

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.**

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, not necessarily for publication.

Authors desiring **REPRINTS** of their articles published in the **BRITISH MEDICAL JOURNAL** must communicate with the Financial Secretary and Business Manager, British Medical Association House, Tavistock Square, W.C.1, on receipt of proofs.

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.

The **TELEPHONE NUMBERS** of the British Medical Association and the **BRITISH MEDICAL JOURNAL** are **MUSEUM 9361, 9362, 9363, and 9364** (internal exchange, four lines).

The **TELEGRAPHIC ADDRESSES** are:

EDITOR of the **BRITISH MEDICAL JOURNAL**, *Aitiology Westcent, London.*

FINANCIAL SECRETARY AND BUSINESS MANAGER (Advertisements, etc.), *Articulate Westcent, London.*

MEDICAL SECRETARY, *Medisecra Westcent, London.*

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, Drumsheugh Gardens, Edinburgh (telegrams: *Associate, Edinburgh*; telephone: 4361 Central).

LETTERS, NOTES, ETC.

INDIVIDUAL OVERDOSE OF ULTRA-VIOLET RAYS.

DR. JOHN H. TONKING (Camborne) writes: An instance of possible injurious effects of ultra-violet rays came under my observation lately. A young woman was admitted to a nursing home for miscarriage at the fifth month under my care. During convalescence she informed me that she had been receiving "double doses" by a violet-ray "specialist" with a view to endowing her future offspring with great vitality.

HERPES AND VARICELLA.

DR. E. A. SEYMOUR (Hampstead, N.W.3) writes:—In view of the recent correspondence as to the connexion between herpes and varicella, the following case is perhaps worth recording: On January 24th Mrs. X, aged 42, developed herpes of the frontal nerve. The attack was severe, and the vesicles, which were large, had all appeared by January 26th. The temperature kept about 99° F. On January 31st it rose to 102° and a typical varicella eruption appeared. In neither case could any source of infection be traced.

AN ODD CAUSE OF DIARRHOEA.

DR. C. J. HILL AITKEN (Kilnhurst, near Rotherham) writes: A little girl of 3 had relaxed motions for some weeks. She looked in the best of health, and I wondered if possibly this looseness was natural to her. The mother gave a history of two masses of threadworms having been passed some time back, but only very occasionally now did she see even one worm. She volunteered the statement that the motions were such as one would expect after the taking of opening medicine. I elicited the presence of marked tenesmus on one occasion, without the passage of any motion. I noticed that the ends of the child's fingers were brown-stained, and drew the mother's attention to it. "That," said the mother, "is aloes, which, since she passed the worms, I smear on twice a day to prevent her sucking her fingers when she goes to bed. It is difficult to wash off." I substituted a quinine lotion for the aloes sticky mass, and in two days the motion was formed and remained so.

OCCUPATIONAL BURSA.

DR. J. FANNING (London, E.) writes with reference to the description by Mr. McAdam Eccles of "dustman's bursa" (*JOURNAL*, February 20th, p. 323) to report another form of occupational bursa which he has encountered recently. A painful swelling in the neighbourhood of the right knee developed in a bank clerk, and a distended and inflamed bursa over the ligamentum patellae was found to be present. The explanation appeared to be that the clerk in the course of his work had frequently to open and close drawers, and it had become a habit with him to close them with his knee.

A CRIMEAN VETERAN.

WHEN we stated, in the obituary notice of the late Dr. A. C. W. Norton (*BRITISH MEDICAL JOURNAL*, February 20th, p. 354), that he "must surely have been the last surviving medical veteran of the Crimea," we were in error. We are informed that there is at least one such still living—Dr. James Duncan MacLaren, formerly of Glasgow, but now living in retirement at Elie in Fife. Dr. MacLaren took the M.D.Glasg. and the L.R.C.S.Ed. in

1854, and served during the Crimean war as assistant physician in the civil hospital at Reukiof in the Dardanelles. He subsequently became F.R.F.P.S.Glasg. in 1866, and was for many years physician to the Royal Infirmary and to the Western Public Dispensary in Glasgow, but has long since retired from practice. It is possible that there may be others still alive; the deaths of retired soldiers who served in the Crimea are still, from time to time, reported in the press.

