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WITH SUPPLEMENT.

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Lausanne (Switzerland). It was popularized by Dr. Esmarch of Kiel, who introduced its use to the German army about 1875, and it was brought in 1877 from Germany to England by the St. John Ambulance Association. Dr. Mayor published in 1831 a book called *Fragments of Popular Surgery*, in which he praised the utility of handkerchiefs which, as he said, "can be cut diagonally into triangular bandages," or, as he called them elsewhere, "three-cornered bandages." In an appendix he described various ways in which the triangular bandage may be (and still is) used. The book was translated from the French by Dr. Thomas Cutler, and published in this country in 1836.

ENURESIS.

DR. T. W. HILL (London, N.W.) writes: In reply to "K.'s" query (March 9th, p. 485), and the replies it has evoked, allow me to give my large experience of similar cases at the Willesden clinic. In the great majority of cases each of the usual practices for the relief of this distressing complaint proves futile, whether it be circumcision, removal of adenoids, sleeping on hard boards, belladonna, etc. The only sure method is by proper suggestion on the part of the mother, reinforced by auto-suggestion by the child. It is my custom when any case comes to my notice to inquire into the mother's efforts to stop the habit. If there has been punishment or disapproval of any kind, this is promptly stopped. There must be absolute co-operation between parent and child, otherwise success is impossible. How can anyone speak of a sense of shame concerning an action which occurs in sleep, and which is similar to sleepwalking and sleep-talking? A complete psychological investigation is necessary into any source of worry or anxiety (frequently scholastic), and a regime of hope and encouragement introduced. It has been my practice to give the child a chart marked with the days of the week, which should be hung above his (her) bed. For each dry night a star is placed in the corresponding space. This scheme is derived from the American psychologists and proves extremely successful in practice. In about 90 per cent. of cases bedwetting ceases within two months, the time varying according to the duration and severity of the habit.

ILLNESS FOLLOWING A SHAMPOO.

DR. W. U. D. LONGFORD (Holywood, co. Down) writes: On March 4th a patient of mine went to a hairdresser's for a dry shampoo. She was warned by the attendant to hold a towel over her nose "as some people faint." Almost immediately the shampoo was applied the patient collapsed, and, I believe, the attendant was also partially overcome. My patient was carried out of the small compartment to another room with an open window, where the staff tried to revive her. After an hour's massage she had not recovered, so they sent for her mother, who took her home in a taxicab. The patient told me that she never lost consciousness completely, but that she was unable to move a limb or speak. When I saw her she appeared dazed, as if recovering from an anaesthetic, and there was a strong smell of the chemical which had been used as a shampoo. Three days later she was still weak and unable to stand; she complained of severe headache, and her systolic blood pressure was only 95. Not until March 9th was she able to leave her bed, and even now she has not completely recovered, though her blood pressure is 120. I have been unable to discover the nature of the chemical used in the shampoo or any reference to similar cases in available medical literature, but I have a vague recollection of reading of a fatal case of the same kind some years ago.

*** It is possible that the chemical used in the shampoo which caused such serious effects on our correspondent's patient was carbon tetrachloride, which was formerly employed with some freedom in shampoos and brought about the fatal case of which our correspondent has a faint recollection. It is possible that the hairdressing fraternity has also nearly forgotten this case, and has consequently revived the use of this very poisonous compound, which is closely allied to chloroform, but more toxic.

INCOME TAX.

Replacement of Car.

"N. S. P." bought a 12-h.p. car six years ago for £600 and has now sold it for £45, and bought another car at a price of £316. What should he claim?

*** The amount of the actual out-of-pocket cost—that is, £316 − £45 = £271.

"J. D. McC." has claimed obsolescence in respect of a 12-h.p. A car bought in 1924 and replaced by a car of similar make and power bought on January 1st, 1928. The inspector of taxes declines to give effect to an obsolescence allowance because the replacement of the old 12-h.p. A car by another 12-h.p. A car is not within the statutory rule.

*** We consider that the claim is well founded. Having regard to the purpose for which a car is required by a medical practitioner and the wear and tear it suffers, there is nothing abnormal in the contention that a car is "obsolete" for the use to which it is being put in three years. The inspector appears to be putting an interpretation on the word "obsolete" which it is not intended to bear. The judge's dicta in the case of South Metropolitan Gas Company *v.* Dadd support our view, though his decision—on the special facts of that case—was in favour of the Revenue.

LETTERS, NOTES, ETC.

TREATMENT OF INFLUENZA.

