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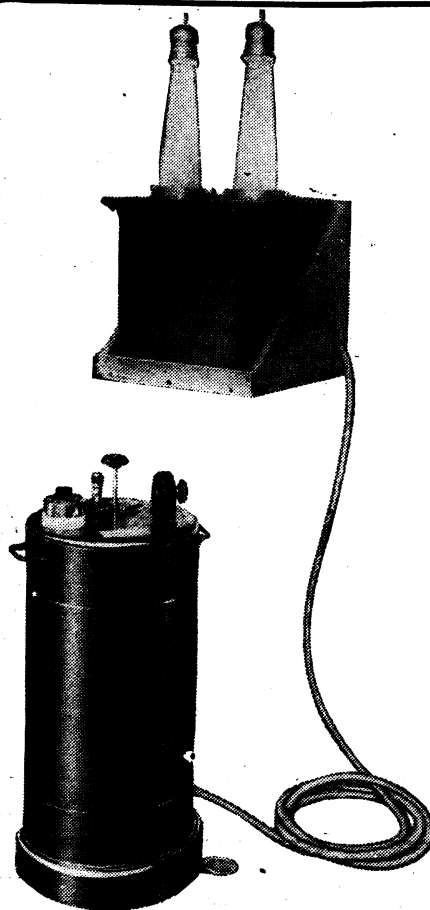
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takes three or four long pulls, inhaling the smoke and afterwards expelling it through nose and mouth. He then prepares another pipe, and so on until he has obtained the effect he desires; the preparation of each pipe takes from five to ten minutes, and the actual smoking about thirty seconds. In China the kind of opium used for smoking is called chundu, and should contain the alkaloids morphine, codeine, and narceine. When smoked it is supposed that the morphine more or less disappears and that some other product of a more pleasing taste is formed during combustion, for the bitterness of morphine is lost in smoking. We are advised that, in people who are accustomed to opium smoking, small operations would be possible under it, but that to introduce it here, when there are other better things to be found, would be foolish. The use of some anaesthetic to ease pain goes back to a remote past, for Homer speaks of nepenthe as used amongst the Greeks, and Herodotus states that the Scythians used to inhale the smoke of burning herbs when operations were being performed; these herbs, it is believed, were a kind of hemp. A Chinese surgeon, Hoa-Tho, used hemp for his surgery. Dioscorides and Pliny, it may be remembered, spoke of the use as an anaesthetic of mandragora, which is said to contain an alkaloid having an action resembling atropine.

A FATAL CASE OF SALVARSAN POISONING.

DR. G. P. F. ALLEN (Kingston, Jamaica) writes: Dr. T. J. Evans's memorandum in the *JOURNAL* of January 15th (p. 99) on acute yellow atrophy of the liver recalled to my mind a fatal case of salvarsan poisoning which came under my care some years ago. A girl, aged 15, was undergoing arsenical treatment for syphilis in the out-patient department of the Kingston Public Hospital, Jamaica. She became suddenly ill on returning home after the second or third injection, and I was called to see her. I found her lying in bed speechless. She was profoundly prostrated and vomited bile at frequent intervals. The temperature was 98° F., pulse 93; the respirations were sighing. The eyes were staring and the conjunctiva bile-stained. The liver and spleen were slightly tender, but neither organ was enlarged. Next day the patient had passed into a state of noisy delirium, with muscles twitching. The pulse was soft and feeble, and the rate had increased to 110. The urine was voided in the bed and left a bright yellow stain; none was obtained for examination. Death occurred shortly. A necropsy could not be performed, but all the facts seemed to suggest that arsenical degeneration of the liver was the cause of death.

MIGRAINE AND ACETONURIA.

