

British Medical Journal

THE JOURNAL OF THE BRITISH MEDICAL ASSOCIATION.



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No. 3461.

SATURDAY, MAY 7 1927.

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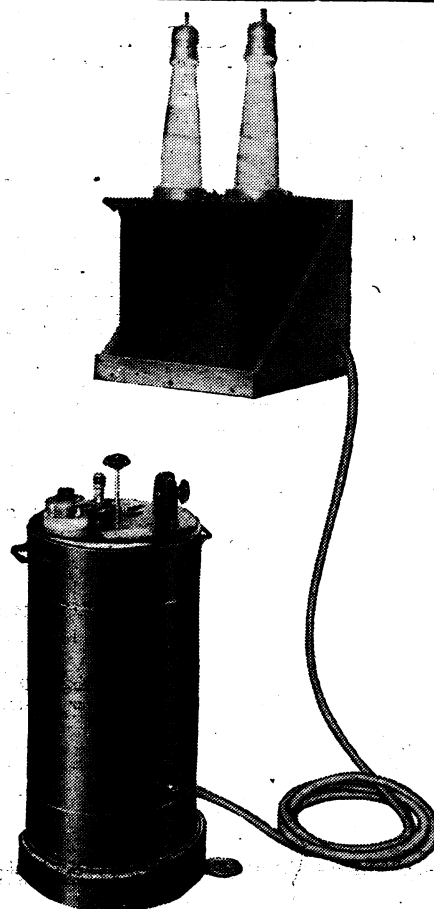
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ULTRA-VIOLET RAY APPARATUS.

"R. F." asks what is the best all-round ultra-violet ray apparatus for use in general practice.

* * The mercury vapour lamp would probably be the most suitable for all-round general practice. The apparatus supplied by reputable makers differs in design rather than in efficiency. The limitations of the various sources of radiation will best be gathered by studying recent books on the subject, such as the third edition (1927) of *Ultra-violet Radiation and Actino-therapy*, by E. A. Russek, M.D., and W. Kerr-Russell, M.D., price 15s., or the second edition (1926) of *Artificial Sunlight and its Therapeutic Uses*, by F. Howard Humphris, M.D., price 8s. 6d. The question regarding running costs and "spares" can only be satisfactorily answered when full details are known of the inquirer's electrical supply. An inquiry of any of the firms advertising these appliances in the JOURNAL would, if these details were given, elicit the required information.

DIPLOMAS IN OPHTHALMOLOGY.

"D. O. M. S." asks for information regarding the time that would be required for one in general practice to work for a diploma in ophthalmology, and for information on books that should be read.

* * Definite courses of study are prescribed for candidates for the diploma issued by the University of Oxford and the Royal College of Surgeons of England. The courses are very similar, and require attendance on prescribed lectures and demonstrations, practical work, and clinical work. The course is strenuous and requires real effort. One year's study in a recognized hospital is also necessary before a candidate may enter for the examination, and in the case of the Oxford diploma two months of this year must be spent at Oxford. It will be seen from these facts that for one to attempt preparation for the examination for this diploma whilst engaged in private practice will mean a heavy double duty, so that it is not possible to suggest a time limit. Since the course of study will follow the set lectures and practical work, it will be better for the candidate to study those books indicated by his teachers. Further information on the course of study may be found in the *Handbook for Recently Qualified Medical Practitioners*, B.M.A. House, price 3s. 6d.

✓ OPIUM SMOKE AS AN ANAESTHETIC.

DR. CHARLES S. KERR (Bothwell) writes: The case Dr. Deshmukh quotes (JOURNAL, February 26th, p. 410, was of a Siamese labourer—an Oriental. In them opium smoke has been used as an anaesthetic with good results. I, however, believe that its use is limited to people who have been accustomed to the effects of opium. My first and last experience of opium smoking in the Far East, not so long ago, was that it made me feel very sick and vomit—no recommendation for any anaesthetic. I understand this is the usual experience of Westerners at first.

INCOME TAX.

Replacement of Car.

"A. H. E. B." bought a car in 1924 for £207 10s. and replaced it by a similar one in 1926, receiving £50 for the old car against £163 as the cost of the new one. He was allowed £25 and £21 depreciation allowance for the years 1925-26 and 1926-27.

* * Our correspondent can claim as an obsolescence allowance, to be treated as an expense of the year 1926, £163-£50=£113, his net outlay, less £46, the total of the depreciation allowances received—that is, £67. His unexhausted capital expenditure will then stand at (£207+£113=) £320, less (£46+£67=) £113—that is, £207, and he can claim depreciation allowance on that figure—for example, at 15 per cent.—for the financial year 1927-28.

LETTERS, NOTES, ETC.

FOREIGN BODY IN RECTUM.

