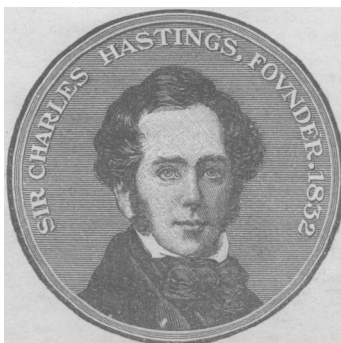


The

JAN 12 1929

British Medical Journal

THE JOURNAL OF THE BRITISH MEDICAL ASSOCIATION.



Medical Library

Including an Epitome of Current Medical Literature
WITH SUPPLEMENT.

No. 3549.

SATURDAY, JANUARY 12, 1929.

Price 1/3



Service for Medical Men

MECHANICAL
REPAIRS AND
OVERHAULS

CARS on LOAN

CELLULOSE
FINISHING

RE-PAINTING &
RE-VARNISHING

COACHWORK
RENOVATIONS

OILING &
GREASING



By the Officially Appointed Consulting Engineers
to the Medical Insurance Agency

PURCHASE OF CARS...Twenty-five years
experience.....Impartial Expert Advice
250 NEW and USED CARS in Stock

CARS EXCHANGED ANNUALLY
-at pre-arranged Valuation

PART EXCHANGES...Very favourable terms

DEFERRED TERMS...Most Equitable -and
Strictest Privacy

MANN EGERTON & CO. LTD.

West End Showrooms: 156, NEW BOND STREET, W.1. Gerrard 9060

Super Service Works: CHURCH ST., EDGWARE RD. Padd. 9011

Also Norwich: Ipswich: Bury St. Edmunds: Lowestoft.

Five Minutes Marble Arch

ISSUED WEEKLY

[COPYRIGHT]

[REGISTERED AS A NEWSPAPER]

RHEUMATIC DISORDERS

THE AUTO-CONDENSING THERMAL COUCH

(Patent No. 248190)

FOR THE

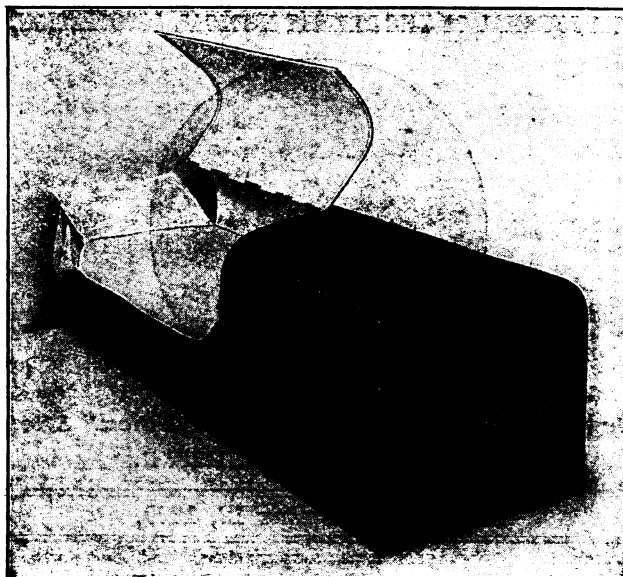
PYRETIC TREATMENT of RHEUMATISM & ALLIED DISORDERS

The most rational
and successful
method of treating
these complaints.

THREE MODELS

Upkeep Cost
Nominal.

Heated by Gas
or
Electricity.



Please write for book-
let, fully illustrating
and describing the
essential principles of
this remarkable
apparatus.

RECOMMENDED:

"The Pyretic Treat-
ment of Rheumatism
and Allied Disorders"
(1928)

By Percy Wilde, M.D.
Post free 4s. 6d.

(See many eulogistic Press
notices.)

Copies of unsolicited testimonials as to results obtained will be gladly furnished on request.

NOTICE

Owing to the increasing number of these apparatus which are being installed in various parts of the country we shall be pleased to forward the names and addresses of institutions and medical practitioners who are specialising in this treatment to any registered medical practitioner who would like to have this information. The results of treatment are so satisfactory that the extension of special centres is proceeding rapidly, and every hospital and municipal clinic should have one or more baths installed.

THE AUTO-CONDENSING MOIST AIR BATH

THIS APPARATUS
IS NOT
EXPERIMENTAL.

THE METHOD HAS
BEEN TRIED
EXTENSIVELY FOR
TWENTY YEARS
WITH
EXTRAORDINARILY
SUCCESSFUL
RESULTS.



THE ELIMINATION
OF LACTIC ACID
FROM THE TISSUES
IS REMARKABLE
AFTER A FEW
APPLICATIONS.

TEST CHARTS ARE
SUPPLIED TO
RECORD DEGREE
OF REACTION.

