

Letters, Notes, and Answers.

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QUERIES AND ANSWERS.

VISCERAL PAIN.

"ANCEPS" writes: I shall be grateful for a reference to the latest views on the causation of visceral pain. I am acquainted with the theories of Mackenzie, Head, Sherrington, and the later publications of Ryle and Morley. Both the latter appear to differ sharply in their opinions from the earlier writers mentioned. I would like, if possible, to obtain information, from both the sensory and motor aspects of the subject.

DERMATITIS EXFOLIATIVA.

DR. F. H. B. NORRIE (Calcutta), replying to "W. M. B." (*British Medical Journal*, August 4th, p. 227), refers to a case of this condition cured by a course of injections of urea-stibamine (*Indian Medical Gazette*, March, 1927). Equally good results followed this treatment in a second case.

VAGINISMUS.

"E. A. C. H." writes: In answer to "C. A.'s" inquiry about vaginismus (September 8th, p. 473), I had a very similar case, any attempt at the act proving extremely distressing. I advised cocainised vaselline (8 grains to the ounce), to be applied to the vulva a quarter of an hour before any act. I particularly advised, for obvious reasons, that smearing the clitoris should be avoided. This the patient quite understood. My advice was apparently attended with success, for it was not long after that I was glad to learn of conception, and in due course of the birth of a fine male child.

TREATMENT OF COLI BACILLURIA.

"M. M. E." writes to suggest that "I. M. S.," whose inquiry appeared in the *Journal* of September 15th (p. 513), should try cystopurin (hexamine-sodium acetate) in doses of gr. j six times a day.

LETTERS, NOTES, ETC.

ENCEPHALO-MYELITIS IN THE MIDLANDS.

DR. J. D. SLIGHT (honorary physician, Leicester Royal Infirmary) writes: As I have not noticed any reference to the occurrence of acute disseminated encephalo-myelitis in the Midlands, it seems that it may be of consequence to report that I have seen seven cases here since April. All the patients were adults, all were seriously affected, and none had been vaccinated recently.

SEA-SICKNESS.

DR. T. GIBSON (Ontario) writes: Whatever be the true explanation of the cause of *mal de mer*, the sickness must follow reflex disturbance of the vomiting centre, which is supposed to be in close proximity to the sensory vagus nucleus. Some years ago I used a proprietary remedy, but I found the capsules were of very unequal potency. After one dose there was annoying and excessive dryness of mouth and throat, so that speaking and swallowing were difficult, while after another dose there might be very slight effect. Once or twice there was distinct interference with accommodation. It seemed obvious, therefore, that one of the belladonna group was the chief drug concerned. The danger of unequal dosage was perhaps illustrated by the experience of a patient of mine, who used the remedy on her own account, and had to undergo an operation for acute glaucoma on arriving at Liverpool. There was no doubt, however, that relief was obtained from the symptom of nausea. Since that time I have been in the habit of prescribing the following two

preparations in capsules for prospective transatlantic travellers: (1) Hyoscinae hydrobromidum gr. 1/250, sacchar. lactis q.s.; (2) chlorotone gr. iij. One of each was taken on waking any time after 6 a.m. and half an hour before lunch and dinner. If mixed together these drugs liquefy and may escape from the capsule. It is important that the druggist should dispense the capsules in boxes of different shapes, so that the mistake of taking two of one sort, instead of one of each, may be more easily avoided. Hyoscine was preferred to atropine as being centrally more sedative. Chlorotone was added as an adjuvant because of its direct local sedative effect on the stomach. The *Extra Pharmacopoeia*, vol. i (p. 261), warns against giving more than gr. x of chlorotone in one day. This drug has been much used to relieve sea-sickness. My experience has been that this combination in the above dosage is safe, and in many cases acts well as a preventive. The last trial made of it was in the case of a lady who had never taken a train journey without great suffering from dizziness and nausea. During a four-day trip to Colorado, using the above prescription, she had a comfortable journey. Patients should be warned to use it with much caution, and not to repeat a dose out of time unless the capsules should happen to be rejected quickly after being swallowed.

"AMBO" writes: Those of us who have experienced the pangs of sea-sickness as well as the annoyance of the attacks of what is spoken of as Ménière's disease will agree that the combination of symptoms in both is the same. The attacks of Ménière's disease can be warded off or postponed by carefully attending to the hepatic function. This may be of interest in view of Mr. Paramore's statement on June 2nd (p. 959) that sea-sickness is possibly attributable to disturbance of the hepatic circulation.

ABNORMAL PIGMENTATION OF THE SCALP.

DR. E. A. COCKAYNE (London, W.1) writes: Several examples of this rare condition have been recorded in this *Journal* during the present year, and one is attending my out-patient department. This boy, aged 7 years, has a patch of black hair, about 3 in. by 1 in., on the right parietal region. The black hair is sharply demarcated from the rest of his hair, which is light brown; in texture it is like the brown hair, and the skin on which it is growing is unpigmented and normal in all respects. His eyes are grey. The surname Whitelocke was given to a family many of whose members had a white patch on the scalp. Did the name Blacklock originate in a similar way?

THE KEEPING PROPERTIES OF FOOD.

"M.D." writes: I recently celebrated my silver wedding. My wife and family and I partook of small portions from a slice of the original wedding-cake, which I had put into a tin twenty-five years ago, the lid of which I had soldered up. Except for a slightly rancid taste and odour, it was in wonderful preservation, and still retained the ordinary flavour of such cake. Curiously enough, no part of the tin's contents was recognizable as sugar icing or almond. I may add that the Lister Institute was good enough to report on it before we tasted it. It was bacteriologically sterile apparently. No one of us was upset by the small portions we consumed. I possess another tin with a piece of the same original cake. The intention is to keep it in case a golden wedding anniversary is ever reached!

A SWALLOWED BROOCH.

DR. C. M. ANDERSON (London, S.W.10) writes: The following incident is unique in my experience, and I thought it of sufficient interest to report. Three months ago an infant, aged 6 months, was thought to have swallowed a safety-pin brooch, as it was missed at that time. The parents did nothing in the matter as the child developed no symptoms. Two days ago the brooch was passed per anum with a rather constipated stool, which the nurse happened to examine rather carefully. The brooch is 2½ in. long, was open, and a pearl which was attached had disappeared, leaving a rough facet, which projected above the surface.

"THE CLUB SURGEON."

MISS M. L. SPACKMAN (Clitheroe, Lancashire) writes: Readers of the late Dr. Arthur Manknell's address on the British Medical Association, published in the *Supplement* of September 8th, may be interested to know that Professor Henry Morley wrote a graphic account of "club work" in an article, "The club surgeon," which appeared in *Household Words* during the fifties. It is reprinted, along with articles describing Professor Morley's experiences as a practitioner, in *Early Papers—and Some Memories*, published in 1891 by Routledge and Sons.

A DISCLAIMER.

DR. JOHN YEARSLEY (Bournemouth) writes: My attention has been called to an article purporting to be a short account of myself, my activities, professional qualifications, etc., in a small periodical published by a local cinema. This article was inserted without my knowledge and consent, and has caused me great annoyance.

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, 49, and 50 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 147.