

forms of dermatitis, from the simple erythema to the severe burns witnessed in mustard-gas poisoning. In all of these manganese butyrate is of value. But in the most severe it is not sufficiently powerful. Recent work has shown me that a better conductor effect can be produced by the liberation of sodium and hydrogen atoms from a highly complex substance than can be obtained with any preparation of manganese at present available. In other words, some of the severe cases of sulphur dermatitis respond better to certain complex symmetrical urea compounds, which I am introducing as therapeutic agents, than to organic compounds of manganese.

As there is no fundamental difference between the action of non-metals and micro-organisms, it is understandable why metallic preparations are valuable therapeutic agents in the acute stage of infections.—I am, etc.,

London, W., March 13th.

J. E. R. McDONAGH.

#### CARE OF CRIPPLES.

SIR,—Mr. Hey Groves has dealt with the subject of poliomyelitis in his usual lucid manner (March 14th, p. 492), but the latter part of his article seems hardly to give credit for the great advances made in recent years in the co-operation of the voluntary hospitals with local education and tuberculosis authorities and other agencies charged with the care and cure of the crippled child.

Until recently his strictures were more than justified, but since the war great efforts have been made to put the after-treatment of cripples on a scientific and secure basis. Originated at Baschurch, and developed in Oxford, there are few counties in England now that are not engaged in the organization of after-care.

For London and the Home Counties there already exists a voluntary organization for dealing with the type of case that Mr. Hey Groves has in mind. This is the Royal National Orthopaedic Hospital with its 200 beds in Great Portland Street, and its new rural branch of over 100 beds, with the immediate prospect of a further 200, at Stanmore, Middlesex. This country hospital, which stands on gravel soil on the top of Brockley Hill, 450 feet above sea-level, is ideally situated for its purpose. It is only ten miles from the Marble Arch in a straight line along the Edgware Road, and a mile and a half from the Hampstead tube terminus at Edgware.

Plans have been prepared for the addition of another 200 beds with new theatre and treatment blocks and full artificial sunlight equipment. The site of 30 acres allows for any necessary future extension up to as many as 600 or even more beds. Arrangements for in-patient treatment are in operation with the London County Council and the Hertfordshire and Middlesex County Councils, as well as with many other local educational and tuberculosis authorities.

A scheme of clinics for after-care and treatment is already in being in Hertfordshire, and these clinics are being visited periodically by one of the surgeons of the hospital. Negotiations for a similar arrangement are in progress between the hospital and other county local authorities.—I am, etc.,

J. B. BARNETT,

Royal National Orthopaedic Hospital,  
Stanmore, March 16th.

Resident Medical Officer and  
Surgical Registrar.

#### ISOLATION HOSPITALS AND SCARLET FEVER.

SIR,—I have purposely refrained from entering into the controversy on the value of the method introduced by my father for the prevention and treatment of scarlet fever and measles; but I cannot pass, unchallenged, a statement made by Dr. Burton (March 14th, p. 531) that this method has been discarded in the home of its birth. That is not so. In the hospital and homes which are under my care the Milne method has always been, and is still being, used with satisfactory results and absence of complications.

I would refer Dr. Burton to the experiences of other medical officers of health at Edinburgh, Forfar, Clydebank, Tottenham, Southgate, Heston and Isleworth, Castleford, and other places.

The statements made both by Dr. Gushue-Taylor and by Dr. Burton, alleging that the swabbing of the throat with

10 per cent. carbolic oil is harmful, are also inaccurate. I have used it personally and for my patients (children of all ages) for over twenty years, and have seen none but the most beneficial results; it is both analgesic and antiseptic, and I have never seen any harm result from its use.—I am, etc.,

JAMES A. MILNE,

Joint Medical Officer,  
Dr. Barnardo's Homes and Hospitals.

March 14th.

#### HEART STRAIN.

SIR,—I appreciate the interest Dr. E. S. Miller has taken in my paper on heart strain (March 7th, p. 482), challenging though he does a theory expressed in it. I am not, however, persuaded by his letter that the principle of the Bramah press is not applicable to the force acting on the left ventricle in aortic incompetence; but I will not occupy your space by arguing what is chiefly a scientific point.

I think all agree that, whatever the reason, aortic incompetence is the most serious of valvular diseases and the one most likely to cause sudden heart failure.—I am, etc.,

Manchester, March 16th.

E. M. BROCKBANK.

#### "WEMIC."

SIR,—I should be greatly indebted to you or to any of your historical contributors if I could be informed of the meaning of the word "wemic." It occurs in some fragmentary depositions remaining in the bishop's registry at Chester. It is evidently a surgical affection of an urgent, life-and-death character, for which the mediaeval surgeons operated, as the testator was "cutt' of a wemic and in danger of death." But he was clear in his mind and talked to those about him, and gave instructions concerning his will. A "phisicon" and a surgeon were present, and the former deposed that "Testator had undergone an operation just before executing his will, and died a few hours after." The date is 1574. "We..." is not yet out in the *N.E.D.*, so that source of information is not available. I am familiar with the word "wem."—I am, etc.,

Liverpool, March 13th.

F. CHARLES LARKIN.

### Medico-Legal.

#### LUNACY LAW AND ADMINISTRATION.

HARNETT v. BOND AND ADAM.

THE hearing by the House of Lords of the case Harnett v. Bond and Adam—the commencement of which was reported in the *BRITISH MEDICAL JOURNAL* last week (p. 533)—was continued on Thursday, March 12th.

Mr. Cope Morgan, for the appellant, was arguing that Dr. Bond was not only responsible for the three hours' detention in the Commissioners' office in Victoria Street, London, but also for the taking of Mr. Harnett back to Dr. Adam's mental home at Malling Place, when Lord Atkinson asked:

If Dr. Bond induced Dr. Adam to take Mr. Harnett back, and Dr. Adam took him back, whose act was it?

Lord Dunedin: And, if one Scotsman said to another, "That's good whisky," and the other drew the cork, whose act was it that drew the cork?

Lord Buckmaster: It was Dr. Adam who ordered his two servants to take Mr. Harnett back, and all Dr. Bond did was to give Mr. Harnett over to the two servants. It was not Dr. Bond but Dr. Adam who took him back.

Mr. Cope Morgan: But the jury found that Dr. Bond did cause Mr. Harnett to be taken back.

Lord Dunedin: And we say, Let the jury answer as they like. There is no evidence on which they can so find.

Lord Buckmaster: And Mr. Harnett's unlawful detention ceased from the moment Dr. Adam's own servants, under Dr. Adam's orders, took him back into Dr. Adam's care.

Mr. Cope Morgan: But the jury found that the motor car journey was the act of Dr. Bond.

Lord Buckmaster: Your statement of claim says quite the opposite.

Lord Atkinson: Did Dr. Bond do anything more than suggest to Dr. Adam that Mr. Harnett should be taken back?

Mr. Cope Morgan: Dr. Bond, in the words of Mr. Dickinson, used "gentle persuasion" by which he secured Mr. Harnett's return into the hands of the keepers.

Lord Atkinson: Dr. Bond did not order Dr. Adam to send for Mr. Harnett?

Mr. Cope Morgan: Dr. Adam's information, as a Lord Justice put it, came from a source which was authoritative.