THIS BATH MAY BE
HAD ON HIRE IF
DESIRED.

(Patent No. 248190)

For the PYRETIC TREATMENT of GOUT, RHEUMATISM, and
ARTHRITIS—NON-AMBULATORY CASES.

The whole apparatus is self-contained. No plumbing required. Entirely noiseless. Infinitesimal cost for upkeep. Can be used on any bed. Boiler can be electrically heated if desired.

THE COX-CAVENDISH ELECTRICAL CO. (1924) LTD.
105, Great Portland Street, London, W.1.

'Phone: LANGHAM 1145-6

Letters, Notes, and Answers.

All communications in regard to editorial business should be addressed to **The Editor, British Medical Journal, British Medical Association House, Tavistock Square, W.C.1.**

ORIGINAL ARTICLES and LETTERS forwarded for publication are understood to be offered to the *British Medical Journal* alone unless the contrary be stated. Correspondents who wish notice to be taken of their communications should authenticate them with their names, not necessarily for publication.

Authors desiring REPRINTS of their articles published in the *British Medical Journal* must communicate with the Financial Secretary and Business Manager, British Medical Association House, Tavistock Square, W.C.1, on receipt of proofs.

All communications with reference to ADVERTISEMENTS, as well as orders for copies of the *Journal*, should be addressed to the Financial Secretary and Business Manager.

The TELEPHONE NUMBERS of the British Medical Association and the *British Medical Journal* are MUSEUM 9861, 9862, 9863, and 9864 (internal exchange, four lines).

The TELEGRAPHIC ADDRESSES are:

EDITOR of the *British Medical Journal*, Aitiology Westcent, London.

FINANCIAL SECRETARY AND BUSINESS MANAGER

(Advertisements, etc.), Articulate Westcent, London.

MEDICAL SECRETARY, Medisecra Westcent, London.

The address of the Irish Office of the British Medical Association is 16, South Frederick Street, Dublin (telegrams: *Barillus, Dublin*; telephone: 62550 Dublin), and of the Scottish Office, 7, Drumsheugh Gardens, Edinburgh (telegrams: *Associate, Edinburgh*; telephone 24361 Edinburgh).

QUERIES AND ANSWERS.

WANTED—A HOME.

"X," would be glad to hear of an institution where a recent case of paraplegia would be received for treatment. The patient, a retired medical man (of small means), has had considerable naval and military service.

CHROME ULCERATION.

DR. J. S. GRIFFITHS (Eaglescliffe, Durham) asks for information how to treat chrome sores and the ulceration of the nasal septum which occurs in workers with chromic acid in the manufacture of bichromate of potash. He states that these sores are most persistent, and, although painless, burrow deep down and become septic, rather assuming the appearance of the perforating ulcers which occur in diabetics.

TREATMENT OF MEMBRANOUS COLITIS.

DR. J. CURTIS WEBB (Cheltenham) writes: In reply to the inquiry of "A Country Doctor" (December 29th, 1928, p. 1202), I would like to urge him to try ionization of zinc sulphate by means of enemas, a method which I described in the *Lancet* (April 22nd, 1911). If "A Country Doctor" would care to communicate direct with me I should be very glad to give him all information of a treatment which I and others have found most satisfactory.

INCOME TAX.

Cash Basis.

"J. M." was in a partnership which was dissolved as from May 1st, 1927. He has been assessed for 1927-28 on the amount of the receipts earned prior to May 1st, 1927, which came to hand after that date, and also on the earnings for the eleven months to April, 1928, whether received or not.

* * The assessor is correct in declining to apply the cash basis to the new practice for the period subsequent to the date of dissolution of the partnership, but we are clearly of opinion that his method of dealing with the cash received for prior work is wrong and is unfair to our correspondent. So far as that work is concerned, "J. M.'s" only liability is to bear his share of an assessment on the partnership for the period April 5th to May 1st, 1927. That assessment should be calculated at 25/365ths of what would have been the amount of the assessment on the firm for 1927-28 if the partnership had not been dissolved. We suggest that "J. M." should press for a reply to his letter to the assessor, and in the absence of a proper revision of the assessments should place the facts before the Controller of Inland Revenue, Edinburgh.

LETTERS, NOTES, ETC.

SUDDEN DEATH IN UNRECOGNIZED SCARLET FEVER.

