

TREATMENT OF LYMPHATIC OBSTRUCTION.

DR. A. N. LEEMING (Old Colwyn) asks for advice as regards the treatment of a woman, aged 70, with considerable lymphatic swelling (resembling elephantiasis) in the suprapubic region, and also, to a less extent, of the left thigh and leg. The condition has been progressive, in spite of treatment, for the last six months. Her organs are sound, except that there is proctodentia, for which a pessary was worn for many years, but has now been abandoned. The treatment has been lotions; ointments, including zinc; mercurials; iodex; radiant heat; x rays every ten days; general, as for gout; collosol manganese; and rest in bed.

CRAMP AFTER SCIATICA.

"F. W. S." writes in reply to "K." (March 10th, p. 430): This is due to irritation in the motor fibres of the great sciatic nerve. People who suffer from it generally have a subnormal temperature, and the effective remedy is heat. A warm bath on retiring, the temperature of which is gradually raised until it is as hot as the patient can bear, with plenty of covering on the bed afterwards, will generally ensure a comfortable night's rest. Radiant heat and diathermy are helpful, and vapour baths are perhaps best of all, as they encourage elimination. Finally, the patient's evening temperature can be raised by giving iodo-thiosinamin. By taking $mxxv$ to $mxxx$ after breakfast I was able to raise my own temperature to $99^{\circ} F.$, or a little more, every evening for two months, and this did not cause any inconvenience or discomfort. It cured both sciatica and cramp.

PRESERVING THE STERILITY OF HYPODERMIC SYRINGES.

DR. R. J. GITTINS, Medical Superintendent, Friends' Mission Hospital, Itarsi, Central Provinces, India, writes in answer to the inquiry of "Intramuscular" (*Journal*, November 12th, 1927, p. 905):—The method which we have adopted and found satisfactory in this hospital for the past two years or so is as follows: After initial sterilization by boiling, the hypodermic syringes are placed in rectified or methylated spirit in a jar (previously sterilized), to which is fitted a screw cap. Such jars are obtainable for a few pence. The needles are placed in a suitable receptacle in petrol, which we find is a far better preservative than spirit, lysol, or chloroform, which we have also tried. A pair of forceps are kept in lysol for lifting out the syringes and fitting on the needles. Our injection solutions are placed in bottles, closed by small pieces of rubber, such as old cycle tubing, which is securely tied round the necks. In one bottle is kept sterile saline or distilled water, which, before giving an injection, is drawn into the syringe in order to remove traces of spirit and petrol. After the injection the syringe is replaced in the spirit jar without disassembling and the needles in the petrol, where they remain till next required. We have found this method quite reliable, and on the few occasions when there has been slight sepsis following injection we have traced it to a contaminated injection solution. We have employed syringes and needles straight out of these preservative solutions for intravenous injection without disaster. After use for intravenous injection it is our rule to re-sterilize the syringe by boiling, in order to avoid all risk of transmission of syphilis or other infection. We rely on spirit for cleaning the rubber caps of the injection bottles. We usually add small quantities of some antiseptic, such as one-half per cent. phenol or salicylic acid, to our injection solutions or the distilled water, with the object of dealing with any infection which might be carried into the bottles on the insertion of the needles through the rubber caps. These methods have proved quite satisfactory, and we must have given some thousands of injections since we established the system.

INCOME TAX.

Allowance after Marriage.

"J. K.," who was married on March 14th, asks what personal allowance he can claim for the year ending April 5th.

* * Under Schedule 18 of the Finance Act, 1920, the married allowance of £225—in lieu of the single allowance of £135—is due if the claimant "has his wife living with him for the year of assessment." The Act does not stipulate that it shall be for the whole of the year of assessment, and we understand that in such circumstances as those of "J. K." the full allowance would be granted for 1927-28. He should therefore communicate with the local inspector of taxes asking for the statutory form of declaration for relief as a married man, and suggesting that the full relief should be credited to the payment due from him on July 1st next.

Replacement of Car.

"SATIS" bought a two-seater car in 1901 for £500, and has now replaced it by a four-seater car costing £295, less £35 allowance for the old car—that is, £260 net. Depreciation has not been claimed.

