

sioners for an adjustment of any overcharge in the same way as he has already done in regard to the source of income assessed in the first notice.

#### ANSWERS.

T. J. H.—We have been unable to ascertain that the practice of slitting the outer canthus in order to make the eyes look larger exists in any country; the appearance it would produce would not be likely to appeal to any one but a South Sea savage dressed in war paint and feathers. If by accident or disease the outer canthus is enlarged it produces a hideous appearance, and the operation of sewing it up is frequently performed.

**ACCOCHEUR.**—When a medical man is engaged to attend a woman in childbirth it is implied that he is to use his judgement and do what is best for the patient. The patient's husband is called in only if she is in such danger that she ought to be allowed to see those dear to her; or if a question arises upon which her husband's wish may properly influence decision—for example, as to craniotomy.

#### GONORRHOEAL RHEUMATISM.

M. D. writes: In reply to "Surgeon, R.N.," this is a troublesome complaint, but amenable to careful treatment. Sometimes strapping up a knee with "Scott's" dressing, the emp. hydrarg. co., gives great relief; but pot. iodidi gr. v, decoct. sarsae co. ʒj ter die, with pil. plumbi gr. v every night should also be given. If this does not cure or relieve the pain, I have great faith in carbonate of guaiacol gr. v night and morning.

#### COUGH AFTER INFLUENZA.

M. D. writes: "Nemo" should examine patient's chest carefully to make sure it is laryngeal. Sometimes nasal irritation will cause cough, for the congestion seems to spread from nose to throat and from throat to nose. Often a nasal spray will give great relief. Some of my patients have found great relief from Allen and Hanburys' troches, No. 13 cocaine, ipecac, chlorat. and borax, or the lozenges of P. B. morphine and ipecac.

#### IRRITATION PRODUCED BY PLASTERS AND STRAPPING.

M. D. writes: There is no doubt most men in practice have been troubled as Dr. Hawthorne. My opinion is as follows: None of the hospital plaster purchased is really the old emp. adhaesivum P. B., solely because it cracks and peels off the material it is spread upon. The manufacturers mix up a formula of their own with a good deal of resin in it. No doubt it sticks better, is more adhesive, but this irritation should be pointed out to them and this ingredient may then be omitted. It is made for appearance and sale. I do not know whether the irritation from emp. belladonnae is not more irritating than the hospital emp. adhaesivum. There is only one house that my emp. belladonnae is obtained from, solely for this reason.

#### COCAINE IN DENTISTRY.

R. W.—We should hesitate to use a large dose of cocaine on faith of other ingredients preventing its toxic effects. These are fickle in their manifestation; one of the worst cases of toxic effect with which we are acquainted occurred in the person of a patient with whom cocaine had been used with great success three or four times previously. Though the preparation mentioned is to some extent used by dentists, we should prefer a freshly-made solution of cocaine hydrochloride, and should not advise the injection of more than half a grain, whatever preparation be used. But its use in dental surgery is not on the increase; the gums absorb with difficulty, and the results are variable.

#### LETTERS, NOTES, Etc.

##### ANTITYPHOID INOCULATION: A SUGGESTION.

MAJOR C. N. C. WIMBERLEY, I.M.S., writes to express the opinion that Dr. Wright has at any rate been working on right lines in his endeavour to diminish typhoid fever, which is so serious a scourge to the army. He asks whether it should not be made a condition of service that all men enlisting for a reasonable period should have to undergo inoculation with typhoid vaccine, just as revaccination for small-pox has been made compulsory in Germany. Failing this experiment on a large scale, he suggests that a substitute might be found in the by no means inconsiderable number of medical men who enter the naval and military services of the Empire. He thinks that they would be ready to undergo the trifling discomfort of antityphoid inoculation, and in this way afford to the public a living example of the benefits available for humanity at large. He suggests, further, that instead of two inoculations, the first with an attenuated and the second with an exalted vaccine, they should go through a series of inoculations with vaccines of increasing potency. He believes that in this way, with little discomfort to themselves, there would be established a complete immunity to a disease fatal to a certain proportion of their number yearly, while the benefits of the process would be made manifest to an intelligent public.

##### A SUCCESSFUL DIAGNOSIS.

THE following story, which we find in the *Journal of Nervous and Mental Diseases*, points an instructive moral: A successful business man, said to be suffering from neurasthenia of a pronounced type, was sent to a well-known American physician. He had consulted many physicians and had been sent hither and thither in search of health. After a careful examination the physician said gravely: "I want to say to you, first, that the diagnosis in your case is perfectly clear." The patient looked up at him anxiously as if awaiting his doom. The doctor went on to say: "My diagnosis is you are a damned fool!" The patient immediately jumped up from his seat and seized the physician's hand, crying out: "Thank you, doctor; that's the kind of talk I like to hear." He promptly proceeded to get well.

