

FREQUENCY OF MICTURITION.

DR. EDMOND MURPHY (Cork) writes in reply to Dr. McWhirter's inquiry (JOURNAL, December 24th, 1927, p. 1214): I advise that in this case iodine be administered. Iodine tablets (H. W. and Co.) 0.03 gram—one to be taken night and morning and continued for some weeks—is a convenient method of administration.

PREVENTION OF SCABIES.

"P. M. S." writes in reply to the inquiry published on November 12th, 1927, p. 936: The lady will be able to disinfect her garments easily if she follows these instructions. Take a large more or less airtight box out into the garden away from buildings. Sprinkle in the box half to one pint of petrol and quickly arrange her garments loosely in the box. Close the lid and leave for half an hour. If she has put the clothes in loosely this should be enough to kill all acarina. With thicker woollen clothes more time will be required. I have never yet received complaints from those who have used this method with flimsy native silk clothes. It must not be forgotten that the mixture in the box is an explosive one.

TREATMENT OF FLATULENCE.

DR. G. H. PEARCE, M.O.H. Batley, writes: In the BRITISH MEDICAL JOURNAL for October 1st, 1927 (p. 620) "West Country" asked for advice in the treatment of recurrent attacks of gastric and intestinal flatulence. On page 38 of the JOURNAL for January 7th, 1928, the subject is again referred to by Dr. I. V. Yoffa. I advise them to obtain a supply of taka diastase tablets, gr. 2½.

TYPHOID MASTITIS.

DR. A. FORBES BROWN (Trinidad) refers to Schiffman's case of typhoid mastitis (see *Epitome*, November 19th, 1927, para. 468) and describes his personal experience of this condition. He writes: I went to bed with typhoid fever in England in January, 1927, and did not recover till the end of April, when I got up. After an interval of one month my left nipple became very painful, and it and the areola enlarged. The indurated region was about the size of a pigeon's egg and very tender. The condition subsided in another month spontaneously. Since then I have developed a violent periostitis of the left tibia, which left the membrane thickened to about the size of a walnut. This subsided with daily diathermy. The most troublesome complication I have had is what appears to be peripheral neuritis. My tactile and hot and cold sensations are unimpaired, but I have a continual feeling of numbness and tingling in my feet, accentuated while walking. I have had this now for eight months, without the slightest improvement following diathermy, massage, strychnine, and iron. Has any member any suggestions to make?

LETTERS, NOTES, ETC.

CONJOINED TWINS.

DR. F. J. WALDO, J.P., conducted an inquest on December 27th, 1927, on twin female infants who had been born on December 10th. The two heads were united at the vertex, the bodies pointing in opposite directions, so that neither would have been able to sit or stand, and hypostatic pneumonia was threatened. An attempt was therefore made on December 22nd by Mr. L. Bromley, surgeon to the neurological department of Guy's Hospital, to separate the heads. There was no partition between the two brains, which lay in contact; the circulatory systems were independent. Death followed the operation, and was attributed to the sudden change in pressure on the brain of one child, as the result of the inevitable displacement. The other child was very wasted and survival seemed unlikely. Sir Bernard Spilsbury, who performed the necropsy, attributed death in both cases to shock. He said that the infants were two individuals in the sense that the essential organs were complete and separate. In theory they were capable of separate existences, and might be termed "conjoined twins." He agreed that the death of the smaller child would have endangered the life of the other one.

THE VALUE OF LOCALIZED SINAPISMS.

DR. J. MARGOLYES (London, N.E.) writes to emphasize the value of local mustard applications to the spinal column. He reports the case of a timber porter, aged 40, who suffered severe pain in the right arm and hand, which became worse at night and prevented sleep. No cause was detected, and there was no limitation of movement or pain on deep pressure. Treatment by liniment and massage proved ineffective, and no abnormality was discovered by an x-ray examination. As a last resort a sinapism about two by three inches in size was fixed over the seventh cervical vertebra by strips of adhesive plaster. Two such applications, each lasting half an hour, relieved the pain entirely, and enabled the patient to return to work.

PREGNANCY AND GLYCOSURIA.

DR. JOHN M. MUNRO (Odessa, Out.) writes: For the information of Dr. D. M. Macdonald (October 1st, 1927, p. 620) and Dr. Zelick Green (October 22nd, p. 766), I may say that I had charge of Mrs. C., who had glycosuria and gave birth to a girl in her first confinement on June 6th, 1924, but in her second confinement she gave birth to a boy, 10½ lb., on August 12th, 1927. Glycosuria cleared up a few months after pregnancy in each case; and each delivery was also instrumental. There was no laceration and no infection; rapid recovery of both children and mother, all of whom are sugar-free.

