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WITH SUPPLEMENT.

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SATURDAY, JANUARY 1, 1927.

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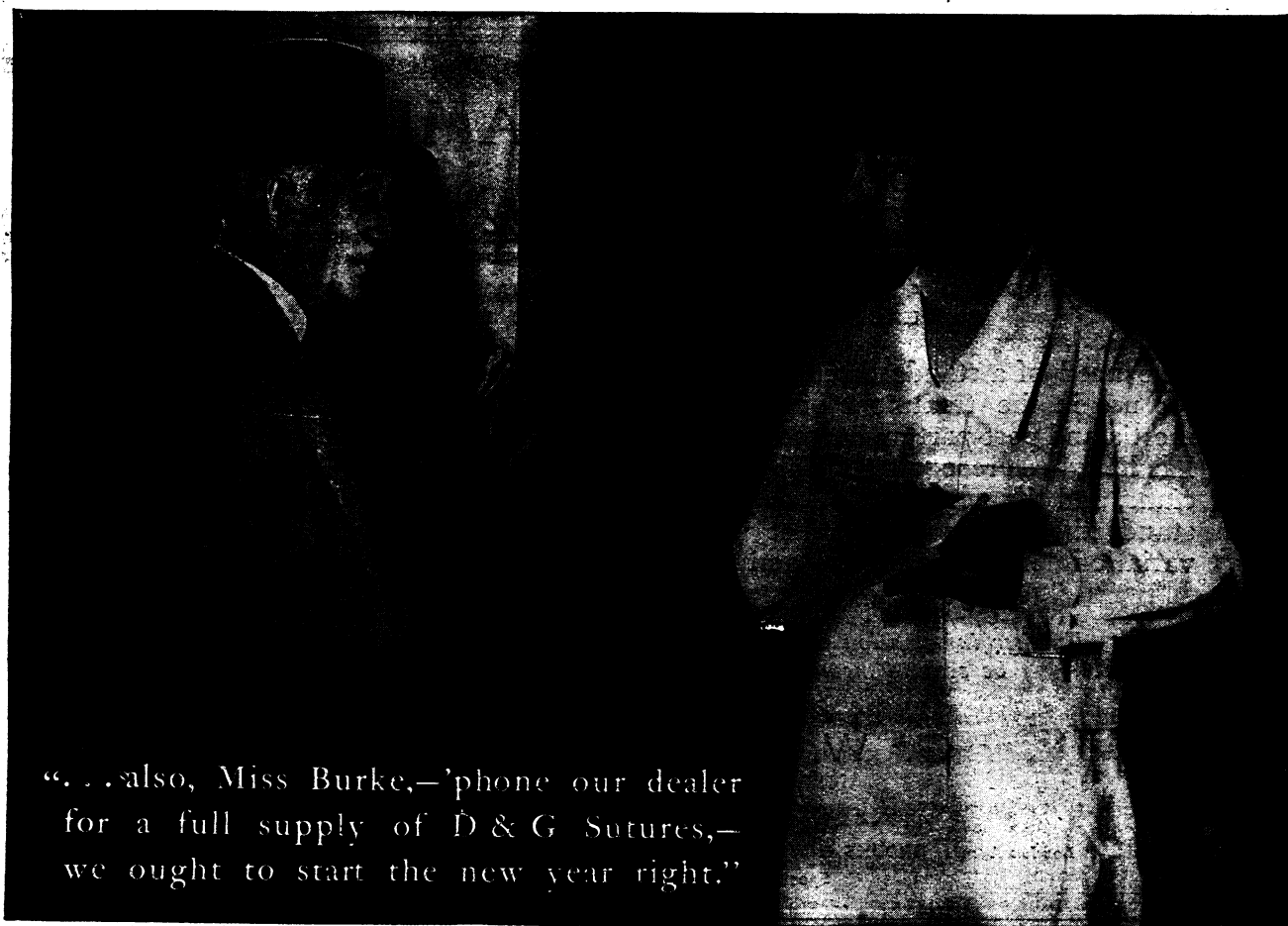
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to perfect my apparatus, I do not know how I think it ought to be made to give the results I made it for? The diet is also most important, and if not carried out strictly on the lines I have stated, the patient stands a grave risk of exchanging the obesity for chronic nephritis." (I may state I have seen more than one such instance where the treatment has not been carried out by a medical man.) About 3½ lb. weight should be lost a week, or a stone a month, and in cases accompanied by dropsy as much as 9 lb. in the first treatment has taken place in some of my patients. One male patient lost as much as 40 lb. in a course of two series of treatments lasting about six weeks each or less. This same patient lost 2 ft. in girth. At the commencement of treatment he could not walk fifty yards, whereas at the end of the treatment he stated he "was not walking less than eight miles a day."

