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THE JOURNAL OF THE BRITISH MEDICAL ASSOCIATION.

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QUERIES AND ANSWERS.

DR. JEANIE MACRAE (Mallaig, Inverness-shire) asks for suggestions for the treatment of a patient who is suffering from hyperpiesia (blood pressure 170-180), accompanied by excessive secretion of frothy saliva. The nose is blocked, and this necessitates continual spitting, particularly during a continued conversation.

MORBID SHYNESS IN A CHILD

"E. C. M." writes: I would suggest to "K. H. G." to invite other children into the house—one, two, or more—say, twice daily, and talk and play with them naturally, disregarding completely the child's existence during these times. No attempt should be made to include her and not the slightest notice taken of her shy habits. I believe that gradually the child will venture to join in on her own account. The mother's anxiety is reflected in the child's inability to do what is expected of her.

DR. B. E. COOK (Doncaster) writes in reply to "K. H. G.": May I recommend him to read Cameron on *The Nervous Child*? I would suggest that if the child's mother were to see a medico-psychologist (such as the one whose address is reported in the **JOURNAL** for March 26th on page 582) she would probably receive the necessary help in what is, after all, a problem for the home rather than the surgery.

"HONG-KONG DOG."

"M. D." asks for information about the disease colloquially called "Hong-Kong dog."

"Hong-Kong dog" is the local name given to a diarrhoeic condition which attacks most newcomers to Hong-Kong shortly after their arrival. It was formerly attributed to alcoholic indulgence, but this is definitely not the case. It is most common in the earlier months of the year, and may recur year after year, and in some, fortunately few, instances, after a succession of such attacks, the condition does not clear up, but seems to pass imperceptibly into true sprue.

LETTERS, NOTES, ETC.

THE UREA CONCENTRATION TEST IN NEPHRITIS.

DR. J. BARKER SMITH (London, S.E.) writes: The authors of the article in the **BRITISH MEDICAL JOURNAL** of January 8th (p. 51) have given a valuable and simple test for ascertaining renal function. But I am somewhat puzzled that the mere percentage of urea should mean so much. The technique mentioned there is to me somewhat obscure. My difficulty in understanding and suspicion, however, arise in the most simple, and therefore most valuable, statement under section (a) at the end of the article: "An analysis of the urea content of a series of specimens of ordinary urine. If these show an adequate urea percentage, then obviously a urea concentration test is not necessary." It seems to me that "adequate urea percentage" is left to the personal experience of the reader for interpretation. In the absence of estimating the day's output of urea we are compelled to consider "adequate" the amount of urea relatively to the specific gravity of the sample passed. I find in the examination of some hundreds of samples of urine, excluding those which are albuminous or saccharine, that the output of urea approximates, or is *en rapport* with, the specific gravity of the urine. So

for other ordinary constituents of urine. If we make a ratio of the urea per thousand by multiplying by a hundred and dividing by the two last figures of the specific gravity the quotients or ratios would approximate for samples from sp. gr. 1010 to 1030—say a ratio about 70. I should be very sorry for this valuable article to be passed over because of any obscurity and not put into practice.

DR. ARCHIBALD CAMERON.

"H. G." writes: There are degrees in everything, even in treason, and had Dr. Cameron been content, as most of his fellow rebels were, to accept the verdict of "Drumossie," he might have returned in due course to his native land and ended his days in peace. But, as "Nomadic Doctor" properly states, he went about his "royal master's business," and it is important to know what that business was. It was neither more nor less than the kidnapping of the Royal Family, for that is what the Elbank conspiracy aimed at. The Government had full knowledge of this, but thought best not to make it public—probably from the desire to avoid shedding more blood. Hence the ignorance prevailing up to recent times of the true reason for the execution of Dr. Cameron.

WIRELESS MEDICAL CONSULTATIONS AT SEA.

DR. W. H. BROAD (Liverpool) writes in reply to **DR. D. D. F. Macintyre's** invitation for suggestions (**JOURNAL**, March 12th, p. 493) to be embodied in the new edition of the *Ship Captain's Medical Guide*: As a preliminary measure might I suggest that the items in Scale III be numbered? The general consideration of the whole subject is one which will require much discussion and cannot for a moment be so summarily treated as suggested by **DR. F. F. Bond** in his letter of March 14th (**BRITISH MEDICAL JOURNAL**, March 19th, p. 542).

LONGEVITY IN A FAMILY.

A MEMBER of the South Australian Branch of the British Medical Association (Adelaide) refers to recent notes on unusual family longevity (**JOURNAL**, 1926, vol. ii, pp. 236 and 365), and states that his wife's grandparents, who were pioneers of South Australia, had eleven children; two out of three who died were then 81 and 64, while eight are living, their present ages being 86, 83, 82, 80, 76, 74, 71, and 67. Six of these, who reside in South Australia, regularly visit an aunt, who is just reaching her 100th birthday. This aunt landed in South Australia on December 28th, 1836, the day it was proclaimed a British province. She is a great reader and corresponds with many friends, taking a keen interest in all that is going on. She was the youngest of a family of nine. Two brothers met with accidental deaths; one sister died at the age of 90 and two at 82, while three brothers died at the ages of 97, 90, and 65.

