

## LETTERS, NOTES, AND ANSWERS TO CORRESPONDENTS.

**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.

**DR. A. HAWKYARD** (Hunslet, Leeds) asks for practical experiences in the working of the Maxwell motor car.

**PUZZLED** asks for hints in the treatment of a young woman whose hair, when it attains to the length of 6 in. or so, splits up and breaks off. This condition has persisted from childhood. She is otherwise well, and her sisters have fine heads of hair.

### STATUETTE OF PASTEUR.

**M.R.C.S.** asks where he can obtain a statuette of Pasteur? He is under the impression that one was advertised in the medical papers some years ago.

### LÅNGMJOLK.

**DR. CYRIL E. CORLITH** (Sydney) writes: During a study of certain matters in connexion with the chemistry of milk and milk preparations I came across a reference by Sebellien on p. 154, Bd. xx, *Zeitschr. f. Biol.*, to a Swedish milk preparation called "långmjolk," or "tätmjolk." According to Sebellien, it is of a gummy or pasty consistency ("schleimig"), and keeps good for a year when bottled. I have a fair knowledge of milk literature, but have never seen any other reference to this preparation. I would be glad to hear of further literary references, and for any information about it—general, chemical, bacteriological, gastronomic, or otherwise.

### ANSWERS.

**DR. LAFFAN.**—Our correspondent will find the Report of the Select Committee of the House of Commons on the Registration of Nurses printed in full in the SUPPLEMENT to the BRITISH MEDICAL JOURNAL of August 5th, 1905, p. 157, and in the SUPPLEMENT for this week a report on it by the Medico-Political Committee of the British Medical Association.

### TRAINING SCHOOLS FOR FEEBLE-MINDED CHILDREN.

**D. O. D.**—There is no cheap training home for a working man's feeble-minded child except one of the institutions for imbeciles. Particulars of these may be obtained from the respective secretaries for Earlswood, Mr. W. Howard, Secretary, 36, King William Street, E.C., and for the Eastern Counties Institution at Colchester, Mr. J. J. Turner, at that address. If a girl, Miss Bartholomew, 15, Clapton Square, N.E., might be communicated with as to the Girls' Training Home, Clapton.

**TREMOR.**—Formerly formic acid was given in cases with tremor as ammonium formate in doses of 5 gr. It is doubtful if this method of treating a symptom is anywhere recognized at the present day. The principal modern advocates of the therapeutic use of formic acid are Professor Huchard of Paris and M. Clement of Lyons, who have within the last year made communications on the subject to the Paris Academy of Medicine. They regard it as a powerful muscle tonic. It is given as a salt, most commonly a soda salt, the dose of the latter (sodium formate) being 2 or 3 grams a day. So far it is not known to be toxic.

### LETTERS, NOTES, etc.

#### THE X-RAY TREATMENT OF RINGWORM.

**DR. WALTER C. ORAM** (Liverpool) writes: Mr. Sichel's article in the BRITISH MEDICAL JOURNAL of February 3rd, p. 256, on the treatment of ringworm of the scalp will prove of interest to many workers with the x rays, but I do not think that the percentage of cures which he records gives a fair idea of the value of the treatment. I feel sure that all will agree with him that the great crux lies in the estimation of the dose, and I believe that we receive but little assistance from either Sabouraud or Holzkecht's radiometer; I feel convinced that each worker must determine by a series of careful experiments with gradually increasing durations of exposure what dose is necessary for satisfactory epilation with his particular instrument, and, having found this, must keep the conditions constant. This entails much trouble and time both to the operator and to the patient, but is safer than trusting blindly to any form of radiometer. Personally, in the treatment of ringworm by the method of single exposure, I have not been able, so far, to obtain in all cases that complete and uniform epilation of the whole scalp which alone makes the cure certain in extensive cases. Such an epilation can be obtained by a series of five or six exposures repeated at intervals of three or four days, the tube being placed at 9 in. from the scalp. This is the

