. It is an excellent production, and most opportune.

¹ *Pratique Médico-Chirurgicale*. Publiée sous la direction de A. Couvelaire, A. Lemierre, Ch. Lenormant. Troisième édition, entièrement nouvelle. Tomes i, ii, iii, et iv. Paris: Masson et Cie. 1931. (1,480 fr. the set of eight volumes; 165 fr. each volume separately.)

² *Molds, Yeasts, and Actinomycetes*. By Arthur T. Henrici, M.D. New York: J. Wiley and Sons, Inc.; London: Chapman and Hall, Ltd. 1930. (Pp. x + 286; 100 figures. 17s. 6d. net.)

provided for about 1,260,000 persons, so that here the improvement in the relationship between population and housing, as compared with 1921, is about 8 per cent. While the amelioration which these figures represent is a great achievement, there are two qualifying factors of importance. The first is that although there has been a large increase in population in Greater London, there has been a much larger ratio of increase in the number of separate families. Families are smaller than formerly, but there are more of them, and this explains why it is that many cases of serious overcrowding, where tenants are unable to obtain decent accommodation, are still being brought to the attention of local authorities. The second factor is that the totals of new houses quoted above, impressive as they are—extending to about 350 compact miles of new streets—relate to all classes of houses, not to working-class houses only. Considerably less than half the total of new houses are occupied by artisans. Of course, the provision of other types of dwellings such as those purchasable leasehold for about £1,000, of which there is a large number in the suburbs, must ultimately ease the pressure on working-class accommodation. But the fact remains that two out of three houses have been provided by private enterprise, and almost invariably for sale, not rental, catering consequently only for about one-quarter of the population. This explains why it is that in spite of rows of new houses spreading like scarlet-runners along the highways and byways of Middlesex, Essex, Kent, and Surrey, the pressure on working-class accommodation in London continues.

MEDICAL CONGRESSES, 1931

The following congresses and conferences on medical and allied subjects have been announced for the remainder of the year. Particulars are given below in the following order: date, name of organizing body, place of meeting, name of person to whom inquiries should be addressed. More detailed information about these meetings is given from time to time, as it becomes available, in the news columns of the *British Medical Journal*.

August 31–September 6.—International Congress of Neurology. Berne.

September 2–19.—International Illumination Congress. Great Britain. Colonel C. H. Silvester Evans, c.o. The Illuminating Engineering Society, 32, Victoria Street, S.W.1.

September 12–17.—International Congress of Tropical Medicine. Amsterdam.

September 13–19.—International Congress of Balneology. Carlsbad. Dr. Edgar Ganz, Carlsbad, Czechoslovakia.

September 14–16.—German Orthopaedic Society. Berlin. Professor Wollenberg, Prager Platz 5, Berlin-Wilmersdorf.

September 14–17.—American Public Health Association. Montreal. Secretary of Association, 450, Seventh Avenue, New York.

September 14–19.—Medical Association of South Africa (British Medical Association). Johannesburg. Dr. B. G. Melle, Medical School, Hospital Street, Johannesburg.

September 21.—Royal Institution (Faraday Centenary). London. Secretary of Royal Institution, 21, Albemarle Street, W.1.

September 21–23.—German Pharmaceutical Society. Vienna.

September 21–23.—German Association for Occupational Hygiene. Nuremberg. Secretary of Association, Platz der Republik, 49, Frankfurt.

September 23–25.—Society for the Study of Metabolism and Diseases of Digestion. Vienna. Professor von den Velden, Bambergerstrasse 49, Berlin, W.30.

September 23–30.—British Association's Centenary Meeting. London. Secretary of Association, Burlington House, Piccadilly, W.1.

September.—Pan-Russian Congress of Gynaecologists and Obstetricians. Moscow.

October 1–3.—German Society for Urology. Vienna.

October 14–18.—International Congress of Comparative Pathology. Paris. Dr. Grollet, 7, Rue Gustave Nadaud, Paris, XXVIe.

