

# British Medical Journal

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FEBRUARY 21, 1931



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						‘Permutit’	

mosquitos and flies, and in winter occasional cold winds of some severity, give rise to doubts as to the advisability of recommending Majorca as a winter resort for invalids or semi-invalids. Any first-hand information of recent date, with some indication of hotel prices in sterling, would be much appreciated."

#### Treatment of Sciatica

"G. W. I." writes, in reply to "BM/SRHH" (February 14th, p. 293): I have tried quinine and urea hydrochloride for sciatic pain with unsatisfactory results. Possibly my technique was faulty. But I have injected it for lumbago in a large number of cases, and I have rarely failed to give relief within a few minutes, and (strange to say) the freedom from pain persists.

#### Treatment of Syphilis

"F. G. V. S." writes: In reply to Dr. A. L. Pirrie's query (January 17th, p. 123) regarding the treatment of a persistent positive Wassermann reaction, I have treated several cases of this kind with intravenous injections of mercurous (Parke, Davis and Co.). Not only is this preparation of high therapeutic value, but it has the following advantages: (1) there is no reaction, local or general; after an initial dose of 0.05 gram the full dose of 0.1 gram may be administered; (2) the convenient form in which it is supplied—in 5 c.cm. ampoules ready for immediate use. The course consists of twelve injections of 0.1 gram, given at intervals of three or four days. In every case that I have treated in this way a negative Wassermann reaction was obtained after the course. In view of the amount of treatment that Dr. Pirrie's patient has had, if the Wassermann is still positive after a course of mercurous I should consider the case as one of the very few in which a permanent positive Wassermann reaction persists, and is not necessarily indicative of active syphilis, in which case further treatment would depend upon symptoms. Should Dr. Pirrie decide to try this treatment I should be interested to hear the result of the course.

### LETTERS, NOTES, ETC.

#### Hypodermic Injection

Mr. CHARLES W. CATHCART, F.R.C.S. (Edinburgh), writes: The procedure of hypodermic injection was introduced for the first time in Scotland about the middle of the nineteenth century by Dr. Alexander Wood. The following details are taken from the account recorded in 1855 in the *Edinburgh Medical Journal*, vol. lxxii. At that time neuralgic pains were treated by blisters and fomentations, but without much benefit. On that account Dr. Wood thought that he might give the patient relief by using a small syringe to inject a solution of morphine, through a hollow needle, down to the painful spot. With this object in view he wrote as follows.

"Having occasion, however, about the end of 1853, to endeavour to remove a naevus by injection with the acid solution of perchloride of iron, I procured one of the elegant little syringes constructed, for this purpose, by Mr. Ferguson of Gilt Spur Street, London. While using this instrument for the naevus, it occurred to me that it might supply the means of bringing some narcotic to bear more directly, than I had hitherto been able to accomplish, on the affected nerve in neuralgia. I resolved to make the attempt, and did not long lack the opportunity. . . . Miss —, an old lady, who had long laboured under gastric and nervous symptoms, had suffered severely for four days from cervico-brachial neuralgia. This lady had the idiosyncrasy of not being able to take opium. Of this she had warned me, many years before she had first come under my care, and I never prescribed it for her. Under these circumstances I resolved to put in practice the plan which I had so long revolved in my mind. Accordingly, on November 28th, I visited her at 10 p.m. to give the opiate the benefit of the night. Having ascertained that the most tender spot was the post-clavicular point of Valleix, I inserted the syringe within the angle formed by the clavicle and acromion process, and injected twenty drops of a solution of muriate of morphia of a strength of about double that of the official preparation. In about ten minutes after the withdrawal of the syringe, the patient began to complain of giddiness and confusion of ideas. In about half an hour the pain had subsided, and I left her in anticipation of a refreshing sleep. I visited her again, about 11 a.m. on the 29th, and was a little annoyed to find that she had never wakened. The breathing also was somewhat deep, and she was roused with difficulty. Under the use of somewhat energetic stimuli, however, these symptoms disappeared,

and from that time to this the neuralgia has not returned. In considering the *modus operandi* of this new application of remedial means, I think the following propositions will guide us to a right conclusion. Medicines when exhibited have usually two effects: (1) the local or topical, (2) the remote effects."

#### Glycerin as a Surgical Dressing

Dr. A. HAYES SMITH (Bradford) writes: As a contribution to the already lengthy correspondence on this subject, the following extract may be of interest. "Glycerin is a very good disinfectant, and acts extremely well if poured freely upon the dressing every two hours. If applied to wounds in large quantity from the first, it extracts so much water from the necrosed shreds of tissue that no foul smell arises; if decomposition has already set in it acts very slowly as a deodorizer; after three or four days' free application, wounds often become so red and sensitive that the use of it must be stopped." It is from Theodor Billroth's *Lectures* (vol. 1, p. 233, eighth edition), published in 1877. The correspondence has added nothing to the knowledge contained in this paragraph regarding the value of glycerin as a dressing for wounds.

#### Teeth at Birth

Dr. A. SEGERDAL (Coalville, Leicester) writes: I have no doubt the following case is unusual, though not unique. The mother of a newborn baby noticed on the third or fourth day that it had two lower incisors. As the child was being breast-fed, the teeth began to irritate the mother's breast, and as one of the teeth was loose, I extracted a small decayed stump with a pair of dressing forceps. The other tooth, as it had not erupted much from the gum, I left. However, this tooth soon grew up from the gums and began to irritate the breast, so on the twenty-first day I extracted another loose decayed stump with an ordinary pair of dressing forceps. This second tooth had a longer fang than the first, and was not nearly so loose.

#### Unofficial Aunts

Mrs. E. W. HARDY writes from 7, Darley Avenue, West Didsbury, Manchester: May I appeal to all medical men and women to bear in mind the "Society of Voluntary Unofficial Aunts"? They stay in the house in charge of children, old people, and invalids, for an hour or two, thus enabling the one in charge to have a little free time. They also take women or children to the dental or other hospitals for treatment, thus helping and saving time and energy for many overworked mothers and daughters. The work is purely voluntary, without payment or subscription. I would ask medical practitioners who sympathize with the aims of the "V.U.A." to mention it in cases where they think we might be of use. An open meeting will be held on March 27th, at 3 p.m., at the above address, when the Lady Mayoress of Manchester will speak. Further particulars may be had from me.

#### The British Industries Fair

As announced in a recent issue of the *Journal*, the British Industries Fair, organized by the Department of Overseas Trade, is here again, at Olympia, London, until February 27th. Its big catalogue, with an index in nine languages, contains a description of the products of about twelve hundred firms of manufacturers (with eight hundred more showing at the fair simultaneously held in Birmingham). In the chemical section eighteen manufacturing houses are exhibiting analytical and research chemicals; twelve make the staple of their exhibit dyes and intermediates, and fifteen show drugs and pharmaceutical preparations. Medical and surgical instruments and appliances have a section to themselves, though not a large one. Only seven firms are showing x-ray and electro-medical apparatus, and a similar number surgical and ophthalmic instruments. But scientific instruments in general account for one of the largest group of exhibits, and in the provision of laboratory equipment and optical devices the British manufacturer is evidently well to the fore.

#### 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, 52, 53, and 57 of our advertisement columns, and advertisements as to partnerships, assistantships, and locumtenencies at pages 54, 55, and 56.

A short summary of vacant posts notified in the advertisement columns appears in the *Supplement* at page 59.