

British Medical Journal

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CORRESPONDENCE: Encroachments.
BOOKS ADDED TO THE LIBRARY.
 Association Notices; Vacancies and Appointments; Diary.

AN EPITOME OF CURRENT MEDICAL LITERATURE will be found at the end of the JOURNAL

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Stammering

"CURED STAMMERER" writes in reply to "Old October" (*Journal*, February 29th, p. 455): The failure of courses of treatment, speech training, and similar methods to cure stammering is usually due to a misconception of the nature of the condition. Stammering is commonly regarded as a "defect" of speech or an "impediment" in speech, although it is well known that the stammerer has neither a defect nor an impediment, but can speak perfectly well on occasions. Stammering is one symptom of a general condition which is of the nature of an inferiority complex. This symptom is at the same time easy and difficult to cure. It is indispensable that the stammerer should strongly wish to be cured and should actively co-operate in all remedial procedure. If this condition can be obtained stammering is easy to cure, but without this condition the cure is difficult and almost impossible to obtain. It is of no avail to send a stammering boy to teachers. This frequently increases the self-consciousness and retards cure, especially if the teaching is done in a class with several pupils. On the other hand, if a stammerer goes voluntarily to a teacher without the knowledge of his parents and relatives he is likely to become cured. Thus it is that most cured stammerers are self-cured, and have little to say in favour of teachers, while quite willing to explain how they cured themselves. Stammering cannot be cured by an outside influence such as the prescriptions or directions of a physician, but there are several ways in which the stammerer who wishes to cure himself can be assisted. Of these the most important are distraction and suggestion. A stammerer will not stammer when his attention is removed from the problem of uttering words. Thus he will not stammer when singing, repeating poetry, imitating another's voice, or when his attention is distracted in many other ways. He can therefore be advised to speak slightly through his nose, to adopt a slightly recitative or sing-song manner, or to mimic the voice of some other person. He may carry some object in his left-hand trouser pocket and hold it while speaking, or may adopt any other similar means for distraction of attention, such as the traditional pebble in the mouth. Auto-suggestion is valuable, but hetero-suggestion less so. The stammerer may write on a piece of paper the words "I do not stammer. I do not need to stammer" several times, and paste this upon his looking-glass so that he sees it at least two or three times a day. He may also have these words printed or typed upon a piece of card, which he may carry in his pocket and hold when he is speaking. As regards hetero-suggestion, it should be tactfully indicated to the stammerer as frequently as possible that he is quite able to speak, and such expressions as "defect of speech" or "impediment in speech" should never be used in his hearing. In addition, breathing exercises, singing, and recitation should be taught. Elocution should be taught to everyone, whether stammerers or not. Games in which several people are engaged together should be encouraged, such as football, tennis, badminton, and similar sports. Solitary walks or recreations should be discouraged. Above all, it is necessary to emphasize again that the stammerer must have the "will to succeed" and must actively co-operate. Stammering usually becomes cured in the twenties, because it is about that time that the stammerer begins to be disillusioned about his "speech defect" becoming cured "in time" and the value of the instructions of teachers, and begins to realize the seriousness of his condition, and that he *himself* must do something about it.

Buccal Ulcers

Dr. R. D. MOYLE (Eastbourne) writes: "G.P.'s" query (February 29th, p. 455) brings up a subject which has interested me for some time, inasmuch as I have had several cases of this obstinate condition to treat and have searched the literature for years back for information. I have listed ten diseases associated in some way with this trouble. Four of them are definite skin diseases, and as "G.P." states that "the general condition of the patient is good and no abnormality has been discovered" one can probably dismiss these conditions, also, I think, embolic (bacterial) disease. The remaining five on my list are possible. (1) Blood disease with anaemia, microcytic or macrocytic. "G.P.'s" remarks regarding the effect of iron and quinine suggest investigation in this direction. (2) Avitaminosis A, B, (1 and 2), C, D. In this connexion one can remember idiopathic steatorrhoea and/or sprue may be associated with buccal ulcers, also pellagra. (3) Hypochlorhydria or achlorhydria, with or without anaemia. (4) Brucella infection. Investigations along the above lines may be helpful in this case. I may also add that my last patient, after many attempts as outlined above, gave me spontaneously a history that once following influenza she had been free for the

longest period in years. Taking up that suggestion I gave her inoculations of anti-influenza vaccine. She had injections weekly for four weeks, and now once a month. The ulcers healed, and she has remained free for four months to date.

"Verrucae"

Dr. D. D. MALPAS (Bournemouth) writes in reply to the query of "O. F. S." (*Journal*, February 29th, p. 455): I have treated these verrucae very successfully with x rays in many cases. If "O. F. S." cares to write to me I shall be pleased to tell him more about it.

Income Tax**Replacement of Car**

"B. B." bought an "R." car in 1924 for £410; in 1931 he replaced it by an "H." car costing £450, less £30 received for the "R." car; and in May, 1935, replaced the "H." car by a "T." car costing £650, less £150 received for the "H." car. No depreciation has been claimed.

** In 1931 a replacement deduction of £380 was obtained—the actual expenditure was £420, but of that £40 must be regarded as capital outlay in the improvement of the car equipment. In 1935 £650 - £150 = £500 was expended, but only £300 can be claimed as a reduction, the balance of £200 representing further capital outlay. So far "B. B." has not lost by not claiming depreciation because of the rising cost of his cars, and we advise him to claim the replacement for 1936-7 and depreciation for 1937-8 and future years. (He cannot claim depreciation for 1936-7, because the assessment for that year is affected by the replacement deduction.)

LETTERS, NOTES, ETC.**Care of the Perineum**

Dr. D. RHODES ALLISON (East Yorks) writes: For some years I have advised an ante-natal measure to prevent perineal tears; it has the further advantage of shortening the second stage in labour in many cases. As it has been so uniformly successful I venture to submit an account of it. As is well known, during coitus there is an inverted sensibility to painful stimuli; particularly is this true where stretching of the vagina or vulval orifice is concerned. Equally important is the fact that the nervous mechanism allows increased elasticity at this time. My practice has been to instruct the husband to dilate the vaginal orifice digitally during coitus—beginning gradually but increasing the dilatation on successive occasions. If this is done properly—the method is only applicable to the more intelligent type of married couple—the elasticity becomes such that the passage of the foetal head causes little more stretching than has been obtained on previous occasions. I have never known the method fail, even in elderly primiparae, where one has had the co-operation of husband and wife. This is almost always forthcoming when one outlines the benefits which will certainly accrue. There is no damage to fibrous structures, and so no fear of producing a patulous vagina.

Corrigendum

The medical qualifications of Dr. G. Bruton Sweet of Auckland, N.Z., were incorrectly given in the correspondence section of the contents page of the *Journal* of December 28th, 1935. Dr. Bruton Sweet holds the degrees of M.B., Ch.M. of the University of Sydney.

Pulmonary Trauma: Correction

In the photogravure plate illustrating Dr. W. E. Cooke's article in last week's issue the photomicrographs in Fig. III were wrongly numbered. To conform with the plate the numbers in the text on page 462 (column two) should read: No. 4 for No. 2; No. 2 for No. 3; No. 5 for No. 4; No. 3 for No. 5—with the exception that in line thirteen No. 5 should be No. 2.

Vacancies

Notifications of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found at pages 54, 55, 56, 57, 58, 59, 60, 61, and 64 of our advertisement columns, and advertisements as to partnerships, assistantships, and locumtenencies at pages 62 and 63.

A short summary of vacant posts notified in the advertisement columns appears in the *Supplement* at page 108.