INTRAVENOUS INJECTIONS OF TARTAR EMETIC IN BILHARZIASIS.

DR. F. G. CAWSTON, who writes from Durban (a city, he says, on the banks of three rivers known to be heavily infested with the bilharzia parasite), sends some observations on the treatment of bilharziasis. I have shown (he writes) that, unless very large doses of emetine are employed, it is essential to continue the treatment uninterruptedly for at least twenty-four days, but that the cardiac depression that so often occurs during the third or fourth week of the injections renders emetine a risky drug to use. Rectal injections of tartar emetic are far from satisfactory, because it is impossible to estimate the amount of the drug that will be absorbed through the bowel wall. A patient of 12 noticed the taste in his mouth a quarter of an hour after I had injected 8 grains into the bowel, but he showed no other symptoms; the previous day he had received a rectal injection of 4 grains. A native of 13 received 8 grains on the first day, 12 grains on the second, and 16 on the third day. On each occasion the solution was left in the bowel when he returned home, after lying down for half an hour. There were no toxic effects, except that the patient noted a taste in his throat about a quarter of an hour after each injection. The possibility of curing a patient by one dose of tartar emetic is very remote, and the risk of killing a large number of blood parasites in a short time and rendering them liable to be carried about in the blood stream is too great to warrant the use of heroic methods for this condition. Provided one is on the look-out for kidney-albumin in the urine towards the close of treatment with tartar emetic, and confines oneself to the use of a freshly prepared solution in a limited amount of saline, a course of intravenous injections, skilfully administered over a period of one month, may be regarded as non-toxic and as the method of choice for all cases where a suitable vein can be found.

INFANT WELFARE IN THE MALAY STATES.

THE Infant Welfare Centre in Kuala Lumpur, Federated Malay States, which was opened in 1922, continues to flourish, as judged by the report for 1924 recently issued. Its staff now consists of one whole-time medical officer (Dr. M. Josephine Were), two European nursing sisters, and four health visitors. Certain curious superstitions have had to be overcome, such as that which for a time threatened to stop any regular weighing of the babies, but this is gradually being eliminated by means of posters and lectures to the Chinese, Tamil, and Malay mothers. Antenatal work is also well established, and a striking example of the value of this work is shown by the case of a woman who had had three stillborn babies and was found to be infected with syphilis. This was so effectively treated that the next baby was not only healthy but won first prize at a baby show some months later. This baby competition—held in July, 1924—was the first of its kind in the Federated Malay States, and, once the superstitious of the mothers had again been overcome, proved very successful, over 240 entries being received.

HEALTH OF THE MAORIS.

THE general health conditions in New Zealand are sufficiently striking to justify the pride which that country takes in them. It is applying a very strict test when the health of the native population is considered, but in this case it emerges from a close scrutiny with complete satisfaction. The Health Department of New Zealand has a division of Maori hygiene, which came into existence at the beginning of this century, and had for its first medical officer of health the first Maori graduate in medicine, Dr. Pomare, who did a great amount of pioneer work in instituting health reforms and enlightening Maori public opinion on health matters. Certain influential chiefs were appointed some years later to do health work as Maori sanitary inspectors, and in 1905 another Maori medical officer of health was appointed, Dr. Te Rangi Hiroa, who is now, after serving in the war, Director of the Division of Maori Hygiene. The native school teachers have been successfully encouraged to take an interest in the health of the school child, and medical examinations of the native school children date back to 1908. There are now over twenty native health nurses, who have been of the greatest service in coping with epidemics in the populous Maori districts and by their lecturing to the womenfolk they have become an important educative factor. Various pamphlets in the native language on the feeding of babies, typhoid, influenza, tuberculosis, etc., are distributed to the native population.

VACANCIES.

NOTIFICATIONS of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found at pages 45, 46, 47, 50, and 51 of our advertisement columns, and advertisements as to partnerships, assistantships, and locumtenencies at pages 48 and 49.

A short summary of vacant posts notified in the advertisement columns appears in the *Supplement* at page 87.