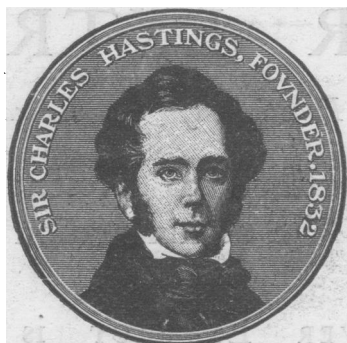


The

British Medical Journal

THE JOURNAL OF THE BRITISH MEDICAL ASSOCIATION.



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No. 3558.

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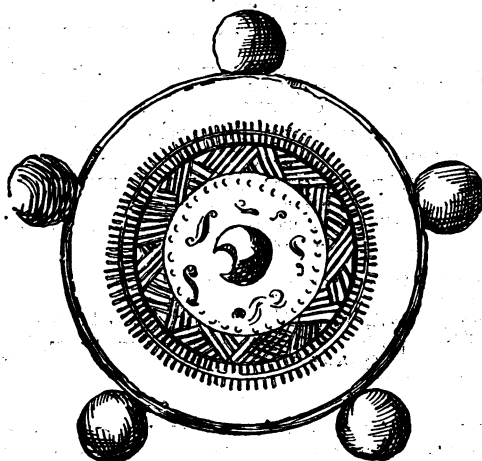
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BELLED MIRROR OF ANCIENT JAPANESE MANUFACTURE. THE MIRROR, STILL AN OBJECT OF RELIGIOUS HONOURS, WAS A VERY SACRED EMBLEM TO THE ANCIENT JAPANESE.—The mirror,



symbol of the sun and concrete token of the presence of the sun-goddess, figures largely in Japanese myths. In one of these the sun-goddess gives the mirror to her grandchild, Ninigi, in sending him down to be the ruler of the world; she tells him to look upon it as her emblem or even as her actual self. The mirror was considered, also, to be the symbol of virtue and was buried with the dead as an amulet against decay. An especially sacred mirror mentioned in the Chronicles of Japan under the date 92 B.C. was an object of worship at that time; it was, later, enshrined at Ise, where it is still preserved with the greatest veneration. Sun-worship was the central feature of the early religion of Japan. Shinto, "the way of the gods" is, however, now almost extinct. Nevertheless, it served to give a religious quality to some of the principles which have led to stability in the state, e.g., to the idea of reverence for the Mikado.

Date: (?) c. 200 B.C.—A.D. c. 200

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* * * We think that there is little, if any, prospect of contesting successfully the inspector's view. The general practice where private benefit is derived from business or professional expenditure is to make some reasonable allocation between the two, and we fear it is too well settled to be disturbed in such circumstances as are explained. It is not entirely inequitable.

Cessation of General Practice Work.

"G. M. C." sold the practice as from January 1st, 1928, did no professional work for four months, and since then has been taking clinics and giving lectures. What should be done to avoid being charged income tax for 1928-29 on the basis of the earnings for 1927—the previous year.

* * * The previous year's basis applies to the calculation of the amount of profits assessable for a particular source of income. As "G. M. C." is not assessable for 1928-29 in respect of the sort of profits earned in the previous year—that is, the earnings of general practice chargeable under Schedule D—that basis has no application. "G. M. C." should write to the inspector of taxes dealing with the assessment, stating the full facts and undertaking to supply an amended statement as soon as possible of the actual earnings for the year ending April 5th, 1929.

LETTERS, NOTES, ETC.

QUININE IN INFLUENZA.

DR. H. B. GLADSTONE (London, S.E.) writes: A note on the treatment of influenza in the *British Medical Journal* of March 9th (p. 486) prompts me to advocate the use of quinine, which Burney Yeo in his handbook of treatment regarded as as much a specific in influenza as in malaria. After dabbling in the coal tar products this view was urged on me by a late member of Guy's staff, and since then, for at least fifteen years, I have used quinine and found it a specific. In the 1918 epidemic 2 grains every four hours did not seem to benefit, so I doubled the dose. The type was a severe one, and the remedy had to be stronger. The result was striking; cases that were stuporose became quite bright in twenty-four hours after taking 2 grains every two hours. In a small institution, where infants were admitted, as an emergency measure, from homes where the mother was ill with influenzal pneumonia, several of which had the complaint, among a staff of eight nurses only one contracted the disease, and that in a fugitive way, because they were all given 2 grains of quinine four-hourly as a preventive. Influenza is a disease where the toxins depress the nervous system, and sedatives are dangerous. The complaint needs tonic treatment from the first—quinine for five days, with aspirin for the first two days for the pains (if severe), then strychnine and hypophosphites, or calcium lactophos. A sedative linctus is usually needed for night cough. Although quinine is a popular remedy, skill is required in carrying on the treatment, so one is not merely doing what any layman can do, and complications have to be met. Some patients cannot take quinine, and then sedatives and coal tar products are really beneficial. Here the nervous system is already overexcited, and nerve stimulants would do harm; but in 90 per cent. of cases this does not come in. Quinine acts as an antiseptic as well as a tonic. It is best given in solution—not in pill form—as then it disinfects the throat in swallowing. For this reason (local action) small doses given frequently are better than massive doses at longer intervals.

