

security; nevertheless, in a clean and open country the chances are infinitely small that the roof water from which the first downfall has been excluded by means of a "separator" will contain any pathogenic organisms.

ANSWERS.

JUSTITIA.—It is impossible to consider the question until we know what is the medical qualification. If it be the L.S.A. London, the word Surgeon can be added to the name without breach of ethical law.

A PROVINCIAL MEMBER.—We are not aware that any definite regulations are laid down as to any additional qualifications required to be held by candidates for the appointment of medical inspector under the Local Government Board in England or Ireland. The appointments are, we understand, made upon the recommendation of the President of the Board.

S. P. S.—We have made inquiries, and are informed that it is the custom of the authorities of the Middlesex Hospital, when application—as is frequently the case—is made to them to try some remedy for cancer, to reply that the surgeons will try the remedy suggested fairly and thoroughly, and publish the results, giving full credit to the originator of any method of treatment, if it be found to be of promise or actual benefit. This offer is of course made subject to the proviso that the remedy is one which has in itself no harmful effect, and is not a quack nostrum. It would appear that no record exists of the trial of the tincture of iron as to which our correspondent inquires.

INCOME TAX.

RUSTICUS.—A union appointment, being assessed under Schedule E, has to be returned separately from the profits from private practice, which are assessed under Schedule D. It is impossible to say what proportion of the whole is to be returned as profit, as it varies in every case. One medical officer may have heavy expenses, and another none to speak of. The return should be gross profits less expenses. If in doubt, apply to the Income Tax Repayment Agency, 6, Chichester Road, Paddington, W.

NOTES, LETTERS, Etc.

ERRATUM.

In Dr. R. Lynn Heard's note on wasp sting in the *BRITISH MEDICAL JOURNAL* of February 5th, p. 448, line 5, for "right internal jugular" read "right external jugular."

NURSING DEMONSTRATIONS.

The second of a series of demonstrations on nursing arranged by the Matrons' Council will be given on February 27th at 8.30 P.M. at the house of the Medical Society of London by Mrs. Bedford Fenwick. The subject will be the nursing of operations on the intestinal canal.

A NEW USE FOR SNAP-SHOTS.

It is stated that the management of the Pittsburgh and Western Railroad in the United States, in their determination to put down drinking by their employees while on duty, have put "spotters" armed with hand cameras on the trail of the suspected men. These detectives succeeded in getting snap-shots of railway men drinking in saloons. The offenders denied the soft impeachment, but gave in on the production of the pictures.

A CERTIFICATE OF DEATH.

In some parts of India there is a great lack of properly qualified medical men. As a consequence patients are often exposed to great peril through the practice of illiterate and unskilled persons. This unique specimen of a certificate of death was recently tendered by a native apothecary at an inquest in India: "I think she died or lost her life for want of food, or on account of starvation, and perhaps for other things of her comfortables, and most probably she died by drowning."

MEDICAL SPELLING.

VERBUM writes: Dr. Gowers seems to be decidedly more concerned to defend bad spelling than to promote good. In his latest plea for "anemia" rather than "anæmia," he appears to imply that it is a Latin word. He cannot but know that its ultimate derivation is from the Greek, and that, therefore, it is no more a true Latin word than it is a true English or a true French one. I have not my Liddell and Scott by me, but I have no doubt that Quain's authority as to its derivation will be held to be sufficient by Dr. Gowers. The two Greek words of which anemia is composed are a privative and *αἷμα* blood. The *ν* euphonicly connects the two, and makes in Greek "*αναἷμια*," in English "anemia." Will any scholar contend that the two Greek letters alpha and iota can be properly represented by the one Greek letter epsilon? It seems to be necessary in the interests of the higher medical culture to insist with sufficient perseverance that "anemia" is not and ought not to be considered an honest and worthy equivalent for "anæmia." Besides, if we may say "anemia," why not "spanemia," "hydremia," "oligemia," "anesthetics," and the like?

POISONING BY ANTIPYRIN.

DR. H. DE C. WOODCOCK, M.R.C.S. (Beeston Hill, Leeds) writes: On reading the description of antipyrin poisoning given by Dr. McCauly Hayes in the *BRITISH MEDICAL JOURNAL* of February 1st, I was struck with the resemblance of the symptoms given by him to those of a patient I attended two years ago. As my patient is a most intelligent woman, I

think I may without indiscretion send you the account she herself wrote for me. I saw her about half an hour after she had taken the antipyrin, and I can certify that the description is fairly correct.

