

Medical News

A meeting of the Manchester Medical Society will be held at the Medical School, University of Manchester, on Wednesday, Nov. 4, at 4 p.m., when Sir Charles Wilson, P.R.C.P., will deliver an address on "Morale in Leadership." All graduates and students of medicine are invited to attend.

Prof. W. V. Mayneord, D.Sc., will give a discourse on "The Measurement of Radiation for Medical Purposes" at the Royal Institution, 21, Albemarle Street, W., on Friday, Nov. 6, at 5 p.m.

A meeting of the main executive committee of the Medical Superintendents' Society will be held at Station Hotel, Derby, on Saturday, Nov. 7, at 11 a.m.

An appointments system for out-patients will be instituted at St. George's Hospital from Nov. 2. Private and panel doctors are asked to co-operate by telephoning to arrange appointments with the appointments clerk at the hospital (Sloane 7151).

The *Zentralblatt für Chirurgie* of July 4 is dedicated to Prof. Carl Henschen, director of the surgical clinic at Basle. The issue contains his portrait, a foreword by Prof. Sauerbruch, and several articles by his Swiss colleagues.

The *Yorkshire Post* announces that a gift of £50,000 is to be made to the General Infirmary at Leeds by Mr. Charles Brotherton to cover the cost of building and equipping the private patients' wing which was opened in November, 1940. This new benefaction will make available from the Infirmary's special appeal fund a similar sum for proceeding with other much-needed extensions and developments after the war. The private patients' wing gives accommodation for 90 patients, and 79 beds are now in commission.

Nursing mothers are to be allowed priority supplies of eggs for 12 instead of 6 months, but doctors need only issue an initial certificate at the time of birth, the local food office arranging the priority thereafter automatically.

Letters, Notes, and Answers

All communications in regard to editorial business should be addressed to THE EDITOR, BRITISH MEDICAL JOURNAL, B.M.A. HOUSE, TAVISTOCK SQUARE, LONDON, W.C.1.

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TELEPHONE NO.—B.M.A. and B.M.J.: EUSTON 2111.

TELEGRAPHIC ADDRESSES.—EDITOR, *Aitiology Westcent, London*; SECRETARY, *Medisecra Westcent, London*.

B.M.A. SCOTTISH OFFICE: 7, Drumsheugh Gardens, Edinburgh.

QUERIES AND ANSWERS

First-aid Treatment of Wounds

J. R. L. writes: I am lecturing to a St. John Ambulance class on first aid, and I have stressed the importance of antiseptic measures in dealing with such wounds as they may have to treat. It occurred to me to suggest that bad wounds might be well sprinkled with sulphanylamide. I will be much obliged by an authoritative opinion on the advisability of recommending such a procedure to first-aid workers.

Reconditioning of Corks

Dr. C. HEAP writes: It is grossly wasteful to throw away corks from returned empty medicine bottles. Boiling, though it sterilizes, produces a dirty-looking cork which I do not like to use. Can anyone tell me of a method of bleaching suitable for use in general practice?

LETTERS, NOTES, ETC.

Aid for the Women and Children of Abyssinia

In these days of so many deserving appeals to individual generosity it is often a help to be reminded of causes which, by their nature, can lay some claim to support from the medical profession. One such cause is that of the Ethiopian Women's Work Association, which was first started to provide medical supplies and comforts for the troops in Abyssinia, but which is now tackling the even more difficult task of social welfare work among the women and children of that country. The London office of the association

has recently received an urgent request for a woman doctor and for a social welfare worker to go out to Abyssinia to open clinics for women and children in all parts of the country, and to organize homes for children who, through the war, have been separated from or lost their parents. For this a minimum of £3,000 is needed. £1,000 has been received as a result of a broadcast appeal in September, but the balance and more is needed at once if this humanitarian work is to proceed at all. It is hoped there will be a generous response to the appeal. Donations should be sent to Lady Barton, Hon. Treasurer, 19, Neville Street, London, S.W.7.

