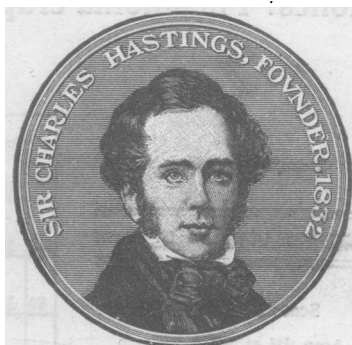


The British Medical Journal

THE JOURNAL OF THE BRITISH MEDICAL ASSOCIATION.



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

No. 3552.

SATURDAY, FEBRUARY 2, 1929.

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THE ROAD TO RECOVERY

The Convalescent period calls for all the doctor's tact. Resistance to limitations and restraints grows stronger each day, and the patient's increasing sensitiveness and awareness make it ever more difficult to impose nauseous drugs or distasteful routine.

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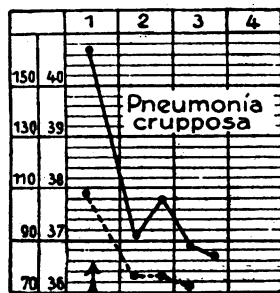
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HALVING THE DEATH RATE IN PNEUMONIA

SOLVOCHIN „HOMBURG“

Indicationes: Pneumonia crupposa*)

//



2 ccm

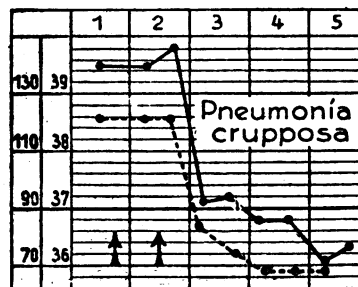
Febris finitur.

2 ccm: 0,5 g Chinin.

Pro dosi et pro die: 2 ccm

Scatulae originales:

Amp. III et XII à 2,2 ccm



2 ccm 2 ccm

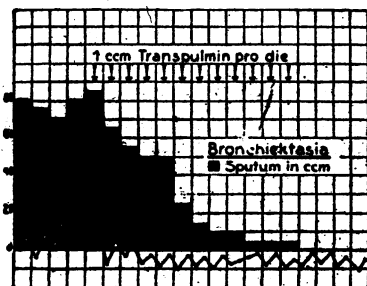
Morbus minuitur.

*) Praeterea: ad accelerandum partum et abortum; ad curandam malariam.

TRANSPULMIN „HOMBURG“

Indicationes:

Bronchitis acut. et chron., Bronchitis putrida, Bronchoblenorrhoea, Bronchiektasia, Bronchopneumonia, Pneumonia postoperat., Abscessus pulmonum, Gangraena pulmonum, Influenza, etc.



Deminutio sputi.

1 { 0,03 g Chinin. bas. anhydric.
ccm { 0,025 g Camphora
in ol. aetheros. solut.

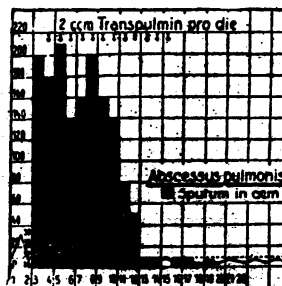
Dosis: pro die 1—3 ccm

Lag. orig. à 10 et 25 ccm

Scatulae originales:

Amp. VI et XII à 1,1 ccm

Amp. V et X à 2,2 ccm



Deminutio sputi.

See "MEDICAL WORLD," August 24th, 1928:

"An analysis of the cases reported by these writers, in addition to those published by Aufrecht, as well as the cases treated by us, shows a mortality of 20 per cent. in over 2,200 cases of pneumonia in which quinine was not administered, whereas it amounted to only 9.6 per cent. in approximately 1,000 cases in which injections of quinine were given either in the early or late stages of the infection."

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

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QUERIES AND ANSWERS.

HOLIDAY INTERCHANGE FOR DOCTOR'S DAUGHTER.

A FRENCH doctor's daughter, aged 18, and living at St. Palais-sur-mer, Charente Maritime, desires to spend her holidays in England, and would like to effect an exchange with an English doctor's daughter who wishes to visit France. Applications should be addressed to Miss Hilda Fox, International Society of Medical Hydrology, 139, Marylebone Road, W.1.

TREATMENT OF RHEUMATIC HEART DISEASE.

"X. Y. Z." would be glad to have suggestions as to treatment of a boy, aged 14, who has been in bed for ten months with cardiac rheumatism. His present condition is good, and there are no rheumatic pains; the pulse is regular and the rate is 100. The heart is hypertrophied and there is a loud mitral systolic murmur. The patient has been kept in bed on account of a persistent temperature of 98.4° to 99.4° F.; there is reason to believe the infection arises from an unhealthy throat. Is tonsillectomy or vaccine treatment to be recommended?

INCOME TAX.

Untaxed Income: Personal Allowances.

"M. E." has retired from practice, having a private income of about £500 per annum. Tax is deducted at the source, except in respect of £20 War Loan interest and as regards the annual value of his freehold house £32. Should he make any "return" of his income.

* * On the facts "M. E." can claim repayment as follows—

On £135—(£20+£32)=	£52; that is, £83 at 4s.	=	£16 12 0	
And on £225 at 2s.	=	£22 10 0
			£39 2 0	

for 1928-29 and previous years. We suggest that he should take an early opportunity of calling at the office of the local inspector of taxes to explain the facts and obtain the necessary repayment claim forms. Seeing that he owes no tax—in fact, the reverse is the case—we do not see how there can be any "bother" caused by his not having made a return of his untaxed income.

