

virus from some other common source. It may have been a visitor in the pre-jaundice stage of illness or a child with a mild missed attack. The mode of transfer of this condition is usually by direct droplet infection. The possibility of homologous serum jaundice transmitted by imperfectly sterilized needles would also have to be excluded.

Wilson's Heart Block

Q.—*What is Wilson's heart block, and what are the main electrocardiographic features of this condition?*

A.—Wilson and his colleagues (*Amer. Heart J.*, 1934, 9, 472) gave a description of the electrocardiograms of three patients, all showing a special type of intraventricular block. They proved experimentally on a dog that the same configuration is produced when the right branch of the bundle of His is damaged. According to Wilson the electrocardiogram is characterized by a QRS interval measuring 0.12 second or more and by narrow R-deflections and broad S-deflections in lead I. In lead III there is a narrow Q or S deflection synchronous with S in the same lead. In cases in which the standard electrocardiogram is of this type precordial leads from the right side of the praecordium show a very late chief upstroke; precordial leads from the left side of the praecordium show an early chief upstroke approximately synchronous with the peak of R in lead I. These curves are strikingly similar to those obtained by the same method of leading after section of the right branch of the His bundle in dogs, and for this reason it is believed that electrocardiograms of the kind mentioned represent right bundle-branch block in man. In the view of these American workers there is much less difference in frequency "between clinical right and clinical left branch block than has heretofore been supposed."

Ocular Effects of Dimethyl Sulphate

Q.—*Can any advice be given about the effects of dimethyl sulphate on the eyes. A patient recently complained that his eyes had been exposed to fumes of dimethyl sulphate in the course of making an artificial cream three weeks before. On examination there was pinkness of the eyes within the palpebral fissure. What is known about this condition and what treatment is suggested?*

A.—Dimethyl sulphate is a colourless or yellowish liquid giving off a greyish vapour at 50° C. It is used as a methylating or alcoholizing agent in industry, and it has an intense caustic action on the skin, and, by its fumes, on the mucous membranes, notably of the eyes and the respiratory tract. Dimethyl sulphate hydrolyses readily into methyl alcohol and sulphuric acid, and this is thought to be the explanation of its highly irritant action, although some authorities consider that the effects are due to the whole molecule. Kerato-conjunctivitis may occur some hours after the initial irritation of the conjunctiva, and total colour blindness and reduction of visual acuity have been described in one case. Degeneration of the endothelial cells seems not uncommon, and in general the severity of the eye lesions will depend on the duration and the extent of the exposure. The immediate first-aid treatment of a splash of any corrosive liquid in the eye is by "irrigation, irrigation, and then more irrigation." In the case of all liquid splashes, water should be used if the suitable antidote is not immediately available. A useful universal antidote to both acids and alkalis is a buffered phosphate solution:

Monobasic potassium phosphate 70 g.
Dibasic sodium phosphate ... 180 g.
Dissolved in 850 ml. of distilled water.

Opium Smokers

Q.—*Is it possible to detect opium smokers by examination of the urine or the blood?*

A.—The quantities of opium alkaloids absorbed by smoking opium are very small and their detection in blood or urine would be very problematical. The more recently developed absorption methods, however, are capable of detecting very small amounts of such substances as morphine, and might well be applied to the urine in such cases with some hope of success.

Syphilis and Tuberculosis

Q.—*How is the course of pulmonary tuberculosis affected by syphilis, (a) contracted after the tuberculosis has become active, and (b) when tuberculosis occurs in an older untreated syphilitic subject?*

A.—Opinion is divided upon this subject, and little evidence of any value is to be found in the literature. The older writers thought that the combination of early syphilis and pulmonary tuberculosis was unfavourable to the latter, and that the lung lesions often progressed rapidly in patients with acute secondary syphilis. Tertiary syphilis, on the other hand, has even been said to exert a beneficial effect on pulmonary tuberculosis because of its tendency to produce fibrosis. It is obvious that the presence of any other disease is almost bound to have an unfavourable effect on pulmonary tuberculosis. But, in the writer's experience, concomitant syphilis in a tuberculous patient has been of little importance provided that anti-syphilitic treatment was instituted promptly.

NOTES AND COMMENTS

Promoting Lactation.—Mr. T. H. BISHOP (London) writes: Professor R. S. Illingworth's letter of April 29 (p. 1020) brought to mind the following passage: "The Child, as soon as it is born, is taken from the Mother, and not suffered to suck till the Milk comes of itself; but is either fed with strange and improper Things, or put to suck some other Woman, whose Milk flowing in a full Stream, overpowers the new-born Infant, that has not yet learn'd to swallow, and sets it a coughing, or gives it the Hiccup: The Mother is left to struggle with the Load of her Milk, unassisted by the Sucking of the Child. Thus two great Evils are produced, the one a Prejudice to the Child's Health; the other, the Danger of the Mother's Life, at least the Retarding her Recovery; by causing what is called a Milk Fever; which has been thought to be natural, but so far from it, that it is entirely owing to this Misconduct. I am confident, from Experience, that there would be no Fever at all, were things managed rightly: Were the Child kept without Food of any kind, till it was hungry, which it is impossible it should be just after the Birth, and then applied to the Mother's Breasts; it would suck with Strength enough, after a few repeated Trials, to make the Milk flow gradually, in due Proportion to the Child's unexercised Faculty of swallowing, and the Call of it's Stomach. Thus the Child would not only provide for it's self the best of Nourishment, but by opening a free Passage for it, would take of the Mother's Load, as it increased, before it could oppress or hurt her; and therefore effectually prevent the Fever; which is caused only by the painful Distention of the lacteal Vessels of the Breasts, when the Milk is injudiciously suffered to accumulate." These words, contained in a pamphlet which was published anonymously in 1748, were written by William Cadogan (1711-97). His little work *AN Essay upon Nursing and the Management of Children, From their Birth to Three Years of Age, written in a Letter to one of the Governors of the Foundling Hospital*, did much to rectify the faulty methods of child management then in vogue, and to inaugurate a more rational approach to the subject. The above quotation is from the fourth edition, 1750, pp. 14-15, the first edition to bear the name William Cadogan of Bristol, M.D.

Correction.—In our account of the opening of the new Institute of the Medical Research Council at Mill Hill (May 13, p. 1133) there is an error. Sir Charles Harington is said to have referred to the Medical Research Council as the oldest of the research councils set up by the Government, "the others being the Council of Industrial Design and the Veterinary Research Council." The bodies to which Sir Charles actually referred were the Department of Scientific and Industrial Research and the Agricultural Research Council.

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