

## FLEAS.

DR. FREDERICK EDGE (Birmingham) writes: Let "Restless Night" take a sulphur tablet or two each day, and the fleas will leave him alone. To say that two sulphur tablets a day make anyone objectionable is to speak rubbish. But if there is any prejudice against taking sulphur, there can be none against washing with sulphur soap, which leaves on the skin the clean but acrid sulphurous fumes which the flea does not take to. I get numerous fleas from my out-patients, but find them tolerable with above precautions.

## TREATMENT OF HEBERDEN NODES.

G. T. L. (Lieutenant-Colonel, R.A.M.C. ret., Biarritz) writes, in reply to "Civis": My own terminal phalanges were greatly affected, and are comparatively well now by following the treatment advised by Dr. Bruce of Edinburgh. Soak boracic lint in a saturated solution of sodium chloride, apply to the fingers, and cover with oiled silk or gutta-serena tissue. Bandage on and leave on all night; ordinary lint often causes pimples. Continue every night for a considerable time. A very old lady who had been unable to write for years is now able to do so since I advised her to use this treatment. High frequency is also of great use.

## LETTERS, NOTES, Etc.

## TREATMENT OF INEBRIETY.

DR. CHARLES LLOYD TUCKEY (London) writes: Dr. Mary Gordon has written to me taking exception to a statement about her made by me in the fifth edition of my book, *Treatment by Hypnotism and Suggestion*, and asks me to correct it in your columns. The statement is that in a paper read by her before the Society for the Study of Inebriety, on the Drug Treatment of Inebriety (October, 1906), she ignores the use of hypnotism. Miss Gordon points out that the title is sufficient explanation for the non-consideration of hypnotism on that occasion. I have pleasure in making this correction and regret having misrepresented Miss Gordon.

## AN OPEN CONTINUOUS DROP METHOD OF ADMINISTERING ETHER.

DR. G. A. H. BARTON (London, W.) writes: Dr. Brownlee in your last issue says, referring to my letter of December 24th last, "he has not tried the drop method." If Dr. Brownlee will refer to my letter again he will see that what I said was that I had not tried it for the purpose of inducing anaesthesia. In common, I suppose, with all anaesthetists, I have frequently given ether by an open method in suitable cases and where the patient was already anaesthetized, and I have done this in various ways. I cannot say that I have found any special virtue in one way more than another. Any one who reads my former letter impartially and as a whole will see that I am not at all an opponent of the open method where practicable, and subject to some preliminary method of induction which can be relied upon and does not last too long.

## DEATHS UNDER CHLOROFORM IN GENERAL HOSPITALS.

DR. J. MCNAMARA (London, W.) writes: In my appeal against the general use of chloroform as an anaesthetic I did not deny, as your correspondent would appear to suggest, that there are some anaesthetists lucky enough to have given chloroform in a large number of cases without a death. I simply stated the fact that wherever ether is exclusively or almost exclusively used, as in Ireland and in America, death under anaesthesia is extremely rare; whereas, wherever chloroform is extensively used, as in London, death under anaesthesia is terribly frequent. Witness the statement of the coroner at a recent inquest that in one London hospital death has occurred under anaesthesia thirty-eight times in six and a half years!

## SMEGMA.

DR. A. CAMPBELL STARK, M.B., B.S. Lond. (Wanstead Park), writes: I was called hurriedly to see a boy of 16 years. On arrival I found him looking very pale, shivering violently, with a small and rapid pulse and general symptoms of severe shock. He complained of pain in the glans penis. On examination the penis presented a curious appearance. The glans and corona were completely covered with a mass of white scales so arranged as to simulate closely the appearance of a papilloma. On inspection each scale consisted of a symmetrically round plaque of smegma about 3 millimetres in diameter. They were easily removed with forceps, and left a slightly inflamed and fibrous-looking surface below the corona. There was no paraphimosis, and the prepuce was freely movable. On inquiry the cause of the condition became obvious. Adhesions of long standing had existed between the prepuce and the corona, damming up the usual secretion of smegma. These adhesions had suddenly given way under the tension of the retained secretion, with forcible discharge of the smegma over the body of the glans. Considerable swelling of the penis had preceded the rupture of the adhesions, and the actual bursting was accompanied by severe shock, for which stimulants had been given before my arrival. The case seems sufficiently rare and curious to be worth recording.

