

## TREATMENT OF CHRONIC DIARRHOEA.

E. B. F. writes to suggest to "Puzzled" (BRITISH MEDICAL JOURNAL, August 3rd) to prescribe a strictly vegetarian diet, to be enforced for some months, combined at first with pil. plumbi cum opio, 5 grains once or twice daily.

## CLIMATE OF HONG KONG.

X. Y. Z.—The climate of Hong Kong is trying during seven months of the year; for the other months (October to March) it is delightful; one can live in the town, on the Peak, or on the mainland. The Peak is the best place to live in, being about 10 degrees cooler in summer than the town. The climate suits Europeans very well, the winter making up for the hot and damp summer. Malaria and dysentery are the two chief diseases. The former has been much lessened by drainage, and with care neither are dangerous. The mainland (Kowloon) is better to live in than the town. Children from 5 to 18 should not live in Hong Kong. Get all clothes, boots, etc., there.

## THE PRESERVATION OF RUBBER INSTRUMENTS.

We have again received an inquiry with regard to the best method of preserving rubber instruments. A question on this subject published about three years ago led to a few replies the purport of which we may reproduce, while at the same time asking correspondents who have found other methods suitable to send us their experience. Lieutenant-Colonel J. A. Nunn, Army Veterinary Department, stated that he had kept rubber instruments in the plains of India throughout the hot weather in an air-tight tin box, with a small quantity of kerosene oil in a gallipot; as the oil evaporates it must be renewed from time to time. Dr. M. Aston Key, Southsea, recommended swabbing five or six times a year with a saturated solution of turpentine dissolved in methylated spirit. The spirit evaporates leaving a very fine coat of turpentine which is quickly absorbed by the rubber; he added that when the turpentine was applied the instruments ought to be manipulated, and that all that can be hung up are best kept in that manner and not coiled.

## LETTERS, NOTES, Etc.

## THE "AMERICAN MEDICAL DIRECTORY."

We are asked to state that the *American Medical Directory*, to which attention was drawn in this JOURNAL on July 6th, 1907, was compiled and officially published by the American Medical Association, and that the W. B. Saunders Company, of London and Philadelphia, are merely the agents for its sale in this country and not its publishers.

## VAGINAL HAEMORRHAGE IN YOUNG INFANTS.

DR. T. HOUGHTON MITCHELL (Ambleside) writes: Six years ago I attended the wife of a coachman in this neighbourhood, whom I delivered of a female child. Within a week of its birth the nurse drew my attention to the oozing of blood from its vagina. The same patient was attended by me in her confinement on August 2nd of this year. When a second female child was born on August 8th, the nurse—a different one from the former—was much alarmed by an oozing of blood from the babe's vagina. In neither of these cases did inspection reveal any abrasion or vascular growth to account for the anomaly. Were they both rare cases of infantile menstruation?

## THE PERILS OF STERILIZATION.

DR. H. COMPTON PARSONS (Torington) writes: I have noticed some letters on Dr. Duke's suggestion of removing the cervix in order to produce sterility. I attended a case in New Zealand in which I had very considerable trouble owing to the difficulty of delivering through the cicatrix of a completely amputated cervix. The case was well known to me, as my colleague and I had sent her into Christchurch Hospital some months before with a growth involving almost the whole cervix, and at the time we supposed her safeguarded against another conception. Two or three years later she wrote to me from the North Island asking me to communicate with the local medical practitioner as she was again pregnant. I remember spending a very anxious day, having been called at 7 a.m., and delivering her with much difficulty at 1.30 the next morning. I think it was her seventh confinement.

