

TRADE
MARK

'SOLOID' BRAND Antiseptics

*Safe Accurate
Convenient*

By the use of these products,
antiseptic solutions of definite
strengths may be prepared
instantly in surgery or sick-room.



BURROUGHS WELLCOME & CO.
26, SNOW HILL BUILDINGS
LONDON

H 2492

Selected Formulae

In the booklet
"ANTISEPTIC SOLUTIONS"

(sent free on request) a full list of
'SOLOID' Antiseptics will be
found with a useful table showing
the strength of the required solution
and how it may be speedily made.

From the Nasal and Naso-
Pharyngeal section the following
examples are given:—

'SOLOID' (Nasal)

'EUCALYPTIA' COMPOUND

<i>Sodii Bicarbonatis,</i>	<i>gr. 8</i>
<i>Boracis,</i>	<i>gr. 8</i>
<i>Sodii Benzoatis,</i>	<i>gr. 1/3</i>
<i>Sodii Salicylatis,</i>	<i>gr. 1/3</i>
<i>Ol. Eucalypti,</i>	<i>min. 1/6</i>
<i>Thymol,</i>	<i>gr. 1/6</i>
<i>Menthol,</i>	<i>gr. 1/12</i>
<i>Ol. Gaultheriae,</i>	<i>min. 1/12</i>

Bottles of 25 and 100

'SOLOID' NASO-PHARYNGEAL

(β-Eucaine) COMPOUND

<i>Sodii Chloridi,</i>	<i>gr. 7</i>
<i>Boracis,</i>	<i>gr. 2-1/2</i>
<i>Acidi Borici,</i>	<i>gr. 3/4</i>
<i>Sodii Benzoatis,</i>	<i>gr. 1/2</i>
<i>Menthol,</i>	<i>gr. 1/50</i>
<i>Thymol,</i>	<i>gr. 1/100</i>
<i>β-Eucaine Hydrochlor.,</i>	<i>gr. 1/6</i>
<i>Ol. Gaultheriae,</i>	<i>min. 1/20</i>

Bottles of 25 and 100



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kaolin, sodium carbonate, and sulphur. The sulphur in the compound is in a form kindred to that of the sulphur in liver of sulphur, the sulphurated potash of the *British Pharmacopoeia*. The other components of washing blue have alkaline properties, but are otherwise physiologically inert. As the pain from the sting of a bee or wasp is believed to be due chiefly to the acid injected, it must be concluded that the sulphur contributes nothing to the relief from smarting. There exists no analogy from which to infer that such a compound of sulphur could mitigate pain. It is said that ammonia allays the pain of a sting even more quickly than the blue bag. It might be assumed then that the relief produced by the blue bag is due to the alkalinity of its contents, but the acceptance of this view is checked by the objection that if such were the case washing soda would be better than blue; and, if better, would be generally used in preference, as it is at hand in every kitchen. There is a further difficulty that if the blue bag was good a simple inunction of washing blue made into a paste ought to be better. Again, if that were the case there is little doubt that the paste would have superseded the bag. It is thus necessary to look to the fabric of the bag for an explanation. The idea that the bag may be important is not to be summarily dismissed. After the blue bag has been in use for some time the fibres of its fabric become covered with particles of the less soluble silicates which adhere by an adsorptive property. The film of silicate on the fibres, although but slightly soluble, contains alkali capable of effectively neutralizing acid. Moreover, the fibres are not softened by this alkali as they would be by a solution of soda; they retain a degree of stiffness and are capable of penetrating the puncture of the sting when the blue bag is dabbed on. With a flannel blue bag this quality is more pronounced than with one of cotton fabric. This reasoning seems also to furnish a valid explanation why the blue bag is better than a cloth moistened with solution of soda, for the fibres of such a cloth would not penetrate the puncture. If washing soda is less effective as a simple application than ammonia, this may be because the acid injected by the sting, being of appreciable concentration, at once produces a microscopic bubble of carbon dioxide on contact with the solution of soda. Such a bubble lodged in the aperture of the puncture would stop the entry of the soda.

It has been stated, we seem to remember, that the irritant fluid injected by a bee sting differs from that of a wasp sting, the one being alkaline in reaction and the other acid; but we are not aware that this has been confirmed, and a well informed correspondent insists that both are acid. It seems to be a matter of general observation that the same remedies are equally effective or ineffective in both.

LETTERS, NOTES, ETC.

SOUTHWELL MINSTER.

MR. RUSSELL COOMBE (Exeter) writes: It is to be hoped that no member of the British Medical Association who has not already visited Southwell will fail to take advantage of the opportunity which the Nottingham Annual Meeting offers. The nave of Southwell Minster (now cathedral) provides a magnificent example of a Norman nave. One of the original Norman aisle windows remains on the north side and illustrates one of the great disadvantages of the Norman churches—the smallness of the windows and consequent darkness of the buildings. The clerestory windows at Southwell again show the same point. The western door is a fine specimen of a Norman door, but the chief feature of the Norman work at Southwell is the porch on the north side of the nave, which is only doubtfully equalled (certainly not surpassed) elsewhere in England. But the crowning glory of Southwell is the decorated chapter house. Were there nothing else of interest in the cathedral, this alone more than repays even a long journey to see it. Of it Street, the architect of the Law Courts, says: "What either Cologne, Ratisbon, or Weissen are to Germany; Amiens Cathedral or the Sainte Chapelle are to France, the Scaligere in Verona is to Italy, are the choir of Westminster and the Chapter House at Southwell to England." Another authority says: "It is impossible to conceive anything more beautiful. It is the most perfect work of the most perfect style of Gothic architecture."