##### THE METRIC SYSTEM.

MR. E. JOHNSON (Secretary of the Decimal Association, London) writes: Referring to the letter of Dr. Gordon Sharp on the metric system, published in the *BRITISH MEDICAL JOURNAL* of December 24th, 1904, p. 1736, I beg to be allowed to point out that occasionally in some parts of Germany the  $\frac{1}{2}$  kilo. is colloquially called by the old name of "pfund," and that this fact has caused many people to imagine that the metric system is not thoroughly adopted in that country. It may be perfectly true that fatal mistakes are made on

the Continent through mistaking the multiples, and fatal mistakes are heard of in England from other causes; but probably the real reason for such mistakes, either here or elsewhere, is not the defect of the system in vogue, but the carelessness of the dispenser. It seems, indeed, to the lay mind that the mistake of giving ten or a hundred times the intended dose is an incredible one, the very great excess serving to draw attention to the error on the part of the dispenser who knows the character of the drugs he is dispensing. We do not forget that in England patients take their dose by measure, and in this connexion I should like to say that my attention has been drawn to the serious anomaly that our household teaspoon varies in capacity from 30 to 60 minims, while the tablespoon may be anything from 240 to 400 or 500 minims. This is an instance of the lack of precision which exists at present.

MR. GEORGE MOORES, Secretary of the British Weights and Measures Association, writes: Referring to the letter appearing in the *BRITISH MEDICAL JOURNAL* of January 14th, from Mr. E. Johnson, Secretary of the Decimal Association, he mentions a large number of supporters of various kinds which his Association has, but I would like to state, from personal interviews which I have had with members of some of the aforesaid bodies of supporters, that it is clear those petitions which they have presented in favour of the compulsory adoption of the metric system in this country, have been largely based on a misunderstanding of the question by those voting for such petitions. The nation can only arrive at a true conception of the position by having both sides of the question put before it, and this Association has been formed for the purpose of organizing and presenting the case against the metre, and in favour of standardizing and simplifying British units of weights and measures. Judgement so far has gone by default, but there are strong signs that such a state of apathy is fast passing away. Amongst the members who have joined us are doctors, manufacturing and dispensing chemists, and we believe that the more our case is known the less will be the number of nominal supporters of the metric system. It is of the greatest importance, in view of the early reintroduction of the obnoxious Metric Bill before the House of Lords, that the country should at the present time support this Association in presenting the British case before those members of Parliament who are asked to obliterate the units which are universal throughout the Anglo-Saxon race, and which, with the spread of English commerce, language, and law, are fast being introduced into other parts of the world.

##### A SCRIPTURAL JUSTIFICATION OF FEES.

WHEN Chaucer says of his doctor of physic that his study was but little on the Bible, he was echoing a popular calumny on the profession which has lasted to our day. To what good purpose, however, doctors can on occasion apply scripture was shown by Sir James Simpson when, in reply to the foolish preacher who denounced him for using chloroform to enable women to escape the curse pronounced on Eve, he quoted the case of Adam, who was thrown into a deep sleep before his rib was removed. Another ingenious application was made some years ago by an American surgeon, who brought an action for his fee against a patient on whom he had operated successfully for strangulated hernia. The patient, though a wealthy man, with the fine sense of gratitude with which most of us are only too familiar, resisted the claim on the ground that the charge was exorbitant. In the course of the trial the attorney for the defendant sarcastically asked the surgeon if there were no limit to his charges. "None in this case," said the doctor. "On what authority, sir?" "The Bible." "Explain yourself." "'Eye for eye, tooth for tooth, yea, all that a man hath will he give for his life.'" The remark had its effect upon the jury and the doctor won his case. Even M. Doyen, however, would scarcely push this text to the full length of its literal meaning, or surgery would come to be the art of reducing millionaires to mediocrity.

A POSSIBLE MODE OF INFECTION IN GASTROINTESTINAL DISORDERS. MRS. MARY EVEREST BOOLE (London) writes: Many parents have a custom, highly commendable in itself, of encouraging children to allow bees to share their fruit or jam. This is felt to be a good object lesson for the little ones in respect for industry and gratitude for its results, as well as a graceful recognition of the bee's own dainty cleanliness. But in some parts of England there exists a fly indistinguishable to the unskilled eye from the honey bee. I have seen it in the Thames Valley. It lives among human excrement, and is therefore likely to carry germs of many gastric and enteric parasites. It has a habit of flying towards artificial light—a lamp, etc.—like some night moths. Therefore in any village where supposed "bees" are seen flying about lamps it is advisable to warn children and servants against allowing any creature to come near food on the presumption that it is a genuine busy bee.

##### A CORRECTION.

OWING to an error in the original manuscript it was stated (*BRITISH MEDICAL JOURNAL*, January 7th, 1905, p. 24) that the upper end of the cone inhaler designed by Mr. T. D. Luke could be papered; it should have been stated that the tapering of the upper end makes the inhaler more convenient to hold than many other cones.

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