

**Blepharitis**

"M.B., CH.B." writes: I would be grateful for any suggestions regarding the treatment of a case of blepharitis of over twelve months' duration in a young woman of 26. All the usual remedies—general and local—including treatment for dandruff and the provision of glasses, have been tried without success.

**Diet Fourteen Years After Gastro-enterostomy**

"D. V." asks for suggestions for diet in a patient of 68 upon whom fourteen years ago gastro-enterostomy was performed for duodenal ulcer. "Slow recovery, then very comfortable for some years. No jejunal ulcer. Now there is heaviness and feeling of weight, especially at night, loud rumblings, constipation. Difficult to get to sleep; awake at 2.30 or 3, difficult to get to sleep again; with depression and weariness. Very difficult to rise at 7.30 a.m. Patient eats anything but beef, but not with appetite, and does not feel satisfied after eating. Weight about 9 st. instead of 11 st. 4 lb.; 10 st. 7 lb. eighteen months after operation; 8 st. at operation."

**LETTERS, NOTES, ETC.****Loud Cardiac Murmurs**

Brigadier-General F. E. BURNHAM, Halcyon Springs, B.C., writes: Reference to loud cardiac murmurs in a recent issue of the *Journal* recalls a case in Montenegro. A young shepherd boy presented himself at the ambulance of the military hospital at Plevlje in 1915. He complained that he could not sleep because of the noise in his chest. It was scarcely necessary to say there was a noise, for it could be heard in all parts of a large room, and also in the adjoining room with the door closed. It was not a murmur; it was a noise, a whistle, a screech. It could only be compared to a muffled locomotive whistle, and, *mirabile dictu*, it was continuous. No information could be gained by stethoscopic examination. I could not then, nor do I yet, understand how an organ so small could produce so much noise. Obviously, it was a congenital defect. In all other respects the boy enjoyed perfect health. As nothing could be done the case was not again seen.

**Homoeopathy and Injection Therapy**

Dr. A. R. EATES (Acton, W.) writes: Would you allow me to say in your columns that, at this late date, it surely ought not to be necessary for anyone to write expressly in support of the principles of homoeopathy. Why, look at all the orthodox therapists armed with syringes full of—what-you-may-call-it—with which they make holes in otherwise sound skins; to do what? To provoke reactions in the bodies they treat, of course. And these reactions are in the nature of the symptoms produced by disease-causing materials that have invaded the bodies so treated. Now this is what I have always understood to be the homoeopathic principle, that like things are cured by like. If I am right (and I am not a homoeopath) I don't see how the injection-therapy men can throw stones at the homoeopaths. True, there remains the size of the dose, about which a tremendous lot of funny things may be said. But in reply it may be pointed out that if the minute dose's effects are no more demonstrable than is the "osteopathic lesion" it at least does no harm. This is something that the puncturing practitioners are wholly unable to claim, in spite of all the holes they make "for ruin's wasteful entrance"; not to mention the less poetically phrased note in the *Epitome* of September 14th: "the majority showed some local reaction, such as pain, swelling, induration, and abscess, and 6 per cent. showed a general reaction consisting of fever, headache, and malaise." And, Sir, the conclusion of the note from which I have quoted causes another kind of pain, for "within five months of the inoculations Schick tests were performed on 359" of those so treated, and only "62.6 per cent. were found to be immune." Was it worth while? is my demand.

**Dichromatic Vision**

The fourteenth report of the Medical Research Council's committee upon the physiology of vision deals with the characteristics of dichromatic vision; and has been prepared

by F. H. G. Pitt, research scholar in the technical optics section of the physics department of the Imperial College of Science and Technology (M. R. C. Special Report Series No. 200, H.M. Stationery Office, 1s. 3d.). Human colour vision has been differentiated into three main classes: trichromats, whose colour vision is a function of three variables; dichromats, in whom there are two variables; and monochromats, very rare cases of one variable only. In this report observations are recorded on the colour coefficient, luminosity, and hue distinction of a number of dichromats, and it is hoped that this will enable the study of colour-blindness to be put on to a sounder foundation. Persons with normal colour vision are trichromats, but some are anomalous, and an appendix deals in the same way with their measurements. As the result of the study it is tentatively suggested that dichromatism, including the commoner varieties of colour-blindness, is caused by some reduction in either the red or green sensations, but not in both. It may be caused by the entire absence of the green or red sensation, and the red or green sensation persisting may be reduced or magnified. It may be caused also by the fusing of the red and green sensations, accompanied perhaps by a reduction or magnification of one or both sensations. On these measurements, it is pointed out, are based, knowingly or unknowingly, all tests for colour-blindness, and the present report is intended to have a practical bearing on these tests in the future as well as on the further study of colour vision.

**Health Week, 1935**

Health Week will be celebrated from Sunday, October 6th, to Saturday, October 12th, throughout the British Empire. Its immediate purpose is to make health the chief topic of public concern for one week in the year; to secure recognition of the fact that disease is a thing which can and should be prevented; to impart sound information as to public and personal hygiene; and to build up a public opinion which will not tolerate a high disease rate or excessive infant mortality, and feels as a reproach the sight of an ill-nourished or neglected child. In addition to the local celebrations arranged by health authorities, comprising lectures, films, exhibitions, distribution of leaflets and posters, special sermons in the churches, articles in the local press, and any other means available to interest and instruct the public, the Royal Sanitary Institute holds a competition for school children throughout the United Kingdom in which two challenge shields and several hundred certificates are awarded for answers to a set of questions on various aspects of health and hygiene as they affect the child. The subject for this year's competition is "The Practice of Health Habits." To encourage these celebrations over-seas the Royal Sanitary Institute has offered a challenge shield to be awarded annually for the best Health Week held in the Empire outside the British Isles for each year.

**Gordon Memorial College, Khartum**

The annual report for 1934 of the Gordon Memorial College at Khartum relates continued progress, including the provision in the Kitchener School of Medicine of facilities for training for veterinary or agricultural careers as an alternative to the medical curriculum. The incidence of trachoma has steadily declined during the last four years. Bacteriological routine and research work has much increased; the yellow fever survey in the Southern Sudan has continued, and investigations into kala-azar have been begun. It is reported that in some cases of kala-azar the causal parasites could be demonstrated in the nasal secretion, but it is not yet certain whether this secretion is concerned in the transmission of the disease among the population. This work in the Wellcome Tropical Research Laboratories, conducted in close association with the Kitchener School of Medicine and the Gordon Memorial College, is proving of increasing value to the whole community in the Sudan. Some changes in organization are being effected. The college laboratories were founded in 1900.

**Vacancies**

Notifications of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found at pages 49, 50, 51, 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 164.