DR. JOHN A. GRAHAM (Bethulie, O.F.S., South Africa) writes: I have been a sufferer from migraine since my seventh year, although for many years now I have been able to recognize the prodromata and to abort the attack. Warning signs are great drowsiness without real sleep, trouble in eyesight, difficulty in focusing, etc., and very often not diarrhoea but passage of frequent small motions. When these symptoms appear, or any of them, I find that a couple of grains of calomel, repeated in three or four hours if there is no improvement, or a grain of calomel with a laxative vegetable tabloid (B. W.), prevents the attack from developing. If the attack appears without such warning, as occasionally happens, starvation for the best part of the day, with calomel, and repeated doses of caffeine and phenacetin, effect a cure. But as for glucose, I cannot quite see the rationale. Occasionally there is undoubted acidosis and the headache persists, when a big dose—a couple of drachms—of sodium bicarbonate clears up the condition. Sugar, I think, is one of the things that bring on an attack. I am very fond of sweets, but if I have more than three or four chocolates an attack of migraine is certain to follow. So that the problem remains, as Dr. Allison suggests, whether sugar, as such, is a cause of migraine, or whether it is so in a roundabout fashion, via malassimilation, with formation of acids and acetone.

RELATIVE SHORTNESS OF CORD: RETENTION OF CHORION.

DR. C. J. HILL ATTKEN (Kilnhurst, near Rotherham) writes: The tediousness of a multipara's labour was explained when the child was born—very blue and with the cord coiled round the neck and round an arm. Half an hour later, the patient having had a good pain, gentle pressure on the fundus uteri, with the patient's effort, finished the third stage. Examination of the placenta showed marked absence of the chorion, which came away six days later. Early separation of the placenta is said to be liable to occur with a short cord. In this case the placenta had been separated from the chorion. It is a problem whether this separation took place while the child was passing through the passages or was caused by the attendant while disentangling the cord. Although retention of the chorion is possibly not very dangerous, it is certainly disquieting. It might be wise in cases such as the above to cut the cord before freeing the child.

CRÉSOPIRINE.

DR. J. LANDMAN (London, W.1) writes with reference to the paragraph under this heading published on April 2nd (p. 635) to state that in 1914 Messrs. Howards and Sons made under his direction a preparation having the same chemical constitution as the substance prepared by Professors Carrière and Gérard in

1926. Dr. Landman made extensive clinical trials, but was unable to satisfy himself that the substance had any clinical advantage over aspirin. Messrs. Howards made it up in 3-grain tablets, and still have a stock on hand.

THE MEDIZINER.

DR. LIEK, in a little book on the doctor and his vocation,¹ deals in a somewhat discursive manner with questions which from time to time give passing food for thought in the daily round of medical practice. What are we to understand by the ideal physician? Is sickness insurance a good thing in all its aspects? Is the purely scientific spirit looming too largely in our medical curricula and among our practitioners? What are we to think of pseudo-medicine and quackery? How can we best express the relationship between doctor and patient? Questions such as these, which probably pass through the mind of every practitioner at one time or another without receiving any very definite answers, are touched upon in this volume, which, having reached a second edition, presumably supplies a need. Possibly its popularity depends to some extent on its subtitle, "Thoughts of a heretic," for a little heresy is attractive to many minds, especially those of a highly sympathetic cast. The author is mainly disturbed by the prevalence of what he calls the "mediziner"—a disagreeable character for whom we have no corresponding name in our language, because no doubt we have not got such persons. He stands at the opposite pole to Dr. Liek's ideal physician. The mediziner is, if we understand Dr. Liek aright, one whose humanity has been blighted by science, falsely so called. The genus appears to consist of two species: in one the practitioner is so obsessed with his science that the patient disappears as such and assumes the character of a mere pathological lesion; in the other the notion of patient is retained, but there is no recognition of his humanity. An example of the first type is described as an elderly man of somewhat rugged exterior and manner, who has done much to forward operative gynaecology, who can boast of a number of important contributions to the journals, is a brilliant operator, an experienced gynaecologist, a recognized scientist; but every woman who comes to his clinic, whatever may be the cause, is forthwith placed on the table and operated upon. On one occasion Dr. Liek inquired what a woman looked like who did not want operating upon: "there are none such here," was the reply. In this type we have no difficulty in recognizing that professional complaint which goes under the name of "furor operativus." Of the second type we are given a graphic picture, evidently drawn, like the former, from the life. He is a good surgeon, a man of comprehensive knowledge, a born scientist whose name will live in the annals of medicine, a skilful technician, extraordinarily careful and thorough in the investigation of his cases, never performing an unnecessary operation, but brusque to a degree in his manner to his patients, and of a forbidding silence. So far as his patients are concerned he is a surgeon and nothing else, purveying surgery as the grocer purveys groceries, with a purely mechanical and materialistic outlook, not indeed denying the existence of a soul in his patients, but ignoring it. Yet in his family circle and among his friends this forbidding person is humorous, jovial, and sympathetic. The author's humane nature revolts against such inhuman types, and we are not surprised to learn that his ideal physician is none other than the country practitioner, with his genial manners and his interest in his patient's dogs and fishing tackle and babies.

