

Letters, Notes, and Answers.

BRITISH MEDICAL ASSOCIATION AND BRITISH MEDICAL JOURNAL.
The offices of the British Medical Association and of the
BRITISH MEDICAL JOURNAL are at 423, Strand, London.

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.

DEAFNESS wishes to know of a school which would admit
a girl, aged 6 years, who is quite deaf, following otorrhoea
three years ago. Most institutions known do not take cases
under 7 years of age.

C. E. W. asks for advice in the treatment of a lad, aged 14,
whose ankle twists over very readily on rough or slippery
ground. He has strapped and bandaged it, given him a laced
anklet and a "Holland's" sock (valgus). All these are of
great service to him, but fail to prevent side-slip entirely.
He is a weedy-looking boy.

TUBERCULOUS SINUS.

SINUS asks for advice in the treatment of a patient who, as the
result of a tuberculous abscess two and a half years ago, has
a sinus running from the outer side of the middle of the thigh
behind the femur. Examination by the x rays shows no
disease of the bone. The condition has been treated by
incision, by complete excision twice, by injection of tuber-
culin (Koch's old and also T. R.), by scraping and packing,
by syringing with various antiseptics, including peroxide of
hydrogen, iodide dissolved in ether, iodoform emulsion, and
enzymol, and also by dry cupping, but all to no purpose,
although the patient is otherwise in good health.

PRIMULA RASH.

PRIMULA asks for the experience of other members in
respect of primula poisoning. His patient, a gardener,
aged 53, suffered ten years ago from an intense irritation of
his hands and arms, due to working with primulae, and two
months ago began to suffer again. When seen then the con-
dition was acute, and sedative lotions were prescribed. The
patient failed to present himself again for several weeks, and
the condition then found was as follows: The skin of both
forearms and backs of the hands was thickened, slightly scaly,
and intensely irritable, having a dry eczematous appearance,
interspersed with hard subcutaneous lumps, the size of a pea.
The irritation was greatly aggravated when working near the
stoves. There was also a similar condition on the forehead,
ascribed by the patient to rubbing his face with his hand
during work.

ANSWERS.

INCOME TAX.

F.R.C.S.E.—If the surveyor of taxes requires an allocation of
expenses between income from appointments and that from
general practice, the best method will be to divide such of the
professional expenses as are common to both branches roughly
in the proportion that the receipts from the two branches
bear to one another. When the expenses relating to the
"public offices" have so been ascertained the remainder of
the total expenses should be set against the fees received in
the course of general practice. The life assurance premiums
should not be deducted as expenses, but shown separately in
the space provided in the income tax return.

TWITCHING OF LEGS.

DR. C. E. W. NCKWORTH writes: In reply to "Manaos" I would
advise him to give his patient 60, or even 80, grains of potas-
sium bromide about half an hour before bedtime, or if that
fail, 20 to 30 grains of chloral hydrate. It is often difficult to
diagnose the cause of the "twitchings" and whether they
arise from some special irritability of the spinal cord, set up by
too much sexual indulgence or whether they are caused by
disease of the spinal cord.

ANTIDIPHThERIA SERUM IN ASTHMA.

LIEUTENANT-COLONEL JOSHUA DUKE, I.M.S. (ret.), writes: With
reference to the treatment of asthma by antidiphtheria
serum, in 1901-2 in the Punjab, during a number of inocula-
tions for plague with Haffkine's preventive serum, it came
out that several cures of patients suffering from asthma had
occurred. Whether the relief was permanent, or how long it
lasted, cannot be stated. One other instance of relief afforded
by the same serum happened in the case of a married woman
(a multipara) who had suffered all her life from acutely
painful dysmenorrhoea. The reaction of the serum in her
case was very severe. But this woman assured me that she
had passed two subsequent periods without any suffering
whatever. Whether the relief to this person was continued
cannot be stated, as such cases are lost sight of. Speaking
from memory after a lapse of years, the curious and inex-
plicable action of Haffkine's serum in cases of asthma made
a strong impression on my mind.

DUTCH DROPS.

F.R.C.S.—Two formulæ are given for Dutch drops in the
Pharmaceutical Journal Formulary:—

1. Resin, 1 pound; sulphur, $\frac{1}{2}$ pound; linseed oil, 20 fl. oz.;
oil of turpentine, 10 fl. oz.; strong solution of ammonia,
20 minims. Mix.
2. Balsam of sulphur, 1 fl. oz.; oil of turpentine, 1 fl. oz.
Mix.