## EXERCISE IN PULMONARY TUBERCULOSIS.

DR. ARTHUR LATHAM (London, W.) writes: In the report in your issue of February 22nd of the "case of pulmonary tuberculosis treated by the administration of tuberculin and horse serum by the mouth" which I brought before the Clinical Section of the Royal Society of Medicine, the following sentence appears: "Dr. Latham considered exercise for these patients very deleterious, as it caused auto-infection." I shall be obliged if you will permit me to say that I expressed no such views. I did say a few words on the effect of exercise in producing auto-inoculation, but I am afraid did not make myself clear to your reporter.

## TREATMENT OF BRONCHOPNEUMONIA

J. A. writes: In connexion with Mr. Penfold's note in the BRITISH MEDICAL JOURNAL of February 1st on the treatment of bronchopneumonia, it would be interesting to know if he gives no other medicine except that mentioned in his prescription. Personally I can testify to the value of potassium iodide in many cases of bronchopneumonia, but I have never used the combination he employs, and I do not quite understand why paraldehyde should be given. Now, while an expectorant mixture is given as a routine practice, my experience has been that a stimulant mixture is also necessary in the majority of cases. It must be remembered that bronchopneumonia is a most debilitating disease of some weeks' duration, and unless the cardiac tone is maintained the chance of recovery is lessened. The chief danger in this disease is cardiac failure, and fatal cases I have seen have been due to this cause. The stimulant may either be given in the form of an alcoholic beverage or in a mixture such as this:

℞	Tinct. strophanthi	...	...	℥viiij
	Liq. strychninae	...	...	℥iv
	Spt. aetheris	...	...	℥xxx
	Syr. amantii	...	...	℥ss.
	Aq. chloroformi	...	...	℥j

Sig.—℥j every four hours for a child 1 year old.

Fifty cases without a death is a record to be proud of, but I cannot help thinking there were no very severe cases. Lobar pneumonia in children is very rarely fatal, in marked contrast to the heavy mortality of bronchopneumonia. The former runs a short acute course, while the latter runs a chronic course, wherein rests the danger. In bronchopneumonia it is essential to maintain the strength by careful feeding and judicious stimulation, and thus one may hope to reduce the heavy mortality.

## A CASE OF BELLADONNA POISONING.

DR. G. E. PALMER (Westport, Co. Mayo) writes: A man, aged about 50, well nourished and robust, went to a chemist, complaining of pain in his side, the result of a strain. The chemist prescribed the usual placebo—a belladonna plaster—and sent the man on his way, with the assurance that he would be all right as soon as the plaster had time to assert its vaunted virtues. Eight hours after the plaster had been applied he had dryness of his mouth and throat, with great thirst and giddiness, his vision became indistinct, and he was very restless. The next day there was an erythematous rash all over his body with considerable oedema of the scrotum, hesitation of speech, and a numb sensation in his left arm, extending to his fingers, the left being the side to which the plaster was applied. He had some difficulty in passing water, and three days after symptoms of poisoning set in had a severe attack of diarrhoea, which lasted for twenty-four hours. In about a week all the symptoms disappeared, except a slight giddiness and a faint erythematous rash over the site where the plaster was applied. This is the fourth case I have met under similar circumstances, and, considering the comparative frequency of such cases, I think there should be some restriction put on chemists to curtail their promiscuous prescribing for all classes of cases, as there is very little doubt that the public are pretty certain to suffer in their hands.

## A CORRECTION.

In the notice of the appointment of Dr. Mowbray of Castlederg to the Commission of the Peace for the county of Tyrone published last week, p. 474, his Christian name should have been given as Robert.

## SCALE OF CHARGES FOR ADVERTISEMENTS IN THE BRITISH MEDICAL JOURNAL.

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