ULTRA-VIOLET LIGHT IN RAYNAUD'S DISEASE.

DR. JUSTINA WILSON (London) writes in reply to Dr. Sidney Matthews: Ultra-violet light has a marked effect on Raynaud's disease, which may be regarded as an expression of vaso-constrictor spasm. The good results of this treatment are due to the indirect action of light, which is carried down to the tissues by the agency of the sympathetic nervous system. Irradiation causes a general hyperaemia and sympathetic hypotonia. Much work has been done on this at Jesionek's clinic at Giessen, and there is definite evidence of the effect of ultra-violet light on the sympathetic nerve ends, which would appear to stand in some close relationship to the basal epithelial cells, where the bulk of these rays is absorbed. I have had very good results in treating this and other conditions in which variations of capillary permeability and vasomotor tone are observed—results which are distinctly superior to any obtained by electrical methods. Treatment consists in general ultra-violet light baths two or three times a week, followed by a shorter and rather intenser treatment to the hands and feet. This, again, should be supplemented by instruction in circulation exercises, consisting of definite muscle contractions and relaxations.

PTYALISM.

DR. H. M. MORRIS (Radiologist, Salford Royal Hospital, Manchester) writes: Dr. W. Erle Farnham (JOURNAL, December 18th, 1926, p. 1205) may find x rays skilfully administered of value for this condition. An accidental over-exposure of the salivary glands to the x rays often causes dryness of the mouth, due to diminished activity of the glands, and there is no reason why this fact should not be applied therapeutically.

BOILS AND CARBUNCLES.

"R. F.," who resides in Scotland, asks if others have observed a great increase in the number of cases of boils, carbuncles, and septic skin conditions generally. During the past ten weeks or so the number of cases of carbuncles in the neck has been very large indeed; there have also been cases of carbuncles in the arms and many cases of septic skin conditions. Furuncles in the ears are also more common than usual. No one class of the community seems to be specially affected; in no case has glycosuria been found. Does the condition result from lack of proper bodily cleanliness, owing to the diminished supply of hot water during the coal strike, or has it some connexion with the diet?

LETTERS, NOTES, ETC.

THE TOOTH-BRUSH: BOON OR BANE?

MR. A. ANNESLEY GOMES, F.R.C.S., L.D.S. (Burnley), writes in reply to Dr. G. M. MacPhail (BRITISH MEDICAL JOURNAL, December 18th, 1926, p. 1206): The first essential requirement is full appreciation by the individual of oral hygiene. Without this consciousness and co-operation on his part no human device can be satisfactory. A dentist during his daily routine sees ample evidence of the lack of it. Next, there is a knack in the manipulation of a tooth-brush which dentists are endeavouring to teach all who come under their care. A tooth-brush whose bristles are sufficiently apart to enable cleaning and ventilation should be chosen, and when properly manipulated should not injure the gums or teeth. If a denture is crowded or irregular the use of a metal tooth-pick (a non-rust one—for example, silver) also may be necessary. The brush and pick could be sufficiently cleaned for all practical purposes by washing with soap and hot water, preferably under a running tap, and in the intervals should be kept in a ventilated tooth-brush case; as an extra measure a few grains of paraform placed in the case will supply a disinfecting atmosphere inside it. Perchance in the not far distant future we may see the custom grow up of having several tooth-brushes and of using them in rotation, thereby allowing enough time for each to be disinfected in a specially designed case after the daily ablutions. We have an analogy in the box of seven razors for the seven days of the week which some men possess.

DISLOCATION OF OUTER END OF CLAVICLE.

M.B., B.CH. (Cantab.) writes: Mr. A. B. Mitchell's paper in the JOURNAL of December 11th (p. 1097) on suturing a dislocated clavicle has reminded me of my own personal experience, which may be of interest. Some twenty years ago, when playing in the Varsity Rugby match, I had the misfortune to be kicked on the right shoulder when falling on the ball to stop a rush. I attempted to continue, but this was so painful that I was forced

to stop, and, when examined by several medical men, I was told that I had better go to the nearest hospital, as my right collar-bone was dislocated at the outer end. I received first aid at the West London Hospital. I do not remember the exact treatment, but suture was certainly not performed and my recovery was complete. I put it down to playing tennis in the next term. Some four years later, when I was a medical student, I lost control of my bicycle when descending a steep hill, and was thrown on my right side against a stone wall. My right shoulder was much bruised and I rather thought something had gone; I was advised to lie flat in bed with the arm in a sling or lightly bandaged. Two or three days after, when in bed, I was unable to prevent a sneeze, and immediately I experienced a sharp pain, and on placing my fingers over the clavicle could quite distinctly feel the jagged fracture. This was reduced and kept in position by the usual bandaging. I again made an uninterrupted recovery, and never have I felt any unpleasantness from either the dislocation or the fracture, nor did it deter me from playing Rugby and tennis, and indulging in rock climbing and mountaineering.

