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The

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THE JOURNAL OF THE BRITISH MEDICAL ASSOCIATION.



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WITH SUPPLEMENT.

No. 3446.

SATURDAY, JANUARY 22, 1927.

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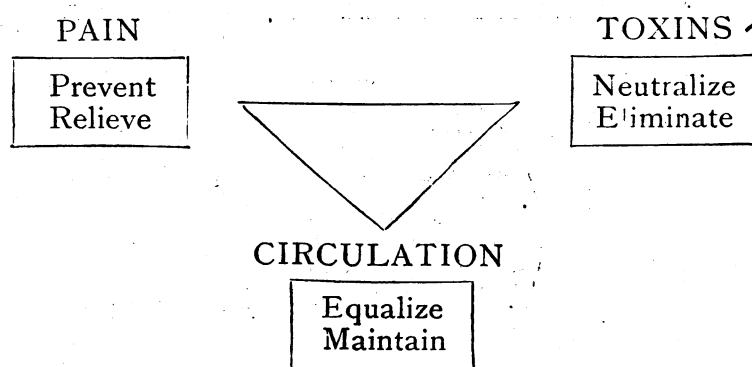
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ISSUED WEEKLY

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[REGISTERED AS A NEWSPAPER]

THE TRIAD OF TREATMENT IN PNEUMONIA



Authorities assert that the symptomatic treatment of lobar pneumonia calls for applied heat for the pain and congestion, to ease cardiac activity, augment superficial circulation, with resultant contraction of deep blood vessels, and to promote neutralization and elimination of toxins.

Dyspnoea, restlessness, and insomnia are relieved—temperature reduced.



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LETTERS, NOTES, ETC.

MATERNAL MORTALITY.

"F. U." (Cornwall) writes: It is distinctly amusing to read that "the great lights" of the English obstetrical world are only now grasping an elementary fact which was taught over twenty years ago at the Rotunda Hospital, Dublin. Hastings Tweedy's great dictum then was, "the great thing to teach is not how to put in forceps, but when to do so"—namely, distress on the part of the mother or foetus as shown by pulse and temperature, and not for the mere sake of shortening labour. Provided doctors will keep these instructions in their midwifery bag and read them before each confinement, I do not deplore the so-called lack of self-reliance exhibited by some nurses which Dr. Fairbairn seems to regret. A nurse cannot always be certain of an occipito-posterior position, and I do not believe the man who states he can be always certain of that position without an examination under an anaesthetic. Provided the general practitioner is properly taught when a student, which he certainly does not seem to be—at least in England—and provided he is keen on the work and that the local hospitals will let him have the use of a bed should he require it, a great deal would be accomplished. This last point seems to be very hard to manage on account of the "closed door" policy of most hospital staffs, though in many cases the men on the staff frankly state they are interested in surgery, not midwifery, and do a very small midwifery practice, though general practitioners themselves. I claim to speak with some experience; I have been at work for twenty years, but, except for Caesarean section, I have never sent a case to hospital. I have had practically every emergency that can crop up; I averaged eighty cases each year for the last eight years, and in twenty years I have had one maternal death—a case of placenta praevia to which I was called by another doctor when the patient was moribund from haemorrhage. Railing at the general practitioner will get us nowhere. In Dr. Fairbairn's book there is much contradiction by the various authors in their choice of treatment, and certainly treatment is advocated which is, to put it mildly, questionable. I refer to the giving of 1 c.cm. of pituitrin in face presentation. Let me forestall critics and say that I never perforate unless in case of a hydrocephalic or when the foetus is dead or the mother placed in a serious position by well meant but futile efforts of somebody who has tried to drag "a highly impossible head through a highly impossible pelvis."

DR. JAMES COOK (Dennistown) in a letter on this subject writes: I have read Dr. Fairbairn's article (p. 47) with great pleasure, but I am astonished by the figures as to the mortality at the East End Mothers' Lying-in Home. The forceps delivery rate would suggest that it is specially blessed with normal cases. And a total death rate of 1 in 1,500 with not a specialist to take the credit of it is hard to be believed. I think all practitioners will agree that there is no more heart-rending situation than that of a death in childbirth. If an institution run by midwives is the solution of this problem let us provide these without delay, for such delay entails the needless loss of four mothers in every 1,000 births still attended by doctors. I would suggest that midwifery should cease to figure in the student's curriculum, that these cases should be attended by women only; then, being freed from the contamination of the man doctor, sepsis and death would cease altogether. The general practitioner would hang his forceps on the wall and study midwifery no more.

HERPES AND VARICELLA.

DR. T. COMPTON (Bognor) writes: I have just had the same experience as that quoted in the letters of Dr. Cyril Helm and Dr. E. Lynn Heard (January 15th, p. 124). On December 17th, 1926, an old lady of 76 developed well marked herpes zoster, beginning in the left dorsal region and extending round to the front of the chest. On January 8th, 1927, her granddaughter, aged 10, developed well marked varicella with a very large number of spots. This was particularly puzzling to me as I could trace no source of infection for the attack.