method which I have used most extensively in the treatment of ringworm, though I have now discarded it in favour of Sabouraud's method of single exposure on account of the time which is thus saved. My results, so far, with Sabouraud's methods are not so satisfactory as those I obtained previously, as small patches and isolated hairs are often left behind, which if not originally infected become so when the rest of the hair falls out, and the disease is not cured. It may be that the action of the rays intermittently applied for some weeks produces a more complete suspension of function in the hair papillae, and it would be interesting to learn if others have noticed the same thing. In reviewing the results of Dr. Stopford Taylor's cases of ringworm which I have treated for him during the past year I find that, out of 108 children with this disease who have attended, 47 have been discharged cured, 11 have proved failures, and 15 are still under treatment. Of the remainder I can give no information; some only attended once or twice, others attended long enough to produce epilation, but not long enough for one to be sure that the disease was cured. The average time from the first application of the rays until the head was found to be free from broken hairs or scales was 2.7 months. To this must be added three months to allow the hair to grow, and this makes the time of cure in the cases I quote about the same as Mr. Sichel gives. I have never seen anything approaching a permanent alopecia in these cases. The hair has always shown vigorous growth three months after the suspension of the rays, and, though the treatment is not without its dangers, I think that to admit 1 per cent. of accidents is to over-estimate them.

#### POISONING BY NUTMEG.

**DR. A. NORRIS WILKINSON** (Bright, Victoria, Australia) writes: The following is a short account of four members of a family who took nutmeg: In mother and son it produced a narcotic effect, but in the two girls gave rise to choreic symptoms, the former action being as given usually in the textbooks, the latter the converse. I was called to visit M. L., aged 4½ years, who, with her elder sister, six days previously had eaten or chewed nutmeg nut; they had been given potassium bromide in mixture by the local chemist, but as one had not improved but was much worse, he had advised them to call me in. The history of the symptoms up to that day, given me by the mother, was that there had been no vomiting. On the day after taking the nutmeg she "spat frothy spittle"; there was no purging; she slept peacefully, but there were movements of arms, legs, neck, and body generally, which had been gradually increasing in severity; no alteration in the urine had been noticed. The mother gave the child senna tea, after which there was free movement of the bowels, but nothing peculiar noticed in the motions; the tongue seemed thick in speaking and swallowing. On seeing the child one naturally formed the idea that it was a case of severe chorea, affecting the body generally but not the facial muscles. She was unable to walk; heart regular. The elder girl, aged 9 years, was said also to have had similar movements all over, but not so bad as her sister; she had gradually improved, though I could perceive a slight trace. The brother, aged 11 years, had eaten some when in school, and became so dull and stupid that he was punished, but the effect soon wore off. The mother some time previous had had a bad cold, for which she was advised by some lay practitioner to grind up a whole nutmeg, and eat it in gruel. She says she felt "very stupid and sleepy, thick feeling in tongue, with slimy sensation"; it was three days before the effect wore off, but she suffered from no twitchings of limbs or body. I placed the child (4½ years) on 3-minim doses of liq. fowleri, and when I saw her again, three days later, she was much improved, had walked that day, and the movements generally were much lessened in severity.

#### NERVOUS MIMICRY.

**DR. JOHN REID** (London, E.C.) writes: A primipara with normal labour was free from pain, fever, etc., on the following day. In the evening I was summoned by a fidgety nurse, and found the patient suffering from influenza, with consolidation of the apex of the left lung and a temperature under 102°. Two hours later I was sent for to find her suffering from pain in the abdomen and tenderness. The temperature had gone down, the pulse was natural and the facial expression belied her statements. Under antihysterical treatment she had almost quite recovered on the following day. The subject of nervous mimicry was well studied by the late Sir James Paget and the above case may be of interest, more especially as the nurse and not the patient was markedly hysterical.

#### THE MOTOR CAR LICENCE.

**DR. A. ROSE** (Horwich, Lancashire) writes: In the BRITISH MEDICAL JOURNAL, February 10th, under the heading "Cost of Keeping a Motor Car," I see that "H. E. P.," in giving his expenses for the years 1904-5, puts his licences down at 30s. and 10s. respectively. I am sure your readers would like to know how he gets off so easily with the Inland Revenue officers. We have to pay here the usual yearly licence of two guineas for cars with four wheels and weighing under 1 ton. "H. E. P.'s" De Dion car would come under that category. I am hoping that he has convinced the Revenue officers of the need of allowing a

rebatement, if not a remission altogether, of the vehicular licence. The poor country doctor, in my opinion, is quite as deserving of State sympathy as the butcher and the baker (who are exempt from the licence) in their respective callings.