DR. ROBERT J. SAUNDERS (London, S.W.) writes with reference to the note by Dr. Honigsberger (Birmingham) in the JOURNAL of April 9th (p. 703). I had a very similar case two or three years ago—a lavatory attendant aged about 38. He complained of being unable to evacuate the bowels, owing to some obstruction and intense pain in the rectum while endeavouring to do so. On examination per rectum I felt what later proved to be a twig, similar to that described by Dr. Honigsberger, lying obliquely across the rectum, and requiring careful manipulation before it could be removed. To my mind it resembled the small branch or twig of a bunch of grapes, but the patient could not explain how it got into the bowel.

EARLY PARENTHOOD.

DR. W. E. GEMMELL (Westbury, Shrewsbury) writes: On the morning of April 14th I received a message to see a girl, aged 13, suffering from "pains in the back and shivering." I called on my usual round and was just in time to deliver a fine baby boy of 6½ lb. weight—to the alarm and horror of the mother and neighbours, who had been with the girl all the morning and had no inkling of the true state of affairs. There was a slight perineal tear, otherwise it was a perfectly normal confinement. The interesting point is the age of the parents. The young mother is aged 13 years 8 months. The father, whose identity appears to have been conclusively established, is aged 14 years 10 months. Impregnation must have occurred when the girl was 12 years 11 months old and the boy 14 years of age. According to the children's statement there was only one coitus, the approximate date of which is remembered. If that is so, it makes the case more extraordinary.

It would be interesting to know if there are any cases on record of younger parenthood (on both sides) amongst English children. Professor Glaister records two cases in which the girl was younger, but I can find no record in which both parents were so young.

HERPES AND VARICELLA.

DR. A. E. STENNING (Onslow, West Australia) writes to say that a man, aged 47, consulted him for an attack of herpes zoster, and, fourteen days later, his wife, aged 21, developed a typical attack of chicken-pox. He adds that the port of Onslow is relatively isolated, and, with the exception of these two, no cases of herpes or varicella have been noted there during the past five years. Dr. Stenning thinks that the husband must have contracted the herpes in the course of his duties, which brought him into contact with the shipping of the port, and have carried the infection as varicella to his wife, who had not suffered previously from that complaint.

"G. B. P." writes: With reference to recent correspondence as to the supposed connexion between these two conditions, perhaps some evidence on the other side may be of interest. During the past few years I have had several cases of typical herpes zoster in an institution where there are both adults and children and where they mix pretty freely. There has never been any evidence that the herpes cases were exposed to varicella nor have they ever given rise to a case of varicella. I have had odd cases of other exanthemata but never varicella. My experience in ships and establishments during nearly ten years' naval service was the same, although I was aware of the supposed connexion in those days. It is well to remember that chicken-pox is (a) very common, (b) very infectious, and (c) so universally mild that many persons do not call in a doctor and are careless about exposing convalescents and their fomites. I myself had chicken-pox when a medical student towards the end of a vacation, and found it quite impossible to trace the origin. Work among school children has taught me how very difficult it is to trace the source of some cases. I therefore suggest that the supposed connexion, founded as it is on evidence of a somewhat *post hoc propter hoc* nature, must be regarded as non-proven in the meantime.

DR. MARTIN SAGAR (Withington, Manchester) writes: I am bringing the following case before you only because Dr. Lynn Heard (January 15th, p. 124) has recorded herpes zoster following varicella, whereas in all the other cases the sequence was reversed. On December 27th a man, aged 43, came to me with typical herpes zoster on the right side of the neck. One of his children had varicella about a fortnight before. He complained of pain round the chest, but so far there is no eruption.

X-RAY TREATMENT OF RODENT ULCER.

DR. S. P. IMPEY (Capetown) writes: Under the above heading in the BRITISH MEDICAL JOURNAL of February 19th (p. 332) appears an interesting report of a paper by Dr. Davies on this subject. I agree with most of what he says, but am of opinion that the preliminary scraping which he advises in all cases is unnecessary. I have been treating rodent ulcer for upwards of twenty years with invariably good results. Without any scraping I apply the rays to the ulcer without filters in very superficial cases; in deep ulcers I use a filter. I apply a weak current for one hour every day until the part round the ulcers becomes dark red, without respect to measured dosage, for I have found that every individual does not respond equally to any dose. If a measured dose is relied on, then very often one patient gets too much and another too little. If we judge by results the desired effect is much more certain. My method has been to give small doses at frequent intervals in preference to one large dose, for I believe that the growth is best cured by inhibition and not actual destruction of it by other means. I think a cautery is as good a method as any other for actually destroying the growth, but the cosmetic effect is not nearly as good. By using my method the best cosmetic effects are obtained, for usually no mark is left to show where the tumour existed.

VACANCIES:

NOTIFICATIONS of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found at pages 43, 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 199.

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