

our issue of April 13th as a member of the Fifeshire Education Authority, is not a member of the medical profession.

We are informed that a Department of Dietetics was established at University College Hospital last November to deal with the special diets, particularly diabetes, nephritis, and gastro-intestinal disorders. The department is under the control of a member of the Honorary Medical Staff and in charge of Miss E. M. Marshall, B.Sc.Lond., who is a fully qualified dietitian. It is hoped later to inaugurate a school for the training of dietitians, with adequate courses of lectures combined with the practical work, for which fees will be charged. At present while such lectures are not available an opportunity occurs for the training of one or two pupils in practical dietetic work; this course would be of six months' duration and the instruction would be given free. Candidates should preferably possess a degree in Domestic Science. Further information can be obtained from the Matron of University College Hospital, Gower Street, W.C.

DR. T. STENNER EVANS of Dowlais, Glamorgan, has been appointed a Justice of the Peace for the County of Glamorgan.

A LOAN exhibition of old English silver (including Scottish and Irish) in aid of Queen Charlotte's Maternity Hospital will be held at Seaford House, Belgrave Square, S.W., from May 1st to 25th.

THE Académie de Médecine has awarded the Prince of Monaco prize of 100,000 francs to Professor Borel of Strasbourg for his work on the etiology of cancer.

Letters, Notes, and Answers.

All communications in regard to editorial business should be addressed to **The EDITOR, British Medical Journal, British Medical Association House, Tavistock Square, W.C.1.**

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, not necessarily for publication.

Authors desiring REPRINTS of their articles published in the *British Medical Journal* must communicate with the Financial Secretary and Business Manager, British Medical Association House, Tavistock Square, W.C.1, on receipt of proofs.

All communications with reference to ADVERTISEMENTS, as well as orders for copies of the *Journal*, should be addressed to the Financial Secretary and Business Manager.

The TELEPHONE NUMBERS of the British Medical Association and the *British Medical Journal* are MUSEUM 9361, 9362, 9363, and 9364 (internal exchange, four lines).

The TELEGRAPHIC ADDRESSES are:

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MEDICAL SECRETARY, Medisecra Westcent, London.

The address of the Irish Office of the British Medical Association is 16, South Frederick Street, Dublin (telegrams: *Hacillus, Dublin*; telephone: 62550 Dublin), and of the Scottish Office, 7, Drumshough Gardens, Edinburgh (telegrams: *Associate, Edinburgh*; telephone 24361 Edinburgh).

QUERIES AND ANSWERS.

SCHMIDT'S SERUM.

DR. R. WHITTINGTON (Hove) writes: I should be grateful if anyone who has tried Drs. Otto and Wolfgang Schmidt's serum and vaccine for cancer would let me know their results, whether favourable or otherwise.

AXILLARY HYPERIDROSIS.

"D. G." writes: Can any reader suggest treatment for excessive perspiration in both axillae, very much more marked in the right, and occurring constantly, irrespective of weather conditions? At one time the American preparation "odorono" controlled it for a few days, but it has no effect now. Inquirer is not in a debilitated condition, but always has very cold hands. The perspiration ceases towards evening, but is very distressing from the moment of dressing after the morning bath (hot, followed by cold sponge); it ruins clothes and causes a cold, clammy sensation, not to mention a certain amount of mental distress.

INCOME TAX.

Car Expenses of Assistant.

"J. M." is an assistant and pays his own car expenses, with the exception of petrol, oil, and garage. Can he claim anything in respect of that portion of the car expenses which is borne by himself?

** Yes, including renewal of tyres, repairs, and, say, 15 or 20 per cent. for depreciation. The fact that one portion of the expenses is borne by the principal, and presumably deducted for the purpose of his income-tax return, does not in any way affect the admissibility of "J. M.'s" portion.

LETTERS, NOTES, ETC.

DR. HUGH DONOVAN writes: I am incorrectly reported in the *Birmingham Post* of April 20th as having stated at the annual meeting of the Birmingham Skin Hospital that I am treating patients with injections of gold. Actually I remarked, as a matter of popular interest, that an (unnamed) colleague of mine was doing this.

ARROWROOT.