England and Wales

The Royal Veterinary College

In view of the fact that the Popular Lecture at the Annual Meeting at Eastbourne was delivered by Professor F. T. G. Hobday, principal and dean of the Royal Veterinary College, the annual report for 1930 of this institution, which was published in the *Journal of the Royal Agricultural Society of England* (vol. xci) has special interest. The satisfactory position in England last year as regards foot-and-mouth disease is illustrated by a comparative table showing its monthly incidence in France, Germany, Holland, and Belgium. A total of eight outbreaks in England in 1930 contrasts sharply with over 36,000 in Germany and 7,000 in France. Professor Hobday calls attention to the gratifying result of the British method of stamping out this disease by using the special immunizing serum to protect contact animals. Progress in carrying out the provisions of the Tuberculosis Order of 1925 is considered by Professor Hobday to be less satisfactory, since on many occasions the notified tuberculous animals have been in contact with healthy animals long enough to have spread the disease. Much more remains to be done, apparently, in connexion with the separation of suspected cases, and in compensating farmers and dairymen for the extra expense and trouble incurred. Professor Hobday adds that the present is not a propitious time to increase the burdens of agriculturists and stock owners. Experimental work with two different kinds of preventive serums is being conducted in Norfolk and Cambridge. Outbreaks of sheep scab diminished markedly as compared with the five previous years, and for this improvement the action taken by the Veterinary Committee of the Royal Agricultural Society in 1929 can legitimately claim credit, especially for its press propaganda. A few isolated cases of anthrax in man were reported during the year, but in cattle the incidence was slightly less than in 1929. The chief work of the Research Institute of the College at present is the investigation of Jöhne's disease and of mastitis.

After-care for Voluntary or Temporary Patients

The Mental After-Care Association, which has co-operated with the London County Council by receiving in its twenty-three cottage homes patients under reception orders who are absent on trial from mental hospitals, and by providing convalescent treatment following discharge, has informed the Council that it is prepared to extend these facilities for those who have been voluntary or temporary patients. The London County Council believes that this is very desirable, and has agreed to pay in respect of such patients 30s. a head a week, with a capitation fee of 5s. This weekly charge covers inspection by a local medical practitioner on the arrival and departure of the patient, but anything in the nature of medical treatment while the patient is in the home is subject to an additional charge.

Mental Observation Wards in London County Hospitals

At nineteen of the general hospitals and institutions now under the control of the London County Council there are mental observation wards. The total bed accommodation is 270 for males and 285 for females, and the number of patients passing through the wards in the most recent year totalled 7,224. The Central Public Health Committee now states that small wards, such as some of those which were instituted by the boards of guardians, are not satisfactory, and that the segregation of mental patients into larger groups offers better opportunities for treatment, as well as facilitates nursing and general administration.

to form an international institution of public health, and Hewitt was appointed registrar. The scheme came to nothing, but during the two years he was in Geneva he purchased and classified more than 5,000 volumes. Upon his return to England he became a member of the medical staff of Messrs. William Heinemann Ltd., and undertook the compilation of the *Medical Year Book*, of which two issues appeared. The object of the work was to classify members of the medical profession, a task which required personal knowledge of the medical profession as well as of its individual members. In 1925 he accepted the invitation of Dr. Henry S. Wellcome to become chief librarian of the Wellcome Historical Medical Museum Library, a position he held until his death on August 15th. In addition to his regular occupation Mr. Hewitt reorganized and recatalogued the library of the Medical School of University College, and was for a time librarian of Guy's Hospital Medical School. For five years he supplied the Royal Commission on Tuberculosis with periodical literature on the subject, and for this purpose sent more than 15,000 references. In 1900 he was asked to undertake the compilation of a "British Medical Index" to comprise all medical periodicals published in this country and the Dominions, a gigantic enterprise which was never completed. In 1906 he published a general index to the journal and reports of the Royal Institution of Cornwall, 1818-1906, and in 1911 he made an index of subjects and names in the New Sydenham Society's works. In addition to contributions to various learned and scientific periodicals he contributed to *Men and Women of the Time*, and in 1903 he wrote, in collaboration with Mr. B. Fletcher Robinson, a series of well-illustrated medical and scientific biographies dealing more especially with the *Vanity Fair* portraits by "Ape" and "Spy." He was a Fellow of the Library Association and of the Royal Historical Society.

