

Letters, Notes, and Answers.

AUTHORS desiring reprints of their articles published in the **BRITISH MEDICAL JOURNAL** are requested to communicate with the Office, 429, Strand, W.C., on receipt of proof.

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

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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.

AFFLICTED asks if there is any reliable mechanical apparatus for counteracting the falling in and indrawing of the alae nasi. If the tip of the nose is pushed up with the finger, there is abundant air passage-way; otherwise the indrawing of the alae renders mouth breathing necessary. Wearing a mechanical apparatus might stiffen out the alae after a time.

MOTORING IN RHINITIS.

ROSACEAE has been told that motoring has been found to cure several obstinate cases of chronic rhinitis with inflammation of accessory cavities of the nose; he would be glad to have this opinion confirmed or otherwise by readers of the **BRITISH MEDICAL JOURNAL**.

ANSWERS.

F. H. K.—For the examination on operative surgery for the Fellowship of the Royal College of Surgeons of Edinburgh, Kocher's book would probably be found more useful than Binnie's. It has the disadvantage, however, that Kocher's methods take precedence of others, and any candidate will be well advised to have beside him another of the smaller books on operative surgery, such as the volumes by Thomson and Miles or Waring.

MARRIAGE OF FIRST COUSINS.

DR. E. N. M. ROSS (London) writes: The Bakhtiaris, one of the most advanced tribes in Persia, make it a rule that a man's wife should, if possible, be his first cousin, preferably his father's brother's daughter. Contrary to my preconceived ideas, I found the children of such marriages as a rule mentally and physically superior to the children of the other wives, though brought up under precisely similar conditions.

SERUM DIAGNOSIS OF TUBERCULOSIS.

In reply to several correspondents we may say that the papers on which the article on this subject published in the **JOURNAL** of March 7th was chiefly founded are the following: (1) Besredka and Jupille, *Annales de l'Institut Pasteur*, November 25th, 1913; (2) Besredka and Manoukhine, *Comptes rendus de Soc. de Biologie*, February 6th, 1914; (3) Besredka and Jupille, *ibid.*, February 13th, 1914; (4) Kuss, Leredde, and Rubenstein, *ibid.*, February 20th, 1914; (5) Inman, *ibid.*, February 20th, 1914.

COLOTOMY BELT AND PAD.

J.—A celluloid cap with raised ring and holes in the edge of the cap, so that it may be stitched to the colotomy belt, is in the market, and is a much more satisfactory apparatus than the rubber appliance. This celluloid cap is fitted to a belt and not to a truss. It is made by a manufacturer called Franklin, who supplies the trade only. Our correspondent should be able to obtain this from any good firm of instrument makers. We may remark that Harrison Cripps doubts whether any apparatus answers better than a pad of flannel bandage. The following description is taken from his recent work on rectal cancer: "A piece of lint 3 in. square smeared with simple ointment should be placed over the opening; above this a small pad of boric wool may be applied, the whole being covered with a large flat pad of cotton-wool protected by gutta-percha tissue. The pad may be kept in position by a few turns of a wide flannel bandage, using a perineal strap if necessary."

LETTERS, NOTES, ETC.

MILWARD FUND.

MR. WILLIAM SHEEN, Honorary Treasurer (2, St. Andrew's Crescent, Cardiff), writes: Since the list was published a subscription of £5 5s. has been received from Mr. W. Sampson Handley, London.

THE TREATMENT OF BRONCHIAL ASTHMA.

A GENERAL PRACTITIONER writes: During the last few years great strides have been made in the treatment of various diseases. I regret to say bronchial asthma is not of them, yet sufferers from this dreadful malady deserve our sympathy and help. How do we treat a patient suffering from bronchial asthma to-day? If we are called in during a paroxysm, we endeavour to give immediate relief in various ways, such as inhalation of chloroform, hypodermic injections of morphine

and atropine—which should be used with great care, especially if there is much bronchial secretion—or adrenalin, which is a dangerous drug to play with. Between the attacks we prescribe a mixture containing potassium iodide or liquor arsenicalis in increasing doses. We also diet our patient, and see that his bowels are kept freely open. Our patient is no better with this treatment, so after a time we send him to a surgeon, who removes any nasal polypi that may be present, portions of turbinates, and puts straight a deflected septum. After this treatment the patient is often worse than he was before, so we now send him to a physician who specializes in vaccines; a vaccine is prepared from the patient's sputum, and from time to time injected. This treatment is often successful for a time, but invariably the attacks come on again, so the patient is now sent to a dentist; his teeth are extracted, with no good permanent result. Finally, our patient is advised to live in some country where the climate would suit him. What a humiliating position for a doctor! I hope the time is not far distant when some brilliant member of the profession will find out what bronchial asthma is, then we can expect to treat our cases successfully.

DIET AND APPENDICITIS.

DR. JOSIAH OLDFIELD writes from Tunis: May I support my theories on the prevention and early treatment of appendicitis (which you allowed me to formulate in one of your January issues) by recording my observations in the Arab Hospital at Tunis? I find that the Arabs eat little or no meat for a week or two at a time, and then may have a large flesh meat feast when an animal is killed. I find that their daily diet consists of grains, vegetables, dried fruits (dates, figs, raisins), some legumens, milk, cheese, and eggs. I find, further, that oil is largely used as an integral part of every meal, nearly everything being cooked with oil; and, lastly, I have the authority of the senior surgeon to the Sadiki Hospital (a purely Arab Hospital, situated in the middle of the souks of Old Tunis) in saying that appendicitis is a comparatively rare and surgically unimportant disease amongst Arabs. If my theories are correct—(1) that the anaerobic micro-organisms of the intestines produce intestinal contents of a virulently poisonous character when they act upon flesh foods; and (2) that it is the carrying through the intestinal wall of this virulently poisonous material by micro-organisms penetrating the weakest part of the intestinal wall in the neighbourhood of the appendix, which makes appendicitis so serious a disease—then the best treatment and the best preventive measures are: (1) Cut off flesh foods; (2) give 1 to 2 oz. of castor oil to sweep on the micro-organisms completely past the vulnerable part; (3) give 1 oz. of olive oil daily with a drachm of castor oil until all symptoms have disappeared; and this is a treatment I have found most valuable.

BIRDS' NESTS.

BIRD lovers had an excellent opportunity for supplying themselves with all the adjuncts necessary for indulging in this interesting hobby at an exhibition of nesting boxes and bird-feeding appliances held by the Selborne Society from March 2nd to the 14th, in their offices at 42, Bloomsbury Square. A very large variety of nesting boxes was on view, and the ingenuity of the designers had evidently been exerted to the utmost to make these artificial substitutes resemble as closely as possible the natural homes of the different species of English birds. Every device likely to induce wild birds to nest close to human habitations had been employed, and many of the boxes were so constructed that it would be possible for the owner to keep the nest under observation without disturbing its occupants. The exhibits also included a large number of the latest feeding appliances, made for hanging on to trees or fixing against walls. Both nesting boxes and feeding bottles were planned with a view to protecting the birds from the depredations of the household cat, so that the possessor of a garden at the present moment need no longer fear to have it full of

"Birds over the boughs sheen,
Singing of love among the leavis small."

THE TREATMENT OF SYPHILIS OF THE NERVOUS SYSTEM BY INTRATHECAL INJECTIONS: A CORRECTION.
OUR attention has been called to an error of some consequence in Dr. Harry Campbell's article on this subject in the **JOURNAL** of March 14th. On page 577, col. 2, line 12 from foot, it is stated that 0.9 gram of neo-salvarsan should be given "intrathecally." The last word should have been "intravenously."

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