EX-RESIDENTS, NORFOLK AND NORWICH HOSPITAL.

THE honorary staff of the Norfolk and Norwich Hospital has issued a circular letter to ex-resident medical officers inviting them to contribute to a fund to furnish rooms for Miss Bindley, known to them all as "Maria," who is retiring from the position of officers' maidservant after completing over fifty-one years' service. The board of management has granted her a pension. Contributions for the furniture not exceeding 1 guinea may be sent to Mr. Frank Inch, house governor and secretary, Norfolk and Norwich Hospital, Norwich. As there is difficulty in tracing the addresses of all residents it is hoped that those who may not have received the circular letter will act upon this intimation.

PUERPERAL SEPSIS.

DR. W. B. HUNTER (Londonderry) has written to express the view that it would be well that pre-natal investigators should examine into the general condition of health in women presenting themselves before parturition as well as into the size of the pelvis or state of the kidneys. He asks how it is that puerperal sepsis is as rife now as it was, say, forty or fifty years ago, when nothing was known of sterilization of hands, or clothes, or instruments by the practitioner. "Before examining a case," he says, "we sometimes

did not even wash our hands, and used any grease or ointment we could come across for anointing the examining finger; when using the forceps any grease was used for smearing the blades, which had for a moment been dipped in some warm water. There was no flushing out of the vagina or washing the external parts with any antiseptic lotion. Antiseptics then were only beginning to be talked of in general surgery, but not thought of in midwifery practice. Yet a puerperal case of sepsis was very rarely encountered. If these conditions in medical attendance obtained now amongst the majority of women in childbirth I have no doubt they would die in great numbers of sepsis. The women of the days I speak of were able to obtain and use good wholesome and nourishing, though simple and plain, food, and thereby got sufficient stamina to resist and overcome the invading toxin or virus. The women who are now overcome live chiefly on white flour bread and tea, with some confectionery rubbish in addition. Consequently they fall easy victims to the attacking toxins. They fail to produce Nature's great life agent and protector in sufficient numbers or efficiency—namely, the phagocyte; the streptococcus is able to conquer the phagocyte. With the well nourished and properly dieted woman the phagocyte prevails and the woman lives. These remarks apply to both exogenous and endogenous pathogenic germs, the latter always being present."

SMALL BOYS AND WESTMINSTER BRIDGE.

"PRO RE NATA" writes: I was interested to see an account in the public press of a small boy who put his head through one of the trefoil openings in the side of Westminster Bridge and could not get it back again. In 1900, whilst passing over the same bridge, I saw a boy in exactly the same predicament. He was surrounded by a big crowd and two policemen were busy smearing his head with soft soap in an endeavour to get him out. I offered my services and was told by one of the policemen to mind my own business and "get away out of it." This I did, having one or two matters to attend to in the Strand, and on my return two hours later was surprised to see the poor little fellow in exactly the same position but very much the worse for wear and whimpering feebly. I accordingly went to one of the policemen and suggested that, as they had been unsuccessful and as the boy was showing signs of considerable exhaustion, I might now be permitted to make an attempt to extricate him. At the time they were using a file in an endeavour to enlarge the opening. "All right," said the constable; "if you think you can do better than we can, have a go." Speaking obstetrically, the boy had obviously inserted his head in a position of extreme flexion and, after getting it through the opening, had extended it. This could be seen plainly on looking over the side of the bridge, and it was, in fact, the only position in which he could maintain himself fairly comfortably. It was the problem of the after-coming head. I accordingly flexed his head strongly upon his chest. To get his chin well down to his chest I had to push him a little further through the hole, as his tendency was to pull back and so keep up extension. It took just over half a minute to extract him, amid loud cheers from the crowd. It is a fairly certain thing that if a head can be made to go through one of the openings it can be made to retrace the path by which it entered, and it seems a pity that the bridge should have been damaged to the extent of using a backsaw, especially as doctors are reported to have been on the spot to assist the police force and the fire brigade.

PRONUNCIATION OF MEDICAL TERMS.

MR. ALEX. E. ROCHE, M.Ch., F.R.C.S. (London, W.) writes: The derivation of scientific terms is always of interest, but has little effect on the pronunciation sanctioned by usage. According to their transcription from *φθίσις*, *διφθέρα*, *παρωτίς*, and *καρωτίδες*, the first *i* in phthisis should be pronounced as shortly as the second; the *e* in diphtheria short (as in "error"); the *o* in parotid and carotid long (as in "doted"). As we flagrantly neglect etymology in the pronunciation of these and hundreds of other words, why worry about "angina"?

ALCOHOL MOTOR FUELS.

AT the congress of chemists arranged by the Society of Chemical Industry to take place in London next week (July 19th to 23rd) some interesting records will be given of the use of alcohol as a motor fuel. It appears that the Queensland Government, the Distillers' Company, and others are producing alcohol from molasses and starch-bearing crops in Queensland. The German Government has also put on the market a fuel consisting chiefly of alcohol. The tests that have been made with the fuel show that many millions a year would be saved by its use if engines were altered to work on 6½ to 1 compression.

METHOD OF TREATING ASTHMA BY RADIATION.

Correction.

WE are asked by Dr. S. Gilbert Scott to correct an error in his preliminary note on this subject published in the JOURNAL of June 5th. Under the heading of "Technique" (p. 940, col. 1) "25 mm." should read "25 cm."

VACANCIES.

NOTIFICATIONS of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found at pages 49, 52, 53, 56, and 57 of our advertisement columns, and advertisements as to partnerships, assistantships, and locumtenencies at pages 54 and 55.

A short summary of vacant posts notified in the advertisement columns appears in the Supplement at page 44.