Medical News

Sir John Simon will deliver the inaugural address of the session and present the prizes at the London (Royal Free Hospital) School of Medicine for Women on October 1st, at 3 p.m.

St. Bartholomew's Hospital old students' dinner will be held in the Great Hall of the hospital on Thursday, October 1st, at 7 for 7.30 p.m. Sir Percival Horton-Smith Hartley, C.V.O., will be in the chair.

The annual dinner of past and present students of St. Mary's Hospital Medical School will be held at the Trocadero Restaurant on Friday, October 2nd, with Sir William Willcox in the chair.

The annual general meeting of the Medical Sickness, Annuity, and Life Assurance Society will be held at the First Avenue Hotel, High Holborn, W.C., on Wednesday, October 7th, at 4.30 p.m.

The new session of the Medical Society of London will commence on Monday, October 12th. The annual general meeting will be held at 8 p.m., and at 8.30 p.m. Mr. Herbert Tilley will deliver his presidential address on "The laryngoscope in medicine." On October 26th, at 8.30 p.m., a discussion on blood transfusion will be introduced by Professor Alexander Fleming and Mr. Geoffrey L. Keynes. A clinical evening will be held on November 9th, at 8 p.m., and on November 23rd Sir Humphry Rolleston and Professor E. C. Dodds will open a discussion on the methods of determining liver function and their value. At the meeting on December 14th, at 8.30 p.m., a discussion on x rays in the diagnosis of thoracic disease will be introduced by Dr. P. J. Kerley, Dr. F. G. Chandler, and Mr. J. E. H. Roberts. The Lettsomian Lectures, on the reactions of the eye to general disease, will be delivered by Mr. F. A. Williamson-Noble on February 29th and March 7th and 16th, 1932. Sir James Berry will give the annual oration on May 9th, 1932, on "Fallen idols."

A tour of the Tower of London, organized by King Edward's Hospital Fund for London, will take place on August 26th, under the guidance of Mr. Walter Bell, F.S.A., who will give a short address on its history and associations and conduct parties round the building. The Bell Tower and Queen Elizabeth's Walk will be accessible to the party. Tickets, 7s. 6d. each, can be obtained from the secretary, King Edward's Hospital Fund for London, 7, Walbrook Street, E.C.4.

The Fellowship of Medicine and Post-Graduate Medical Association has arranged for the following special courses to take place in September: diseases of the chest, at the Brompton Hospital, from September 7th to 12th (fee £3 3s.); psychological medicine, at the Bethlem Royal Hospital, Tuesday and Saturday mornings at 11 a.m., from September 8th to October 3rd (fee £1 1s.); diseases of infants, at the Infants Hospital, from September 14th to 26th (fee £3 3s.); ophthalmology, at the Central London Ophthalmic Hospital, from September 8th to October 3rd (fee £3 3s.); medicine, surgery, and the special departments, at the Westminster Hospital (for men post-graduates only), from September 14th to 26th (fee £5 5s. for the course, or £3 3s. for either week). Syllabuses of the above courses may be obtained from the Fellowship of Medicine. A series of free lectures on "Prognosis" will begin early in October, and also the usual series of free demonstrations in medicine and surgery (one a week in each subject at different hospitals).

A course of post-graduate study in infants' diseases, with special reference to nutritional disorders and dietetics, will be given at the Infants Hospital, Vincent Square, S.W.1, from September 14th to 25th. It is designed for medical officers of welfare centres and others; the fee is £3 3s. The names of practitioners wishing to attend the course should be sent to the secretary of the Fellowship of Medicine, 1, Wimpole Street, W.1, to whom cheques should be made payable.

