

HYPERPYREXIA.

Dr. H. L. McCORMICK (Glasgow) writes: I examined a child to-day, aged 6 months, suffering from acute gastro-enteritis with convulsions. The axillary temperature, taken twice, was 109° F. and the rectal temperature 109.4° F. The child died half an hour later. Has any higher temperature been recorded in medical literature?

ALPINE "SUN BURNS."

"A. R." writes: I should be glad to know of the best remedy for the prevention of "sun" burns and the eczematous condition which follows while climbing in the higher Alps. They occur, as every climber knows, after traversing over snowfields, even without the sun shining.

TREATMENT OF LIPOMATA.

Dr. A. Y. MASSOUDA (Cairo) asks for advice as to the treatment of a man, aged 31, who in 1920 developed a lipoma in the arm, and since then several others in the extremities. At the present time he has about twenty. The biggest is as large as a walnut. Our correspondent asks whether any medical treatment would cause the lipomata to disappear or at least prevent the appearance of new ones.

INCOME TAX.

Replacement of Car.

"J. V. C." bought a car in 1920 and sold it in 1925, buying another in replacement. What allowance is due?

* * * Treating the matter as one to be allowed for as a professional expense, it should be deducted, in the same way as other professional expenses, from the earnings of the year in which it was incurred—that is, of the year 1925—and will reduce the net profits of that year accordingly. It will therefore first affect the average assessable for the year 1926-27, and "J. V. C." will receive the full benefit of the allowance spread over that and the two following years.

LETTERS, NOTES, ETC.

ANOTHER DISEASE DUE TO FASHION.

"C. K." writes: During the last fortnight I have seen three cases of erythema intertrigo behind the ears in young women, due, in each case, to the covering of the ears with a wad of hair pressed down by a closely fitting hat worn nearly all day. When the ear was raised there was revealed what may best be described in the words of Mr. Mantalini as "a demn'd moist unpleasant"—and I may add steamy and smelly—surface, which reminded me forcibly of the condition sometimes found between the fingers when a hand has been bandaged up for days without due precaution. This word of warning as to the necessity for keeping the space behind the ears ventilated may save other devotees of fashion from a very unnecessary complaint.

UNIVERSITY REFORM IN LONDON.

Dr. RICHARD GILLBARD (Willesden Green, N.W.), in the course of a letter on this subject, writes: The opponents of the Bloomsbury site are prodigious in their waywardness. The difficulties, as Mr. Fisher has said, would resolve themselves if there were goodwill. The London University we cherish is for all—it concerns others besides senates, councils, and graduates: every man and woman with vision. Dr. Graham Little says the renewed discussion of the Bloomsbury site is fatuous because of the option ceasing on the first of next month. Let our reply be Mr. Fisher's: an appeal to the public to build a home in the heart of our city, to which students and pilgrims shall come from all parts of the Empire and rear aloft the greatness of London. Then those who oppose will, as Burke said, seem to oppose the decrees of Providence.

RECTAL INJECTION OF TARTAR EMETIC FOR BILHARZIASIS.

WE have received the two following communications from Tanganyika Territory, East Africa, on the treatment of bilharziasis by rectal injections of tartar emetic.

Dr. WILLIAM H. DYE, Sanitation Officer, Tanganyika, writes: When in Nyasaland, Dr. H. F. Wilson kindly brought his method to my notice, and as I was at that time stationed in a place where infection with both *S. haematobium* and *S. mansoni* was extremely common and usually heavy I gave the method a thorough trial. I found, as Dr. Barcroft Anderson (see *BRITISH MEDICAL JOURNAL*, October 17th, 1925, p. 700) did, that large amounts (up to 16 grains) could be injected per rectum, even in small children, without any toxic effects. It is obvious that only a fractional part of these heroic doses can be absorbed, as no untoward symptoms were ever noticed. In the vesical form it frequently cleared the ova from the urine, only to relapse at short and variable intervals. I think that the explanation of its action is that, when given intrarectally, it is absorbed in very small amounts, but sufficient to kill the adult and mature flukes that are at the time in the rectal or bladder walls, but has little or no action on those situated at a distance when the drug has become less concentrated. Good results might therefore be expected in very lightly infected cases—an uncommon event in natives. I cannot agree that the ova of bilharzia are killed by tartar emetic. If ova are put in a saturated solution of tartar emetic and left for two hours no hatching takes place, but on removal of the drug by repeated centrifugalization and the

