

Letters, Notes, and Answers.

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QUERIES AND ANSWERS.

"R. S. F." asks for advice on the treatment of a man, aged 60, who has had a urethral stricture for ten years. He is unable to micturate normally, and has been passing a No. 9 gum elastic catheter twice a day. As the stricture readily admits a No. 11 sound, the disability would appear to be of nervous origin.

"E." asks for advice in the treatment for the following case: A woman with lipomatosis of both legs round the ankles, more marked in the right leg. There is thickening round both ankles and the underlying fatty tissue is attached to the skin. No other collections of fatty tissue are present elsewhere.

NON-OPERATIVE TREATMENT OF CONGENITAL PYLORIC STENOSIS.

DR. J. L. MEAGHER (London) writes:—Bearing upon my article published in the issue of January 16th upon the non-operative treatment of congenital pyloric stenosis, a letter which I received recently from Professor H. Finkelstein, director of the Kinderkrankenhaus of the municipality of Berlin, is of interest. In it he states: "We have treated since your being with us about ten cases in the same manner with equal success. Only one has been operated on." For the information of those who have not read the article it may be mentioned that the chief points of the treatment practised at the Kinderkrankenhaus are atropine and adrenaline medication, concentrated feeding, and stomach wash-out.

HYPERPYREXIA.

DR. E. THORP (Assistant M.O.H. Sunderland) writes with reference to the query on hyperpyrexia (March 20th, p. 554): I have seen hyperpyrexia in acute rheumatism and puerperal sepsis, in each case the normal thermometer being useless. I had no difficulty in procuring a hyperpyrexia thermometer for my hospital for such cases. A case in which the temperature reached 109.6° F. is recorded in *Clinical Notes and Deductions of a Febriletic*, and another in the Ministry of Health's book on encephalitis lethargica as having occurred in Sunderland Royal Infirmary (114°). The highest temperature I myself have seen is 112°, in puerperal sepsis, and 114° in the same case shortly after death.

THE ERADICATION OF COCKROACHES.

In reply to a correspondent, who asks how cockroaches may be eradicated from the ground floor (kitchen and offices) of a house, we may say that the first step to be taken is to seal up all cracks in which they can live, special attention being paid to cracks round fireplaces, entrances of pipes, and the backs of cupboards. The skirting should also receive attention. The most satisfactory method of attacking the cockroaches is to use some insect powder, such as one of the following: (1) Sodium fluoride 3 parts, and fresh pyrethrum powder 1 part; (2) powdered borax and pyrethrum, with a little sugar added; (3) plaster-of-Paris 1 part, and sugar 2 parts. These three mixtures are all harmless to animals and are all very effective against cockroaches. Which-ever powder is preferred, it should be scattered about the spots where the cockroaches are found at night and the dead swept up in the morning; its use must be persevered with for some time. All foodstuffs should, of course, be kept out of the way or the cockroaches may not be induced to eat the powder. Poisoned pastes are not recommended, unless there is no possibility of children or animals reaching them. Traps, consisting of jam jars with a cardboard lid containing a hole in the middle, may be used. Through the hole an inverted paper cone with an apical

opening should be inserted. The insects enter through this to reach the contained bait (beer or banana is excellent for this purpose) and are unable to escape. Sulphur dioxide (2 lb. of sulphur per 1,000 cubic feet of space) and carbon bisulphide have also been used for fumigation against these pests with excellent results. We have no records of formalin vapour having been used, but we know of no reason why it should not be successful. If carbon bisulphide is used it is well to remember that the vapour is inflammable and forms an explosive mixture with air. Steam vapour also gives excellent results.

LETTERS, NOTES, ETC.

A MEMBER living in Northampton has asked the Medical Insurance Agency (B.M.A. House, Tavistock Square, London, W.C.1) for particulars of an "All-in Policy" of household insurance, but has not given his full name and address.

A WARNING.

THE Secretary of the Medical Defence Union informs us that the person referred to under this heading in the JOURNAL of May 1st (p. 814) has been arrested by the police.

MOTOR CAR INSURANCE.

MR. L. FERRIS-SCOTT, F.C.A., Secretary of the Medical Insurance Agency, writes: With reference to Section 2 (Accidental Damage) of the third clause of the Doctors' Special Policy issued by Lloyd's underwriters through the Medical Insurance Agency, the meaning of the words "and shall also indemnify the insured in respect of external damage to the insured car during riots and civil commotions" is undoubtedly that damage caused to any part of the car by external means is covered. It will be understood that mechanical breakdown is not covered either during riots or civil commotions or during peace time. Such damage as (1) removal of carburetter, (2) puncture of petrol tank, (3) slashing of tyres, (4) damage to glass, etc., of covered cars, is insured under the policy. If a car is not used for its normal purpose the policy will be invalid unless previous notice has been given and the assent of the underwriters obtained. Thus, a four-seater car could carry four passengers even though they be not personally known to the owner and the policy would remain in full force, but a private car is not normally used for the conveyance mainly of foodstuffs. Damage to springs due to overloading is not covered under the policy, whatever the cause of the overloading may be. Such damage would come under the heading of "mechanical breakdown," and would not be covered in any event. It should also be noted that the holders of fire and burglary policies are not usually covered for damage by riots and civil commotions, and the same remark applies to "combined" household policies. It would be wise, therefore, for all insured householders to see that they hold "comprehensive" household policies of the type issued through the Medical Insurance Agency, in which case they will find their interests fully protected in the terms of the policy.

PERSONAL CLEANLINESS: LATRINES.

LIEUT.-COLONEL W. W. BROOME, R.A.M.C. (Army School of Hygiene, Aldershot) thinks that others will have observed that few people take the trouble to wash their hands after using the latrine. In many public latrines (railway stations, etc.), he continues, facilities do not exist; most toilet papers are not impervious, and when the extent to which our food is handled is taken into consideration it becomes a matter of surprise that gastro-intestinal disorders are not more common.

THE AFTER-TREATMENT OF OPERATION CASES.

"PHYSICIAN" writes: It is generally recognized that the after-treatment of operation cases is of great importance, and surgeons who have not the time to attend carefully to the after-treatment of patients on whom they have operated at nursing homes usually leave it in the hands of a competent junior surgeon. But unfortunately this is not always done. Thus, at a large well known London nursing home, on requesting not long ago that a patient under treatment there might have the dressing advised by the surgeon who had operated, I was informed that the nursing staff acted as house-surgeons and would not think of asking the surgeon what further dressing should be applied. This statement may only have been a silly boast, but, if true, no doubt it is exceptional for the nursing staff to act as house-surgeons in other nursing homes. Nevertheless, I have good grounds for believing that in some private nursing homes in many cases the dressings and after-treatment of operation cases are left too much in the hands of nurses, often to the detriment of the patient. After very sad experience I consider it is clearly the duty of physicians and general practitioners, before placing their operation cases in the hands of any surgeon, to ascertain, if possible, who will carry out the after-treatment and dressing. If this will be left chiefly in the hands of the nurses, then my opinion is that the assistance of some other surgeon should be obtained.

VACANCIES.

NOTIFICATIONS of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found at pages 34, 35, 36, 37, 40, and 41 of our advertisement columns, and advertisements as to partnerships, assistantships, and locumtenencies at pages 38 and 39.

A short summary of vacant posts notified in the advertisement columns appears in the *Supplement* at page 184.