

# British Medical Journal

THE JOURNAL OF THE BRITISH MEDICAL ASSOCIATION.



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No. 3451.

SATURDAY, FEBRUARY 26, 1927.

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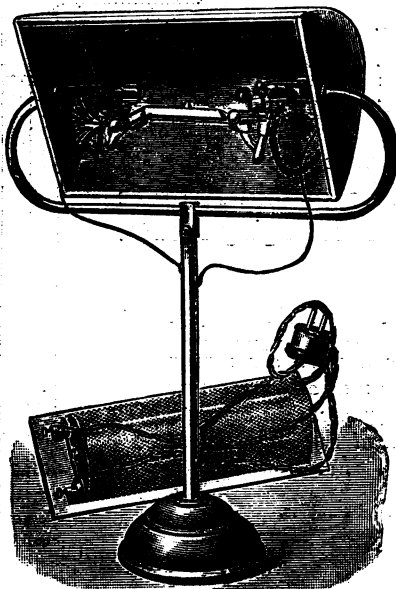
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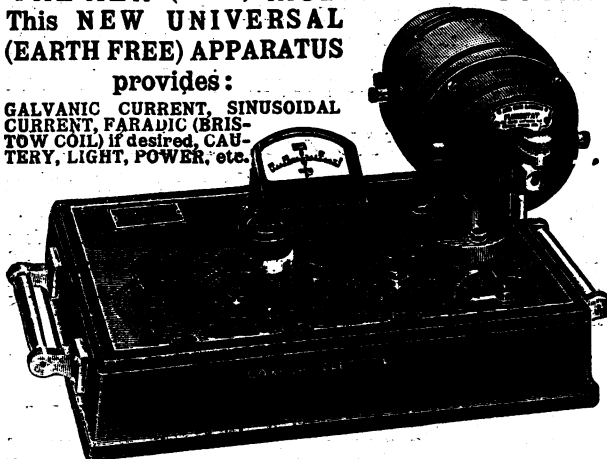
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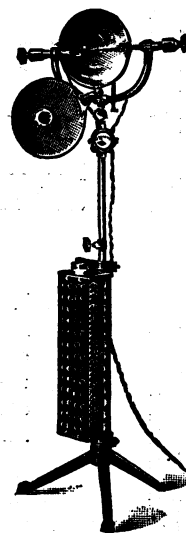
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### QUERIES AND ANSWERS.

#### MORBID SHYNESS IN A CHILD.

\***K. H. G.** asks for suggestions for the treatment of excessive shyness in a girl, aged 7, who is stated to have suffered from "fits" at the age of 12 months, since when there have been none. Her physical condition is good, and she is quite happy and bright when among the other members of her family, but as soon as a stranger enters her home she runs to her mother and hides her face. She refuses to meet even a playmate of her own age. Chastisement (as might be expected) has not improved her.

#### CHRONIC OTORRHOEA.

**DR. G. H. RUTTER** (Eastbourne) writes in reply to "B. B.": It would not be very probable (but impossible to say without inspection or fuller details as to the exact condition) that any damage would be done by ionization in a case of chronic otorrhea. Cases of several months' standing in about 90 cent. of those treated do remarkably well, and show no discharge after a solitary treatment of a few minutes. It is unnecessary to say that only a properly qualified medical man with experience should attempt such a case.

**DR. W. E. CROSBIE** (Alder Hey Hospital, West Derby, Liverpool) writes: If "B. B.'s" case is one of chronic tympanic sepsis uncomplicated by bone disease, ionization should alleviate the condition and will in all probability effect a cure. I am assuming, of course, that there are no extraneous sources of infection. Ionization of an ear is not likely to do any damage to that organ.

### LETTERS, NOTES, ETC.

A COMMUNICATION on the subject of assistants to general practitioners has been received from a correspondent in Birmingham, who has, however, omitted to enclose his name and address.

#### EPIPHORA.

**DR. A. T. BRAND** (Driffield) writes: Has **DR. A. C. Balfour** (*JOURNAL*, February 19th, p. 361) stated the correct strength, or rather "weakness," of the adrenaline chloride lotion for cases of epiphora? One drop in 16.6 ounces of water is suggestive of homeopathic dilution. I have used the full strength in conjunctivitis with immediate removal (if temporary) of the congestion, with no discomfort.

#### HAEMATOLOGY.

**DR. A. PINEY** (Charing Cross Hospital Institute of Pathology) writes: I read with great interest **DR. EVE's** article on "Paraplegia (megalo-cytic) cured by hydrochloric acid" (*JOURNAL*, February 19th, p. 323). The case is admittedly a striking one, in which the diagnosis appears to have been made on the basis of the curve graphically plotted from measurements of the size of red corpuscles. **DR. EVE** states: "Haematology and all its complexities gave no light." It would be interesting to know why he regards the process of measuring the size of red corpuscles as belonging to some branch of science other than haematology. The not infrequent attacks on the value of haematological data suggest that **DR. EVE** is not the only one who is unaware of the extent of the ramifications of the subject.