A CONTRACEPTIVE PESSARY.

DR. J. A. DAVIDSON (Hanwell, W.) writes that since his note on a contraceptive pessary was published in the JOURNAL of August 9th, 1924 (p. 258) its composition has been modified; it now consists of magnesium sulphate, with 1 per cent. of lactic acid and 0.5 per cent. of quinine bisulphate. For use in cases of chronic vaginitis the makers (Tocker, Lindly House, Gunnersbury Lane, W.3) now put them up with protargol 2 per cent. or ichthyol 5 per cent., in place of lactic acid and quinine. Their advantage over other pessaries is their slow solubility, which keeps the active agent in contact with the mucosa for many hours.

LIGHT TREATMENT FOR LOSS OF HAIR.

In the notice of Dr. Nagelschmidt's book on the light treatment for the loss of hair (JOURNAL, December 4th, 1926, p. 1058) the lamp used should have been described as the Hanovia quartz lamp. An English translation of his book has now been published by the Sollux Publishing Company, Slough, under the title of *Loss of Hair and its Treatment by Light*.

RESEARCH IN GENERAL PRACTICE.

DR. EDWARD B. FENNELL (Clevedon, Somerset) writes: Might I protest indignantly against the statement made by Dr. Vincent P. Norman (JOURNAL, December 18th, 1926, p. 1197) about the teaching of midwifery in hospitals? I became L.M. of the Rotunda Hospital, Dublin, in 1887, and have never ceased to congratulate myself on having been taught there, and consequently having been able to attend quite an average number of confinements for many years.

PROPOSED NEW MOTOR LEGISLATION.

In view of the new legislation which is contemplated for amending the law relating to motor vehicles, the Automobile Association has issued a set of questions to its members. Most medical motorists will probably find little difficulty in answering nearly all of them in the affirmative. The doctor, notwithstanding his continuous use of his car, may well regard a tax on petrol as fairer than the present tax on horse-power. No motorist can object to be given three days in which to produce a licence which he has inadvertently left at home. The proposal that the paid driver and not the employer (as foreshadowed under the new Act) should be responsible for the renewal of the driver's licence will, if adopted, be a pleasant relief. The introduction of penalties for "joy riding" will give some satisfaction to those whose cars are damaged during unauthorized use. The only questions on which there may be some doubts are those in which the abolition of speed limits is proposed. It is quite true that the present speed limits are grotesque; it is also true that strict enforcement of these limits is practically a thing of the past. Nevertheless they give some sort of guide to the authorities, and help to keep prosecutions for driving to the danger of the public at a minimum. If speed limits are abolished the motorist will be liable to be charged by a policeman, untrained generally in motoring, with dangerous driving. No motorist will be safe unless the police are given some sort of standard by which to judge danger. The off-side rule, which has often been advocated in our columns, would form a useful foundation for the policeman's knowledge.

OSTEO-ARTHRITIS OF THE HIP-JOINT: A CORRECTION.

DR. H. WARREN CROWE (Harrogate) desires to correct Dr. W. J. Midleton's statement (JOURNAL, December 11th, 1926, p. 1152) that—in his (Dr. Crowe's) cases—non-specific toxin was used. "There is no justification," Dr. Crowe writes, "in my paper for the assumption that my treatment was not specific. In fact, the reverse is suggested. My words were as follows: 'Beyond saying that the chief vaccine used was made from streptococci obtained from foci of infection, no further details are here given,'" etc. I have always disliked the unscientific and reactionary principles which seem to underlie non-specific protein therapy.

VACANCIES.

NOTIFICATIONS of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found at pages 35, 38, and 39 of our advertisement columns, and advertisements as to partnerships, assistantships, and locumtenencies at pages 36 and 37.

A short summary of vacant posts notified in the advertisement columns appears in the Supplement at page 12.

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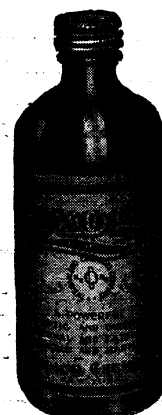
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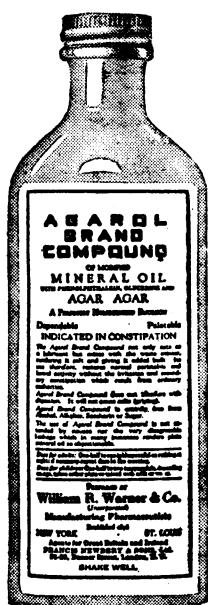
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