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SATURDAY, JANUARY 29, 1927.

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LETTERS, NOTES, ETC.

MINERS' SHORTER HOURS.

DR. F. G. BUSHNELL (Plymouth), in the course of a further letter on this subject, writes: The three examples Dr. Allison quotes (JOURNAL, December 25th, 1926, p. 1243) to support his opinion that the strain of seven hours' work is greater (and worse for the miner) than eight or nine hours' work are insufficient in numbers to establish a case, and he does not state when these ex-miners became engaged in other vocations. I reassert that reliable statistics as to miners' industrial fatigue are wanting, but extension of hours, as far as the miners are concerned, means an increase in the number of accidents, and its advisability is not confirmed on other grounds by the Samuel Commission. The marked reduction in all accidents in 1919, as compared with previous years, bears out the general conclusions in all trades that excessive working hours result in more accidents, owing to their cumulative strains. It is too marked a reduction to be accounted for by Dr. Allison's assumptions. With regard to his statement that the miners are probably the best paid class of workers in the country and that the increase in accidents in 1923 and 1924 is not due to a "worsening of the miner's wages," figures prepared for the Samuel Commission show that from 1922 onwards the miner's average earnings in real wages have been below the 1914 level, at times by as much as 20 per cent. Owing to short time it will have been even worse for large numbers. This must have had serious effects.

HERPES AND VARICELLA.

DR. ALEX. KING (Yeovil) writes: On January 6th I was called to an isolated farm house, where the family consists of husband, wife, and one daughter of about 12. The wife had a severe attack of herpes zoster. On January 21st I saw the girl with typical varicella. There is not, to my knowledge, any other case in the district; if there were I should almost certainly know.

DR. S. A. MCCLINTOCK (Christchurch, Hants) writes that he has been suffering from a typical severe attack of herpes zoster, affecting the left side of the forehead, scalp, and temple, and the eye, which is recovering from severe conjunctivitis and still has some keratitis. He first felt ill on December 26th, 1926, and the herpes zoster appeared two days later. On January 10th his three children developed typical varicella rashes. Dr. McClintock adds that he now believes that some relation must exist between herpes zoster and varicella, though, in spite of having spent most of his professional life in many places abroad, he has never previously encountered a connexion between the two diseases. No recent case of herpes zoster or varicella in the locality has come to his notice.

DR. W. BOXER MAYNE (Storrington, Sussex) has had two patients under his care who illustrate the connexion between herpes and varicella. In one case a child developed a severe attack of chicken-pox, following an attack of shingles in the mother; and, in the other, a marked eruption of chicken-pox occurred in a wife three weeks after the appearance of extensive facial herpes in her husband. In this second case the patient lived in a particularly isolated part of the country and could not have been exposed to other infections.

RHEUMATOID ARTHRITIS.

DR. W. J. MIDELTON thinks that the case described by "M.B." (January 15th, p. 124) would benefit from continuous counter-irritation. He offers to supply details of the treatment if application is made to him at 112, Chancery Lane, Bournemouth.

BROMINE AND THYROXINE.

DR. JOHN W. DUNCAN (Handsworth, Birmingham) writes: Your notes on thyroxine and on the treatment of exophthalmic goitre in recent issues of the BRITISH MEDICAL JOURNAL lead one to wonder about possible bromine compounds. Bromides have been tried in exophthalmic goitre; why not replace the iodine of thyroxine and similar compounds by bromine? Is it not possible that many bromine and bromo-iodo compounds may be made to be used therapeutically?

THE TOOTH-BRUSH.

DR. ERNEST E. MADDOX, F.R.C.S.Ed., consulting ophthalmic surgeon to the Royal Victoria and West-Hants Hospital, Bournemouth, writes: After clearing the mouth of pyorrhoeic teeth we have to consider the remainder, which are generally either on the borderland of infection, or at least in dangerous associations. In spite of an unimpeachable radiogram, they are almost sure to go sooner or later, unless energetic steps are taken to prevent it, for the ultimate cause, whether gastro-intestinal or otherwise, is probably still at work. So much more valuable are natural teeth than artificial that we may do our patients good service by advising their active preservation rather than leaving them to their fate. The great thing is to increase the vitality of the gums, for they are the porters to open and close the entrance of mouth organisms to the neck ligament and periodontal membrane. For this purpose I should like to commend the use of a rubber tooth-brush which, instead of bristles, presents a little forest of thin rubber fingers. Though probably designed merely as a substitute for the usual brush, I believe its best role is that of a supplement, since it is admirably adapted for vigorous massage of the gums of a kind to bring fresh blood to their deeper parts. The bristle brush should, in my opinion, be reserved for the crowns, followed by the rubber brush for the gums, for it cannot prick, infect, or irritate the surface like the bristles, and it works the gums about in much the same way as the coarse, hard food of our ancestors. The bristle brush should

not be used so often—perhaps once or, at the most, twice a day—and not longer than is necessary to do its cleansing work; but the rubber one should be used, if possible, after every meal, preferably after dipping it in some warm liquid. When first purchased it is rather hard, and should be soaked for some time in hot water. It is needless to add that the dentist should be visited sufficiently often to prevent re-accumulation of tartar and that any "pockets" should be treated *secundum artem*.

SUBACUTE APPENDICITIS.

