

OBITUARY.

FREDERICK JOHN ALLAWAY,
WHANGAREI, NEW ZEALAND.

WE regret to report the death of Mr. Frederick John Allaway, of New Zealand, a student who was engaged in his last year of medical work in Dublin. He had been appointed a resident pupil at the Richmond Hospital only two months ago, and was in charge of cases in the fever block. On Sunday week last he was taken ill, and cerebro-spinal meningitis was diagnosed. On Monday he became insensible, and he died on Friday. His death is deeply regretted by the staff and the students, and on Monday last a large number of the students and the whole of the physicians and surgeons attended his funeral to Mount Jerome Cemetery. Mr. Allaway gave excellent promise as a student of medicine, and the sadness of his death is accentuated by the facts that he was the only child of a widowed mother, that he leaves a young widow with two infant children, and that he died far away from his home and relatives.

MR. WILLIAM CLARKSON, L.F.P.S. Glasg., 1856; L.R.C.P. Edin., 1874, died at his residence, West View, Morpeth, on March 6th, in his 79th year. He was a native of Wiston, in the Upper Ward of Lanarkshire. After taking several classes of the Arts Course in the University of Glasgow, he turned to the study of medicine there, and obtained distinction in more than one branch of the science. Having obtained the first named licence, he held appointments and assistantships at Sauchie, in the Island of Mull, at Maidstone, and at Bradley, under the late Dr. Davison, of Seaton Delaval, Northumberland. From there he went to Morpeth as Surgeon to the Dispensary in 1865. While there an outbreak of small-pox and an epidemic of scarlet fever occurred simultaneously, during which there were many fatal cases. Not one of these happened among the cases he treated, although these were all among the poorer class of the people and in the less salubrious environments. Mr. Clarkson's marked success in treating his cases secured for him at once considerable patronage when he left the dispensary and became a private practitioner. His exposure of the insanitary conditions existing where many of his dispensary patients lived led to his being appointed medical officer of health for the borough. Other public appointments soon followed. Among them were Surgeon and Physician to the Union Workhouse, Medical Officer of Health to Morpeth Rural District Council—a very extensive and populous area, which included Ashington, said to be the largest colliery village in the world. It was separated from the Rural District, and is now an Urban District with a population of 20,000. Mr. Clarkson's annual reports as Medical Officer of Health were considered models of lucidity and valuable comment and suggestion. He was also Poor-law Medical Officer and Vaccination Officer for several large parishes in the Morpeth Union. Only these last did he retain till his death. On resigning his appointment for the borough he stood as a candidate for the Town Council, was returned, served for several years as a Councillor, and twenty years ago filled the office of Mayor. He discharged the duties thereof with advantage to the town and credit to himself. His was a striking personality, and his genial, cheery, optimistic spirit made him liked by all with whom he was brought in contact. Of late years he turned his comparative leisure to good account by lecturing on behalf of social, philanthropic, and benevolent institutions and objects. His subjects were particular classes of Scottish songs—Jacobite, for instance—and specially those of Robert Burns, of whom he was an ardent admirer. Endowed as he was with a fine voice and delicate ear, he was able to add to the attractiveness of his lectures by singing illustrative songs in excellent style.

LIEUTENANT-COLONEL EDWARD BOVILL, M.D., Indian Medical Service (retired), died on March 1st, at the age of 61. He joined the Bengal Medical Department as Assistant-Surgeon, October 1st, 1872, becoming Surgeon-Lieutenant-Colonel, October 1st, 1892, and retiring from the Service in 1902. He served with the Duffa Expedition in 1874-5.

LETTERS, NOTES, AND ANSWERS TO
CORRESPONDENTS.

ORIGINAL ARTICLES and LETTERS forwarded for publication are understood to be offered to the BRITISH MEDICAL JOURNAL alone unless the contrary be stated.

CORRESPONDENTS who wish notice to be taken of their communications should authenticate them with their names—of course not necessarily for publication.

CORRESPONDENTS not answered are requested to look at the Notices to Correspondents of the following week.

MANUSCRIPTS FORWARDED TO THE OFFICE OF THIS JOURNAL CANNOT UNDER ANY CIRCUMSTANCES BE RETURNED.

In order to avoid delay, it is particularly requested that ALL letters on the editorial business of the JOURNAL be addressed to the Editor at the Office of the JOURNAL, and not at his private house.

COMMUNICATIONS respecting Editorial matters should be addressed to the Editor, 6, Catherine Street, Strand, London, W.C.; those concerning business matters, advertisements, non-delivery of the JOURNAL, etc., should be addressed to the Manager, at the Office, 6, Catherine Street, Strand, London, W.C.

AUTHORS desiring reprints of their articles published in the BRITISH MEDICAL JOURNAL are requested to communicate with the Manager, 6, Catherine Street, Strand, W.C., on receipt of proof.

TELEGRAPHIC ADDRESS.—The telegraphic address of the EDITOR of the BRITISH MEDICAL JOURNAL is *Attitology, London*. The telegraphic address of the MANAGER of the BRITISH MEDICAL JOURNAL is *Articulate, London*.