The first conference of the International Association of Preventive Paediatrics will be held at The Hague on September 7th and 8th, when the following subjects will be discussed: "The mortality within the first ten days of life, and the means of decreasing it," introduced by P. Lereboullet, Couvelaire, and Lacomme of Paris and A. Schlossmann of Düsseldorf; "Return cases of scarlet fever, and the means of preventing them," introduced by Fr. Von Gröer of Lemberg and A. Lichtenstein of Stockholm. Dr. H. Chodak Gregory has been invited to speak on the first subject, and Drs. J. D. Rolleston and B. Schlesinger on the second. Further information can be obtained from the secretary, Dr. R. P. Van Kastele, Van Dorpstraat 20, Scheveningen.

The next International Congress of Medical Women will be held from September 15th to 22nd. The subscription is 30 francs. Further information can be obtained from the Association Internationale des Femmes Médecins, Elysée Building, Rue du Faubourg Saint-Honoré 56, Paris.

A course on diseases of the heart and blood vessels will be held at the Hôpital Broussais, Paris, under the direction of Dr. Laubry, from October 5th to 17th. The fee is 150 francs. Further information can be obtained from Dr. Matton, Hôpital Broussais, Rue Didot 96, Paris, 14e.

At the second International Congress of Light, held at Copenhagen, under the presidency of Dr. A. Reyn, from August 15th to 18th, Sir Henry Gauvain introduced the discussion on the effect of light baths in tuberculosis.

A memorandum has been issued by the Central Bureau of Hospital Information on the conditions under which hospitals can obtain payment from insurance companies for the expenses of treatment of persons injured in motor accidents, under Section 36 (2) of the Road Traffic Act, 1930. Copies can be obtained on application to the director of the Bureau, 12, Grosvenor Crescent, London, S.W.1; single copies, 3d. post free.

King Edward's Hospital Fund for London has received a further donation of £500 from Lieut.-Colonel George Waters, I.M.S. (ret.), Bombay, who gave £1,000 to the Fund in 1928.

In connexion with the paper read by Dr. L. G. Irvine of Johannesburg in the Public Health Section at the Annual Meeting at Eastbourne on the control of silicosis in South Africa, it may be mentioned that a report of a symposium on the histo-pathology, pathological anatomy, and radiology of this disease, contributed to by Dr. F. W. Simson and others at a meeting in Johannesburg last October, has now been reprinted from the *Proceedings* of the Transvaal Mine Medical Officers' Association, and can be consulted in the Library of the British Medical Association. The various papers relate to the histo-pathology of silicosis, its pathological anatomy, and the correlation of its pathology, radiology, and symptomatology. An article by Drs. F. W. Simson and A. Sutherland Strachan in the *Journal of Pathology and Bacteriology* (vol. xxxiv, 1931), on asbestosis bodies in the sputum, has been reprinted in pamphlet form. A bacteriological and epidemiological study of pneumonia in the native mine worker of the Witwatersrand goldfields, by Dr. David Ordman, was published in the *Journal of the Medical Association of South Africa* on February 28th, 1931, and has now been reprinted in pamphlet form.

A medallion of Dr. Louis Bard, who was professor of clinical medicine at Geneva for twenty years, has been recently unveiled in the auditorium of the Cantonal Hospital at Geneva.

Professor Calmette has presented to the Forlanini Institute of Milan the sum awarded him as the decennial Roberto Rovichi prize for his method of antituberculosis inoculation.

Professor D'Arsonval of Paris has been nominated an honorary member of the Society of Medicine of Vienna.

A number of outbreaks of paratyphoid fever have recently been reported in various parts of Germany, the source of the infection being milk, cream, and especially ices.

Letters, Notes, and Answers

All communications in regard to editorial business should be addressed to **THE EDITOR, British Medical Journal, British Medical Association House, Tavistock Square, W.C.1.**

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All communications with reference to ADVERTISEMENTS, as well as orders for copies of the *Journal*, should be addressed to the Financial Secretary and Business Manager.

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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 24351 Edinburgh).

QUERIES AND ANSWERS

The secretary of the Royal Medical Benevolent Fund Guild writes that a beneficiary of the Royal Medical Benevolent Fund and Guild is in need of a bath chair, which the Guild is unable to supply. If any reader of the *Journal* could give assistance in this matter the committee of the Guild would be very grateful.