## MEDICAL ATTENDANCE IN CASES OF SUDDEN ILLNESS

DR. A. WITHERS GREEN (London) writes: I would wish to know the views of my fellow-practitioners on the following matter: If I were taken suddenly ill I should hope and expect that I should be seen by a medical man on the spot. If I were away from civilization I should be content with first aid by any one. Surely it is a serious matter in some sicknesses to be moved at all, as well as serious if the wrong line of action be taken. Is it not right that all should share in the benefits of medical advice instead of that of any first-aid association. When the doctor has given his advice and practice, then the conveying by a smooth-running, quick travelling ambulance is good. I have heard that in Leeds and other large towns a medical man accompanies the

ambulance van. Why not in London and in every town? In letters that I have read this most important item seems not to have been brought forward.

## VAGITUS UTERINUS.

DR. F. W. E. BURNHAM (Winnipeg, Canada) writes: The editorial reference to vagitus uterinus in a recent issue of the BRITISH MEDICAL JOURNAL reminded me of my intention to report a case which occurred in my practice in 1900. A multipara residing 15 miles from town had been in labour some hours, but on my arrival pains were weak and infrequent. On examination the os was found well dilated, the membranes had ruptured, and the head was above brim. The vigorous pains which marked the first stage were succeeded by secondary uterine inertia. After waiting a reasonable time without apparent improvement, the patient consented to instrumental delivery. Chloroform was administered and the hand introduced into uterus to decide between version and forceps. After the withdrawal of my hand there was heard by my assistants and myself a vigorous muffled cry lasting several seconds, and which could be heard some distance. The cry is well described as weird, and the effect upon those around was decidedly uncanny. Podalic version was quickly performed and a healthy child delivered without difficulty. The fetal cry in this instance followed the entrance of air which occurred during manual exploration of a relaxing uterus when the pelvis was unavoidably elevated.

## A SPECIAL LABORATORY FOR THE EXAMINATION OF STOOLS, ETC.

A NOVEL undertaking has recently been started by Dr. Thalwitzer in Dresden. In association with a chemist especially experienced in the chemistry of foodstuffs, a histologist, and a botanist, he has founded a laboratory where modern methods of examination of stools are carried out, including microscopical, qualitative, quantitative, chemical, and bacteriological investigations. The urine is also examined and reported upon. According to the prospectus, the material must be sent through a medical man, and the results are communicated only to him. Only certain objective results are communicated to the patients. Medical practitioners can receive the necessary paraphernalia, with instructions, etc., and also a tariff of charges, on writing for the same. Any out-of-pocket expenses to which the medical practitioner may be put in connexion with the laboratory will be refunded to him. The charges for a complete macroscopical, microscopical, and chemical stool analysis is 30s., but this does not include a certain number of substances, among which nitrogen by Kjeldahl's method may be mentioned. For such analyses extra charges, varying from 3s. to 12s., are made. Complete urine analysis is conducted for 20s. The sender has to pay for the vessels in which the material is sent, save when the examination fee is over 7s. 6d., and in all cases has to pay the postage. The scheme of enabling practitioners to apply modern diagnostic methods in private cases of disturbances of the gastrointestinal apparatus is an excellent one, even if it does not seem to be quite as novel as Dr. Thalwitzer wishes one to think; but in England, at least, great exception would be taken to the statement that "only objective finds are communicated directly to the patients." That everything which is found in a laboratory examination may only be communicated to the practitioner in charge of the case is an ethical rule, from which there is no departure. It is also not quite clear what out-of-pocket expenses are to be refunded, and if this be a delicate way of suggesting a commission, as far as England is concerned, the recent Corruption Act would effectively debar any practitioner from being a party to any such arrangement. It will be interesting to watch the progress of this special laboratory, regarded as a new departure (as opposed to our existing institutions for clinical research), and, provided that the suspicions on the points mentioned are not founded on fact, we wish Dr. Thalwitzer success and many imitators.

A CORRECTION.—In the twenty-first line of the letter from Dr. J. Skardon Prowse, entitled "Health Visitors as Unqualified Assistants," published in the JOURNAL of August 10th, p. 365, for the word "living" read "livery."

## SCALE OF CHARGES FOR ADVERTISEMENTS IN THE BRITISH MEDICAL JOURNAL.

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