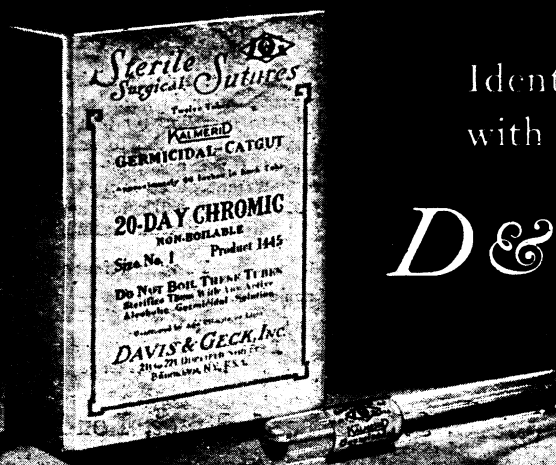


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## Letters, Notes, and Answers.

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### QUERIES AND ANSWERS.

#### DIAPHORETICS AND DIURETICS.

"**SCRUTATOR**" finds that many diaphoretic and diuretic mixtures are unpalatable. He asks for suggestions as to mixtures which are at once palatable, effective, and reasonable in cost.

#### HYPERIDROSIS.

**DR. C. J. E. COCK** (Blackheath) writes in reply to "**Tropicus**" (*JOURNAL*, August 27th, p. 372): I would suggest he tries an ointment containing 2 per cent. of formaldehyde in lard, without previous bathing by the patient. This is rubbed once a day into the feet and hands on two—or, in extreme cases, on three or four—successive days, after which the hyperidrosis ceases and the sweat is brought back to normal. The effect lasts from four to six weeks, when the treatment may be repeated, if necessary.

#### OMENTAL TEARS.

**DR. JOHN M. MUNRO** (Odessa, Ontario) writes in reply to "**M.B., Ch.B.**" (July 23rd, p. 152): The case seems to be one of "tug on the omentum." An exploratory operation is necessary to relieve the pain, as the omentum may be caught in the tear. I had a case recently, and on operation found the omentum not only caught but herniated to such an extent that it could not be replaced in the abdomen without extension of the tear, and then a kangaroo tendon suture to close.

#### TREATMENT OF ONYCHIA.

**DR. AGNES SAVILL** (London, W.) writes in reply to "**W. S. M.**" (*JOURNAL*, July 30th, p. 196): Onychia is so obstinate that every means of raising the general resistance should be employed. Fresh air, tonics, vaccines, sunlight, exercise, plenty of water, fruit, vegetables, and avoidance of sweet foods all aid the patient. Locally mild mercurial ointments may be sufficient, but ionization provides the most reliable means of dealing with the infection. A small piece of gauze or cotton-wool, soaked in a 2 per cent. solution of zinc sulphate, is carefully inserted round the base of the nail, another piece is placed over it, and a small flexible tin electrode attached to the positive pole. The negative pole is a larger pad on the anterior aspect of the forearm. A small current—1 to 5 milliamperes—is passed for five to eight minutes, according to the severity of the condition. Three or four applications, given twice a week, are usually sufficient, even in severe cases.

#### ANGIO-NEUROTIC OEDEMA.

"**C. E. S.**," who noticed the inquiry of "**Ajax**" (*JOURNAL*, August 20th, p. 331) as to the treatment of a case of angio-neurotic oedema, asks whether the administration of fresh sea-water has been tried. "**C. E. S.**" suggests that "**Ajax**" might begin with doses of 3ij in water two or three times daily, half an hour before food, increasing the amount up to one-half or one pint in the twenty-four hours, if necessary. It is readily taken by infants in milk or, when they have come to appreciate its pleasant "tang," in plain water. It does not retain its energizing, soothing, and vitalizing properties for more than about a week, by which time the radio-active sun rays will have evaporated. For the tuberculous child, the weak and overworked adult, the failing aged, and in all septic cases, however severe, its action is speedy and most astonishingly effective. It is remarkable that its virtues, so widely recognized and used more than two centuries ago, should have been for so long forgotten. Even its

effects in marasmus neonatorum (made known to us by the French some fifty years since)—peace in twenty-four hours, plumpness and happy activity by the end of another four or five days at the most—do not seem to be remembered.