DR. P. STANLEY ROSE (Sunderland) writes: I was called in September, 1928, to see a boy, aged 3½, at a farmhouse, who had been taken suddenly ill with vomiting and diarrhoea. It was stated that he had been quite well up to a few hours previously, except that he complained of thirst. On arrival, within an hour, I found he had died. I could glean no facts which would enable me to formulate a cause of death. Two days later, at the

necropsy, I was struck by the pallor of the omentum, stomach, and intestines. The stomach contained some pale yellow, odourless fluid: I thought of poisoning, as at that period of the year children often eat tares and such-like. The gall-bladder was tightly distended with green bile, but the liver seemed normal. Both kidneys were slightly congested; the appendix was eight inches long and trailed over the pelvic brim. The spleen was enormously enlarged, soft, and friable. Remnants of the thymus were prominent. The heart musculature was firm, but the valves showed early endocarditis; there was some excess of fluid in the pericardial sac, and its lining was dull. The right lung was normal, but in the upper lobe of the left lung there was a marked and well-defined infarction on the antero-lateral surface. After completing the examination I was called to see a sister (twin) and found her suffering from scarlet fever; another of the same family later developed it. I am of opinion that the boy must have had scarlet fever and been running about with it on him. The interesting point is the large size of the spleen. These odd cases are always worthy of record. I found that the boy's home was partly a dairy farm, but no worker complained of sickness or otherwise, and the cows were reported healthy.

TREATMENT OF CHRONIC RHEUMATISM IN MALARIAL PATIENTS.

LIEUT.-COLONEL G. H. YOUNG, R.A.M.C. (ret.), F.R.C.S.I., writes: Relapses of malaria, which occur among returned Anglo-Indians during the cold and damp of winter, are not infrequently complicated by trying forms of muscular rheumatism, affecting chiefly the muscles of the back and lower extremities. A feature of these cases is that quinine frequently loses its efficacy, and in some cases may even aggravate the patient's suffering. Recently in these cases I have been led to try what is to me a new combination; I have found it distinctly more beneficial than preparations of quinine. The prescription is as follows: Sodium salicylate gr. xx, potassium bromide gr. x, tincture of cinnamon ʒj, water to ʒj; three times a day. This combination is especially indicated when insomnia is a feature of the case. The addition of cinnamon is a distinct improvement, since it not only masks the nauseous flavour of the salicylate, but it has a remedial action against the malarial poison. The patients often need a moderate allowance of alcoholic stimulant.

PAINFUL SHOULDER.

DR. F. G. BUSHNELL (Plymouth), with reference to Mr. P. B. Roth's letter on traumatic synovitis of the shoulder-joint, published in our issue of December 22nd, 1928 (p. 1156), writes: I have had a similar personal experience of a painful left shoulder following a heavy fall. I had limitation of movement, pain spontaneous and worse on movement, tender spots on pressure at the insertion of the deltoid and at the outer end of the infra-clavicular fossa, and some muscular wasting of the shoulder. The condition was treated as "fibrositis," though in the skiagram a well-known Swiss orthopaedic surgeon pointed out some rather doubtful rarefaction of the cancellous tissue, possibly of traumatic origin. Six months' treatment by massage, movements, radiant heat, etc., gave little or no relief, but all symptoms disappeared during the summer months when I took some sun baths, and the massage and forced movements were omitted. If rest can relieve such a case in two or three weeks, and movements, etc., fail in six months, Mr. Roth's warning is very timely.

THE HISTORY OF CINCHONA.

"B." writes with reference to the article by Mr. C. J. S. Thompson on cinchona (December 29th, 1928, p. 1188): In *Blackwood's Magazine* for May, 1927, there is an article on "The savage as scientist," in which the treatment of general paralysis of the insane by malarial infection, and the cure of the malaria by "bitter herbs," is described. I would like to ask if the "bitter herbs" there mentioned were probably plants containing some of the cinchona bases? If this were so, would it not show an earlier use of the bark as a cure for malaria than that mentioned in the article?

ASTHMA RESEARCH.

IN our reference to the work of the Asthma Research Council on January 5th (p. 29) it should have been mentioned that the clinic in course of establishment at the Hospital for Sick Children, Great Ormond Street, will be under the joint direction of Dr. E. A. Cockayne and Dr. D. N. Nabarro.

CORRIGENDA.

DR. H. MARTIN GREY calls attention to a clerical error in his note on "A Normal Ventriculogram," published in the *Journal* of January 5th (p. 15). The words "of the pupils," in the fourth line of the small print, should be omitted.

WE are asked to state that Dr. Ninian Falkiner was recently appointed visiting gynaecologist to the Royal City of Dublin Hospital and not to the Coombe Hospital, as mentioned in the *Journal* of January 5th (p. 38).

VACANCIES.

NOTIFICATIONS of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found at pages 44, 45, 46, 50, 51, and 52 of our advertisement columns, and advertisements as to partnerships, assistantships, and locumtenencies at pages 48 and 49.

A short summary of vacant posts notified in the advertisement columns appears in the *Supplement* at page 15.

