

LETTERS, NOTES, AND ANSWERS TO  
CORRESPONDENTS.

COMMUNICATIONS respecting Editorial matters should be addressed to the Editor, 1, Agar Street, Strand, W.C., London; those concerning business matters, advertisements, non-delivery of the JOURNAL, etc., should be addressed to the Manager, at the Office, 423, Strand, W.C., London.

ORIGINAL ARTICLES and LETTERS forwarded for publication are understood to be offered to the BRITISH MEDICAL JOURNAL alone, unless the contrary be stated.

AUTHORS desiring reprints of their articles published in the BRITISH MEDICAL JOURNAL are requested to communicate with the Manager, 423, Strand, W.C., on receipt of proof.

CORRESPONDENTS who wish notice to be taken of their communications should authenticate them with their names—of course not necessarily for publication.

CORRESPONDENTS not answered are requested to look at the Notices to Correspondents of the following week.

MANUSCRIPTS FORWARDED TO THE OFFICE OF THIS JOURNAL CANNOT UNDER ANY CIRCUMSTANCES BE RETURNED.

IN order to avoid delay, it is particularly requested that ALL letters on the editorial business of the JOURNAL be addressed to the Editor at the Office of the JOURNAL, and not at his private house.

TELEGRAPHIC ADDRESS.—The telegraphic address of the EDITOR of the BRITISH MEDICAL JOURNAL is *Articulate*, London. The telegraphic address of the MANAGER of the BRITISH MEDICAL JOURNAL is *Articulate*, London.

Queries, answers, and communications relating to subjects to which special departments of the BRITISH MEDICAL JOURNAL are devoted will be found under their respective headings.

## QUERIES.

H. D., who has a patient suffering from cancer of the jaw, with involvement of the cervical glands, asks whether the Roentgen rays have been found beneficial in such cases.

## FISTULA IN ANO.

COUNTRY PRACTITIONER asks whether it is the usual thing now to stitch the incision made for fistula in ano or not. Which is the plan most likely to produce a good result?

## TRANSPPOSITION OF VISCERA.

MILES asks: Would a candidate for commission or cadetship in the army or navy, or for post of purser in the latter be liable to rejection on account of transposition of heart and other viscera, the candidate in other respects being perfectly normal and healthy?

\*.\* Probably not; but it would be as well to mention the peculiarity to the Board.

## INCOME TAX.

J. T. writes: I am in receipt of about £500 per annum from a colonial Government and from private practice in that colony. This amount is not subject to payment of income tax. In addition I have about £100 per annum from home sources which pays income tax. Can I recover the income tax paid on this latter sum?

\*.\* If our correspondent resides permanently abroad he is entitled to exemption on the income from British sources, and can recover tax paid for the past 3½ years. The Income Tax Repayment Agency, of 6, Chichester Road, will undertake such recovery.

## TREATMENT OF VESICAL TUBERCULOSIS WITH TUBERCULIN.

T. has a patient suffering from tuberculous disease of the prostate and neck of the bladder. He has been under the tuberculin treatment for about five months; at first two series of gradually increasing doses of tuberculin were used, six injections in each series, with an interval between the two series, and during the last three months 1 mg. has been injected regularly every third day. The patient has certainly improved, the pain has shifted from the perineum to the front of the pelvis, and the frequency of micturition is not quite so great; there is not so much pain on lying down at night, and practically no blood is now passed, whereas it used to be passed very frequently; the patient is also increasing in weight. These symptoms, however, for the last two or three weeks have seemed at a standstill. "T." would be glad to know how long it is advisable in a case of this kind to go on with the injections, and whether after the time that has elapsed since the beginning of the treatment he can hold out a hope of ultimate cure. The patient is a young man, with no disease anywhere else. Any suggestion as to treatment would be greatly esteemed.

## ANSWERS.

OBSERVANT.—(1) We have no special knowledge of the electro-galvanic belt in question, but conclude from the advertisement forwarded that it is like many other articles—"made to sell." If the purchaser believes he has been defrauded he has his legal remedy. (2) We are advised that under the existent state of the law the letters appended to the name of the midwife could not be held to be colourable imitations of medical diplomas, and no action would lie on the ground of deceiving the public.

## SENILE PRURITUS.

DR. JOHN MACDONALD (Dunedin, N.Z.) writes: I write to recommend the administration of 1-drachm doses of sodium phosphate, dissolved in water, three times a day after meals. There may be nothing novel in this treatment, but it is not mentioned in any work on skin disease or materia medica I have consulted, and has proved successful when other remedies failed. A good lotion for local use is composed of resorcin gr. x-xv, glycerine mx, lime water ʒj. Given in 1-drachm doses every four hours; the phosphate is a capital remedy for urticaria and boils.

## TREATMENT OF PRURITUS VULVÆ.

DR. H. OPPENHEIMER (London) writes: "A. F. D." might try the local application of carbolic acid in a 3 to 10 per cent. solution, as recommended by

Schroeder. I find it most efficacious if a mixture of one part of alcohol and three parts of water is used as a vehicle. This treatment, as in fact any plan, is greatly assisted by the use of prolonged alkaline baths, prepared by the addition of about half a pound or more of sodium carbonate to the water.