"B. COLI INFECTION OF THE DIGESTIVE SYSTEM."

MR. H. W. WEBBER (West Looe, Cornwall) reports a case which, though obscure at the time, seems now to have been due to *B. coli* infection of the digestive system, a condition described by H. Mallié (see *Epitome*, October 15th, 1927, para. 335). In the first week in September, 1926, a lad, aged 16, complained of weakness; he had been suffering from frontal headache and constipation for several days. His tongue was thickly coated with a whitish-yellow fur; the pulse was 90, and the temperature 100° F. The abdomen was moderately distended and rather tympanic; no enlargement of the spleen was found. The next morning the temperature had fallen to 98° F., but it rose in the evening to 101° F., the pulse ranging from 70 to 96 correspondingly; the headache was now so severe as to cause photophobia. A soap and water enema produced a copious, dry, bulky, whitish-yellow stool of offensive odour; no rose spots were visible, and there were no other symptoms beyond a slight cough. On the third day, which was perhaps the end of the first week since the illness started, the morning and afternoon temperatures were, respectively, 98.4° and 102°. Inspiratory moist sounds were heard at both pulmonary bases, and there was a fairly profuse eruption of rose-red papules over the buttocks and extensor surface of the forearms. The Widal reaction was negative as regards *B. typhosus* and *B. paratyphosus* B; the blood culture was negative for *B. typhosus*, *B. paratyphosus* A and B, and *B. coli*. The evening temperature now began to fall gradually and the headache became much less. The bronchial catarrh cleared up, but the rash persisted, as did the pale, bulky, constipated stools. At the end of the first week, which was probably the tenth or eleventh day of the illness, the morning and evening temperatures were subnormal, the pulse 56 to 64, and all the rash had disappeared. The only remaining symptom was the pale, constipated condition of the stools; the urine was not bacteriologically examined. The patient gradually regained flesh and strength, and was convalescent by the end of the month.

CHLOROFORM POISONING BY INGESTION.

DR. S. K. CHAUDHURI (Benares) writes to record a case of poisoning from swallowed chloroform. A Hindu, aged 48, who suffered from bronchitis, swallowed about 3 drachms of pure chloroform one morning in mistake for a dose of cough mixture. He immediately felt a burning sensation in the throat and stomach, and vomited some mucus mixed with blood. He did some household work for half an hour and then took his usual meal of rice, pulses, and vegetables. A few minutes later he became drowsy and then unconscious, when his stertorous breathing attracted attention. Dr. Chaudhuri found him about an hour after taking the drug in a condition like that of deep chloroform anaesthesia. The pupils were moderately dilated, did not respond to light, and the conjunctival reflex was entirely lost. The pulse was frequent, with a poor volume. Treatment consisted of gastric lavage with a weak solution of potassium permanganate, hypodermic injections of strychnine and camphor dissolved in ether, and rectal injections of whisky well diluted with water. The stomach could not be washed out successfully, since rice particles repeatedly blocked the eye of the stomach tube. While this operation was in progress copious vomiting and involuntary evacuations occurred, and soon afterwards improvement was shown by the increased volume of the pulse and the return of conjunctival and pupillary reflexes. Further recovery was uneventful.

COURT ETIQUETTE AS A CAUSE OF MADNESS.

DR. G. E. MOULD (Kimberworth, near Rotherham) writes in reference to the review (December 3rd, 1927, p. 1034) of Dr. Cabanès's book *Le Mal Héritaire*: Unless I am greatly mistaken Philip V of Spain was a descendant, though in the female line, of Charles V. How else did he inherit the throne? To this, rather than to environment, should be attributed the eccentricities of the Bourbon Kings of Spain. Yet, to confound the eugenicists, Alfonso XIII, with the characteristic lip of his Hapsburg ancestors, is the most virile and commanding figure among the rulers of the world.

* * Dr. Mould is correct in stating the descent in the female line of Philip V, who was the great-grandson of Philip IV. But no doubt Dr. Mould sympathizes with us in feeling how distressingly his insistence on historical accuracy throws doubt on the ingenious theory of Dr. Cabanès.

1928 MOTOR LICENCES.

To assist motorists in connexion with the renewal of car licences the Automobile Association has issued a booklet, *Your Motor Tax at a Glance*, which shows the various amounts due for licences, according to horse-power, either for the year or shorter periods. Information is also given concerning rebates obtainable in respect of old cars, refunds for surrendered licences, and the procedure for renewing licences. Copies may be obtained by sending a postcard to the Secretary, A. A., Fannum House, New Coventry Street, W.1, or to any of the A.A. area offices.

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 11.