

hydrochloric acid, dil.; I take half a drachm three times a day. If this is left off the intestinal contents become very offensive. In addition, I take 15 grains of bismuth salicylate three times a day as an intestinal antiseptic. I have tried many of the so-called intestinal antiseptics; I believe the bulk of them to be useless. "W.'s" patient has a low proportion of haemoglobin; there should be about 80 to 85 per cent, at least. I think more liver extract should be taken. I have a blood count every month; the information afforded is useful. A most important point in the examination is the size and shape of the red cells. There are two processes going on at the same time: the haemolytic and the defective manufacture of cells. If the red cells are large, it may be safely presumed the blood factory is not in good working order. At the times when I have suffered a relapse, and have slipped back to, say, 2 million "reds," this has been very noticeable. "W." does not say what preparation of liver extract his patient is taking; I have tried three or four, but prefer Armour's concentrated liquid liver extract, and I take nearly 1 oz. each day. At my last blood count this month I had 5,220,000 reds, 85 per cent. haemoglobin, index 0.82.

#### SEBORRHOEA OF THE SCALP.

DR. I. B. McCANN (London, E.) writes: In seborrhoea of the scalp, with much dandruff, I have been in the habit of prescribing an ointment of 10 grains each of sulphur and salicylic acid in 1 oz. of soft paraffin. Though the results are satisfactory, many patients after prolonged use find it greasy and too sticky for comfort. Can these two drugs (sulphur and salicylic acid) be put up in a more elegant fashion for use on the scalp, even if more expensively? I prefer, if possible, to use sulphur and salicylic acid rather than a spirit lotion of hydrarg. perchlor. and salicylic acid, which is recommended as an alternative in most textbooks. Suggestions for an alternative treatment would also be welcome.

#### DELAYED MENSTRUATION.

"A. E." writes: I have a patient, a girl clerk, aged 25 years, who has never menstruated, or, at the most, has only seen a slight stain. She has a good deal of adipose tissue, especially on the legs and arms, and otherwise she is quite plump. She is in perfect health. She has been seen by very distinguished doctors. I can find nothing abnormal physically. Up to the time I saw her she has been three years on thyroid extract, eight months on hormotone, and eight months on ovarian extract. Obviously it is no use doing what other people have done. Can any reader suggest some line of treatment or some further examination?

#### LETTERS, NOTES, ETC.

##### BLIND-DEAF CHILDREN.

MR. A. J. STORY, general secretary, National Institute for the Deaf (2, Bloomsbury Street, New Oxford Street, W.C.1), writes: This institute is now considering the question of the early training of children who were born, or have become, both blind and deaf. It is obvious that unless such unfortunate children are specially and suitably cared for from very early life, their lapse into physical and mental incompetence is almost unavoidable. At the present time no distinctive provisions are available for the care of such young children. Single type institutions, either for the blind or deaf, cannot receive them. We are anxious to get to know of the numbers of these doubly afflicted children who do not generally come under the notice of public authorities until an age at which the retardation, due to silence and sightlessness, has become of grave importance and difficulty. It has been suggested that an appeal to doctors, nurses, and those concerned with hospitals, baby welfare clinics, and other organizations dealing with childhood would be likely to help us in tracing these blind and deaf children. May we, therefore, crave the assistance of your columns to request those of your readers who may know of cases of children of any age up to 8 years, who are both blind and deaf, to help us by sending us full particulars of them?

##### "GREENED" POTATOES.

DR. L. HARRIS-LISTON (Middleton-St.-George, Durham) writes with reference to the green colouring which appears on potatoes when exposed to light for a few days, and which is said to indicate the presence of a poisonous substance. He is informed by the Keeper of Botany at the Natural History Museum, South Kensington, that the poisonous element in the potato plant is the alkaloid "solanine," which is present in all parts of the plant, though only to a very minute extent in the flesh of the tuber, there being more in the skin and the green parts. Dr. Harris-Liston writes: Some persons cannot eat potatoes, being hypersensitive to very small quantities of this alkaloid. I and my servants have frequently eaten, without ill effects, greened potatoes which have been skinned and boiled, and I have given such potatoes to pigs after boiling without any apparent bad symptoms. On the other hand, the haulm of the plant, the seeds, and sprouting and greened potatoes have caused serious symptoms, and even deaths, in live stock fed on such. During the war some soldiers in Berlin fed on such potatoes were badly affected with acute gastro-enteritis, their symptoms being pyrexia, headache, colic, diarrhoea, occasionally vomiting, and in several cases fainting, while one had convulsions; most were drowsy and apathetic, but all recovered. I should be interested to hear if any readers of the *Journal* have observed such symptoms in people who have eaten these greened potatoes.