TELEPHONE (National):—

EDITOR,
2631, Gerrard.

GENERAL SECRETARY AND MANAGER,
2630, Gerrard.

Queries, answers, and communications relating to subjects to which special departments of the BRITISH MEDICAL JOURNAL are devoted will be found under their respective headings.

QUERIES.

We would request correspondents who desire to ask questions in this column not to make use of such signatures as "A Member," "A Member B.M.A.," "Enquirer," and so on. By attention to this request much confusion would be avoided. Correspondents are asked to write upon one side of the paper only.

F.R.C.S. desires to hear of a suitable home for a case of rheumatic arthritis in a young man of very limited means.

EXPERIMENTER asks for information as to the dosage of fibrolysin, and as to how long its employment may be continued. Are there any risks attached to its prolonged use?

EOSINOPHILIA.

W. A. R. asks how long the condition of eosinophilia may persist in the blood after the expulsion of a tapeworm from the bowel. His patient was treated with male fern in the first week of December last and the worm was expelled, but the head was not found. He is still (April 3rd) very anaemic, and the eosinophiles in the blood are over 20 per cent. The patient has not seen any segments of the worm since December.

. In cases of helminthiasis the eosinophilia may remain for many months after the primary cause has been removed, and our correspondent's patient may belong to this category. But as the head of the worm has not been found, there is another possible explanation which more readily suggests itself.

COFFEE AND INTESTINAL HAEMORRHAGE.

CAFFEINE writes: I should like to know if any of your readers have in their practice met a case of intestinal haemorrhage arising from excessive use of coffee. I have been quite unable to ascertain any reference to this subject in recognized medical works on intestinal disorders; but in a book on domestic medicine, which by chance I cursorily read, I found a statement to the effect that coffee ought to be avoided by those who have a tendency to congestion of the abdominal viscera, as this beverage, unless taken in the strictest moderation, often causes intestinal haemorrhage in such cases. I recently treated a case which apparently gives some support to this warning. A man, aged 58, very temperate and careful in his diet, except perhaps in the matter of black coffee, who for more than thirty years was obliged to take a mild aperient daily, and who evidently suffered from irregular gout, had early one morning an attack of intestinal haemorrhage with true melaenic stools. On recovering from the haemorrhage he suffered from intermittent griping for some weeks, generally in the early part of the night. On one occasion the griping came on directly after drinking strong coffee, and he thereby was led to attribute to the coffee both the haemorrhage and the subsequent intestinal spasms. It may be stated that he had no return of the griping after leaving off coffee, that this was his first and only attack of intestinal haemorrhage, and that he does not suffer from haemorrhoids. Probably it was a case of so-called gouty intestinal haemorrhage.

ANSWERS.

TREATMENT OF RED NOSE.

T. W. B. (Bournemouth) writes in reply to "Senex's" inquiry (BRITISH MEDICAL JOURNAL, March 28th, p. 738: A young undergraduate, aged 19, sought my advice recently for his red nose. He is in every other respect healthy, and does not suffer from indigestion. I found he was much addicted to cigarette smoking, and to the habit of passing the fumes of the tobacco through his nostrils, the mucous lining of which I found glaringly red, the vessels dilated, and externally his nose was unnaturally red for a youth. The only advice I gave him was to moderate his smoking, and to discontinue the pernicious habit of passing the smoke through the nostrils. He has taken my advice, and the improvement in the appearance of his nose is a great joy to him. This should be a warning to young ladies and youths as to the possible effects of the cigarette habit. Some snuff-takers get the same congested vessels and redness of the nose.

Dr. D. S. C. REID (Blackburn) writes: If "Senex" will give the following treatment a trial for a lengthened period I think he will be satisfied with the result. I have had several cases since coming to this part five years ago; one notable case of a lady who had a very ugly red nose, and this treatment acted well.

R Sulphur. praecip. calaminae aa gr. xxx
Ac. carbol. ℥j
Lanolin. pur. ℥j

Sig. After steaming the nose over boiling water, apply this ointment at night.

R Fer. am. cit. ℥j
Liq. arsenical. ℥j
Aq. chlorof. ad ℥vj
Sig. ℥ss three times a day after food.

F.R.C.S. writes: Your remarks are very good. Each case requires treatment for the cause. Many cases arise from dyspepsia. The one thing the whole profession neglect is cosmetics; yet nothing is more gratifying than the esteem young ladies hold their medical adviser in for beautifying their complexion. We are taught nothing of this at the medical schools. I would advise "Senex" to give some cascara tabloids every night, and let her use the following lotion:

R Calamine gr. x
Bismuth trinitrate gr. x
Acid. hydrocyanic. dil. ℥j
Pulv. tragacanth c. ℥j
Aq. ad ℥j
For external use.

A little to be sponged over the nose every night at bedtime and allowed to dry. Another practical hint is always to use the tragacanth powder for cosmetic lotions instead of pulv. acaciae.

