Letters, Notes, and Answers.

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QUERIES.

MOSQUITOS.

T. D. T. B. (somewhere in Belgium) writes: Barring the not infallible net, is there any preventive to deal with these insects? Or, after these stinging creatures have got home, is there any salve or what-not to relieve the exasperation of mind and soul and body?

*** Many preventive measures against mosquito bites have been recommended from time to time, but none has proved really satisfactory. The basis of most preparations is some strong-smelling volatile oil, such as oil of lavender, citronella oil, or eucalyptus oil. When first applied the smell repels the mosquitos, but as this passes off the insects bite readily again. After being bitten, ammonia may be applied to the puncture, or carbolic lotion, 1 in 20, or lysol solution. The cellulitis that occasionally follows such bites is probably due to an infection with streptococci or staphylococci, and the application of an antiseptic is useful in preventing this.

LETTERS, NOTES, ETC.

ASSOCIATION OF FRENCH ARMY DOCTORS.

DR. D. ROBERTS (Swadlincote) writes: Under "Medical News" in the JOURNAL of September 23rd, fourth paragraph, is a short account of the above. All the objects named are excellent except the last one—namely, "preferential treatment in the matter of appointments." This is one of several methods by which the authorities in this country will try to swamp the general practitioner after the war. To say the least, it would be very unsportsman-like, and I think we can trust our chivalrous confrères at the front to avoid such a pitfall. Those who are now "holding the fort" at home in a medical sense are also deserving of consideration.

THE REPORT OF THE ROYAL COMMISSION ON VENEREAL DISEASES.

DR. ROBERT GIBSON writes: While agreeing with the Commissioners that compulsory general notification of venereal diseases is not yet called for, it seems to me that notification for some trades—for example, cooks, bakers, butchers, etc.—is already necessary and desirable. It seems too terrible to see cases of syphilis amongst such trades and to be unable to do more than tell them that they must not follow their occupation for a prolonged period. I have had, and still have, such cases under my care, but am helpless to prevent them from following their work. The last case, a cook in a restaurant, had a chancre on the index finger and a secondary rash over the body. As the law stands at the present time I am unable to compel this man to give up his work. The "enlightenment of public opinion" seems too far off for such cases.

TREATMENT OF LARYNGEAL TUBERCULOSIS.

DR. EDWARD E. PREST (Ayrshire Sanatorium, New Cumnock) writes with reference to the note by "Medicus" in the BRITISH MEDICAL JOURNAL of June 10th, 1916, p. 840, that there is nothing wonderful in a patient recovering from laryngeal tuberculosis when absolute silence is prescribed; this should be the routine treatment. "Medicus's" case is a good example of one of the ways in which tuberculin may do harm when administered by an expert in tuberculin, or by any one else. That tuberculin may do good in certain cases of laryngeal tuberculosis seems clear, and when a cure takes place is analogous to the stimulation of a callous ulcer; on the other hand, such stimulation may simply lead to increase of the disease. It is not necessarily wise to stir up a latent tuberculous focus on the off-chance of being able to cure it. It can seldom be possible to obliterate successfully and with safety every tuberculous focus in the body. If "Medicus" would like to know why tuberculin has been given up at Midhurst, he should read the Preliminary Report on the Treatment of Tuberculosis with Tuberculin (Bardswell), H. K. Lewis, 1914. Case 50 (p. 125) in the above report is a good example of how tuberculin administered may produce good results, especially in chronic disease. Most of the other cases cited illustrate the fallacy of supposing that tuberculin has any universal application for good.