* * He should claim the amount actually expended—that is, £260. In view of the cost of the former car and the fact that no allowance can be claimed on this transaction for the balance of the loss incurred, it is thought that the authorities would not press the fact that the new car provides more accommodation. It is, however, arguable from the Revenue side that the £260 should be reduced by the difference, as regards the new make of car, between the two-seater and four-seater models.

LETTERS, NOTES, ETC.

PRECOCIOUS MENSTRUATION?

WE have received the two following clinical accounts of cases in both of which the diagnosis of precocious menstruation has been suggested:

Dr. J. A. KENDALL (Brixton, S.W.) reports the case of a child, born in May, 1920, from whom on four occasions, at regular monthly intervals, there has been a slight blood-stained vaginal discharge, lasting for an hour or two. The first appeared about October 18th, 1927, successive ones occurring about the same time in November, December, and January. The discharge was slight and rarely amounted to more than a stain on the clothes. The child is healthy, precocious, and well developed for her age; she suffers from night terrors. At the times when the discharge appeared she became fretful, complained of headache, and had dark rings under her eyes.

Dr. J. A. NOBLE (Husbands Bosworth, Rugby) states that a primipara, aged 23, gave birth to a female child, weighing 7 lb., on December 4th. Four days later blood commenced to pass from the vagina and continued until December 12th. The vulva was congested and the vagina was filled with a chocolate-coloured discharge; the breasts were purple and swollen, and a hard area surrounded the nipples. A drop of fluid resembling colostrum was easily expressed. With the cessation of the flow the breasts became normal. The discharge was examined microscopically on the sixth day, when the red cells were found to be diminished and the swab showed chiefly polymorphonuclear cells, with mucus and epithelial debris. Dr. Noble was assured that there had been no interference with the nipples. During the subsequent seven weeks there was no further sign of ovarian activity or disease.

GAS GANGRENE FOLLOWING A ROAD ACCIDENT.

DR. W. B. BURKE (honorary surgeon, Victoria Hospital, Worksop) writes: The reports of two similar cases of gas gangrene in the *British Medical Journal* of December 24th, 1927 (pp. 1183 and 1184), suggest that the following notes may be of interest:

A married woman, aged 30 and apparently in perfect health, was admitted to the Victoria Hospital on May 30th, 1927, and placed under my care. In a motor cycle accident the pillion foot rest was driven into the right foot, causing a wound 3 or 4 inches long on the inner border of the sole of the foot; three sutures to stop haemorrhage had been inserted before admission. On examination under anaesthesia the head of the first metacarpal was found to be fractured. The wound was thoroughly cleaned; it was not particularly dirty. Bipp was rubbed in and sutures were inserted. On the next day much thin, evil-smelling discharge came from the wound, and bullae, containing dark fluid, were present near it. The leg was swollen and oedematous to within a few inches below the knee, and presented patches of brownish-red discoloration to the same level. The smell suggested gas gangrene, and amputation above the knee was contemplated. There were no constitutional symptoms. Under an anaesthetic it was found that all muscles of the calf, except the soleus, had undergone softening, having degenerated into brown pulpy masses containing gas. Amputation through the middle third of the thigh was performed; the muscles and other tissues at the level of the amputation seemed perfectly healthy. On June 2nd the stump seemed healthy in all respects, but towards evening constitutional symptoms developed and the temperature rose. The brownish-red discoloration reappeared in the stump on the next day, toxæmia was well established and became progressively more severe. The gangrene spread up towards the iliac region, and the patient died on June 6th.

Judging by the two cases in the *Journal*, and from investigation of the literature on the subject, I can only conclude that this case would have yielded to serum therapy, but as such cases are few and far between in general practice, it is a matter of live and learn.

A COINCIDENCE.

CAPTAIN H. WILLIAMSON, I.M.S. (Quetta, India), writes: In view of its possible medico-legal interest the following case seems worthy of publication. A short while ago a child, aged 18 months, was brought to me with a naevus at the inner canthus of the left eye. I told the mother to bring the child to hospital on the following Wednesday, when I would remove the naevus. She did not bring the child on the Wednesday, so the naevus was not touched, but on the following Saturday the child was admitted suffering from a sudden and fulminating attack of meningitis, from which it died twelve hours later. The diagnosis was confirmed *post mortem*. Had I removed the naevus I could not have avoided the conclusion that meningitis, occurring three days later, was the result of infection from the operation.

VACANCIES.

NOTIFICATIONS of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found at pages 42, 43, 45, 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 100.