Prescribe this Coffee in Diuresis

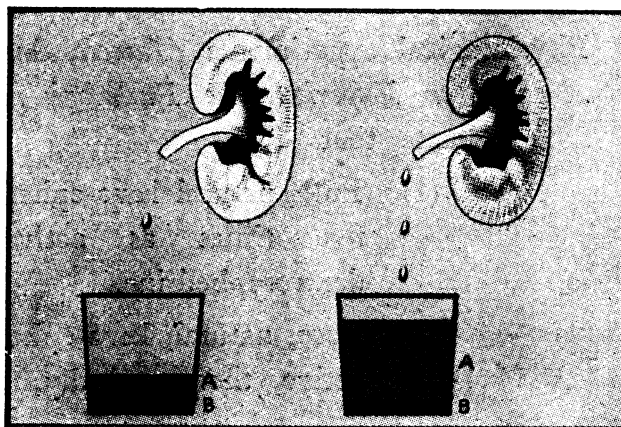
H.A.G. COFFEE

GUARANTEED

97%

DECAFFEINIZED

WILL NOT AFFECT
THE KIDNEY



The kidney on the right is influenced by caffeine. It is compelled to work harder than normal, and excretes a larger amount of Urine (A). Yet the quantity of ejected salts is equal, while the amount of compact substances (B) is diminished. (Courtesy of Dr. K. B. Lehmann, of the University of Wursburg, and Professors M. Tiffenau and H. Busquet, of the Academy of Science, Paris).

PHYSIOLICAL research has definitely determined that the caffeine in coffee causes diuresis by stimulating the kidney parenchyma and increasing blood pressure.

You know how hard it is to make your patients abstain from drinking coffee or tea—even when they know that it is bad for them.

In such cases H.A.G. Coffee can be confidently recommended. Being 97% decaffeinated, H.A.G. Coffee does not contain enough of the drug to be harmful in even the most acute kidney conditions.

A DELICIOUS BLEND

Harmless though it is, H.A.G. Coffee is by no means a substitute. It is REAL coffee blended from the finest varieties. But all the original deliciousness is retained—because the caffeine is extracted from the raw beans BEFORE ROASTING.

Thousands of physicians abroad have found H.A.G. Coffee a safe and effective prescription for every condition where caffeine would be harmful. They have found also that their patients usually prefer H.A.G. Coffee to their customary coffee. Your patients will enjoy it too.

Sample tin supplied free to the Medical Profession, also an interesting and valuable booklet entitled "Contra Indications of Caffein."

H.A.G. COFFEE CO., LTD.,
40 Theobalds Road, London, W.C.1

'Phone: MUSEUM 0304

Mendel and Wardell determined that "the addition of strong coffee to a purin-free diet caused a marked increase in the excretion of uric acid." They were further able to prove, by using decaffeinated coffee, that caffeine alone causes this increase. (*Journal of the American Medical Association*, Vol. LXVIII, pp 1805-1807)

Price per large
"Household Size"
tin. Bean or
Ground, - 3/2.



Superiority of

Pure, Natural Lævo-Ephedrine

Physiological experiments (*Lancet*, Aug. 4th, 1928, page 226, and *Archiv für Experimentelle Pathologie und Pharmakologie*, 1928, 138, 209) indicate that

- (1) Pure, natural lævo-ephedrine is at least four to five times as active, physiologically, as dextro-ephedrine.
- (2) Pure, natural, lævo-ephedrine is about twice as active, therapeutically, as synthetic ephedrine.

BURROUGHS WELLCOME & Co. Ephedrine Preparations

- (a) Present pure, natural lævo-ephedrine made from the genuine drug—Ephedra;
- (b) Are free from pseudo-ephedrine and other subsidiary alkaloids;

They therefore possess greater physiological activity than synthetic ephedrine.

Their activity is constant and uniform.

For Oral or Hypodermic use:

THE 'TABLOID' BRAND EPHEDRINE HYDROCHLORIDE

Gr. 1/4 (0.016 gm.)

Bottles of 25 and 100, at 1/3 and 3/9 each

Gr. 1/2 (0.032 gm.)

Bottles of 25 and 100, at 2/- and 7/- each

Tubes of 6, at 3d. each

For Hypodermic Injection:

TRADE MARK 'HYPOLOID' BRAND EPHEDRINE HYDROCHLORIDE

0.03 gm. (gr. 1/2 approx.)

Boxes of 10, 1 c.c. phials, 3/- per box

For local application to the nose and pharynx:

TRADE MARK 'VAPOROLE' BRAND EPHEDRINE SPRAY COMPOUND

Bottles of 1 fl. oz., 2/3 each



H 2677

BURROUGHS WELLCOME & CO., LONDON

COPYRIGHT