

## STAMMERING.

"M. G." asks if there be a monograph on stammering in English, or where and how information is obtainable to enable him to treat a case, as the observations on this subject which are to be found in ordinary text-books are meagre and insufficient for the purpose.

\*\* Our correspondent should consult *The Impediments of Speech, and their Cure*, by A. E. Gerds, published by the author, Bingen-on-the-Rhine.

## THE EARLY HISTORY OF VACCINATION.

SURGEON-GENERAL C. R. FRANCIS.—Many thanks. But we think the share of Farmer Jesty in the discovery of vaccination is too well understood by those interested in the point to make necessary any present reference to the subject.

## TINEA VERSICOLOR.

IR "A Member" (Egypt), who asks for suggestions as to the treatment of obstinate tinea versicolor, will refer to a short paper in the BRITISH MEDICAL JOURNAL for May, 1877, he will find a very efficient treatment recommended by Mr. A. W. Mayo Robson, under the heading, "The Treatment of Pityriasis Versicolor by Means of Goo-Powder."

## PNEUMATURIA.

SIR.—May I be permitted to inquire, through your columns, of some of the scientific readers of the JOURNAL, whether it is possible that, during the formation of acetone from the decomposition, as Dr. Ralfe states, of ethyl-diacetate, or, as he prefers to term it, aceto-acetic acid, in the body of the diabetic subjects, a gas might not be formed which would account for that rare phenomenon, pneumaturia. The process of decomposition or fermentation, as we are well aware, causes the evolution of carbonic acid gas. The question arises, might not this gas be formed in the blood, and give rise to the sudden coma of diabetics; and, if it form in the blood, could it not form in the urine as well, and produce pneumaturia?—I am, your obedient servant,

HARVEY J. PHILPOT.

14, Finsbury Circus, E.C.

\*\* Our correspondent's suggestion is plausible. Pneumaturia, when it occurs, seems to be parallel to those cases of extreme flatulent distension which we sometimes meet with in hysterical and hypochondriacal patients. The suddenness with which this comes on in these cases, and the fact that it occurs often on an empty stomach, points to a rapid diffusion of gas from the blood. This diffusion is generally attributed to nervous influences, but it may possibly occur from an over-formation of carbonic acid in the blood from fermentative changes. Of this, we have no evidence as yet. In considering the subject, it would be necessary to distinguish true pneumaturia from mere frothy urine, which is more or less a mechanical condition; also from any carbonic acid formed in the bladder attendant on the decomposition of urea. Our correspondent may consult, on the subject of the diffusion of carbonic acid, Dr. C. H. Ralfe's recently published *Clinical Chemistry*, p. 227.

## POISONING BY FRENCH BEANS.

SIR.—Mr. Broadbent gives (BRITISH MEDICAL JOURNAL, February 9th, p. 267) a case in which he attributes symptoms of poisoning to kidney-beans. I should hesitate to ascribe poisoning qualities to this most useful vegetable, which, in foreign countries, is much given in the hospitals, and is becoming more and more an article of everyday diet in this country. The roots of the scarlet runner (*Phaseolus multiflorus*) are said to have narcotic properties; but I have never heard any injurious properties attributed to the seeds of any species. May it not be that the children ate the uncooked seeds, which are very indigestible, and suffered from gastric symptoms in consequence?—I am, etc.

2, Shelf Road, Liverpool. A. H. F. CAMERON, L.R.C.P.E., M.R.C.S.

## STRANGULATED HERNIA.

SIR.—In a case of strangulated hernia of three days' duration, after failure of several attempts at reduction by taxis, I recently tried the following treatment, with immediate and complete success. I injected successively solutions of carbonate of soda and tartaric acid in suitable proportions for effervescing. Immediately the gas was formed, the hernia went back. Can you or any of your readers kindly inform me whether this treatment has been described and practised before. Cairo does not offer the means of examining the literature of medical subjects, but in the books and periodicals at my disposal, I can find no mention of any such or similar treatment. The injection of air in intussusception is the nearest approach to the method I am aware of. In any case, the treatment I have described seems worthy of being more widely known and practised than it is.—I am, yours faithfully,

SIDNEY DAVIES, M.A., M.B.Oxon.

Cairo, January 21st, 1884.

\*\* Applications of a like kind have of late been made abroad in the treatment of intussusception, and with the object of diagnosing the extent and situation of cancerous growths of the stomach. We are not aware that such injections have ever before been used in the treatment of strangulated hernia. On the contrary, surgeons, following the example of O'Beirne, who used his long elastic tube with much success in cases of strangulation, have sought, in attempting reduction, to diminish rather than add to the gaseous contents of the intestinal canal.

## QUASI-MENSTRUAL DISCHARGE IN A WOMAN SEVENTY YEARS OLD.

SIR.—I am attending a woman suffering from chronic Bright's disease (the contracting form, I believe). She was seventy years old on the 20th instant. There are no signs nor symptoms of uterine disease. About two months ago, she had pains in her back and the lower part of her body, followed the next day by a discharge of blood from the uterus, lasting four or five days, and resembling in every way (according to her own statement) her former menstrual periods. An interval of more than twenty years has elapsed since the menopause.—Yours very truly,

P. FRASER, M.B.Glas.

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## BOOKS, ETC., RECEIVED.

A Guide to the Study of Ear-Disease. By P. McBride, M.D. Edinburgh: W. A. K. Johnston.

Germs, Dust, and Disease; Two Chapters in Our Life-History. By Andrew Smart, M.D. Edinburgh: Macniven and Wallace.

Selections from Essays on Health-Culture. By G. Jaeger, M.D., Stuttgart. Translated from the German.

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