LETTERS, NOTES, AND ANSWERS. [Dec. 16, 1911.]

THE CRIMINAL AND THE COMMUNITY.

PRISON SURGEON.—The following books may serve our correspondent's purpose: Crime: Its Cause and Remedy, by Cesare Lombroso, translated by H. F. Horton (12s. net; Criminal Psychology, translated from the Spanish by Alfonso de Salvo (15s. net; all in the Modern Criminal Science Series, published by Heinemann; The Criminal Psychology of Infants, by James E. Broadhead, published by John Lane (5s. net; Crime and Criminals, by R. F. Quinton, published by Longmans.

NAIL BITING.—M. C. W. writes: "In reply to "M. J. M." there is only one way to cure biting nails: Give the offender a nice small pair of nails. If the man insists upon trying always keep some readiness in the pocket and used constantly, never allowing any roughness of the nails to remain. Rigidly keep to this, and I will guarantee the habit is cured however old the offender may be.

LETTERS, NOTES, ETC.

SHIP SURGEON. NOVICE who, lured, as he states, following accounts of the sunny south, recently acted as surgeon to a ship for a nominal salary of 1s. a month, warns other young practitioners from following his example. He found his quarters very uncomfortable, and learnt that most such boats were in reality cargo boats, "neither living in" or "for a voyage or two, to insist upon being supplied with a copy of the regulations which apply to them before joining, and also upon obtaining proper accommodation on board. He quotes the following regulation, which he has found irksome:

"Reg.—Executive officers are not permitted to participate in the amusements of passengers, such as games, etc. They will confine themselves to politeness and courtesy to passengers when off duty."

Strictly read, he said, the surgeon is by this resolution forbidden to become acquainted among the passengers, has no opportunity of exercise, since the decks are taken up by the passengers, and therefore is compelled to spend the bulk of his time in his cabin, which is frequently dark and without ventilation.

REANIMATION OF THE STILLBORN.

DR. ALEXANDER DUKE (London) writes: The description by Dr. H. Stokes of his plan for reanimaition of a stillborn child is the most suggestive that I have described myself. I have marked success nearly twenty years ago, that I may be permitted to mention it here. The following is the paragraph published in the Medical Press and Circular, May 9th, 1892.

"I first of all clear mucus from infant of mouth and then, by the aid of a small pipe or open up atmospheric highways. I then at once lay the infant face downward and press on the right hand, the tips of fingers over carotid region, so as to direct at once improvement in the beat of heart. With the hand under thorax I compress with the palm of the right hand. I would as a rule throw up the infant in ten seconds, measured by counting. The heart and chest being kept at lower level than the pelvis favours the gravitation of blood to the brain, and also the exit of any mucus from mouth. When I find the action of heart improve I plunge the infant into hot water, keeping up the rhythmical compression of ribs all the time infant is in the water five minutes, as a rule, I found sufficient, and direct the nurse in attendance to slush a little cold water over back and shoulders, which is soon followed by gasping and infantile cry, the former most in evidence. It is often the primary cause of atelestasis in after-life."

The similarity of Dr. Stokes's description to my plan, which I have never failed to test, I could distinguish any cardiac action, even the faintest, must be my excuse for asking the favour of publication in the British Medical Journal.

FATAL INTRAPEPTONAL HAEMORRHAGE FROM THE VITELLINE VESICLE.

E. W. HAROLD BEVERLEY (Barnsley) writes: On November 2nd I was called to attend a lady about to give birth. Owing to the infant arriving at the house at 6:30 a.m. I was shown a newborn female child. On examination I found life extinct, the legs and arms covered with a cold perspiration, the head small and flat, the pulse was so feeble as to be felt on the woman's chest, the heart was not distinctly auditive, no rigidity of the limbs; the cord was properly tied, 2 in. from the umbilicus. There were no external signs of violence. A midwife attended the labour at 11:15 p.m. on the previous day. The birth was quite natural, head first, occiput to the left front, no difficulty with the extraction. The midwife required no medical help, finished her work and left the house at 1 a.m. on November 2nd. She was called again at 5:30 and on finding the child ceruminous, sat up for three minutes before my arrival. The postmortem examination showed the body well-nourished. On making the median incision the peritoneal cavity, being a quadrate, covered over to contain blood. The incision was carried down to the side of the umbilicus. On opening the peritoneal cavity a quantity of blood escaped into the wound and was sucked up to the liver, in the right loins, and in the pelvis. The left loin was quite free from blood, so that the intestines, lungs, heart, and brain were all normal. Immediately into the abdomen, at the umbilicus, the Vitelline vein was cleanly severed, which was the cause of the loss of blood. The placenta was 2 in. No other injury could be found. At the inquest the midwife denied any friction on the cord or any prolapse of same prior to birth.

INFANTILE PARALYSIS.

DR. D. McINTYRE (Glasgow) writes: In view of the very serious outbreak of infantile paralysis now raging in England, reported in British Medical Journal with the discussions and theories as to etiology, etc., I should like to report the following cases when standing.

The house in which the case occurred was not in Glasgow, but about on a main road, the traffic over which is great, motors and trucks running. The patient is a bright, active girl, aged 2 years and 5 months, supposed to be "too intelligent for her age." The illness began on September 19th. Slowly she got cross and peevish and irritable and slightly feverish and very wheezy; there was no sickness or vomiting; sleep was broken and restless. On September 23rd the mother took her to a doctor, who said there was not much wrong with her. On September 29th the mother had to have said that the urine on that day resembled that of an old man with gout, the quantity of uric acid crystals being so great. The third day the child was no longer able to rise and was dragged to the bed and could not sit up on her mother's knee (that is, epiphlooid). She died September 30th. The urine was thick as milk. This condition lasted a week. Improvement began in the third week, slowly. She sat up in bed in the fifth week. The child was quite well and happy, and sitting playing with toys in bed. The condition of the right leg was as for six weeks, and the right hand, which was soft, atrophied distinctly, and very fleshy; the circumference of the thigh was 1 in. less in the right leg than in the left. She could move it about from the beginning when sitting, but could not raise it up, and she could not keep it up straight when standing. Although wrapped up in a flannel bandage, the surface was colder then the other leg, which was bare. Sensation was normal. I prescribed arsenic and natural sodium salicylate, and suggested she should be well fed; raw meat juice, milk, white of egg, Allensbury's food, bread and butter, light and clear soups; bath every night (sea salt), followed by rubbing; massage of muscles of the leg and weak galvanic current for three or four sutes daily being applied to the limbs. The child was quite healthy after the illness began, power is coming back to leg, which feels much firmer, sensation from a point on the right foot can be felt, and boy is nearly able to let it fall gradually, but utterly unable to put it straight under her when standing.

It is thus evident to me that a woman who has treated these cases to a finish, I should be glad to hear any suggestions as to current or other, would help. I tested the hips-joints thoroughly, so as to eliminate morbus coxae. Spinal meningitis, too, I think of, but careful description of the illness from the parents, and, above all, the swiftness of the paralysis and its completeness, negatived that too. I am publishing this case to warn men in this country of the possibility of cases turning up in their practice, so that they may be on guard. The chances are not great, perhaps, in our more northern latitude, and seeing that it is now the cold season.

ERRORAT.

We regret that, in the list of contents of the Journal of December 2nd, the five muscles of the right in paralyzing Jones, who contributed a letter on the treatment of obesity, were incorrectly given as M.R.U.S.—i.e., R.C.P.—his correct qualifications are M.D., F.P.F.S., U.S.A.

SCALE OF CHARGES FOR ADVERTISEMENTS IN THE BRITISH MEDICAL JOURNAL.

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