THE HOUSEHOLD MEDICINE GLASS.

DR. T. R. E. HILLIER (London, N.W.) writes: A very large number of people nowadays use a medicine glass in place of the "domestic" measures—namely, the teaspoon, dessertspoon, and tablespoon. Theoretically, this is a step in the right direction, but let us see what it means in practice. I should say that 99 per cent. of the medicine glasses in use by the layman (and by some doctors!) are in the shape of a diminutive tumbler. These are quite accurate when it is required to measure an ounce or half ounce, but I defy anyone to measure accurately a drachm with one—an ordinary teaspoon is preferable, though the size of these spoons varies a good deal. Now many medicines are prescribed in drachm-doses, particularly in the case of children, where the need for accuracy is even greater. There is only one common-sense form of glass, and that is a conical one, with a broad substantial base, marked clearly in teaspoons and tablespoons. Conical measures can, of course, be obtained, but they are almost invariably marked in drachms and ounces—of little use to the ordinary lay person. Moreover, people usually take what is offered them, and this is always the "little tumbler." Bottles marked with the doses may be suggested as a remedy, but most people pour out too much and will not be bothered to replace the excess, or too little, thinking it will be "near enough." All this may appear very obvious, but nevertheless I have proved it to be a matter of considerable importance.

OATMEAL, VITAMIN D, AND CALCIFICATION.

DR. J. D. MACKAY writes: The report by Mrs. Mellanby and Dr. Lee Pattison, on December 15th, 1928 (p. 1079), makes a point which I have not yet seen emphasized in your correspondence columns, the importance to the industrial population of their statement that "cereals, and especially oatmeal, inhibited perfect calcification of the teeth when this vitamin [D] was deficient in the diet." A large amount of oatmeal is consumed

by the youngsters of the industrial population under these conditions of deficiency; for working people will not, or cannot, buy sufficient milk—half a pint of milk, perhaps, or a small tin of condensed skimmed milk, to last a few days. There are other sources of vitamin D, but the course which seems to recommend itself would be to forbid oatmeal, and to use, as a substitute, wholemeal (wheat) or wheat-meal. These millings, alone or mixed, make excellent porridge and other things in which oatmeal is used, and would appear to be free from the defects of the latter. There is, however, another point on which this attribute of oatmeal—the prevention of calcification—has given rise to speculation: has it any value at the other end of the scale, in the later years of life? Will a diet of oatmeal, under suitable conditions, prevent calcification where it is not wanted? Perhaps these eminent investigators, to whom the thanks of the whole nation are due for their labours, might express an opinion. This latter hope seems the only consolation to the Scots for this sacrifice of their historic diet on the altar of progress; a vision of wild old men championing their oats is at least stimulating.

PAINFUL SHOULDER.

"T. F.," referring to Mr. P. B. Roth's letter on traumatic synovitis of the shoulder, published on December 22nd, 1928 (p. 1156), writes: I have suffered from pain in both shoulders following injuries, the first nearly two years ago, the second more recently. The symptoms have been precisely those described by Mr. Roth. The pain and occasional tenderness have been most marked over the insertion of the deltoid into the humerus, and under the outer third of the clavicle. It has seemed to me to be highly improbable that the symptoms have been due to synovitis, as has been suggested. On the first occasion, while jumping off my bicycle, I fell on one knee, and, to save some plants I was carrying, I must have forcibly contracted the muscles of the shoulder—so forcibly, I concluded from what followed, that some muscular injury must have been caused. The trouble lasted for about four months. The second injury was occasioned by a more serious fall, but there again it may have been caused by a sudden forcible attempt to preserve equilibrium. The immediate pain in the shoulder was severe, and necessitated lying by the side of the road for some time to avoid fainting. This fall occurred within two weeks of six months ago. I still cannot put my hand in my trousers pocket without pain, and I am awakened regularly every night by pain, chiefly near the insertion of the deltoid into the humerus. One symptom not mentioned previously has suggested to me that the innervation of muscles about the joint may have suffered in some way. There has been, and in a minor degree still may be, a sudden jerking of the arm at the commencement of a movement, such as forcibly thrusting a spoon into a coffee cup; this causes spilling of the coffee. The improvement in my condition is so slow that I anticipate another six months passing before all the symptoms disappear.