#### SPONTANEOUS RELIEF OF PROSTATIC ENLARGEMENT.

DR. THOMAS MCCARTHY (Sherborne, Dorset) writes: A man, aged 73, whom I had to catheterize on a couple of occasions for retention with overflow due to prostatic enlargement, and who had been able to pass his water satisfactorily for some time, lately found his trouble coming on again. He was thinking of sending for me, but feeling that he must strain to pass his water, he sat down on the w.c., and, straining violently, he felt something give. He told me that he then passed by the urethra a body very like a medium-sized gooseberry, and this was followed by a large stream of water with a little blood in it. Since that time he is able to pass his water more freely than he has for many years. Unfortunately he did not keep the body for me to see.

#### UNION OF LONDON MEDICAL SOCIETIES.

A. B. M. MYERS, Brigade Surgeon - Lieutenant - Colonel (London, W.), writes: The Honorary Secretaries, in their conjoint letters to you of February 10th, state that the replies sent to their 5,000 postcards have been most satisfactory, nearly 1,000 individuals having expressed their intention of joining the new Society as Fellows. May I be allowed, as a strong opponent of this proposed amalgamation, to pass a few comments on the above statement? Acknowledging, as I unquestionably do, that economy is the sheet-anchor of the supporters of this movement, I should have thought that only 1,000 favourable replies out of 5,000 would not have been considered so highly satisfactory. But whether satisfactory or otherwise, I hope that the profession will not allow economy to swamp all other considerations, and that such old societies as the Medical and the Royal Medical and Chirurgical societies will take the question very carefully into their consideration before they allow their great prestige and capital to be swamped in this amalgamation of heterogeneous societies. There appears to be some question as to the admission of women, and a doubt as to whether, if admitted as members, they should be allowed to become Fellows. There surely, however, can be no doubt that if the societies amalgamated have women members they must be entitled to become members of the new Society, and in all fairness they must thus have equal rights with men to become Fellows.

#### THE BURIAL PLACE OF HARVEY.

WITH reference to the appeal of the Rev. E. J. Roberts, published in the BRITISH MEDICAL JOURNAL of February 17th, 1906, p. 415, for funds to assist in the rebuilding of the tower of Hempstead Church, Saffron Walden, where William Harvey was buried, we are informed that the following additional subscriptions have been received. Contributions may be sent to Messrs. Barclay, bankers, Saffron Walden, endorsed "Hempstead Tower Fund."

Regius Professor of Medicine, Oxford	£2	2	0
Dr. Collier	...	1	1

#### POST-OFFICE AMENITIES.

DR. SAMUEL HOSEGOOD (Swinton, Manchester) writes: Truly, the ways of some of our public institutions—Government and other—are past finding out. About two years ago I had an exactly similar experience to that related by your correspondent "West Somerset" in regard to the peculiar methods adopted by the Post-office authorities. Like him, I forwarded the suggested application, and also, like him, I was "not aware that any one else in the district had been invited to apply." Apparently, therefore, this is "the usual procedure" adopted by the department; but though it may possibly be justified on grounds not particularly evident—such as general custom or the like, I am quite at one with your correspondent in thinking that ordinary courtesy demanded that each practitioner invited to send in an application should have been made acquainted with the result. In my own case a period of fully six months elapsed before I learnt (casually) that a neighbouring practitioner had obtained the appointment, for which I have yet to learn how many applicants competed.

#### A NEW TREATMENT FOR HOUSEMAID'S KNEE.

DR. WM. HARDMAN writes: I have just read Dr. Allen's memorandum on "A New Treatment for 'Housemaid's Knee' by Subcutaneous Rupture" (BRITISH MEDICAL JOURNAL, January 27th, page 198), and he describes how he has successively and successfully ruptured three enlarged bursae on himself. I hardly think this can be called a "new treatment," as I have ruptured subcutaneously all bursae and ganglia I could for at least thirty-five years. I first saw the late Mr. H. O. Thomas of Liverpool treat bursae in this way. He used to make the patient bend his knee tightly and then hit the bursa suddenly with his fist. It is advisable to make quite sure that the bursa is not tending to suppuration. I once had to treat extensive inflammation in the cellular tissue round about an enlarged knee bursa, which

had been accidentally ruptured by kneeling. They cannot always be burst. They are too tough. I have found a subcutaneous incision into the bursa with a tenotomy knife quite as effectual, and have never had any bad effects.

