

Bagnères de Bigorre; and the English Chaplain at St. Jean de Luz. As there is no English colony in the other places mentioned, the educational facilities would be found to be precisely those of other French towns of the same size.

**LOCUM TENENS AND LIFE ASSURANCE FEES.**

L. M. D. writes, in answer to Mr. A. V. Crossing: That, inasmuch as a *locum tenens* (or, in other words, temporary assistant) is, as a rule, engaged on the same conditions as would be an ordinary permanent one; and that, for a specified remuneration, he is to devote his whole time to the legitimate requirements of the principal, he maintains that, in the absence of any specific arrangement to the contrary, all fees received in such capacity belong to the principal for the time being; and, *a priori*, that the *locum tenens* in question has no legitimate claim to any portion of the said assurance fee.

**HOME FOR EPILEPTICS.**

SEVERAL correspondents who have recently made inquiries as to homes for epileptic girls, may be glad to be reminded of the Meath Home of Comfort for Epileptics, founded by the Countess of Meath for the reception of patients between the ages of 2 and 8, and 12 and 35. A large house has been taken at Godalming, Surrey, and will be opened in August. It stands in beautiful grounds, and will contain fifty beds. Institutions of this character are greatly needed, and pending the formation of epileptic colonies on a large scale, we anticipate that the new home, which we gather has been promoted by the Girls' Friendly Society, will not lack for patients. Applications for admission must be made to Miss Annie Cazenove, Betchworth, Surrey. The ordinary charge will be 12s. 6d. a week, and for children 8s. Members of the society will be received for 10s. 6d. a week. A certain number of cases will also be received at rates ranging from one to three guineas a week.

**BROWN-SÉQUARD'S FLUID.**

DR. A. AMBROSE; A MEMBER:—Brown-Séquard's fluid is prepared<sup>1</sup> from the testicles of strong and active dogs or guinea-pigs by rubbing them with a little water—2 to 3 c.c. to each testicle. The resulting mixture is then filtered through a Chamberland's porous porcelain filter, being in this way rendered sterile and free from all formed elements.

The ordinary dose employed at first was about a cubic centimetre of the filtered liquid, this being injected under the skin either of the arm, leg, or thigh. An ordinary hypodermic syringe was employed, but it is absolutely necessary that the instrument should be perfectly clean and sterile—those made only of metal and glass with an asbestos packing being in this respect far the most satisfactory. It should be mentioned that these injections gave rise to a good deal of subsequent local pain, and for this reason Dr. Brown-Séquard afterwards advised that the dose should be divided, each cubic centimetre being injected in ten equal doses.

M. Variot, in some similar observations,<sup>2</sup> used a more dilute infusion—10 c.c. to each rabbit's testicle—and injected about 2 c.c. at a time under the skin of the abdomen. The results were stated to be highly satisfactory; local pain present, but bearable, and not long persistent. Lately it has been preferred to employ as a solvent pure water, but a mixture of 1 part of glycerine with 3 of water. This is said to be less painful than water alone, and more easy to prepare and filter. It has also been suggested to employ liquid carbonic acid both as a sterilising agent and to aid the passage of the liquid through the porous porcelain.<sup>3</sup>

**A PUBLISHER'S CIRCULAR.**

A COUNTRY DOCTOR.—We entirely agree in the view taken of the circular forwarded to us. It is calculated to mislead. We have, however, the satisfaction of being able to inform our correspondent that the further issue of the misleading document has been stopped by Messrs. Longman.

**NOTES, LETTERS, Etc.**

ERRATA.—In Dr. W. Duncan Scott's letter on Beri-Beri, in the BRITISH MEDICAL JOURNAL of July 9th, p. 103, line 15 from bottom, for "innervation" read "innervation"; line 13 from bottom, for "washing" read "wasting"; line 8 from bottom, for "1887" read "1877"; line 7 from bottom, for "recognise" read "recognises."—In Mr. A. E. Garrod's article on Schwabach, in the BRITISH MEDICAL JOURNAL of July 2nd, the proportions of iron in the Stahlbrunnen and Weinbrunnen are incorrectly given as 0.8 and 0.5 per 1,000, instead of 0.08 and 0.05.

**INFECTION IN SCARLET FEVER.**

DR. ARTHUR STEDMAN (Great Bookham) writes: There appears to be an opinion floating about in the medical profession that scarlet fever is not infectious until desquamation has commenced. I send you the details of the following cases, so as to elicit information from those who have had a larger experience than myself:

- B. R. failed May 4th, with sore throat, and on May 5th the rash appeared. There were in the cottage at this time seven children, who were at once removed to another cottage; of these
  - A. B. failed May 7th.
  - A. R. " May 16th.
  - H. R. " May 16th.
  - A. B. " May 20th.
  - G. R. " May 20th.

Two escaped. In each of these cases the patient was removed as soon as the rash was detected back to the original cottage; therefore these cases appear to show that infection may be possible as soon as the rash appears.

**THE TREATMENT OF EPITHELIOMA.**

SURGEON-LIEUT.-COL. T. ROBINSON, M.B. (1st Gürkha Rifles, Dharmasala, India), writes: I have had two cases of epithelioma under treatment

<sup>1</sup> *Comptes Rendus de la Soc. de Biologie*, June 15th, 1889.

<sup>2</sup> *Soc. de Biol.*, June 29th, 1889.

<sup>3</sup> *Acad. de Méd.*, February 23rd, 1892.

during my service in India, and I wish to make the results known, in the hope that others, with more opportunity than I, may try the treatment.