TYPICAL FLIES.

DR. F. H. HAINES (Ringwood) writes: I note your review of E. K. Pearce's *Typical Flies* on March 2nd (p. 405). The photographs seem to be extraordinarily good. They are designed to give an idea of the "facies" of the species represented and not of the smaller structural points, although they often do this. They compare most favourably with similar illustrations in certain recent classics on other orders of insects, and would give a beginner the "hang" of the families. Your reviewer's sample of the notes is, I think, hardly fair, nor his comment thereon. It is of first importance to know the colour of the insect the tyro wishes to identify. If thousands of insects are black, thousands are not! Has your reviewer tried to reproduce a whole insect in focus?

MEDIAEVAL TOWNS AND SPAS OF GERMANY.

MR. HENRY BAERLEIN writes: Attention was drawn in your columns by a news paragraph which appeared in your issue of February 16th (p. 330) to a projected tour at Whitsuntide to the mediaeval towns and spas of Germany. This tour I was organizing on the lines of previous expeditions to Czechoslovakia and Yugoslavia, and was aiming at again having between twenty and thirty participants. After the appearance of the notice in the *British Medical Journal* a number of doctors wrote to me for details, but have not yet decided to go; may I point out that if the number of acceptances by the end of March falls short of twenty the tour cannot take place, as the agency in whose hands the management lies cannot for any smaller number make the proper and economical arrangements, either at hotels or in trains. Prospective travellers should send a deposit of £15 to me at the Bath Club, 34, Dover Street, London, W.1, which will be immediately returned if the numbers still fall short of twenty by March 31st.

A DISCLAIMER.

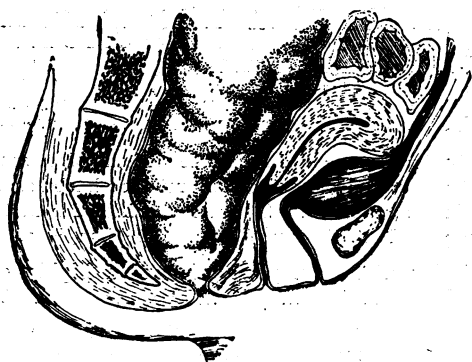
MR. A. P. BACHA, F.R.C.S., writes from Bombay disclaiming all responsibility for a paragraph which appeared in the local vernacular press referring to his professional work and attainments. He protests strongly against the deliberate use of such publicity in the Indian press.

VACANCIES.

NOTIFICATIONS of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found at pages 56, 58, 59, 62, 63, and 64 of our advertisement columns, and advertisements as to partnerships, assistantships, and locumtenencies at pages 60 and 61.

A short summary of vacant posts notified in the advertisement columns appears in the *Supplement* at page 67.

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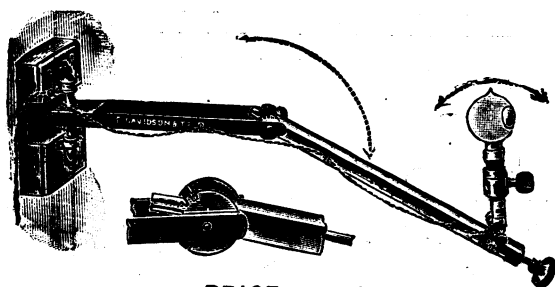
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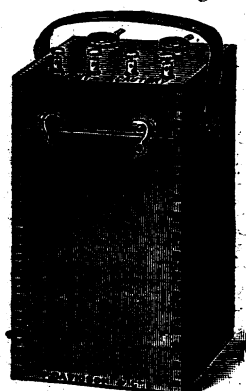


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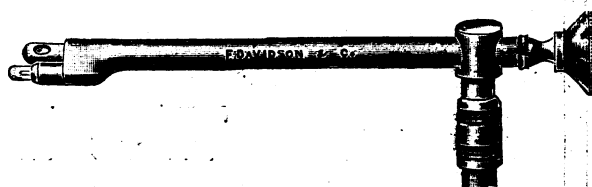


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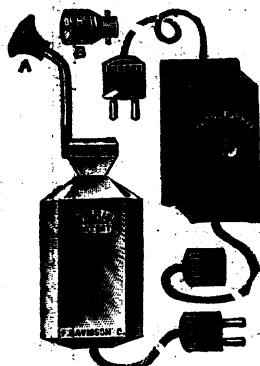
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