SIR JOHN O'CONOR (Buenos Aires) desires to add the following to his communication on this latent form of appendicitis published in the BRITISH MEDICAL JOURNAL, September 11th, 1926 (p. 506): In numerous instances deep digital pressure over McBurney's point failed to elicit any pain or tenderness, but—with some few exceptions—an isolated well defined painful spot has been found on palpating over Munro's point—namely, at the outer border of the right rectus muscle in the umbilical anterior superior spinal line. The way to search for the spot is (after having failed to find a tender spot by examination on the right side of patient) to sit on his left side, and when the muscles are off guard coax the flexed left finger tips deeply backwards, hugging the palpable outer edge of the right rectus sheath. If there is a "latent appendix" it is 10 to 1 the "bell will ring."

CROPPED HAIR.

DR. F. P. JOSCELYNE (British North Borneo) writes to praise the fashion among women for shingled hair, and continues: There may, however, be another aspect to this great sanitary movement among women. In some of the villages of Java and Borneo the custom prevails amongst men of allowing the hair to grow long; they have practically no moustache and often no pubic hair. In other villages the hair is cut short, and here moustaches are quite common. He makes the dreadful suggestion that the European ladies who are now following the prevailing fashion may be laying the foundations of a future generation of moustached and bearded females.

THE BRITISH RED CROSS SOCIETY.

COLONEL SIR JAMES MAGILL, honorary organizing secretary of the British Red Cross Society, has written a sketch on *The Red Cross: the Idea and its Development*.¹ He traces the origin of the idea to agreements for the care of the wounded made, from the sixteenth century onwards, by contending generals. But the proposal to accord international recognition of the neutrality of the wounded and sick, and of the inviolability of medical personnel and ambulances, was made only a year or two after the battle of Solferino in 1859, and was urged by three writers—Dunant in Switzerland, Palasciano in Italy, and Arrault in France. An international conference at Geneva in 1863 laid the foundations of Red Cross societies, and in 1864 the Geneva Convention was formulated. In England the Red Cross Society, which came into being in 1870, was called at first the National Society for Aid to the Sick and Wounded in War, a cumbersome title shortened later to National Aid Society. In 1898 a conference of representatives of the National Aid Society, the St. John Ambulance Association, and the Army Nursing Service Reserve was held "with the object of considering the advantages which would accrue in time of war by bringing the voluntary aid societies into touch with the Army Medical Service 'in time of peace.'" From this conference the Central British Red Cross Committee sprang, and was officially recognized in the following year. The spheres of activity of the constituent bodies were defined by regulations. In 1905 the Red Cross Council and the National Aid Society joined hands to form the British Red Cross Society. A fresh Geneva Convention was drawn up in 1906, and at the same time the form of the Red Cross was definitely ordered to be the Swiss federal colours reversed. In 1908 the British Red Cross Society obtained its charter. In the following year a scheme for organization of voluntary aid in England and Wales, in connexion with the Territorial and Reserve Forces Act, was drawn up, and nearly led to disaster, for the St. John Ambulance Association withdrew. In 1910 a fresh scheme was issued, laying down rules for Voluntary Aid Detachments and County Associations. A large part of Sir James Magill's book is devoted to an account of the work of the British Red Cross Society during the great war, and a concluding chapter deals with the future of Red Cross work in peace time and the formation of the League of Red Cross Societies in Paris in 1919. The objects of the Red Cross movement now include "the improvement of health, the prevention of disease, and the mitigation of suffering throughout the world." The programme is ambitious, but as the society has now reached years of discretion, its officials are unlikely to hurt the susceptibilities of other bodies with similar objects. Sir James Magill writes as an enthusiast on the successful career of the society. Consequently his readers may find the book lacking in the spice which an historical account of some of the society's difficulties might give to it.

VACANCIES.

NOTIFICATIONS of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found at pages 35, 36, 37, 40, and 41 of our advertisement columns, and advertisements as to partnerships, assistantships, and locumtenencies at pages 38 and 39.

A short summary of vacant posts notified in the advertisement columns appears in the Supplement at page 35.

¹ *The Red Cross: the Idea and its Development*. By Colonel Sir James Magill, K.C.B., M.A., M.D. London: Cassell and Co., Ltd. 1926. (Demy 8vo, pp. 144. 5s. net.)

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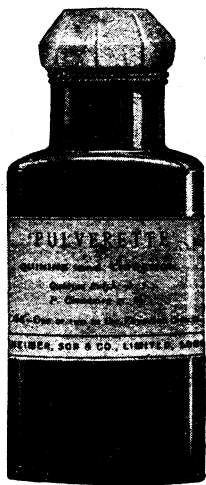
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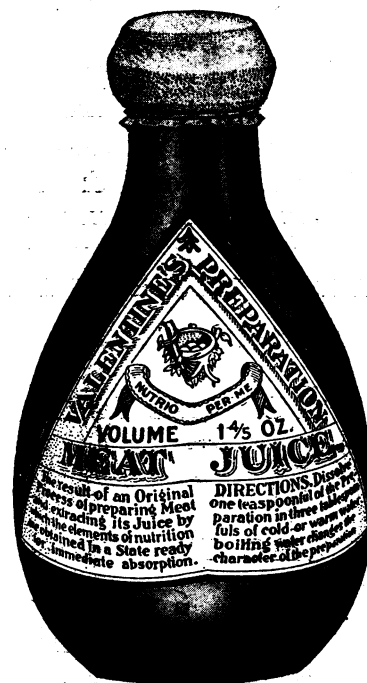
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