LIEUTENANT JOHN BAIN, R.A.M.C., commenting on the diversity of opinion regarding the treatment of laryngeal phthisis with tuberculin and complete disuse of the voice, writes: In my opinion, both these methods of treatment are necessary for a successful result in this type of tuberculosis, and more especially the latter. It has been my experience that unless absolute rest of the voice is insisted on the cure of laryngeal tuberculosis is either greatly delayed or does not take place at all. I was greatly interested to learn that Dr. Mackeith has had successful results without resting the voice, but, all the same, I cannot refrain from thinking that his results might have been even better had he taken the precaution to advise his patients to keep absolute silence for three months. I do not think it matters much what remedy we use to cure the tuberculosis—intravenous injections of iodoform, tuberculin, inhalations of garlic juice, or even an ordinary sedative antiseptic inhalation—so long as the voice is given absolute rest proportionate to the condition of the larynx when first seen. No doubt a fine climate like that of Madeira is a great help in bringing about a cure in these cases, but, like Dr. Mackeith, I have successfully treated cases of laryngeal tuberculosis in the town in which my patients resided, and have had every reason to be satisfied with the ultimate results.

RHUS TOXICODENDRON POISONING.

MR. L. P. SHADBOLT, F.R.C.S. (Bushey) writes: I have had under my notice during the past month three cases of poisoning by the American poison vine or ivy (*Rhus toxicodendron*) which have led to the discovery of four very sturdy specimens of this objectionable creeper growing on two houses in this neighbourhood. My attention was first drawn to this subject by an article by Sir E. Ray Lankester in his Easy Chair Series, styled, "A rival of the fabled upas tree," some years ago. Last month a patient came to me for advice for a peculiar bullous eruption on his hands and wrists which was accompanied by intense erythema. Erythema was also present about his face and various parts of his body, notably the genitals. His work was that of a painter. On inquiry I found that he had been engaged in painting a house in this neighbourhood, and had to clear away certain creepers from the framework of the windows; further, that his "mate" was suffering in the same way and had been engaged on the same job; also that the gardener at the house in question periodically suffered from the same affection. Remembering the article referred to above I sought it out and read it over. It has appended to it some engravings of the leaves of *Rhus toxicodendron*, and those of the large-leaved Virginia creeper, *Ampelopsis quinquefolia*. The distinction between them is that whereas the poison vine has a leaf of three leaflets, of which the central one is possessed of a stalk about 2 in. in length, the large-leaved Virginia creeper has a leaf of five, four, or three leaflets, all growing from a central point, the leaflets having no independent stalks. I then went to the suspected house and there found, growing on its walls and reaching to the eaves, two luxuriant plants of the poison vine, easily identified by the long stalk of its central leaflet. Further search revealed another specimen growing on a fence in the garden, and on the neighbouring house yet another.

I sent specimens of the leaves of the plants to the Director of Kew for official confirmation, and in due course received his report—*Rhus toxicodendron*. The tenant of the house informs me that the creepers had been established there at least ten years, and it is remarkable that these three cases of poisoning by the plant are the only ones recorded.

*** Poisoning by this plant is much more common in America than in this country, and most of the literature about it is American, but cases have been recorded from time to time in this JOURNAL. One of them—by Dr. H. W. Nott, of Little Sutton, Chester—was illustrated by a reproduction of the foliage (BRITISH MEDICAL JOURNAL, 1910, vol. ii, p. 545). The condition was described briefly by the late Dr. Radcliffe Crocker in his well known textbook, and also by Dr. Norman Walker in his *Introduction to Dermatology*. In the new edition (just issued) of Dr. Walker's book the account is fuller than in previous editions. It is illustrated by a drawing of the foliage and fruit, and reproductions of photographs of Dr. Nott's case. Dr. Walker writes: "The climate of the East of Scotland is too severe for the rhus. My worst case came from another part of Scotland, and occurred in a tramp to whom an apparently generous gardener had given half a crown and his dinner to prune a creeper that adorned one side of a mansion. The autumn tints of rhus leaves are lovely, and I have seen dermatitis caused by pressed leaves which had crossed the Atlantic and been used as table decoration."

HEALTH VISITORS AND BIRTH INQUIRY CARDS.

SIR FRANCIS CHAMPNEYS writes: I notice an error in my letter published September 23rd, p. 438 (last paragraph, first line). "Enforced" should be "enjoined."