

LETTERS, NOTES, AND ANSWERS TO CORRESPONDENTS.

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—of course not necessarily for publication.

CORRESPONDENTS not answered are requested to look at the Notices to Correspondents of the following week.

MANUSCRIPTS FORWARDED TO THE OFFICE OF THIS JOURNAL CANNOT UNDER ANY CIRCUMSTANCES BE RETURNED.

IN order to avoid delay, it is particularly requested that ALL letters on the editorial business of the JOURNAL be addressed to the Editor at the Office of the JOURNAL, and not at his private house.

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.

R.A.M.C. asks for information as to a reliable hypnotic for hypodermic use when it is not possible to give morphine, either owing to its effect on the heart or because an abdominal operation has been performed and the risk of possible paralysis of the intestines must be avoided.

COSMETICS.

W. J. P. asks for information as regards the best books on (1) cosmetics; (2) methods adopted by beauty specialists.

* * (1) Eichhoff's *Kosmetik* and Paschki's *Kosmetik* (both in German). (2) Ladies' newspapers and Law Court reports; a good deal can be gathered from these sources. A visit to a beauty establishment would be instructive.

THE CIGARETTE HABIT.

EXCESS asks for advice or suggestions in dealing with a case of excessive cigarette smoking. The patient is a man of 30 who for five years has smoked and inhaled about thirty cigarettes per day. His chief symptoms are severe frontal and occipital headache. He is sincerely anxious to break the habit, but has not the moral courage to do so for more than a day at a time. What are the remedies to counteract the effects of previous excess and to render the habit distasteful? Is there any authoritative literature on the subject?

INCONTINENCE IN THE ADULT.

Y. asks for help as to diagnosis, prognosis, and treatment of a healthy and active married man, aged 47, who has a few times during the past year (about four times in all) waked from his sleep to find he had passed a little urine in bed—he wakes up in the act and says he has pain. During the following day he has a dull pain in the lumbar region, and he feels weak. After a sleep the next night he feels as well as usual. He has a large varicocele on the left side and the veins from the left calf to the groin are varicose. He is a total abstainer and smokes very moderately.

ANSWERS.

MEMBER B.M.A. (who sends a cutting from the *Norwood Press*) and "Pilgrim" are reminded that no notice can be taken either by the Ethical Committee or the Editor of communications not authenticated by the writer's name.

LETTERS, NOTES, Etc.

THE TREATMENT OF TUBERCULOSIS.

WE have received from Dr. John McMullen, of Capetown, a communication in which he describes a method of treating phthisis which he has been led to adopt, and which he is anxious should be tried by those who have an opportunity of experimenting with animals on a large scale. When he can get a patient to acquiesce he draws off 2, 3, or 4 oz. of blood comparatively slowly from a vein in the arm, and at the same time injects a saline solution into the axilla. An immediate improvement is the result, and in four weeks he repeats the treatment, administering in the intervals a mild preparation of iron. This treatment is the outcome of clinical observations on his part, and of two cases in particular. One, a woman with advanced tuberculous pleurisy, recovered completely after a severe attack of malarial fever accompanied by high fever. The high fever, he believes, led to a great destruction of red corpuscles and a corresponding outpour of phagocytic leucocytes. In the other case a man suffering from a very advanced pulmonary phthisis recovered completely after a series of severe hæmorrhages,

probably because his blood-forming centres were stimulated to furnish leucocytes in abundance. He has also noted that after the menstrual period there is commonly an improvement, and that accidental loss of blood is also followed by amelioration of symptoms in phthisical persons.

His theoretic objective is to increase the patient's natural powers of overcoming his disease by augmenting the number of phagocytic leucocytes in his blood and keeping them in the highest state of fighting efficiency by lessening the normal labours they have to perform in the way of getting rid of effete red corpuscles. In support of the physiologic data upon which his treatment depends in theory he quotes from Quinke, Riegel and Boeckmann, Bizzozero and Salvioli, Hewson, His, and Jendrassik.

THE EFFECT OF RESPIRATION ON THE HEART.

DR. J. REID (London, E.C.) writes: Although the observations of Müller and Valsalva on the effect of extreme expiration and inspiration on the muscular vessel are accepted, still most men have noted a regular heart with lungs riddled with abscesses and very little effective lung tissue left. Many have seen a lung collapse after injury to ribs, with hæmorrhage from lung and stomach, and the heart beating regularly. Many theories—mechanical, etc.—look well on paper; but the factor irritability, so variable, is lost sight of. Students who have to cram for examinations rack their brains to grapple with conflicting theories. And to what end?

A REMARKABLE SPECIALITY.

WE learn from the *St. Louis Medical Review* that in that city a physician's "sign" bears the legend, "Chronic Deceases a Specialty." Sudden death is still, we believe, not uncommon in some parts of the United States, but medical aid is not generally required to bring it about. The "chronic decease," however, is clearly a province of practice which offers considerable scope to medical skill. We are not aware whether this latest development of specialism has reached our comparatively unprogressive country.

PALPATION OF THE UMBILICAL CORD IN UTERO.

DR. ALEX. MACLENNAN (Glasgow) writes: In the EPITOME of the issue of April 13th appears an extract on palpation of the umbilical cord *in utero*. The statement is made that the author of the original article "had never come across, in any classical textbook or treatise on obstetrics, a report of an instance where the umbilical cord was both to be seen and felt *in utero*." Regarding the seeing of the cord, he may be right, but it is nothing new to have palpated it *in utero* through the abdominal wall. Dakin (*Handbook of Midwifery*, 1897) and Kennedy (*Observations on Obstetric Auscultation*, 1833) both refer to this matter; and in my book, *Abdominal Manipulation* (Rebman, 1902) four references are made to actual palpation of the cord.

CHRISTIAN SCIENCE.

Harper's Weekly tells the following story of a darkie in Mobile who recently became a convert to Christian Science. Meeting a friend in the street, the convert asked about the health of his aunt. "She's got de pleurisy pretty bad," was the answer. "You and she is both wrong," was the solemn assertion of the convert. "As a matter of fact, she only thinks she got the pleurisy. Dere ain't no sich thing." Nothing further was said on the subject; but a few days after, the two again meeting, the convert repeated his inquiries touching the aunt's condition. "Does she still persist dat she's got de pleurisy?" "No, indeed," came the reply; "de pore woman now thinks dat she's dead. We berried her yisterday."

A CORRECTION.—The author of the article entitled Papain in Malignant Growths, published in the BRITISH MEDICAL JOURNAL of January 19th, p. 135, and attributed to Dr. C. W. Branch of St. Vincent, W.I., was that gentleman's father, Dr. W. J. Branch of St. Kitts, W.I.

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