

THE 14 1927

British Medical Journal

THE JOURNAL OF THE BRITISH MEDICAL ASSOCIATION.



*Including an Epitome of Current Medical Literature
WITH SUPPLEMENT.*

No. 3456.

SATURDAY, APRIL 2, 1927.

Price 1/3

AN ESSENTIAL ELEMENT IN THE TREATMENT OF COLITIS

IN A RECENT ADDRESS on colitis, delivered before the Royal Society of Medicine, the distinguished lecturer, after stating that "there is no evidence that any so-called intestinal antiseptic, when given by the mouth, exerts any action on the colon," urges that every patient who has ever had colitis should "for the rest of his life," keep his stools soft by means of saline aperients or paraffin.

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depreciation were claimed "no allowance could be made in the event of the purchase of a new car," and if our correspondent put it to him that his action in withdrawing his former claim was based on that advice, the inspector might—and we think probably would—agree to the resurrection of the old claim, or in the absence of such agreement it might be authorized by the Board of Inland Revenue.

LETTERS, NOTES, ETC.

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LIFE ASSURANCE AND TUBERCULOSIS.

DR. ROBERT CARSWELL (Wandsworth, S.W.18) writes: Mr. Ferris-Scott (*JOURNAL*, March 19th, p. 552) appears to me to have mistaken the scope of my suggestion that holders of a negative tuberculin test certificate should be accorded specially favourable terms for sickness and life assurance. My suggestion is only concerned at this stage with the public recognition of the broad general proposition that, in the case of holders of such negative certificates, the diminished risk of the multifarious mass of disease due to the mischievous activities of the tubercle bacillus does, in point of fact, merit a diminished insurance premium. Were this proposition generally endorsed by members of the medical profession the insurance companies could be relied upon to work out the figures. As to the question of subsequent infection, this certainly is possible, but individuals who were fortunate enough to obtain, at some trouble and expense, a negative certificate would, owing to their knowledge of the subject, almost certainly be specially on their guard against subsequent infection. A repetition of the test in a simplified form in, say, five years could be carried out without much trouble or expense, and, as a further point, any such subsequent infection would be detected at an early stage, when it could be comparatively easily dealt with. The commercial value of a negative tuberculin test certificate is generally recognized and utilized in veterinary work. Why not in human? The chief objection seems to be the probably small number of successful candidates; nevertheless, the proposition might usefully be included in an insurance company's list of additional advantages. By so doing the insurance company would tend to foster the ideal of a tuberculosis-free community, and assist in tackling the question at the right end.

OLD MEDICAL BOOKS.

THERE have been up to now few really outstanding rare medical books in the auction sales of the present season; indeed, few old textbooks have come to the hammer at all until recently. Just at present, however, there are some interesting volumes to be found in the auction catalogues. There are, for instance, M. Andry's *Orthopædia; or the Art of Correcting and Preventing Deformities in Children*, Translated from the French (1743); Peter Lowe's *Discourse of the Whole Art of Surgery* (1634—not the first or even an early edition, of course); Christopher Bennet's *Theatri Tabidorum Vestibulum* (first edition, 1654—a treatise on consumption and other wasting diseases); Sir T. Elyot's *Castell of Helth* (1541); Edmund Gayton's *Hymnus de Febribus* (first edition, 1633); these will have been sold before this note is published. In the two following sales at Messrs. Sotheby's, next week and the week after, are a few books of great rarity. Thus Christopher Wirsung's *Praxis Medicina Universalis; or a General Practise of Physicke . . . now translated . . . by Jacob Moran* (1598) is one of the only two copies known. Oswald Gaebelkover's *Boock of Physicke . . . newly translated out of Low Dutch into Englishe by A. M.* (Dort, Isaac Caen, 1599) is one of three copies known. Almost as rare, and much more interesting, is Thomas Willis's *Cerebri Anatomæ; cui accessit nervorum descriptio et usus* (first edition, 1664, with 5 plates of the nervous system after Sir Christopher Wren). Besides these may be mentioned also Robert Grove's *De Sanguinis Circulatio ab G. Harvaeo invento*, 1685; Walter Charleton's *Harveian Oration for 1705*; Nicholas Monardes on Eastern Medicine, Venice, 1575; Nicander's *Theriaca; ejusdem Alexipharmaca*, Venice (Aldine Press), 1523; Gideon Harvey (senior) on *Smallpox and Malignant*

Fevers, with an exact Discovery of the Scorvey, 1685; Thomas Fuller's *Pharmacopæia Extemporanea*, 1709; John Brown's *Elementa Medicinæ*, Edinburgh, 1784; and John Aitken's *Principles of Midwifery*, 1786.