#### THE VALUE OF PROTEID DIET.

MR. HOPE GRANT, F.R.C.S. Edin. (London, E.C.), writes: I have just read your interesting and practical article under the above heading in the BRITISH MEDICAL JOURNAL of February 17th. My reason for writing to you is to point out that, while we should give full credit to the brilliant American professor for proving to us practically that "vigorous health and strength with daily hard work may be maintained upon diets which are not only poorer in proteid but lower in total fuel value than is generally supposed," we should also bear in mind that one of the British Faculty has for many years advocated the principles just practically demonstrated. I refer to Dr. Rabagliati of Bradford, whose *Aphorisms, Definitions, Reflections, and Paradoxes*, published in 1901, I strongly recommend to my professional brethren. I may be allowed to add that I am personally unacquainted with Dr. Rabagliati.

#### ARTERIO-SCLEROSIS.

DR. A. RABAGLIATI (Bradford), in the course of a letter on this subject, writes: I should like to be allowed to put a general, simple, and comprehensive view of the condition in various cases. Cerebral haemorrhage at 54, coldness and whiteness and numbness of hands ("a mild form of Raynaud") at 25, and the same complaint at 40 from driving a pony in the cold, are all explicable, as is also the increased blood pressure, from the following consideration. There is hypertrophy (it may be only functional and temporary at first) of the circular fibres of the arteries. Under the stimulus of cold, or it may be of heat, or any excitement, these hypertrophied circular fibres go into tight contraction, and by diminishing the blood supply, lengthening and narrowing the arteries, cause the symptoms. As the same conditions obtain in the myocardium and in the coronary arteries, we may get attacks of angina pectoris, true or false, as it is very badly called. Angina pectoris is neither more nor less than rheumatic cramp of the heart, the organ stopping in tight and firm systole and not dilating till after death, when it is too late. The cause *par excellence* is too much food, too many meals, and particularly too much hydrocarbonaceous stuff going into the blood, causing bronchitis, asthma, and rheumatism among other common conditions. An excellent plan of treatment is to poultice the abdomen for an hour every night for three weeks, to order potassium iodide twice daily after food, and to put the patient on two meals a day, one at 12 and one at 6.30; also to prescribe exercises in the morning in the act of dressing. The pathological changes begin in the connective tissues. The connective tissues becoming engorged (with lymph rather than blood), the musculature takes on its over-nutrition, and the symptoms so well known and so well described by Dr. Mackenzie and Dr. Russell show themselves. The changes in the coronary arteries in angina are secondary, and are effects rather than cause; in fact, they are means adopted by Nature to stop the blood supply to the heart muscle in order to prevent further hypertrophy and obviate the danger of cramp.

#### WARREN TRIENNIAL PRIZE.

THE Warren Triennial Prize, founded by the late Dr. J. Mason Warren, of Boston, U.S.A., in memory of his father, is awarded every three years for the best dissertation, considered of sufficient importance on some subject in physiology, surgery, or pathological anatomy. The arbitrators are the physicians and surgeons of the Massachusetts General Hospital. The subject for competition for the year 1907 is on some special subject in physiology, surgery, or pathology. Dissertations must be legibly written, and may be suitably bound, so as to be easily handled. The name of the writer must be enclosed in a sealed envelope, on which must be written a motto corresponding with one on the accompanying dissertation. The amount of the prize for the year 1907 will be 500 dols. (£100). Dissertations will be received until April 14, 1907. It may be added that a high value will be placed on original work.

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

Eight lines and under	...	...	£0	4	0
Each additional line	...	...	0	0	6
A whole column	...	...	2	13	4
A page...	...	...	8	0	0

An average line contains six words.

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Post-Office Orders should be made payable to the British Medical Association at the General Post Office, London. Small amounts may be paid in postage stamps.

N.B.—It is against the rules of the Post Office to receive letters at *Postes Restantes* addressed either in initials or numbers.