

Letters, Notes, and Answers.

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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.

L.R.C.P. asks for particulars of a method for treating baldness by transplanting hairs attributed to Dr. Székely of Budapest.

MUCOUS COLITIS.

PERPLEXED asks for any suggestion in the case of a man aged 60 who suffers from mucous colitis. She has tried treatment at Harrogate without lasting benefit; the bowels move six to ten times daily, mostly mucus and membrane. There is much emaciation, and bullet-shaped scybala can be felt in the sigmoid flexure, caecum, and descending colon. Codeia and belladonna suppositories, bismuth, and opium have been tried. Lavage cannot be tolerated. About two ounces of an organic silver salt may be retained about ten minutes. Castor oil, and saline draught first thing in the morning with entire rest in the recumbent position, have so far proved futile.

LETTERS, NOTES, ETC.

PUERPERAL FEVER.

DR. KENNEDY O'BRIEN (Oughterard, co. Galway) writes: I have noticed that puerperal fever is much commoner in primiparae than in multiparae. The reason for this I believe to be that a good many multiparous women have, either in their first or subsequent pregnancies, suffered from slight attacks of puerperal sepsis, in many cases not severe enough to give rise to comment, but at the same time severe enough to render them more or less immune in their other pregnancies to the toxins produced by organisms causing puerperal fever. If this is so, a method of prophylaxis against puerperal fever would be to immunize, early in pregnancy, all primiparae, if not all multiparae, against the toxins produced by the streptococcal, staphylococcal, and *Bacillus coli* groups. If this were done it ought to lessen the incidence of puerperal fever, and, if an attack should occur, it ought at least to lessen its virulence.

COLLOSOL ARGENTUM.

DR. A. H. BOYS (St. Albans), a note by whom on collosol argentum was published in the **JOURNAL** on October 28th, p. 586, now writes: I had occasion to deal with an abscess on the back of the hand, due to a bullet which was embedded over the carpus, having entered at the base of the middle finger. The hand was carefully prepared with antiseptics, and having injected eucaine, I made an incision over the bullet, and quite a teaspoonful of pus was squeezed out. I removed the bullet, scraped the abscess cavity, and filled it up with collosol argentum, and put on a sterilized gauze pad and a firm bandage. The man had no pain. The next morning the wound was quite well, not a drop of pus, and the edges of the wound closed. The other abscess was in the groin, a suppurating gland, not venereal. It was treated the same way with similar result.

EXTINCT BRITISH SURGICAL INSTRUMENT FIRMS.

IN reply to "Scalpel's" query in the **JOURNAL** of December 9th it has been pointed out to us that Savigny established his firm a little before the year 1790. He issued in 1798 a remarkable publication entitled, "*A Collection of Engravings representing the Most Modern and Approved Instruments used in the Practice of Surgery with Appropriate Explanation*." By J. H. Savigny, Surgeon's Instrument Maker, London. The Letter Press by T. Bensley." He states in his preface that his work was the first of its kind written in the English language, and he based it on similar foreign publications which had already appeared—namely, Brambilla's atlas in Vienna, and Perret's beautiful *Art du Coutelier* (1772), which includes an instructive volume on surgical instruments, a copy of which is preserved in the museum of the Royal College of Surgeons. A second edition of Savigny's book appeared about twenty years later. Blizard's lithotomy knives were made by Robinson of Oxford Street, not of Oxford. Frederick Weiss set up business in 1787. Pepsys began about 1780. The firm has long been extinct. Boog, another old firm, lasted till past the middle of the nineteenth century. Botschan was instrument maker to the City of London Lying-in Hospital, and the instruments used by Dr. Conquest as well as those designed by David Davis were made by that firm. Several other names not familiar to surgeons of the present day are now really represented by other firms which have taken over their business.

A SUPPOSED CASE OF ENGLISH MALARIA.

T. B. F. E. writes: The following is believed to be a case of English malaria, and may therefore be of interest in view of the recently suggested possibility of a recurrence of this disease due to imported infection, and especially in view of the interesting account in the **JOURNAL** of a recrudescence of malaria on the banks of the river Seille, near Nancy. The village where this English case occurred is in the lower valley of the Trent in Lindsey, and stands on a tributary which runs into the river through low-lying peaty soil. Tertian ague was still common in this valley when my grandfather practised early in the nineteenth century, but the latest native cases known were attended by my father about seventy years ago, and occurred in an outlying part of the parish where "Peggy's lantern," otherwise known as Will-o'-the-wisp, was often seen.

The present patient is now 74, has never been abroad, and has lived most of these years in one house, which has a large garden running down to an ancient watercourse known as the "Black Ditch," partly because it receives some amount of sewage, but also because it runs through deep peat. He is a tailor, but for twenty-five years has also been registrar of births and deaths, a post entailing long cycling and walking journeys. About a year ago, under these opposite and somewhat trying duties, his heart began to show signs that it was overtaxed, and increasing morning dyspnoea at length compelled him to resign his post. With rest satisfactory improvement followed, so that he was able to continue indoor work, and occasionally enjoyed sitting in the garden just above the Black Ditch, where swarms of gnats are seen on warm evenings. The little grasscroft beyond the ditch is still known by its ancient name, "Segg Croft," segg being the dialect word for sedge; and, though no sedges have grown there within living memory, abundant specimens can be obtained from the underground peat where the bed of the river once ran.

The illness began about the middle of February, 1916, and was regarded at first as subacute gastric influenza. The temperature was 102° F. on the evening of February 25th, but had dropped to normal the following morning. On the evening of March 2nd a severe rigor occurred, with a temperature of 104° F., followed by profuse sweating; the next morning the temperature was again normal, but the pulse was very depressed. From this time afternoon or evening rigors, with high fever and severe sweats, occurred at intervals of a few days, and from this time, too, the patient was unable to leave his bed, though the periods between the rigors were afebrile. On March 14th I ordered 2½ grains of quinine every four hours; and as this markedly reduced the severity of the rigors the dose was doubled on March 23rd, and given thrice daily. Rigors still occurred, but were very mild, the fever was slight, and attacks due were now and again missed. There was, however, an unusual symptom which appeared with one of the early rigors—jaundice. Each rigor seemed to increase the amount of bile in the urine, which, however, subsided in the intervals; the skin was never more than a light sunflower colour. The liver was not enlarged, and the spleen only doubtfully so. He had had one or two mild attacks of jaundice in former years. Jaundice is rare in English ague, the textbooks being silent on this point, but it is common in tropical malarias, so that there appears no reason why it should not sometimes occur in the English variety. He continued taking quinine down to the early part of June. Under the larger doses rigors disappeared rapidly, the jaundice more slowly, and his general health and mental powers markedly improved. After an immunity of nearly four months there was a suspicion of a chill, and on October 2nd he had a slight rigor, followed by sweating and a return of the jaundice; hence quinine has been prescribed once more.

I can offer little suggestion as to the origin of this case beyond that conveyed in the narrative. No case of malaria has been heard of in the district; yet there may possibly have been dormant cases among those returning from campaigns in the tropics. Can the common gnat which swarms in dirty ditches convey this disease?

CORRECTION.

IN the note on an organism present in the blood of patients suffering from "trench nephritis" by Lieutenant R. L. Thornley (**BRITISH MEDICAL JOURNAL**, December 16th, p. 836) there was a slight but important omission. The last sentence of the first paragraph under the heading "Microscopical and Cultural Characters" should read as follows: They are non-motile, have no capsules, and do not stain by Gram's method.

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