THE DETERMINATION OF SEX.

DR. A. P. MURTZ (London, N.4) writes, with reference to the correspondence published in our issues of November 13th (p. 918) and December 18th, 1926 (p. 1205), as follows: I have touched upon this interesting problem in articles published in the *Medical Times*, August 5th, 1916, p. 465, and in the *Lancet*, September 1st, 1917, p. 368. I then mentioned, *inter alia*, that I would publish the result of my future clinical observations on the subject in due time. I stated then that there is no absolute reliance as to the time, pre- or post-menstrual, when male or female issue can be predicted, but judging by my own experience of observations on over 2,500 maternity cases, I think that, as a rule, pregnancies occurring immediately before menstruation produce females, and those within the first week after menstruation males. I have had the confidence of a great many married couples who had followed my advice as to time of coitus. When pregnancy occurs during the second and third week of the interval between the menses there is no probability of sex determination at all. Sex is determined at the moment of conception so that histological differentiation during development of the impregnated ovum leads us to nothing for our present purpose. It seems to me that logical deductions based on biological knowledge are the only means at our command of establishing some feasible data. Vitality of the spermatozoa or ova, as the case may be, is the only essential in determining sex. The survival of the fittest in the struggle for existence comes here into play. In hermaphrodites of the lower animals, although male and female organs are present on the same creature, passive self-fertilization never occurs. Active copulation with a second individual must take place. Even here it is the struggle of gametes of opposite sexes which determines the very existence of the individual. In man—the highest mammal—menstruation of the woman by shedding the intrauterine endothelial lining prepares a nidus for the ovum which becomes fertilized subsequently. But active congestion of the uterus precedes the menstrual flow exciting the ovaries to discharge their ova to meet the spermatozoa for fertilization, and, if conception happens, the latter occurs in the Fallopian tubes, there to remain until ready to descend into the fundus uteri. The menstrual flow does not then occur. At the time of the menses female activity is very great, probably surpassing that of the male—a female survives as the fittest. Coitus immediately after the flow, say within a week, if pregnancy ensues should produce a male. Ovulation may occur at any time during the menstrual interval, but it is less vigorous, and the product of conception should be a male. I can only speak of probabilities, but to me they are sufficiently convincing to advise my patients as to the times of sexual connexions. I have generally been satisfied with the result.

CHLORINATED DRINKING WATER AND PRESCRIBING AND DISPENSING.

DR. JAMES OLIVER (London, W.1) writes: I would like to draw attention to the fact that because it is to-day a common practice to chlorinate our drinking water by the use of chloride of lime and liquid chlorine that in prescribing and in dispensing in any mixture sodium bicarbonate or potassium bicarbonate the added water should be distilled. If the water specified or used is merely tap water, then slowly but surely insoluble carbonate of lime is thrown down and what happens to the soda or potassium it is impossible to say at present, as our knowledge of the chemical changes produced in conjunction with the carbonate of lime formation is scanty. Moreover, from a therapeutic point of view there is the question of the carbonate of lime present in the mixture to be considered. Possibly it may, when it enters the stomach, be converted into calcium chloride, or if the mixture containing the bicarbonate is taken by a patient suffering from gastric ulcer in any stage or degree the carbonate of lime may be harmful.

SIR JAMES CRICHTON-BROWNE'S ESSAYS.

MR. FRANK BELBEN, M.B., F.R.C.S. (Bournemouth), writes to recall the old adage, "Always verify your quotations." He is moved to do so by an error in a quotation from *Romeo and Juliet* (v, 3, 88) made in the course of a review last week of Sir James Crichton-Browne's essays. The lines in the Globe edition of Shakespeare are thus printed:

"How oft when men are at the point of death
 Have they been merry! which their keepers call
 A lightning before death. . . ."

MEDICAL GOLF.

THE knock-out tournament of the Medical Golfing Society has now reached its semi-final stage. The following gentlemen are left in the competition: J. Cuning, E. N. Plummer, J. Everidge, and E. Playfair.

VACANCIES.

NOTIFICATIONS of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found at pages 41, 42, 43, 46, and 47 of our advertisement columns, and advertisements as to partnerships, assistantships, and locumtenencies at pages 44 and 45.

A short summary of vacant posts notified in the advertisement columns appears in the *Supplement* at page 107.

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