

Letters, Notes, and Answers

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QUERIES AND ANSWERS

Aspirin for Asthma

A. K. (Manchester) writes: I have a lady patient, aged 64 years, with bronchial asthma of many years' standing. She tells me 2½ gr. of aspirin gives her 36 to 48 hours' immunity from wheezing and she sleeps all through the night. Occasionally she takes only 1½ gr. of aspirin to produce the desired result. Is there any pharmacological explanation in support of her findings? She assures me it has never failed her.

Auscultation in Non-penetrating Abdominal Injuries

Dr. F. PIERCE HUDSON (Liverpool) writes: Dr. H. P. Tait, who inquires about the value of auscultation as an aid in the diagnosis of non-penetrating abdominal injuries (Sept. 5, p. 300), may be interested in the following case I encountered last week. A girl of 2 years was admitted to hospital 7 hours after falling down some stairs. She was very severely shocked. Her general condition and the difficulty of diagnosis delayed operation for 24 hours. On three occasions before operation I auscultated her abdomen and heard peristaltic movements in all areas. At operation the small bowel was found to be ruptured in two places and there was general peritonitis.

Blood Injection in Tuberculosis

Dr. B. JUHN (Kenton) writes in reply to Dr. J. H. Fletcher (Aug. 22, p. 236): Since Wassermann's and Neufeld's papers about immunity in tuberculosis there were not many new discoveries in this very difficult field. Besides the different strains of the tubercle bacillus the tissue allergy and the tissue immunity play a very important role. Although active immunity will be the aim in the prevention and cure of tuberculosis, numerous sera for passive immunization were tried (Maragliano, Marmorek, Koch, Behring) without success. According to C. Spengler the protective bodies against tuberculosis are not present in the serum but in the red blood corpuscles. His preparation "I.K." was obtained from erythrocytes. It was completely ineffective. Although the humoral immunity plays certainly a smaller part in prevention and cure of tuberculosis than the cellular, I tried repeated blood transfusions in cases of exudative tuberculosis, the donors being cases of healed fibroid tuberculosis. The number of cases so treated is too small to be conclusive.

LETTERS, NOTES, ETC.

Apple, Pear, and Carrot Treacle

Dr. E. H. STRANGE (Stamford Hill, N.16) writes: May I draw the attention of practitioners in country districts and of those super-vising factories with canteens to a very valuable national source of food often allowed to go to waste? Inferior varieties of apples and pears, and those affected by the attack of the codlin moth and the saw-fly, as well as those of poor keeping qualities, are allowed to rot in this country in enormous quantities. These can be converted into "treacle," a superb flavouring and sweetening agent. Before the war "apple treacle" was eagerly bought up by confectioners at about 10s. a gallon. It can be used to sweeten and flavour almost all sweet dishes, and an expert cook with a supply can make a whole series of sweets hitherto unknown to her patrons and of the highest quality. The treacle produced by perry pears is scarcely distinguishable from that obtained from

apples, but that from better varieties of pears should be so much the more exquisitely flavoured. The production of treacle from apples and pears is not a job for the housewife or the amateur, but it is done at a very reasonable cost by firms who make a specialty of this sort of work. The yield for average inferior sorts of apples is about 15 gallons a ton of fruit, and the cost of processing is quoted per ton. It ought not to be difficult in country districts to get together such quantities of apples and pears if one bears in mind that fruit for this purpose need not be of high quality or completely sound and whole. Treacle from carrots can be prepared, though the flavour is not nearly so pleasing, and it does not keep so well as that from apples and pears. At one time this spring carrots not of first quality could be bought at 50s. a ton. Such carrots would have paid handsomely for treacling.

Bleeding Tooth Sockets

Dr. J. T. MACLACHLAN (Dornoch) writes: During the last 50 years I have been twice called out of bed to stop bleeding tooth sockets. The usual styptics—iron, tannic acid, etc.—have failed in my hands to do so; and I have been obliged to plug the socket of the bleeding tooth with cotton-wool and to insert a horseshoe pad of Gamgee tissue between the teeth and tie the jaws together. This proved successful. The two interesting cases of bleeding after tooth extraction reported by Dr. G. E. H. Le Fanu (Aug. 15, p. 208), which were promptly cured by inserting a pencil of silver nitrate, will be greatly appreciated by practitioners. In a similar manner I have on one occasion stopped a bleeding nose, where the blood was spurting yards from the patient, by touching the bleeding-point on the septum with a caustic—silver nitrate. Recently I saw a man who had been struck on the mouth with the head of a golf club, displacing some teeth and lacerating the lower gum. In this case the few styptics that were available failed to stop the persisting welling-up of blood into the mouth, and I was compelled to use pads of cotton-wool in front, behind, and between the teeth, and to tie the jaws together. Prof. Grey Turner (Aug. 29, p. 258) has drawn attention to the valuable styptic power of turpentine in bleeding tooth sockets. Erichsen, in his classical work on surgery, drew attention to the great value of turpentine as a styptic; and he mentions a case of persistent bleeding from the tonsil that was successfully treated by a gargle of turpentine.

MEDICINE 100 YEARS AGO

Extract from a leading article in the *Provincial Medical Journal*, September 17, 1842:

"It appears, from the account which the *Times* gives of the accident and inquest, that the bodies of Burke and Carrol [two of four boys who had been exposed for several hours during the night to gases escaping from a lime kiln], being found deprived of circulation and respiration, were looked upon as quite beyond recovery, and no effort whatever was made to restore them to life. Now this was unquestionably a most unfortunate blunder, one which shows clearly, how dangerous it is that a practitioner should take the responsibility of cases, of such rare occurrence in this country, without availing himself of the advice of some gentleman, whose experience and knowledge of medical jurisprudence render it impossible that such an unlucky omission could occur.

"It is well known to persons skilled in legal medicine that, under proper treatment, persons recover from the deleterious effects of carbonic acid after many hours of exposure to the gas, and even after many hours' suspension of the circulation and respiratory movements, and it is laid down as a principle, that we should never despair of restoring animation until cadaveric rigidity is unequivocally established. If the limbs continue flexible, respiration should be imitated unceasingly for several hours (or until the occurrence of rigidity), by pressure made about twenty times in the minute upon the abdomen in the direction of the diaphragm, and simultaneously on the chest in the direction of the spine; these compressions should be assisted by the process called by the French, aspiration, which consists in drawing air from the lungs through a nostril-tube, and may be executed by the mouth of an assistant or by Weiss' stomach pump; thus a certain quantity of air will be withdrawn from the cavity of the chest about sixteen times in the minute, and an equal quantity of fresh atmospheric air drawn in when the capacity of the thorax is restored by natural elasticity. At the same time constant efforts should be made to stimulate the respiratory muscles, by galvanism, by the occasional dashing against the body of cold water if its temperature be natural, hot water (at 100° or 102°) if the temperature of the body be reduced, by careful drying and diligent friction after each affusion, and finally by flagellation, which proved so advantageous lately in a case of asphyxia from drowning reported by Dr. Ogier Ward, of Wolverhampton."