### LETTERS, NOTES, ETC.

#### TOXAEMIA AND MENTAL DISORDER.

**DR. JOHN B. BERRY** (Keighley) writes: I was asked to see a young woman with a view to her readmission to an asylum for the third time. On entering the bedroom I was impressed by the disgusting odour, which I found was due to the state of the patient's mouth. She had eyes and mouth closed, and appeared almost unconscious. I decided to treat the mouth, and, if possible, get rid of the bad smell before sending her away. I procured a 2 oz. brass syringe and, making a wash of one part of hydrogen peroxide to seven of warm water, gave the mouth and throat a good wash out; this treatment was followed up every four hours by the mother until the next day, by which time not only was the offensive smell almost gone, but the girl was taking notice and able to swallow liquid nourishment. When I visited her on the third day she was downstairs by the fireside, and it was not necessary to send her to the asylum.

#### RHEUMATIC INFECTION IN CHILDHOOD.

**DR. A. C. F. HALFORD** (Brisbane, Australia) has been induced by the leading article on the prevention and control of infection in childhood, published in our issue of April 16th last (p. 731), to send a letter, too long and discursive for publication in full, expressing his conviction that rheumatic infection can be conveyed from one person to another. The concluding part of his letter contains the following passages: "In my own practice a large proportion of cases show evidence of pre-existing disease in parent or guardian, though persistent inquiry and clinical examination has had to be resorted to to establish a positive over a negative history. Acute rheumatic affections in the child are sometimes overlooked by the medical attendant, and these cases go to swell the number of negative histories. I therefore believe that the disease, like phthisis, is conveyed from a previous case as a result of exposure to infection on innumerable occasions over the long period of childhood. It is evident that prevention depends upon a careful survey of those in whose care we find the sufferer. A proper clinical examination in every case may reveal in the parents factors which ultimately may be found of great import. All focal infections must be regarded with the same suspicion as sources of danger to others as they are now regarded as unfavourable to the host. The influence of mixed infections is baneful and must be guarded against among all in the household, and these persons should be warned that the disease itself is communicable. The power of the infection to lie latent, obscure, and practically forgotten is seen most convincingly in the recurrences in the same patient at long intervals. It is impossible, therefore, at any time, to declare a patient free from infection. Why not regard a parent with or without an incriminating history as suspect in the same manner? In both instances there are dangers to others. Why not guard against such possibilities?"

#### TREATMENT OF VARICOSE VEINS BY INJECTION.

**DR. S. M. WELLS** (London) writes with reference to Major-General T. M. Coker's inquiry, that within the last year he has treated about twenty cases in Valparaiso, all—except one of which he does not know the sequel—with very good results. He heard of no accidents in the cases of colleagues. He adds: The injection, no doubt, causes an aseptic phlebitis and a firm thrombosis in the veins. After the injections there is some redness and tenderness, which causes a little inconvenience. The injection can be given in the consulting room and the patients can go about their work as usual immediately afterwards. Varicose ulcers clear up in a comparatively short time. Those who complain of heaviness and tiredness in their legs are greatly relieved. One of my first cases, a lady, had extensive varicose veins reaching well above the knees and a very painful varicose ulcer in the usual place, about the size of a shilling. She could not afford to lie up, having a family of eight, and she dreaded the morning housework; she obtained relief after the first injection, the ulcer ceased to hurt her, and she was able to go about quite well. The ulcer healed over in a little more than a month. The veins could be felt like cords under the skin, and there was no tenderness anywhere. I usually give two to three injections at about three to four inches interval at one sitting, repeating the process in a week wherever the veins are soft; this is not the case round the site of previous injections. The average case requires about three sessions. Of my cases three had ulcers; two healed completely to my knowledge. The third had just finished treatment when I left. The ulcer was smaller and had shelving, not punched-out, edges; it was covered with healthy granulations and quite painless. All the patients were highly pleased with the method and consequent benefit, since they did not have the loss of time, discomfort, expense, and ever-present danger of a surgical operation.

#### VACANCIES.

NOTIFICATIONS of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found at pages 36, 37, 38, 39, 42, and 43 of our advertisement columns, and advertisements as to partnerships, assistantships, and locum tenencies at pages 40 and 41.

A short summary of vacant posts notified in the advertisement columns appears in the *Supplement* at page 128.