FOREIGN BODY IN RECTUM.

DR. M. HONIGSBERGER (Birmingham) writes: The following case is so unusual that it may possibly be of interest to record it: I was consulted by a man of 65 years, a miner, who complained that he had been awakened at 3 a.m. by profuse diarrhoea without pain or vomiting, but when he got out of bed he could hardly walk because of a severe pain in his rectum, neither could he sit down. Having known of a similar case where the cause was a fish bone in the rectum, I expected to find this the cause, and on rectal examination I found something resembling a fish bone, but it was bent at such an angle and non-flexible and so impacted in the rectal wall that I had great difficulty in extracting it. Instead of a fish bone, however, the foreign body proved to be a bent twig of a tree $2\frac{1}{2}$ in. long and almost $\frac{1}{4}$ in. diameter. The twig was unbendable. The patient was unable to explain how it got there. He is not a mental case, nor a drunkard, and it seems almost inconceivable that a twig of such a size and so unflexible could be swallowed and the swallower not be aware that something abnormal had been gulped down; moreover, the twig must have been propelled throughout the entire length of the alimentary tract (except the last part) in its longitudinal axis, for the patient has had no abdominal pain lately.

THE CHEWING OF GUM.

DR. W. J. BURNS SELKIRK (Birmingham) writes: Falling into thought, I surmised that there must be some reason for the chewing of gum, even though it be not formulated. Experimenting, I find it has a decided sedative action; hence, perhaps, its abounding utility in the land of hustle. Presumably, it is analogous in effect to the baby's comforter. It seems capable of producing even the state of mind of the ruminating cow and its Buddhist calm. With it one may endure a prolonged surgery attendance with good-humoured tolerance, and the evil chances of the putting green cease to irritate and become curiously amusing, to the extent almost of inducing a dual personality. I would not be surprised if it could relieve even the hard-pressed surgeon of the necessity for expletives. It may be offered as a substitute to the excessive cigarette smoker, and for the chocolate habit; for frayed nerves and insomnia as a sedative. The material has a considerable sale even in this country. Why?

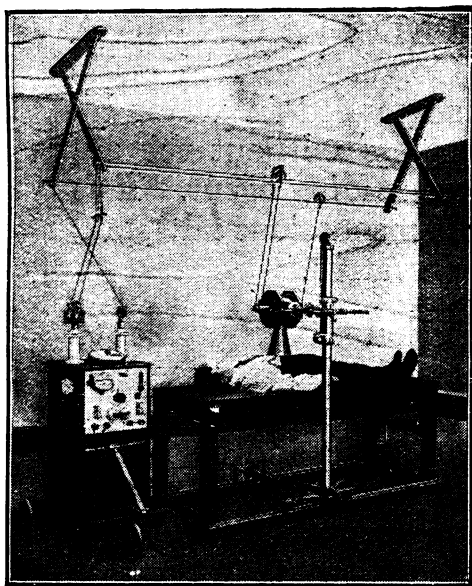
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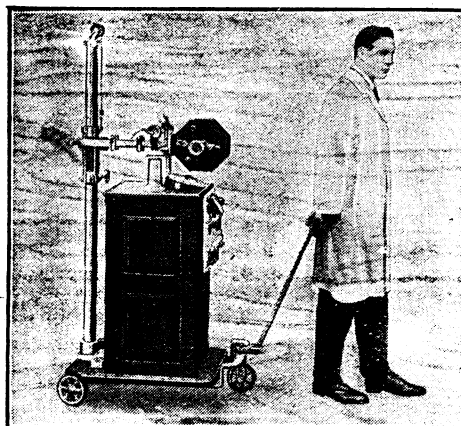
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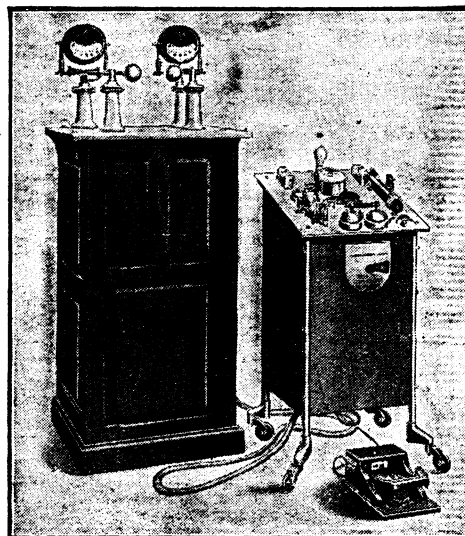
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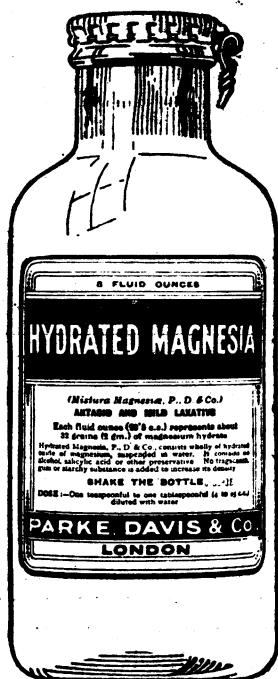
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