

British Medical Journal

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MARCH 21, 1936



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Stammering

"EXSTA" writes in reply to "Old October" (*Journal*, February 29th, p. 455): There are two methods by which stammerers can be treated: (1) *Speech exercises*. This method has been known for generations to "quacks." I use this word without casting any slur on them. They were not trespassing on ground occupied by the medical profession, which had neglected the subject. The theory behind these exercises is that the patient doesn't know how to speak. This is absurd, because the patient will not stammer if he speaks when no one is present. The medical profession have recently used this method in certain hospitals and the L.C.C. have classes for adults and children. Its success depends on suggestion, which depends largely on the teacher's personality. If the instructor is impressive, plausible, sympathetic, and if he has formerly been a stammerer himself, he can often produce a marvellous result in a very short time. Statistics of cures, however, are chiefly valuable for suggestion purposes; actually the vast majority relapse. This, however, may not be the case with young children. (2) *Psychotherapy*, from a scientific point of view, should be the proper approach; but I have little knowledge of what success it has met with. The psycho-analytical and kindred methods require an enormous amount of time, patience, and money. I do, however, know of a case, incidentally a bad one, which cleared up with a little superficial analysis. The psychotherapist claimed no special praise for this, stating that anyone with the slightest psychological knowledge would have achieved the same result. I do not believe that one in a thousand are as tractable as this was. Incidentally this patient previously had been to classes organized by a local authority for speech exercises to cure stammering, and from the description given the instructor there was entirely devoid of personality, and not even temporary improvement had taken place in the patient. Hypnotism has been employed; but, as far as I know, without much success. I am under the impression that stammerers tend to improve as they grow older, and should like to know if your readers can confirm this.

Income Tax**Allowance to Daughter**

"ZZ" inquires whether it is possible to execute a seven or ten year deed which will transfer an amount of assessable income from the parent to the daughter so that it shall be effective in enabling the daughter to claim relief thereon.

** No. The matter is governed by a complicated provision—Section 20 of the Finance Act, 1922—the effect of which is that voluntary dispositions of income in favour of children are not effective for income tax purposes unless they are for the life of the child or of the disponent—whichever is less. The only effective disposition would be one which was for the life of the child, but it could be made liable to revocation by the disponent provided that such revocation could not be exercised without the consent of some other person than the disponent and his wife.

Purchase of Practice

"M." took over a practice—a death vacancy—undertaking to pay one-half of the profits to the widow for three years, or until the son is ready to take over a half-share in the practice. On these terms the other half-share was of course acquired by "M." Earned income relief has been given only on "M.'s" half-share. Is that correct?

** Yes. Earned income relief is a personal relief, and the half-share which goes to the widow and is her income is not earned by her.

LETTERS, NOTES, ETC.**Urethral Tumour**

Dr. R. FISHER (King's Langley) writes: The following case may be rare enough to be recorded. An unmarried Scandinavian woman, aged 26, was admitted to West Herts Hospital on April 17th, 1935, complaining of a swelling in the pudenda. It had been noticed for a fortnight, and caused no pain or interference with micturition. Menstruation was normal. On examination a spherical mass about three-quarters of an inch in diameter was found projecting from between the labia majora at the anterior part of the vulva. The exposed surface was ulcerated, and the purple colour suggested strangulation. Under anaesthesia a pedunculated tumour was found arising from the anterior wall of the urethra about one-quarter to one-half inch from the

meatus. The tumour and its attachment to the urethral wall were removed. Recovery was uneventful. Microscopical examination revealed the growth to be a cellular fibroma. These tumours are stated by Eden and Lockyer to be very rare. The absence of any disturbance to micturition appeared remarkable. I have to thank Dr. Scarff of the Middlesex Hospital for examining the section for me.

Collar Stud in Larynx

Dr. HORACE GOOCH (Church Stretton, Shropshire) writes: The rarity of the undermentioned case is my excuse for reporting it. A boy, aged 2 years, was playing in the garden with other children when he was observed to have a convulsive attack, followed by symptoms of choking and rapid death. Post-mortem examination revealed a small collar stud lying upside down in the larynx. The point of the stud had passed between the vocal cords and the base was resting upon them. The stud was of the variety sold with new shirts. The base exactly fitted the child's larynx, but the stud was not impacted, being easily picked out with forceps. It was conceivable that had the child been immediately picked up by the feet and shaken the stud might have been dislodged.

Caveat Emptor

Once again it seems necessary to put busy and preoccupied doctors on their guard against the blandishments of an itinerant canvasser who may try to get their signature to an order for a high-sounding encyclopaedia in several volumes "with research privileges." As we pointed out three years ago, the book and the "service" may or may not be worth the subscription; but whoever feels attracted by offers of this kind would do well to read the terms and conditions very carefully before signing any document.

Twenty-one Years in Labrador

The adventurous story of twenty-one years on the Arctic shores of Labrador was told by Dr. H. L. Paddon at a meeting arranged by the Grenfell Association at the Caxton Hall, Westminster, on March 18th, with Lord Horder in the chair. First inspired when he was a school-boy at Repton by a lecture given by Sir Wilfred Grenfell to the school, Dr. Paddon gave up his proposed career in law and became a doctor, so that he could devote his life to medical work in Labrador. Immediately after taking his medical degree he went out to the Labrador coast, where he has lived ever since, and soon became one of Grenfell's chief supporters in his work for the people of that inhospitable land. The creator of the hospital station at North-West River, Labrador's most northerly outpost, Dr. Paddon had some exciting tales to tell of his life on the coast. The difficulties he has had to face in order to reach outlying communities are enormous. Journeys of thousands of miles through the Arctic winter, by sea or by dog team, were an everyday experience in his life. Blizzards and snowdrifts had to be faced in order to reach scattered families, to whom the visit of a doctor was almost a miracle. Proper facilities were unobtainable in the early days, and Dr. Paddon would often have to operate on a rickety table by the light of a candle in some small cottage. Remarkable progress has been made during this time. North-West River has sprung from a hamlet of four families to a community of 250, with a school, hospital, and maternity home. Every year Dr. Paddon patrols the coast as far northwards as possible, and makes a winter journey of over a thousand miles by dog team.

Corrigendum

In the last line of column one of page 527 the word *δξύς* was misspelt. We regret that this obvious slip should have been overlooked.

Glaxo Laboratories Ltd. (Greenford, Middlesex) have sent us a copy of the latest catalogue of their products, which is planned to facilitate ready reference. The bacteriological, ampoule, vitamin, and food products are grouped separately, and a medical price list is enclosed in the front cover. A copy will be sent, post free, by the laboratories to any member of the profession who has not already received one.

Vacancies

Notifications of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found at pages 46, 47, 48, 49, 50, 51, 52, 53, 56, and 57 of our advertisement columns, and advertisements as to partnerships, assistantships, and locumtenencies at pages 54 and 55.

A short summary of vacant posts notified in the advertisement columns appears in the *Supplement* at page 116.