DR. TRESSIE PIRES (Burnham-on-Sea) writes: I was much interested by Dr. W. Bastian's account on March 9th (p. 486) of the aspirin, phenacetin, and ipecac. treatment of influenza. After reading Dr. Garry Simpson's note on March 2nd (p. 430) with regard to this powder, I tried the same on a patient, who described its effect as very beneficial after the sweating; the headache and pains in limbs disappeared, and a second dose gave complete relief. Surely, at least, the excess of toxins causing the acute symptoms is here eliminated by the skin—shown by the fall in temperature and the feeling of well-being that the patient experiences—in spite of the fact that the bronchial and nasal secretion, even of a muco-purulent nature, which may continue, gets rid of the rest of the toxic process and debris of cells. I should like to know what dose is effectual in children.

SUDDEN DEATH FROM PNEUMONIA WITHOUT APPARENT SYMPTOMS.

DR. G. DUDLEY (Stourbridge) records another fatal case of symptomless pneumonia in an infant, following that reported by Drs. J. A. Stephen and E. R. C. Walker on January 26th (p. 152). He writes: A male infant, weighing 4 lb., was born two months prematurely on May 29th, 1928; with careful feeding on breast milk and good general nursing the child gradually gained weight and thrived. At the age of 6 months the weight was about 8 lb. and the child appeared to be doing well. About this time the mother had to go into hospital for an operation, and the child was looked after by an aunt. On December 5th, 1928, the infant was seen by a health visitor, who expressed herself as satisfied with his progress. The next day the father went to work at 7 a.m. and left the child asleep and apparently well, but two hours later I was called to the house and found the child dead. There was no evidence from external examination as to the cause of death and there was no history of any recent illness. There was a slight petechial rash round the buttocks which was said to have been of recent origin. At the necropsy the right lung was found to contain large patches of broncho-pneumonia, and there were a few recent pleural adhesions; the spleen was enlarged and the pulp was soft. The other organs appeared healthy. Death appears to have been due to extreme toxaemia, but the interest lies in the suddenness of the event.

PHYSIO-THERAPY IN CHRONIC RHEUMATISM.

DR. J. CAMERON (Beverley) writes: Dr. Frank D. Howitt, in his informative paper on physio-therapy in the treatment of chronic rheumatism (February 23rd, p. 338), refers to Dr. Percy Wilde's book on the pyretic treatment of rheumatism in connexion with the elimination of lactic acid. Dr. Howitt says a condition of hyperthermia quickly follows the immersion of the body in a hot bath, etc., and, further, that "vapour baths" give the best results in rheumatic cases. I have carefully read Dr. Wilde's work, and the essence of his thesis seems to be that in his particular vapour bath the air is simply "saturated" at the temperature concerned; that there is no free "condensed" vapour in the atmosphere of his bath; and that therein lies its efficiency, contrasted with the ordinary vapour bath, the atmosphere of which, while "saturated" for the temperature concerned, is also clouded with "condensed" vapour—in fact, one would say the condition alleged in the Wilde bath is that of the atmosphere in the Red Sea when the temperature is well above 90° F. and the air, of course, "saturated." I wonder if Dr. Howitt has made any comparison of the two conditions—that is, if there *is* a difference—and if he is able to say if there is any real difference in clinical results. If not, then a simple "cure" would be the Red Sea voyage, which I have done several times, or a run to Basra up the Persian Gulf, or anywhere to a hot "saturated" climate.

A CENTIPEDE IN THE NOSE.

MR. A. P. BERTWISTLE (London, W.) writes: There are some points in which I beg to disagree with Dr. Gordon Wilson in his article in the *British Medical Journal* of March 9th (p. 446). The common centipede (*lithobius*) is a much stouter, keratinous insect, possessing sixteen pairs of legs, whilst the millipede, which this closely resembles, has many more legs. I admit, however, that there is a centipede found in the South of England not unlike the one illustrated (*geophilus*). The life-history of both insects is about a year; I do not see how it could have hatched in the nose. Furthermore, these insects do not leave the soil to visit flowers. I suggest the patient got the adult creature into his nose, a favourite habitat, while breaking stones. Dr. Wilson mentions some interesting features of blow-fly infections. I have heard, and seen, one case which suggests that if, before the advent of suppuration, the wound is so infected, it will not become septic. If this is so, would it not be possible to prepare the ideal antiseptic from the maggot? It is quite feasible that maggots take precautions that their food supply shall be preserved against putrefaction.

VACANCIES.

NOTIFICATIONS of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found at pages 42, 43, 44, 45, and 48 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 76.

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