DR. H. ELLIOT-BLAKE (Bognor) writes: The wind and the weather, besides failing circulatory equilibrium, sometimes play havoc with the normal cosmetic effect of the nose, apart or in conjunction with the other contributory causes. The nose shield I formerly described, for red noses, etc., helps any treatment, including a soothing lotio calaminae or antiseptic lotio hydrargyri perchloridi, or other dyspeptic, eczema, and skin treatments. With the nose shield the pattern should be first made in paper, to fit each side of the nose, and nearly triangular in shape, but with the apex truncated $1\frac{1}{2}$ in. or more to fit the upper part. It will then cover the whole nose. The layers comprising my nose shield are dark blue or purple outside, yellow and red inside—odd and end bits of silk, velvets, or other opaque materials found in any lady's work-basket. Lead or tin foil may be added, to shield off the irritating and unknown rays, as well as the spectroscopic or revealed rays of the sun. The layers are all sewn together under the paper pattern, and the rough sides cut off neatly. The nose shield should be worn constantly, or as much as possible, and always in the sun. The sun colours the face by deposit in the rete and drying by congestion, and the nose shield blanches the nose, with a corresponding and direct cosmetic improvement. Clips to keep the nose shield in place on the nose have been made by Mayer and Meltzer, of Great Portland Street. But spectacles, or a piece of elastic with a disc of velvet in the centre worn round and above the nose, above or below the ears, act very well. Spectacles, however, often aggravate the causes of red nose, and, to modify the most uncomfortable glow, have usually to be restricted in use.

TREATMENT OF COMMON COLD.

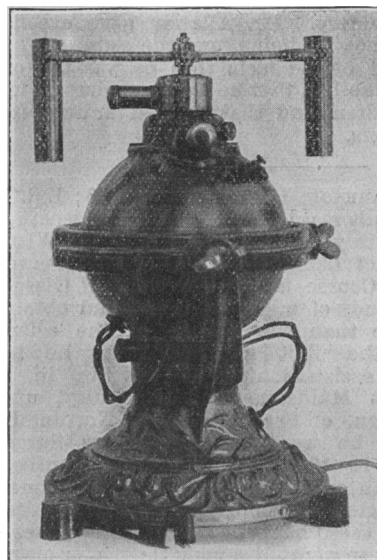
DR. CORAM JAMES (London) writes: Several years' further experience has fully confirmed me in the opinion which I expressed in 1905 as to the almost invariable specific influence which sodium salicylate has in checking the development of the "common cold," and in cutting short the duration if it has been allowed to develop, provided

always that the patient will put up with the inconvenience to which the drug sometimes gives rise in the way of deafness and noise in the ears. During the recent severe epidemic of influenza I found personally that in that disease, although it relieved the aching in limbs and headache somewhat, it had no influence whatever on the very severe nasal catarrh, although taken very freely indeed.

LETTERS, NOTES, Etc.

AN IMPROVED CENTRIFUGE.

FLEET SURGEON A. R. BANKART, R.N., writes: Some months ago I read a note in the BRITISH MEDICAL JOURNAL describing a method of using an electric fan as a centrifugal machine. As far as my memory serves me, the method consisted of fixing the glass tubes, etc., to the vanes of the fan by means of electric bands. Having some weeks ago found the want of a means to centrifugize blood, urine, etc., I proceeded to transform an ordinary electric fan, such as is supplied to officers' cabins and sick bays. Having altered the axis of the fan from the horizontal to the vertical, I had a cross-piece of brass with forked ends (made to scale). Two brass buckets were made to swing with the forked ends. I find that I can get about 1,500 revolutions, and that I can centrifugize blood for opsonic or other work in four minutes. As



this idea may be useful to others as it has been to myself, you may, perhaps, think it worth noting. I think it is an improvement on the elastic-band method. The cross-piece can easily be removed by unscrewing a nut and the motor transformed from centrifuge to fan and vice versa in a few minutes. If the buckets are made of aluminium instead of brass, the number of revolutions can be much increased.

OVERDISTENSION OF THE BLADDER.

MR. JOHN R. LUNN, F.R.C.S. (London, W.) writes: A man, aged 65, was sent to Marylebone Infirmary, Notting Hill, W., for intestinal obstruction. He had been troubled with vomiting and constipation for five days, and appeared very ill. I found a large tumour occupying the region of his bladder. I drew off $9\frac{1}{2}$ pints of urine, which was a unique quantity in my experience.

THE FIRST INTERNATIONAL CONGRESS ON "FIRST AID" AND LIFE SAVING.

MR. S. OSBORN, F.R.C.S. (Maisonnette, Datchet), Honorary Secretary of this Congress, writes: The following papers have been promised from Great Britain: Suggestions to Improve First Aid on Railways, by James W. Croston, Manchester; First Aid in the Fire Service, by Horace Folker; Suggested Rules for Recovering of Coal Miners after Explosions and Fires, by W. E. Garforth, President of the Mining Association of Great Britain; First Aid and Life Saving in Coal Mines, by Albert M. Oppenheimer; First Aid in the Streets of London, by S. Osborn.

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