

## Letters, Notes, and Answers

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### QUERIES AND ANSWERS

#### Lead and Opium Lotion and Ascites

Dr. C. J. G. EXLEY (Bardney) writes: I do not know if the following case illustrates a recognized form of treatment, or whether it is simply a coincidence. The patient, a woman aged 60, with a large, hard carcinoma of the uterus, developed ascites, which was so great that the question of paracentesis was being considered, when a large patch of purpura appeared on the abdominal wall. I treated this with lotio plumbi cum opio, together with calcium lactate internally, and after a few days I noticed the ascites was diminishing. After the purpura had cleared up I continued with the lotion, and after a further two weeks the ascites had completely disappeared. I thereupon suspended the lead and opium lotion, and after a few days the ascites reappeared and was as great as before. I therefore commenced with the lotion again, and the ascites once more cleared up entirely. This was over nine months ago, and there has been no trace of ascites since. Is there an explanation for this? If so, I should be glad to hear of one.

#### Diphtheria Carrier

Dr. DAVID M. WALKER (Strone, Argyll) writes in answer to "P. G. D.," who asks for treatment that might convert a positive into a negative swab in a "diphtheria carrier": I would suggest that the accessory nasal sinuses be investigated. I have seen one or two cases in which a persistent positive diphtheria swab has been due to chronic sinus infection.

Dr. H. FERGIE WOODS (London, W.1) writes: Minute doses of cyanide of mercury have been found to do this. The dosage naturally has to be very minute, and is best prescribed in one of the dilutions used in homoeopathic treatment. That known as the "twelfth potency" would be a good one to try. It could be given two or three times a day, in 3-minim doses, for, say, a week at a time.

#### Buccal Ulcers

Dr. FRANCIS E. PRESTON (Wanstead, London) writes in reply to "J. B. J." (February 9th, p. 288): About twelve years ago I was troubled with tiny buccal ulcers. I tried most of the textbook remedies, but without success. One that was particularly recommended was silver nitrate dissolved in spirit. aeth. nit. The use of this was extremely painful, and not effectual. A friend, who had been a sufferer, advised me to apply boric ointment. This was not so disagreeable to use as I had expected, and a few applications made a complete cure.

"M.D.Camb." writes: I recommend a pinch of finely powdered chlorate of potash, applied with a damp finger to the inflamed area on cheek or gum. It causes acute smarting for a few moments, but by the time the tears have ceased to flow the ulcer is often on the way to healing, and a second application may not be needed.

#### Painful Insulin Injections

Dr. O. COLVILLE (Bath) writes in reply to "R. J. C." (January 26th, p. 187): I have found with my timid patients the following method very satisfactory in effecting a painless hypodermic injection. Mark out a small spot with tr. iodi, then spray it for ten seconds (more or less) with ethyl chloride so as not to freeze the skin completely. The resistance to the needle is greater and so a sudden stab is not desirable; one rather pushes the needle steadily in.

#### New Cars for Old

"ANNUAL CHANGE" writes in reply to "R. L. C." (February 2nd, p. 237), who asked for opinions regarding the alternatives of changing his car each year with a small depreciation or running it till it is valueless: There are supporters for both points of view. Being strongly of the opinion that the annual change is the more economical, I give the points in favour of this method. The car is never outside of its year's guarantee; no new tyres; few punctures; good brakes; no painting; fewer rattles; fewer electric troubles due to rust; one decarbonization; no reboring; car looks fresh; upholstery, etc., and springs, cushions, etc., are more comfortable. Many can change a 7-h.p. car for £25 per year; I can change a £450 car with an annual depreciation of £100, and part of this will be allowed in income tax. For the owner with a chauffeur or who does less than 15,000 miles per year this, possibly, is not economical, but for the owner-driver who does that mileage, in my opinion it is certainly an economy in the long run.

### LETTERS, NOTES, ETC.

#### Whooping-cough with Cerebro-spinal Symptoms

Dr. H. A. SALLAM writes from the Public Health Laboratories, Luxor, Egypt: A boy, 6 years old, was admitted to hospital as "cerebro-spinal meningitis" on January 20th. He was unconscious, with retracted neck, locked jaw, positive Kernig's sign, extensor plantar reflex, absent knee-jerks, and wide pupils reacting sluggishly to light. The cerebro-spinal fluid obtained by lumbar puncture was clear and under tension; no increase in cellular count, and sterile. Leucocytes: total 36,000, with 72 per cent. lymphocytes. On January 23rd there was almost sudden recovery, with cough. On the following few days the cough began to be troublesome, with a characteristic "whoop," and the diagnosis of "whooping-cough" was finally established. The nervous system is now perfectly normal, and the patient is progressing.

#### Streptococci and Scarlet Fever

"M.D." (London, N.7) writes: From clinical experience I have for a long time doubted the relative importance ascribed to the various groups of streptococci isolated by the laboratory from throats, pus, etc. "There is," it is agreed, "no line of demarcation serologically between, for example, the streptococci of scarlet fever and other haemolytic strains" (Muir and Ritchie), but the growth of a non-haemolytic streptococcus from the throat of a severe case of scarlet fever has led one to inquire as to the relationship between even the haemolytic and non-haemolytic groups. The latter is a common inhabitant of the mouth in the form of *S. salivarius*, but in scarlet fever, which is looked upon as a local infection of the throat by the *Streptococcus haemolyticus*, one would not expect it to be the predominant organism present. The infectivity of the desquamated epithelium is often called in question, and in view of the above findings it is of interest to record that during the fourth week of the illness there was cultured from a piece of desquamated epithelium from the toes a pure culture of *Streptococcus haemolyticus*.

#### Price of Insulin

Boots Pure Drug Company announces that from February 11th its price for insulin has been reduced from 1s. 4d. for a 5-c.cm. phial of 100 units to 1s. At the same time, the special low price charged to hospitals will be still further reduced to a level substantially below that of imported insulin.

#### Vacancies

Notifications of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found at pages 52, 53, 54, 55, 56, 57, and 59 of our advertisement columns, and advertisements as to partnerships, assistantships, and locumtenencies at pages 58 and 59.

A short summary of vacant posts notified in the advertisement columns appears in the *Supplement* at page 68.