DR. FRED. W. GAVIN, Assistant M.O. Surrey County Council, writes: The following case is of interest in connexion with the alleged relation between herpes and varicella. On December 20th, 1926, a gardener developed herpes zoster ophthalmicus. On January 5th his three children—two girls, aged 8 and 9 years respectively, and a boy, aged 5—all showed definite chicken-pox. The source of this outbreak of varicella could not be traced apart from the above-mentioned herpes. It is interesting to note that the time between the herpes and chicken-pox is sixteen days. The children were seen by me at one of the school clinics.

A SKIN TEST FOR APPENDICITIS.

DR. A. COWAN GUTHRIE (London) writes to recommend a test which he has found useful in establishing a diagnosis of appendicitis in early and doubtful cases. A hypodermic syringe is filled with 1 c.cm. of antitoxic vaccine (250 million to the cubic centimetre). The surface of the abdomen is sponged with methylated spirit, and over the right iliac region a few short scratches, rather more than half an inch in length, are made with the hypodermic needle, care being taken to penetrate only the superficial layer of the epidermis. A few drops of the vaccine are then ejected upon the excoriated surface. The same proceeding is carried out over the left iliac region with a sterilized empty hypodermic needle to act as a control. Within a few minutes, if the test be positive, a well marked inflammatory area shows around the excoriated surface on the right side, extending to rather more than an inch in circumference. This hyperaemic area stands out clearly defined in twenty-four hours, and may last from two or three days to a week. Dr. Guthrie

adds that in all cases where a positive reaction occurred pathogenic *B. coli communis* was found in the faeces, and the clinical signs and subsequent history established the value of this test in suspected appendicitis.

TREATMENT OF INFLUENZA.

DR. ALEXANDER FRANCIS (London) writes: Now that influenza is so rife would you allow me to draw attention to the value of Dr. Carl Spengler's "Grippe I. K." Five drops taken in milk at the beginning of an attack will either cause it to abort or greatly modify its course. If the fever is high five drops rubbed on the flexor surface of the forearm (which Spengler claims is ten times more effective than drinking it) will quickly cause a reduction of the temperature. It has been proved to be of value in pneumonia supervening upon influenza. It can be obtained in this country from Messrs. Allen and Hauburys, Ltd.

COMMUNISM AND MALTHUSIANISM.

DR. B. DUNLOP (London, W.) writes with reference to the review (JOURNAL, January 8th, p. 62) of a book on communism: I doubt if the majority of communist leaders have included "eugenic selection for propagating the species" and "limitation of families" in their sociology. The first of these considerations clashes with their basic idea of equality; and as to the second, I know that leaders of the Soviet revolution in Russia scorned the Malthusian suggestion that a high birth-rate would cause a chronic food shortage even under their social system.

THE LABORATORY ASSISTANTS' ASSOCIATION.

HIGH ideals and steady work confer popularity as well as success on any organization, and the growth of the Pathological and Bacteriological Laboratory Assistants' Association since its foundation at Cambridge in 1912 was only to be expected. Its membership has now increased to 412, and the report for the year 1925-26 foreshadows further progress in several directions. Lectures and demonstrations arranged by the four divisions of the association in Great Britain and its component branches have been well attended, and the classes and discussions which deal with practical points in laboratory technique will undoubtedly benefit pathological research generally. Examinations for the certificates of the association were held in July in London, Manchester, Glasgow, and Cardiff, and the insistence on practical efficiency, rather than on theoretical knowledge, renders this side of the work of the association very valuable. It is announced that pathological chemistry will henceforth be one of the major subjects of examination. The competition for the two prizes provided by the fund raised in memory of Professor W. S. Greenfield attracted several papers and exhibits of high quality. The senior prize, of the value of £15, was won by Mr. E. C. Haddon, of Entebbe, Uganda, for a dissertation on the nature and origin of the enrichment principle in culture media. The junior prize was awarded to Mr. P. W. Powles, of Cambridge, for an exhibit of the isolation and cultivation of the bacteria composing the film on teeth. The Sims Woodhead prize this year will be given for the best essay on the ideals of a laboratory assistant. A conference will be held at Cambridge in August. The official organ of the association—*The Laboratory Journal*—is issued quarterly and has been enlarged. Contributions from overseas are prominent, and, in addition to association news and original articles, special attention is given to practical notes on laboratory technique and abstracts of articles in other periodicals. The employment bureau of the association is becoming increasingly useful, both to members and to pathologists generally. Valuable assistance has been rendered in various ways by the Pathological Society of Great Britain, the London School of Hygiene and Tropical Medicine, and the Wellcome Bureau of Scientific Research. Further information about the association may be obtained from the general secretary, Mr. H. Gooding, 10, Holbeck Grove, Victoria Park, Manchester.

WOMEN ON TEACHING HOSPITAL STAFFS.