#### A MEMORABLE OBSTETRIC TRAGEDY.

"**M. E. R.**" writes: It may interest readers of the recent article on the royal tragedy of Princess Charlotte's accouchement (*BRITISH MEDICAL JOURNAL*, Feb. 5th, p. 255) to learn that a number of mourning tokens dealing with the event were struck and that some of them still exist. A specimen handled lately was extracted, along with a quantity of foreign coins and metal discs, from an automatic machine by its exasperated owner. It has the appearance of a copper coin about the size of a halfpenny. The obverse shows the bust of a grim and elderly-looking lady with filleted hair, with around it the inscription, "H.R.H. The Princess Charlotte." The reverse, within an inscription to the effect that "Britannia mourns her Princess dead," shows an urn on a pedestal, the whole overshadowed by a tree-like growth, which may be either a cypress or a weeping willow; underneath this lugubrious device are the words, "Died November 6th, 1817. Aged 21."

#### CHOREA IN INDIA.

**DR. E. F. SKINNER** (Sheffield) writes: I have this week dispatched to various medical missionaries in India a number of letters in the form of a printed circular, asking for information on the subject of chorea in natives, and by a clerical error I find that a few have been sent out without the name of the addressee having been inserted. I would like to offer my apologies to those medical men and women who may receive one of these letters.

#### OPIMUM SMOKE AS AN ANAESTHETIC.

**DR. G. L. DESHMUKH** (Bombay) writes: The accident recorded below happened in Koshi-Shang, the outport of Bangkok, on a British ship of which I was medical officer. We were loading a cargo of rice for London when one of the slings gave way and the rope rent open the scrotum of a Siamese labourer. Being unable to give chloroform and attend to the injuries alone, and considering it cruel to handle the torn part without anaesthesia, I asked his friends to give him his opium hookah—an L-shaped tube on which an opium ball is fixed, ignited and smoked (it is the practice in these parts to drown the fatigue of the day in opium smoke). After a few whiffs he permitted me to wash the part and replace the structures; a few more puffs and I was able to suture the rent. He was by this time fast asleep, and we removed him to hospital on board the vessel. On awaking he began to feel the part and inquired what had happened. We remained in the neighbourhood for seven days, and then sent the patient to a hospital at some distance. The report received from the hospital stated that there was no sepsis and that he was improving. I leave it to the medical world and to scientists to decide whether opium smoke is to take a place in the field of anaesthetics.

#### PRECONCEIVED PERFECTION.

THE object of the Quest Society is "to seek for spiritual values in religion, philosophy, science, literature, and art." To the current issue of the society's quarterly review Professor D. Fraser Harris contributes an article on science and preconceived perfection. These preconceptions, Professor Harris contends, are often assertions purporting to embody some religious opinion or doctrine. Thus **DR. CASPAR HOFFMANN** of Nuremberg objected to Harvey's idea of the circulation of the blood, because it impeached Nature of folly and error in making the blood return again and again to the heart to be reconcocted, thus spoiling the perfectly made blood merely to find the heart something to do. Stensen was criticized for saying that the heart was a muscle; as it was held that the soul was in the heart, it was impossible that the heart could be a common muscle. Tagliacozzi was denounced for his operation of rhinoplasty, because he had dared impiously to alter a countenance "made in the image of God." The Rev. **DR. ROWLEY** accused Edward Jenner of presumption and violation of religion in producing cow-pox to interfere with small-pox—a visitation ordained by God. He forgot, apparently, that cow-pox must have been a visitation from God on cattle. Gall was objected to, not because he taught an absurd system of cerebral physiology, but because he had outraged religion by teaching that mental and moral qualities had a physical basis in the brain. The most recent preconception alluded to by Professor Harris is the objection formerly raised against chloroform, in that to abolish pain, even of childbirth, was "contrary to Nature." The Quest Society might carry the matter a little further and inquire how far some modern ideas about man and his destiny are tinged with the notion of preconceived perfection.

#### A WARNING.

**DR. N. F. WINDER** (209, Roundhay Road, Leeds) writes: I am informed that a man, who is described as being about 5 ft. 1 in. in height, with fair brown hair, and wearing a dark blue waterproof overcoat, is using my name among London practitioners and asking for financial assistance, stating that he is tuberculous. This is a case of impersonation, and London practitioners should be on their guard.

#### VACANCIES.

NOTIFICATIONS of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found at pages 41, 44, 45, 46, and 47 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 75.

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