#### DEMENTIA PRAECOX AMONG PARSEES.

DR. ARTHUR J. BROCK (North Queensberry) again joins issue with Lieut.-Colonel Jagoe Shaw on the subject of dementia praecox among Parsees. In the course of a letter he states that "the Parsees seem not only to be affected with Westernization, but to have got it extra badly. Their schools appear modelled on strictly Western lines, and one would naturally expect them to suffer from the chief diseases affecting Western civilization. Of these, early or precocious dementia is one of the most outstanding. Lieut.-Colonel Jagoe Shaw tells us that the Parsees are particularly prone to this, and next to them the educated Hindus and Mohammedans, or rather, the boys of these two groups who have undergone the system of intensive cramming, known to the Western world as education. Only the Parsees go in for consanguineous mating, whereas all of them go in for Western cramming methods. We Westerners are being decimated by dementia praecox, and there is no question of our marrying 'cousins,' except very rarely. Why not look for a factor existent in all groups, instead of only in one?"

#### ACTINIC SKYSHINE MIRRORS.

DR. E. E. MADDOX (Bournemouth) writes: Those who install "vita" glass windows in children's hospitals, especially in the "rickets ward," might be glad to know how to render them most effective. Much of the actinic light which streams through a window is lost on the floor and furniture. The ceiling is the ideal receptive surface, both for preserving the ultra-violet radiation and for scattering it over the room. Without lessening the direct stream of light into the room, an actinic mirror can be hinged to the foot of the window outside, approximately horizontal, so as to cast additional skyshine on to the ceiling. By an actinic mirror I mean one that reflects ultra-violet radiation without any material loss. That is not the case, of course, with ordinary glass, which absorbs actinic light, especially as the light has to pass twice through the substance of a mirror to reach the silvering and escape again. The suggestion is to silver "vita" glass and use it as a mirror, with its edges and back painted with liquid celluloid or the like, to preserve it from the weather. Metallic, or even perhaps enamelled, mirrors would serve the same purpose. At night the mirror can be folded up

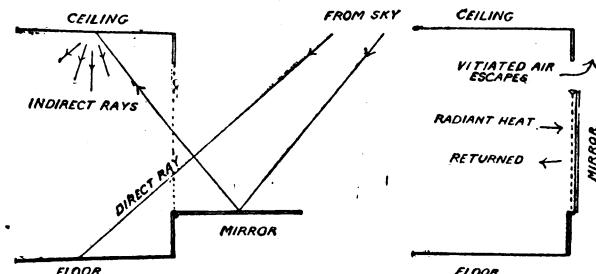


FIG. 1.—Day.

FIG. 2.—Night.

against the lower part of the window, if desired, to contribute to the warmth of the room by reflecting the escaping heat radiation back again. For simplicity's sake one direct and one reflected ray only are shown in the diagram. Inquiries about such glass mirrors can be made from the "Vita" Glass Marketing Board, Aldwych House, W.C.2, and about metallic mirrors from Messrs. John Watts, 18, Soho Square, W.1. An inside mirror projecting horizontally from the foot of the window into a room, or even a movable mirror table stood in the window, would be better than none, but, besides occupying space, it darkens some of the floor. The difference is this: that an inside mirror does not increase the amount of light entering the room, but only diverts some of it, whereas the whole of the light contributed by an outside mirror is additional. Should a maximum effect be required, both inside and outside mirrors could be employed. One word of caution may be advisable. Valuable though actinic mirrors would be in many children's nurseries, their use for other living rooms in the house should be a matter of judgement, depending on the inmates; for some weak eyes, especially in elderly people and invalids, are not so tolerant of increased ultra-violet radiation as normal eyes.

#### A WARNING.

"M.D." sends a word of warning to fellow practitioners engaging dispenser bookkeepers. I have recently (he says) parted with a lady who came to me with excellent references and who turned out most unsatisfactorily. She has finally gone in circumstances which can, to say the least of it, only leave grave doubts as to her idea of "mine and thine." It would seem that a little delay for the purpose of investigating "references" might prove time well spent.

#### VACANCIES.

NOTIFICATIONS of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found at pages 48, 49, 50, 51, 54, 55, and 56 of our advertisement columns, and advertisements as to partnerships, assistantships, and locumtenancies at pages 52 and 53.

A short summary of vacant posts notified in the advertisement columns appears in the *Supplement* at page 207.