SIR ALGERNON ASPINALL (secretary of the West India Committee) writes: From inquiries which I have made recently it would appear that chemists continue to sell at fancy prices "Bermuda arrowroot" in spite of the fact that arrowroot has not been produced in Bermuda for export for many years. In support of this statement I can produce documentary evidence, if required. The principal source of arrowroot to-day is the island of St. Vincent, British West Indies, whose product is derived from identically the same plant—namely, *Marranta arundinacea*—as that formerly cultivated in Bermuda. Another grievance of the St. Vincent proprietors is that arrowroot, which is quoted on the produce market at 3s. 6d. to 11d. per pound, is offered for sale by chemists in the pulverized condition at such exorbitant prices as 3s. 8d. per pound, and even more in many cases. I hope that by my giving publicity to these grievances and to the fact that all the leading grocers are now selling pulverized St. Vincent arrowroot at 1s. to 1s. 4d. per pound, the chemists and druggists will adjust their prices to a more reasonable figure.

DIAGNOSTIC VALUE OF THE WASSERMANN TEST.

DR. M. F. McELLAGOTT (Wrexham) writes: Are we absolutely justified in basing a diagnosis of syphilis on a report of a positive Wassermann reaction being present? Recently I had occasion to send a patient who had had several miscarriages to a gynaecologist, who, while considering that operative intervention might help the patient to reach full term in future pregnancies, decided, as is customary in patients with such a history, to perform a preliminary Wassermann test. The reaction was found to be positive, so we sent the patient to a venereal diseases clinic with the report. The medical officer in charge very properly took a blood sample, which, on investigation, gave a negative reaction. To be quite certain about the condition a second Wassermann test was performed a fortnight later, and again a negative finding was reported. I may say that, apart from the occurrence of frequent miscarriages, there was no history and no clinical evidence of syphilis; no antisyphilitic treatment had been given. At the present day we have a number of modifications of the original Wassermann test. Would it not avoid ambiguity if a strictly uniform method were employed in all laboratories? It is recognized that the heating of the patient's serum destroys a very large percentage of its total syphilitic antibody content. The necessity for heating can be obviated by using fresh serum, and it has been demonstrated that in some cases in which an inactivated serum gives a negative reaction an active serum from the same source may prove to be positive.

AN ANTIDOTE FOR MORPHINE POISONING.

DR. F. E. LOEWY (London, W.1) writes: It is of considerable practical importance, but not yet sufficiently appreciated, that we possess a powerful stimulant of the respiratory centre—the alkaloid lobeline, which is now available in sterilized ampoules, and can be used safely under proper precautions. It has proved very effective in poisoning by morphine, hyoscine, and other depressants of the respiratory centre, and should certainly be given in cases like those reported by Mr. A. E. Mortimer Woolf on March 16th (p. 499), when respiratory failure occurs after the administration of heroin. An ampoule of 1/20 grain should be injected intravenously very slowly, drop by drop. The effect is immediate but transient, and the injection may be repeated every ten to fifteen minutes. Intramuscular or subcutaneous injection of 3/20 grain is also useful, but less reliable. Lobeline should be at hand in every operating theatre.

THE DOCTOR AND CHEMICAL WARFARE.

"V. P." writes: Many of us will have read Dr. Arthur T. Jones's letter of April 6th with the greatest satisfaction. The idea of our profession as a whole taking a definite stand against warfare of any kind, and against chemical warfare in particular, should appeal to all and help to redeem science from the evil reputation which she earned in (what we hope will always be) "the last war."

THE USE OF THE TONSILS.

DR. W. S. WHITCOMBE (London, W.1) writes: Dr. McNamara's letter in your issue of April 6th (p. 670) on "The use of the tonsils" will, I hope, attract the attention it deserves. In my letter published in the *Lancet* (December 8th, 1928, p. 1209) I drew serious attention to this grave subject, and I feel sure that more regard should be paid to those who, after long years of clinical experience, consider generalized tonsillectomy unwise.

VACANCIES.

NOTIFICATIONS of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found at pages 44, 45, 46, 47, 50, and 51 of our advertisement columns, and advertisements as to partnerships, assistantships, and locum tenencies at pages 48 and 49.

A short summary of vacant posts notified in the advertisement columns appears in the *Supplement* at page 176.