Treatment of Furunculosis

Dr. A. I. CEMACH writes from Capel Garmon, N. Wales: The type of "furunculosis" described by Dr. G. L. Davies (Sept. 19, p. 351) was well known to Austrian doctors in the last war. It was eventually overcome by a single treatment which proved to be as specific as SUP 36 in Dr. Davies's case. A 15% solution of formaldehyde was applied locally to the initial papule and its surroundings as early as possible and repeated once or twice a day, with slight covering of the lesion to prevent chafing. As a rule the papule was arrested by this and dried up within a couple of days, no further crops appearing after two or three lesions had been checked in that way.

Naphthalene in Bedrooms

Dr. E. B. HAZLETON (Torquay) writes: It is not generally known that the vapour from naphthalene as used in bedrooms with the object of preventing the depredations of moths may be injurious to human beings. I have noticed the following symptoms: a feeling of weariness and lassitude in the morning with loss of appetite and a muddled head.

MEDICINE 100 YEARS AGO

Extract from a letter from John Barrett to the *Provincial Medical Journal*, published on October 29, 1842:

"Gentlemen,—If we may judge from some late communications to your *Journal* and the 'Medical Gazette,' the *questio vexata* of what is Asiatic cholera has yet to be solved. Thus, we have on the one side two cases of Asiatic cholera forwarded you by Mr. West, of Poole, and one to the 'Medical Gazette,' by Dr. Ayres, of Thame ('Medical Gazette,' Sept. 30), whilst on the other we have Mr. Salter, a gentleman of thirty years' experience in the locality of Mr. West's cases, giving us an article on the 'Diagnosis of Asiatic and English Cholera,' in which, though he courteously disclaims any 'desire to impugn the correctness of your very respectable correspondent's observations,' he urges the importance of correct diagnosis, and in the latter part of his article remarks with respect to what he terms the 'genuine oriental cholera.' 'In the first case that came under my observation, I felt that I was in the presence of a new disease, and that what I then witnessed I had never before seen; and I have no hesitation in saying that, since the disappearance of that epidemic, nothing resembling it has crossed my path.' There can be no misunderstanding this; he considers Asiatic cholera, if cholera at all, to be a cholera sui generis, whilst the communications of Mr. West and Dr. Ayres would lead us to the conclusion that they consider 'the Asiatic cholera itself,' to quote the words of Dr. Ayres, 'may be nothing more than an aggravated form of the disease so long familiar to us.'

"On which side does truth rest? No doubt, if we consider the intensity of the cholera such as it appeared in 1831-2-3, it was a new disease; at least, for my own part, I have seen nothing approaching to it in this respect, and there were circumstances attending it which I have never met with except then—e.g., the *intense* blueness, and, if the expression be allowable, the more deadly coldness of the body during life, with the singular return of warmth and natural color after death; the insusceptibility to blisters and sinapisms at the commencement, and the occurrence of vesication some days after at the parts where they had been applied; and lastly, the much talked of post-mortem muscular action—circumstances which, no doubt, were witnessed by most medical men conversant with cholera at the period in question.

"Few of your readers will, I think, dissent from Mr. Salter's opinion that rice-water evacuations, spasmodic tension of the muscles, and the blue skin cannot be considered pathognomonic of Asiatic cholera; and I must add, that whilst I allow that cholera cases do not now (at least under my observation) present us with any approach to the intensity of what was termed Asiatic cholera, yet in a modified degree they exhibit most of the symptoms mentioned by Mr. Salter as 'the symptoms belonging to the early stage of Indian cholera most to be relied upon'—viz., 'a remarkable shrinking or shrivelling up of the person, and especially of the hands, fingers, and tongue, with cold breath, and squeaking, indistinct voice, scarcely to be heard,' or, as Dr. Barry has described it, 'the low whine like that of a dog dying from arsenic.' Several of these symptoms I have seen in the cholera of this season."