DR. G. NORMAN MEACHEN (New Cavendish Street, W.) writes: In a patient aged 60, suffering from pruritus vulvæ, it is important to exclude the condition described by Breisky as kraurosis, that is, a dryness and irritability of the mucous membrane of the vulval orifice. The epithelium has a glazed, whitish appearance, and is accompanied by atrophic changes in the skin. Should this be present, excision of the affected strip of mucous membrane under anæsthesia has been found to yield the best permanent result. Otherwise "A. F. D." might employ a paint consisting of 5 to 10 grs. of silver nitrate to an ounce of spirits of nitrous ether. This application causes some temporary smarting, but is soon followed by relief. For the pruritus ani, hot sponging, avoidance of food tending to constipation, and the application of a mustard leaf to the lumbar enlargement nightly may be useful.

J. R. J. writes, in answer to "A. F. D." to recommend the following prescription, which he read many years ago. It has always been of great use, and has rendered excellent service.—R. Sod. biborat ʒij, morph. hydrochlorat. gr. 20, acid hydrocyan. (Scheele) ʒj, glycerin ʒj, aquam ad ʒviij. M. ft. lotio. Apply with sponge *bis die* after ablutions.

DR. ARTHUR WATSON (Leamington) writes: I think if "A. F. D.'s" patient will apply R. Boracis ʒj, aquæ ʒij three or four times daily it will promptly relieve. Should there be any trace of uricæmiæ, sodium salicylate internally would additionally suffice.

F. R. writes: Uterine disease as a possible cause should be borne in mind. Occasional calomel purges, followed by very careful diet both as to quantity and quality of food would probably improve matters. A saturated solution of borax, or an ointment containing hydrocyanic acid are useful locally. Are pediculi present?

DR. WILLIAM S. STEELE (Torquay) writes to advise "A. F. D." to try ung. conii taking care that the ointment is fresh and good.

## CHRONIC ACID GASTRALGIA.

DR. H. OPPENHEIMER (London) writes: The short description of the habitus of the patient, as given by "Asphodel," as well as the efficacy of the bromide treatment, renders a neurotic origin very likely, and, in my opinion, invites a course of Weir-Mitchell treatment in preference to any attempts at local therapeutic measures.

P. M. writes: Bismuth oxide in doses of 10 grs. before meals would probably do good in such a case, even if gastric ulcer be present. It should be preceded by a mercurial purge. But very restricted diet is still more important. The quantity of food should be reduced to 16 ozs. in two meals *per diem*, and everything indigestible forbidden. Rest in bed for a week or two with no food but a pint of milk a day would certainly do good.

DR. H. D. O'SULLIVAN (Burton-on-Trent) writes to suggest that "Asphodel" should try the following: Tr. iodi mv, potass. chlorat. gr. x, aquam destil. ad ʒj, t.d.s. a.c.

## LETTERS, NOTES, Etc.

## ERRATUM.

The first Egyptian Medical Congress is to be held in December, 1902, and not in 1901, as printed last week at page 1121.

## A NEWSPAPER NOTICE.

We have received the following for publication:

"We, the staff of the Eye Infirmary, Newcastle-on-Tyne, have been exceedingly annoyed with the advertisement given to us in the article on the Eye Infirmary, which appeared in the *Newcastle Daily Leader* of October 9th. The publication of our names was made without our permission, and contrary to our desire.

"October 12th. (Signed) "A. S. PERCIVAL."  
"H. P. BENNETT."

## THE STAINING OF THE TUBERCLE BACILLUS.

DR. HERBERT W. G. MACLEOD (Streatham) writes: In the BRITISH MEDICAL JOURNAL of September 28th Mr. E. M. Saunders refers to my description of a method of staining the B. tuberculosis (BRITISH MEDICAL JOURNAL of July 6th), and states that the process can be further shortened by applying the oil-immersion lens to the drop of cedar wood or castor oil placed directly on the film without the intervention of a cover glass. This method is well known, and is often used in clinical work. Cedar oil is not always applied with advantage to a film, as it may decolorise it. Before permanently mounting in xylol balsam, it is often advisable to apply a drop of water on the cover glass, and to use the oil-immersion lens in the usual way. If satisfactorily stained, the "circle" is removed, the slip thoroughly dried, and the specimen mounted in balsam for preservation. This would apply equally at an examination.

## THE M.D. DURHAM EXAMINATION.

M.D. (Durham) writes: Having just passed the practitioners' examination for the M.D. of Durham and it being impossible to answer all correspondents wishing for information, I would briefly state that the examination is a very severe and searching one, and requires at least twelve months preparation, with coaching and hospital practice. I had postal tuition, and was fortunate in getting four of the questions in my papers. I strongly advise postal tuition; it is a means of making a man work and saves many months of hard reading. I shall be pleased to give any further particulars as to the examination, on the understanding that the information will be returned to pass on to others. I ought to add that the examiners are most kind and courteous and give any reasonable time for diagnosing the cases. I got five microscopical specimens and sent them all—not difficult.