SPARKING PLUGS.

We have on more than one occasion published warnings with
regard to the sale of sparking plugs by agents who call upon
doctors, but it appears that the scheme is still pursued. Dr.
Lavery, of Dundalk, writes to advise any medical man who
may be called upon by a person giving the name of A. C.
Goodwin, and his address as 47, Oxford Street, W., to make
full inquiries before parting with money or entering into any
agreement to purchase plugs. There may be only one agent
who possesses several names, and it is possible that any one
who cares to communicate without delay with the police will
find them not only ready but anxious to take a share in the
inquiries.

SHIP DISINFECTION: PARATYPHOID INFECTION.

EASTERN.—(1) We do not know the Marot process. It is
perhaps a modification either of the Clayton process (sulphur
fumes) or of the French method (CO gas). In both of these
the gas is generated either on board the ship or in barges
alongside, the fumes being conveyed to the holds by pipes.
Accidents have happened with the CO method, and, on the
whole, the sulphur method is preferable. (2) The differentia-
tion of the paratyphoid bacillus from the typhoid bacillus is
a very large subject, and for further information our corre-
spondent should consult any recent work on bacteriology.
There are two principal varieties of paratyphoid bacilli,
(a) the paratyphoid A., (b) the paratyphoid B. (Conradi-
Drigalsky). Gaertner's bacillus is also now included in this
group, and the *Bacillus psittacosis* might be added. Para-
typhoid bacilli are distinguished from colon bacilli by the
following characters: They do not ferment lactose, or at
least only to a very slight extent, and no indol is produced;
they are more motile, and possess about twelve cilia each.
From typhoid bacilli they differ in fermenting certain hydro-
carbons, such as glucose, maltose, dextrose, etc. It is often
quite impossible to distinguish paratyphoid infection from
typhoid, except by the serum reaction. Leclercq states that
a more sudden onset, an irregular temperature chart, and a
more rapid progress are in favour of paratyphoid. According
to the particular organism which is agglutinated by the
patient's serum, so should it be concluded that the infection
is due to this particular organism, though some serums may
agglutinate several forms of the bacillus, and thus give rise
to difficulty. The etiology of paratyphoid resembles that of
typhoid, water being the chief source of infection. Infected
meat and oysters have also been blamed.

LETTERS, NOTES, ETC.

ERRATUM.

IN THE BRITISH MEDICAL JOURNAL of August 14th, page 374,
line 20, for "Lieutenant-Colonel Bull, R.A.M.C.," read
"Lieutenant-Colonel Butt, R.A.M.C."

A CASE OF GALACTORRHOEA.

DR. WM. B. ARTHUR (Wingate) writes: J. H., aged 19, primi-
para, well formed, pale, subject to periodic attacks of asthma
(cause unknown), was delivered on February 8th, 1909, of a
full-term male child. The child's throat and pharynx were
malformed, it could not swallow, and died on the thirteenth
day. The mother's breasts were treated in the usual manner
with belladonna plaster and magnesium sulphate and tincture
of belladonna were given internally, and continued until the
end of the fourth week, at which time the milk secreted
during the night was sufficient to soak three large bedroom
towels. Painting the breast with liquor atropinae sulphatis,
cold applications, the internal administration of ergot, ammo-
nium chloride, and opium, and the limitation of liquid drunk
to half a pint a day, entirely failed to diminish the secretion
to any appreciable extent. At the end of the seventh week
compression by means of a broad band of holland adhesive
plaster passing over both breasts and round to the back of the
chest, the two ends crossing, was tried; the band could thus
be tightened each day from behind. At the end of the fifth
day the secretion had entirely ceased, without pain or other
complication.

SCALE OF CHARGES FOR ADVERTISEMENTS IN THE BRITISH MEDICAL JOURNAL.

	£	s.	d.
Eight lines and under	---	---	---
Each additional line	---	---	---
A whole column	---	---	---
A page	---	---	---

An average line contains six words.

All remittances by Post Office Orders must be made payable to
the British Medical Association at the General Post Office, London.
No responsibility will be accepted for any such remittance not so
safeguarded.

Advertisements should be delivered, addressed to the Manager,
423, Strand, London, not later than the first post on Wednesday morning
preceding publication: and, if not paid for at the time, should be
accompanied by a reference.

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