Treatment of Brittle Nails

"J. W." writes: Can any reader suggest a remedy for brittle finger-nails, which split when used for almost any purpose? The sufferer is a lady, over 60, who is now almost precluded from using her hands owing to this condition.

(?) Congenital Circumcision

"GLASGOW" writes: May I enlist your assistance regarding the frequency with which babies are born "circumcized." I have just seen a child of Jewish parents born fully circumcized, and I am told that such an occurrence, though of rarity, is occasionally seen in Jewish children. Is it commoner among them than among the children of non-Jews? The answer might throw a certain amount of light on the question of the inheritance of acquired characteristics.

Medical Treatment of Duodenal Ulcer

Dr. HAROLD AVERY writes: "Duodenum" (Scotland), in the *Journal* of June 27th, asked four questions with regard to treatment. (1) More rapid and more permanent results follow a carbohydrate regime. The products of meat digestion produce a copious secretion of gastric juice of high acid value. (2) Olive oil is far superior to any other vegetable or animal oil; the mineral oils, such as liquid paraffin, are of little use. (3) The alkaline powder is best taken from half to one hour after food. If "Duodenum" will have a fractional test meal examination he will be able to judge the best time to take the powder—about a quarter of an hour before the curve reaches its high level. (4) I have not found that prolonged alkaline treatment radically lessens the hyperacidity.

Lochnera Rosea

"PIPER METHYSTICUM" writes: With reference to Dr. John M. Dalziel's inquiry, I can give the following information. Nye and Fitzgerald (*Med. Journ. Austral.*, November 17th, 1928, p. 626) prepared a tincture of vinca leaves and tried it clinically. It had no appreciable effect on the fasting blood sugar, and did not diminish the rise of the curve after administration of glucose. They suggested that the beneficial effect claimed by some patients was due to the digitalis-like action of the preparation. An infusion is said to be the preparation used in Queensland and South Africa.

Painful Heels

Dr. REGINALD J. HANBURY (Foxbury, Woldingham) writes: The following personal experience may be of interest. At the end of last year, after suffering from a painful right heel for rather more than two weeks, I decided to try colonic irrigation by means of the "Suda" bath. A course of weekly baths was started in January, and after the second bath the pain, which had caused some lameness, was much relieved, and after the fourth bath had entirely ceased. The course was continued for a time with baths at lengthening intervals as a precaution against recurrence, and there has been no return of the pain. In my opinion the therapeutic effect of the colonic irrigation was supplemented by the marked diuresis which subsequently occurs, as well as by the mild diaphoretic action on the skin caused by the hot bath, which lasts about forty minutes. Previously ordinary dietetic measures and local applications had proved ineffective.

The Cigarette Habit

Dr. L. R. P. MARSHALL writes: In reference to the query by "Bungalow," in the *Journal* of August 1st (p. 230), for help to overcome excessive cigarette smoking, I found a soda-mint tablet kept in the mouth a great help to many young soldiers during the war, and also for private patients when cutting off smoking. They say it stops the desire, even when their companions are smoking.

"B. M. R." writes: In reply to "Bungalow," my advice is—reduce smoking gradually. First say, I must not smoke before breakfast; when this step is accomplished one begins to feel one has improved. The next step is no smoking before dinner or lunch. Now real improvement is achieved, but the will power must be exerted for the next step, which may be more difficult—no smoking before tea. One or two cigarettes after tea may be allowed, and the enjoyment of that smoke is marvellous.

Harvest Mites

"SUFFERER" writes: Living in the country for the past ten years, I and members of my family have been subjected to severe bites from some insect, commencing regularly during the first week in July and continuing until we go away on holiday in August. No sign of flea or other insect has been discovered in bedding. The bites appear to occur out of doors, and are confined to the after parts of the skin—bathing-drawers area, axillae, thighs, etc. The bites are intensely irritating, lasting for a week or so, and cause sleepless nights and restless days. I myself counted forty separate bites on my body recently. There are no animals about, but there are chickens some little distance from the house. At no other time of the year are we bothered with