"*The After Effects of Taking a whole Antipyrin Powder.*—I had been into the town, and when I returned had a very bad headache, having previously taken half an antipyrin powder, which gave me relief almost immediately. I thought I would try the same remedy again. I accordingly did so, but unthinkingly took a whole powder instead of half (as before). Having swallowed the powder I laid down for an hour, but ere fifteen minutes had elapsed I was seized with a peculiar sensation in my head, a pricking such as one feels when their foot is asleep. This feeling passed through the whole system and imprinted a blue purple colour on the flesh. At this point I drank a small cup of milk, and while the milk was passing into the stomach the following feelings took place: A cold death-like sweat, which stood on me in great beads; trembling and palpitation of the heart, caused, I supposed, by fear; my head and neck began to swell, and a suffocating feeling came into my throat. Now the milk, which always makes me sick whether well or ill, caused me to vomit and thus cleared my stomach. I felt very weak. The symptoms and peculiar feeling gradually began to die away and passed out at my toes, having begun in my head. This occupied one hour."

AN OLD ADVERTISEMENT.

DR. B. W. GOWRING (Newport, Mon.) writes: As a specimen of professional advertising the following from the first volume of the *Spectator*, dated 1710, seems to me far ahead of anything seen nowadays:

ADVERTISEMENT.

For the Good of the Public.

Within two Doors of the Maskerade lives an eminent Italian Chirurgion, arrived from the Carnival at Venice, of great Experience in private Cures. Acomodations are provided, and Persons admitted in their Masking Habits.

HE has cured since his coming thither, in less than a Fortnight, Four Scaramouches, a Mountebank Doctor, Two Turkish Bassas, Three Nuns, and a Morris Dancer.

Venienti Occurrite Morbo.

N.B.—ANY person may agree by the Great and be kept in Repair by the Year. The Doctor draws Teeth without pulling off your Mask.

THE OATHS ACT.

DR. W. H. SYMONS (Holmdale Road, West Hampstead) writes: The wording of the oath which you give in the *BRITISH MEDICAL JOURNAL* of February 15th, is undoubtedly the Scotch form, but, as you say, any equivalent form will do. The following modification is much used in the North of England, and has some advantages, for it is less likely to be objected to by persons not fully cognisant of the law: "I swear by Almighty God, as I shall answer at the Great Day of Judgment, that the evidence I give shall be the truth, the whole truth, and nothing but the truth."

It is a good plan for the witness to have the oath written down, so as to be certain of the exact words, and he must not forget to raise the right hand; the forearm may be flexed upon the arm. Last time I used this oath was before a bench of six or eight magistrates; the clerk appeared to follow my words, and made some remark at the conclusion to the effect that the oath was quite correct. I think that if the witness does not show any hesitancy, but simply refuses the Book, and proceeds to administer the oath to himself, few will object; of course, if the officer of the court wishes to administer the oath, then the witness may hand him the paper, with the words he prefers written thereon, and repeat after the officer.

I think we might expect medical officers of health to set an example in refusing to kiss the Book, but they do not usually do so. At a recent Salvation Army Shelter case at Southwark I was the first witness called to give rebutting evidence; I took the English form of oath with the uplifted hand, no objection was made, several London medical officers of health followed me in the witness box, all of them kissed the Book.

GLYCOSURIA AND INFLUENZA.

DR. E. D. SHIRTLIFF (Malvern) writes: In connection with Dr. Boulting's case of glycosuric coma, reported in the *JOURNAL* of February 1st, which came on about ten months after an attack of influenza, I can recall to mind two cases which I attended after influenza. In both glycosuria was present. As in Dr. Boulting's case, polyuria, polyphagia, and polydipsia were completely absent in one case, and to the best of my recollection also in the other.

Case I was a lady of 49, who had had an attack of influenza a few weeks before I was called in, and when I saw her was suffering from debility, quick pulse (about 112), and palpitation of the heart on exertion. I did not detect on that occasion, but have since found, a mitral systolic murmur. Sugar was found in the urine, small in amount, and its presence was confirmed by the Clinical Research Association, who used control tests as well as the ordinary one by Fehling's or a modification of Fehling's solution. In this case the urine passed in the twenty-four hours amounted to about 40 ounces, and there was poor appetite and no excessive thirst. I cannot say whether the urine contained sugar or no before the influenzal attack. Under treatment the sugar after a time completely disappeared, and the pulse went down to about 72. Lately, however, the pulse was found to be rapid again (104) and the patient not so well, and on examining the urine the sugar was found to have reappeared. I should class this patient under the nervous temperament.

Case II was a hardworking laundress of about 70. The chief symptoms were distressing cough, debility, and fever. The urine was found to contain sugar, again small in amount, but again confirmed by the Clinical Research Association. As with the other case she was a new patient, so I was ignorant as to whether the urine contained sugar before the attack of influenza from which she had been suffering for some days before I was called in. In this case appetite was poor, and as long as I attended her I do not remember any polyuria or excessive thirst. As this patient discontinued treatment as soon as she was able