Some eleven or twelve years ago, at Edwardesabad, a station on the north-west frontier, I treated a man aged about 35 years, in whom the disease was a recurrence after removal, in another hospital, by the knife. It extended from the jaw to the clavicle on the right side, and from the middle line in front to the posterior border of the posterior triangle—a vast, fungating, bleeding, lobulated mass, so soft as to break down under very slight pressure. Under treatment it gradually sank down to the level of the skin. I had to go away with my regiment on active service. When I came back in about three months I was informed by my hospital assistant, a most trustworthy man, that he had been discharged from the hospital quite healed up, but, of course, terribly scarred. Up to the time of my regiment's leaving that station (some eight months afterwards) he did not come back, as I am pretty sure he would have done had the disease broken out again.

The second case occurred here, in the person of a pensioned Gürkha, aged about 60 years. The fungating tumour was on the back of the right thigh, about the size of a hen's egg, lobulated, and bleeding; the glands in Scarpa's triangle were enlarged, fixed, and of a stony hardness; the circumference was 2½ inches, of the left thigh 17 inches at a corresponding level. Treatment (same as in former case) began on January 7th. The entire mass had disappeared down to skin level by February 22nd: a scooped-out, fairly clean cavity about 2½ inches by 2 inches was the next stage reached about the middle of March. This healed up by granulation, and was healthily and firmly skinned over on May 13th. The solid œdema of the thigh continued throughout the treatment, and has latterly increased considerably; the circumference was 25 inches on May 29th. I think the improvement would have been much more rapid had the patient consented to come into hospital.

The treatment in both these cases consisted of injection of a saturated solution of iodine in commercial carbolic acid; the syringe was charged with m20, needle introduced at margin in any direction towards the middle of the mass, two or three drops pressed out, then partially withdrawn, sent in another direction, a few more drops ejected from the syringe, and so on till the whole contents have been got inside the cancer. It may be injected every day in large epitheliomata, every second day in small ones like the second case mentioned. Sometimes the point of the needle gets into a fissure, and the black strong fluid appears on the surface, where, if it does little good, it does no harm. The syringe and the fluid should be warmed before use, otherwise the needle becomes clogged. The idea underlying the treatment is this,—wherever the blood can go in epithelioma, and that is to every part, this fluid can go too, and the results are what I have seen and described.

The skilful brother will know without my telling him when to lessen the amount injected, when to put on a small poultice to remove *débris*, and when to put on some bland ointment to protect the surface of the sore from friction or pressure or other external irritant.

**MENSTRUATION DURING PREGNANCY.**

DR. T. P. THOMSON (Wigmore) writes: In the BRITISH MEDICAL JOURNAL of July 9th, Dr. W. Ernest Thomson has recorded a very interesting case concerning the above; at least, it has been of interest to me, because I have a patient who has in most of her confinements exhibited the same symptoms. The patient I refer to is the mother of eleven children, and also has aborted five times. During the pregnancy my patient states that she has been "poorly" every month, and never knew she was pregnant until the child quickened. This has happened with almost all her children. If Dr. W. E. Thomson cares, it will give me pleasure to let him know further particulars. The patient has generally gone through her confinements easily and well, although two attacks of rheumatic fever in recent years have been against her.

**THE BRAINS OF MEN AND WOMEN.**

SIR JAMES CRICHTON-BROWNE (Queen Anne's Mansions, S.W.) writes with reference to a short paragraph headed "The Brains of Men and Women," in the BRITISH MEDICAL JOURNAL of July 9th: The story culled from an unnamed German newspaper has a fine, full, chesnutty flavour; it is apocryphal as applied to Bischoff, who certainly never made the statements about brain weights attributed to him; and is absolutely pointless. There are puny insignificant men who fall far short of the average height of women, but their diminutiveness does not invalidate the truth that men are, as a rule, taller and stronger than women; and there is nothing after all so exquisitely funny in hearing this truth enunciated by a little man. And so the smallness of Bischoff's brain (if small it was) does not invalidate the truth that men's brains are, as a rule, bigger and stronger than those of women; and the fact that the small-brained Bischoff insisted on this truth is not, after all, a joke of the first magnitude and of sparkling novelty. I have never said that the intellect of woman is inferior to that of man. My contention is that they are different.

**"LOCUMS" AND PRACTITIONERS.**

MEMBER writes: I can endorse all a "General Locum" says respecting the difficulties frequently encountered in taking charge of practices. In a large percentage of practices no prescription book is kept, and there is no record of previous treatment. Many practitioners prescribe within very narrow limits indeed, and the "locum" has to prescribe according to the drugs in stock, rather than what he considers the suitable treatment for his patient. I have been in charge of a large practice where the surgery did not contain either scales or measure glasses. The "locum," on taking charge, should be furnished with a list of the patients under treatment at the time, with particulars as to diagnosis and treatment. This is, of course, done in some cases, but these cases are exceptional.

**POISONOUS BITES.**

MR. GEORGE FOY (Dublin) writes: In connection with the case of hydrophobia from the bite of a cat, reported in the BRITISH MEDICAL JOURNAL of July 9th, I would draw your readers' attention to the statement of Morgagni: "If you except dogs, I do not remember to have

Br Med J: first published as 10.1136/bmj.2.1646.163 on 16 July 1892. Downloaded from http://www.bmj.com/ on 5 July 2022 by guest. Protected by copyright.