DR. MARION GILCHRIST (Glasgow) writes: Mr. Norman M. Dott, F.R.C.S.E., has pointed out (January 8th, p. 86) that there has been a woman on the surgical staff of the Royal Edinburgh Hospital for Sick Children since May, 1925. May I say that we in the West have been even more progressive, as a woman—Dr. Katharine Mary Chapman—was appointed chief of the radiological department of the Glasgow Royal Infirmary in June, 1920, and also university lecturer, and held this appointment for several years.

A CORRESPONDENT, writing from Liverpool, informs us that Dr. Mona Roberts of that city was appointed honorary anaesthetist to the Royal Infirmary—a teaching hospital of the University of Liverpool—in 1914.

A DISCLAIMER.

DR. HAROLD DEARDEN (London, W.) writes: My attention has been drawn to certain references to myself in the press of a laudatory character. I wish to disclaim all responsibility for these notices and to state that I am doing all in my power to prevent their repetition.

VACANCIES.

NOTIFICATIONS of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found at pages 40, 41, 44, and 45 of our advertisement columns, and advertisements as to partnerships, assistantships, and locumtenencies at pages 42 and 43.

A short summary of vacant posts notified in the advertisement columns appears in the *Supplement* at page 27.

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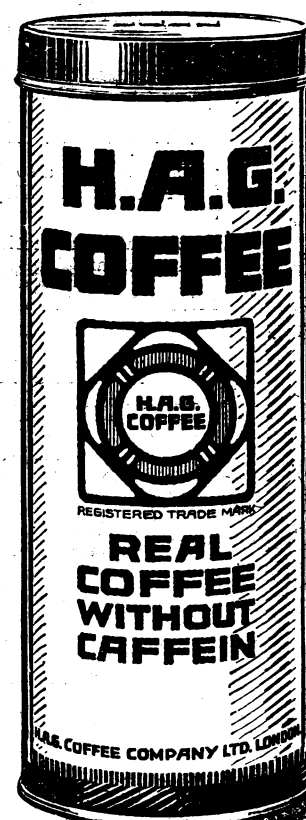
4. *Diseases of the Muscles:* Tetanus, Tetany, Tremor, Convulsions, Myoclonia.

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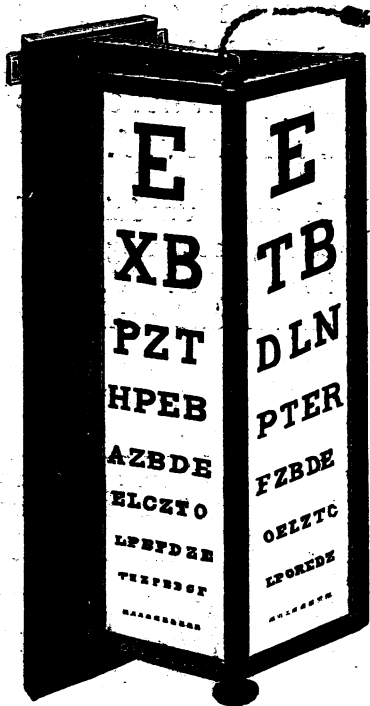
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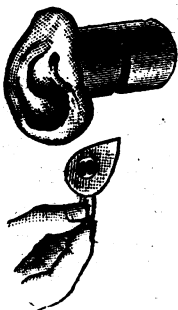
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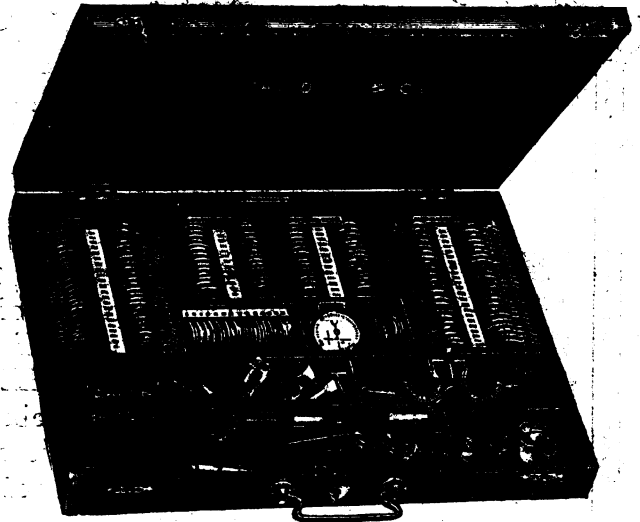
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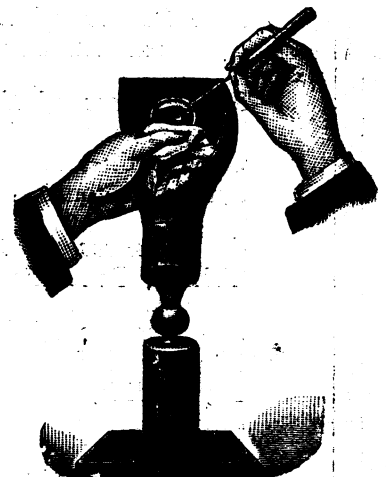
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