Expense of Rent, Rates, etc.

"R. H. P." inquires as to the proportion allowable as professional expenses; he was allowed two-thirds until recently, when the proportion was reduced to one-half. The total amount of rent and rates is £107, and covers consulting and waiting rooms on the ground floor and partial use of other rooms.

* * We cannot advise an appeal against the allowance of one-half of the £107. That leaves £53 10s. to cover the rent and rates on the private portion of the premises, which does not seem unreasonable. The amount of "R. H. P.'s" non-professional income is not relevant.

LETTERS, NOTES, ETC.

BIOCHEMICAL CHANGES IN ALLERGIC PATIENTS.

DR. J. ANDERSON (Glasgow) writes: With reference to the interesting paper by H. W. Barber and G. H. Oriel on biochemical investigations in allergic conditions on November 17th (p. 880), the following notes of the biochemical changes in an asthmatic woman, aged 28, observed over a prolonged period, may be of

interest. In this case twenty-four-hour specimens of urine were examined at frequent intervals. Attacks of asthma occurred generally at the week-end, and were preceded by constipation; she suffered also at menstrual periods. She had premonitory symptoms before the attack commenced, and evidence of an impending attack was shown by a higher specific gravity of the urine, a deposit of urates, a fall in pH, and the appearance of indican, with a trace of acetone. In the urine the specific gravity and acidity varied with the severity of the patient's symptoms, corresponding variations occurring throughout the investigation. The pH was lowest and the specific gravity highest at the onset of an acute attack. Preceding the attack the pH fell and the specific gravity rose; succeeding the attack the pH rose and the specific gravity fell. Albumin appeared, coinciding with a fall in diastase and associated with a higher specific gravity, a fall in pH, and increased acetone. When indican disappeared this was associated with a rise in diastase, and its reappearance was associated with a fall in the diastase content. A decrease of indican occurred with a second rise of diastase. The gradual improvement of the patient was associated with a fall of the specific gravity, a change in the deposit, and the disappearance of acetone. These results indicate that metabolic changes are present not only during the actual asthmatic attack, as shown by H. W. Barber and G. H. Oriel, but also for several days or weeks before the onset of the attack. This view has long been held by Dr. James Adam of Glasgow, and the investigation was made as an attempt to substantiate it.

HERNIA AND EVENTRATION OF THE DIAPHRAGM.

MR. A. P. BERTWISTLE (London, W.) writes: In your issue of December 1st, 1928 (p. 985), Dr. J. L. Thomas described an excellent case of diaphragmatic hernia, but under the title is the word evisceration; surely evisceration means disembowelling, a routine procedure in abdominal surgery before we learnt to have respect for the peritoneum. The term meant eventration, and yet this, too, is wrong. Eventration is said to exist when the diaphragm has an unduly high dome; it may be congenital or due to trauma. The feature which differentiates it from hernia is that the diaphragm moves normally with respiration. Hernia has the same origin as eventration; it occurs almost always at the site of the embryonic pleuro-peritoneal passage and on the left side, pushing the heart over to the right. Its chief characteristic is that while the diaphragm moves downwards in inspiration, the stomach moves upwards, as shown radiographically by its air bubble. Carman aptly terms it "paradoxical respiration." See *Surgical Radiology*, by A. P. Bertwistle (p. 121).

SACRO-ILIAC MANIPULATIONS.

DR. EDGAR CYRIAX (London, W.) writes: In your report of the discussion of sacro-iliac pain by the Medical Society of London (December 22nd, 1928, p. 1137) one speaker is said to have expressed the opinion that complete anaesthesia of the patient is necessary before performing manipulation of the sacro-iliac joint. I have not found general anaesthesia essential in the vast majority of cases. The necessary relaxation can be obtained by preliminary vibrations and certain special passive movements which I have elaborated. I have reduced over 1,500 cases of subluxation of the ilium without the use of general anaesthesia, and at the most have merely caused the most transient and mild sensations—never any real pain. When an iliac subluxation is reduced in children the patients very frequently take no notice whatever of the bone having been moved.

KALA-AZAR IN CHINA.

DR. UPENDRANATH BRAHMACHARI (Calcutta) writes, with reference to a review of his book, *A Treatise on Kala-azar*, which appeared in the *British Medical Journal* of September 29th, 1928 (p. 572), to point out that he gave a full account of the work on this disease in China in the addendum, and that the reviewer's statement that "little is said of the disease in China" therefore requires amendment.

THE HIPPOCRATIC OATH.

We have received from Mr. John Bensley Thornhill (77, Bedford Gardens, W.8) a blackwood panel, with bevelled edges, on which extracts from the Hippocratic oath, rendered into appropriate English, have been incised in white lettering. The panel rests on a small blackwood stand, and may conveniently be placed on the doctor's table. The price of the panel is 12s. 6d., and of the stand 1s. 6d.

HISTORY OF MANCHESTER.

We have received from Dr. E. M. Brockbank the following note concerning his interesting article on the history of Manchester published in our issue of January 26th at page 167. "I find in my account of the history of Manchester in the current number of the *Journal* that I have, by an unaccountable slip, put cotton towns into West Cheshire, whereas they are in a curious easterly cur-tailed invasion of S.W. Yorkshire by Cheshire."

VACANCIES.

NOTIFICATIONS of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found at pages 48, 49, 50, 51, 54, 55, and 56 of our advertisement columns, and advertisements as to partnerships, assistantships, and locumtenencies at pages 52 and 53.

A short summary of vacant posts notified in the advertisement columns appears in the *Supplement* at page 31.

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(Lorand, "Life Shortening Habits and Rejuvenation," 1922.)

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