addition of water they will hatch out as readily as in the control tube, the long contact with a very high concentration of the drug making no difference. It can also be proved experimentally that while the ova are quite unaffected by this drug, the miracidia, while standing a fairly high concentration, are more quickly affected, and the cercariae even more so. Clinically we know that the adults are killed by relatively very small doses. This is what might be expected, as the adult flukes live normally a very protected existence, while the ova have to be prepared to stand varying degrees of acidity, alkalinity, and salt concentration in the urine, and may be exposed to many conditions after they leave the body. Much stress has been laid on the appearance of dead or so-called "black eggs" in the urine, as evidence of the lethal action of the drug on the ova. If a heavily infected urine is examined a certain number of these ova will always be seen. They may become more evident after treatment, when they remain the only ones to be discarded, being merely foreign bodies to be cast off; the healthy egg having the power of dissolving the tissues ahead, and therefore accelerating its progress. In conclusion, I would agree with Dr. Christopherson (*BRITISH MEDICAL JOURNAL*, November 7th, 1925, p. 866) that few medical men practising in the tropics will admit that an enema is simpler or quicker than an intravenous injection. The finding of the smallest vein with a sharp needle only requires a modicum of practice. In addition, it is surely safer to give a known dosage of a drug than to rely on an unknown quantity absorbed, which must be an extremely variable factor. I have found in some hundreds of cases that intravenous tartar emetic in sufficient dosage is safe, simple, and absolutely efficient.

Dr. D. V. LATHAM writes: In the *BRITISH MEDICAL JOURNAL* of October 17th, 1925 (p. 700), Dr. J. Barcroft Anderson wrote that, following the lead of Dr. H. F. Wilson, he used the rectal method exclusively of administering tartar emetic for the treatment of bilharziasis. The simplicity of the method and the fact that the patients need not be detained for a long period appealed to me, and I experimented with a typical case. The results of the treatment were entirely unsatisfactory. The patient was a native boy, aged 11 years. He was given four rectal injections, at weekly intervals, of 4, 6, 8, and 11 grains respectively. The urine was examined every four days from the commencement of the treatment, until twelve days after the last injection, and on every occasion ova were found. On the last two occasions the urine was allowed to stand and live free embryos were seen. I followed Dr. Anderson's technique and kept the patient recumbent with the hips raised for half an hour after each injection, and in no case did the patient go to stool sooner than six hours after the injection. The injections had no more effect on the patient than if they had been normal saline. Check cases treated with the same batch of tartar emetic by the intravenous method responded in the usual way. I am forced to the conclusion that antimony tartrate is not absorbed from the rectum.

SALICIN IN PSORIASIS.

Dr. D. ROBERTS (Holyhead) writes with reference to the paragraph on this subject published in the *Epitome* of March 6th, 1926 (para. 268), that mention should have been made of the late Dr. Radcliffe Crocker, who prescribed salicin for psoriasis many years ago. Dr. George Pernet, the author of the article in the *Archives of Dermatology and Syphilology*, refers to the work of Dr. Radcliffe Crocker, with whom he was associated for about seventeen years.

COVERED MOTOR BUSES AND FRESH AIR.

Dr. JOHN N. BEADLES (Streatham) writes: The love of fresh air is considered a British characteristic, and writers like Jerome K. Jerome poke fun at the awful atmosphere of a Continental railway carriage, a condition which it takes the audacity of an American tourist to alter. But in large cities like London it is not so easy to get this fresh air, and a large proportion of its citizens never enjoy robust health from sheer want of it; however, a splendid opportunity is given to many of getting one hour's fresh air every day by travelling to and from work on the top of a motor bus. In the book on *Home Nursing* issued by the St. John Ambulance Association it is stated that fresh air is so vital to a nurse that an hour's ride on a motor bus will often do her more good than lying down for two hours; a remark which I should certainly endorse. I hope this opportunity is not going to be taken away from the public by the suggested alteration in the motor bus.

* * * We entirely agree with Dr. Beadles.

SUNSHINE RECORDS.

Dr. H. D. BISHOP (M.O.H. States of Guernsey) asks us to state that he gave Plymouth for Portsmouth in the table published last week (p. 514). The entry should have been Portsmouth 1,923 hours.

VACANCIES.

NOTIFICATIONS of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found at pages 43, 44, 45, 48, and 49 of our advertisement columns, and advertisements as to partnerships, assistantships, and locumtenencies at pages 46 and 47.

A short summary of vacant posts notified in the advertisement columns appears in the *Supplement* at page 99.