SUN SPOTS AND SUDDEN DEATH.

THE increased number of sudden deaths reported in 1926 and the fact that such fatalities occur in groups at irregular intervals is thought by Dr. M. Faure of La Malou to be due to sun spots. During 1922, with Drs. J. Vallot and G. Sardou, he submitted evidence that the passage of these spots over the central solar meridian coincides with the appearance or recurrence of acute crises in various chronic illnesses. At a recent meeting of the Académie de Médecine Dr. Faure returned to this subject, and stated that, whereas an average of thirteen sudden deaths occurred during 100 days on which the solar surface was clear, the mortality rose to twenty-six for another 100 days on which sun spots were visible. He explains this coincidence of solar and clinical disturbances as being due to an interference with "electro-magnetic" radiations, which results in the upsetting of the controlling mechanism of the physical body, comparable with the effects these spots also produce on telegraphic and telephonic apparatus. In patients whose constitutions are so affected by diseases as to approach the critical point, when outward signs are manifested an added disturbance of this kind might be expected to produce a response out of proportion to the strength of the stimulus itself. The increase in the number of sudden deaths during 1926 is, therefore, held by Dr. Faure to be directly associated with the occurrence in this year of numerous sun spots. We must leave it to our readers to determine what importance, if any, attaches to Dr. Faure's theory.

VACANCIES.

NOTIFICATIONS of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found at pages 37, 38, 39, 42, 43, and 44 of our advertisement columns, and advertisements as to partnerships, assistantships, and locum tenencies at pages 40 and 41.

A short summary of vacant posts notified in the advertisement columns appears in the *Supplement* at page 132.

¹ *Der Arzt und seine Sendung*. Von Erwin Liek. Zweite Auflage. München: J. F. Lehmann. 1926. (64 x 9, pp. 140. M.4.)

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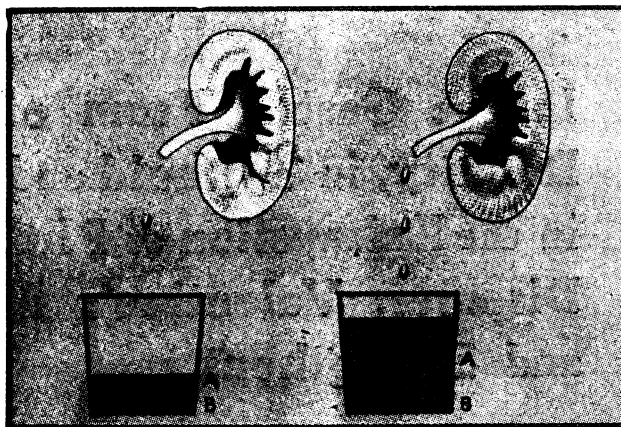
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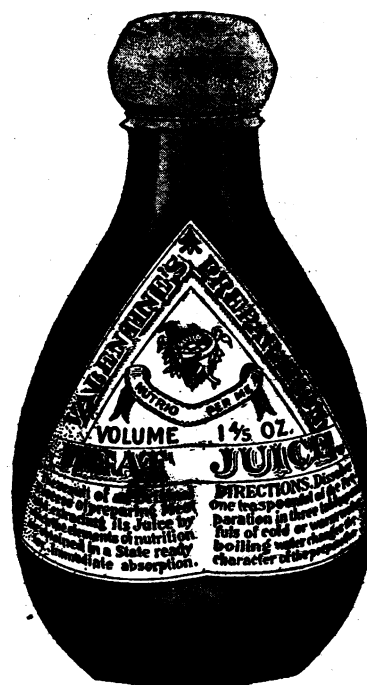


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