

British Medical Journal

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

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Stammering

Dr. GEORGE C. CATHCART (London, W.1) writes: I have read with interest the opinions of "Cured Stammerer," "Exsta," and Mr. Rumsey in the last three issues of the *Journal*. In my opinion stammering is a neuro-muscular upset in the mechanism of speech. It is true that stammerers may develop what is termed an "inferiority complex," but this is the result of the stammering, not the cause. I agree with "Cured Stammerer" that the co-operation of the patient is essential. My experience of the treatment of stammerers has taught me that the first step is to teach the stammerer how to relax, so that he may be able to do it at will. The next step is to teach him to breathe properly. The last and most important step of all is to teach him to form the "breath or voiceless consonants" not by making use of the breath from the lungs, but by compressing the air in the pharynx, and so causing no interruption of the sustained sound of the vowels. By following these simple rules the cure of stammering becomes a matter of comparative ease.

Dr. TOM A. WILLIAMS writes from Bordighera, in reply to "Exsta" (March 21st, p. 624): The psychotherapy of stammering from timidity is dealt with in part in my book *Dreads and Besetting Fears* (Methuen, 1925), now out of print, except in the American edition (Little, Brown and Co.). The procedures used in a particular case are given in some detail. But of course there are other forms of stammering where different methods are required.

Chromidrosis

"ANGUS" writes: With reference to the correspondence by Dr. Gibb on February 29th (p. 455), and "BM/CLMH" on March 28th (p. 677), full particulars of the disease they are interested in will be found in any large dermatological textbook (for example, Darier, McLeod, Sutton, etc.) under the headings of lepto- and trichomycosis.

Recurrent Herpes Labialis

"J. H. D. W." replies to "C. L. F." (April 4th, p. 735) that in one patient, resistant to many local applications, "antipeol" ointment has proved both preventive and curative (the latter if it has been forgotten or has not been available when a nose or throat catarrh has come on away from home). X rays have not been tried for herpes, but in the same patient 10 per cent. doses have led to healing in a few days of a persistent crack at the angle of the mouth (twice at several years' interval).

Cess-pit Filtration

"S. S." (Bristol) has an overflow chamber from a cess-pit. The chamber is cut into the subjacent rock, through which the fluid contents should percolate. It is said that this filtration may be interfered with by the formation of a mucinous film or deposit on the face of the rock. Can any reader give a practical means—chemical or otherwise—of preventing the formation of such a film? Does the addition of sulphate of iron—to prevent odour—increase or diminish the film formation?

Income Tax**Allowances**

"AESCLAP" is a married man with a daughter who has an income of £30 per annum and was being educated at a university up to November, 1935. His only income for 1935-6 is £612 unearned income taxed at the source. What allowances can he claim?

** The calculation is as follows:

	£	s.	d.
Personal allowance £170 at 4s. 6d. ...	38	5	0
Child allowance £50 at 4s. 6d. ...	11	5	0
Reduced rate relief £135 at 3s. ...	20	5	0
	£69	15	0

Sale of Part of Practice

"E. X." is dissolving partnership on March 31st, and instead of taking in a new partner will sell the greater part of the practice. He has been asked to supply an account showing the profits for the period from January 1st, 1935, to March 31st, 1936.

** The old practice must be regarded as having ceased as at March 31st, 1936, and consequently the Revenue is entitled to revise the assessments for 1934-5 and 1935-6 to the amount of the earnings of the current year instead of the previous year. (This is the counterpart of the taxpayer's option to a similar revision in the early years of a commencing practice.) "E. X." is therefore advised to comply with the request of the inspector of taxes.

LETTERS, NOTES, ETC.**Saline Transfusion in the Treatment of Diphtheria**

Dr. GILBERT BURNET (medical superintendent, Isolation Hospital, Hemel Hempstead) writes: I have been so impressed by the success of glucose saline administration in a case of almost hopeless diphtheria that I would like to hear more of its trial in our larger fever hospitals. A child of 6 was admitted to my care from a home where two children had already died after a few hours' illness. Although a large dose of diphtheria antitoxin separated the membrane within thirty-six hours, serious symptoms rapidly developed. Vomiting persisted to such an extent that the child's systolic pressure fell to 80, and in spite of rectal glucose saline she became so dehydrated as to appear almost moribund. At this stage an intravenous saline with 2 per cent. glucose was tried with success, which led to complete recovery. If I had to deal with many such cases I would institute continuous drip intravenous as a routine. I would give perhaps 2 per cent. glucose saline by the apparatus suggested by Farquharson, and using the internal saphenous vein near the ankle would be able to control the apparatus at the foot of the bed. The piercing of the rubber tubing by the serum needle would provide ready access for antitoxin in whatever dose or doses it was thought desirable. Atropine, strychnine, adrenaline, or any other drug could be readily administered by the nurse through the same channel if required, and the continuous drip of twenty to thirty drops of the solution per minute could be continued until all danger of toxæmia had passed.

Eye Health Taught by Film

Instruction in the care of the eyes is to be given throughout the country in a film entitled "Do You See?" which has just been completed by the National Ophthalmic Treatment Board. The film depicts in story form the need of watchfulness against eye-strain under the high-pressure conditions of modern civilization. It also emphasizes the danger of receiving eye treatment from anyone but a qualified eye specialist. One sequence of the film deals with the history of spectacles from the first crude examples of the Middle Ages down to the scientific frames and lenses of to-day. Another shows the activities of the National Eye Service centres, which the Board has established all over the country in co-operation with the British Medical Association, and which provide for examination of the eyes of persons of limited means by medical eye specialists at a nominal fee.

Disclaimers

Mr. H. N. FLETCHER (Hove) writes: There was published last week in a local paper a laudatory article on a case in my wards at the Royal Sussex County Hospital—an article in which my name appeared as the surgeon in charge of the case. Such personal references must always be distasteful to those unwittingly involved, and it is the more so to me in that in the evening before the article appeared I was rung up at my house by a reporter, who said that he had had an interview in hospital with the patient, and asked for my verification of her accident, treatment, and recovery, and if I had any objection to the interview being published. I said No, provided that no reference whatever was made to me personally, if such he had in mind. The result was as I have stated. It is a warning not to put one's trust in those seeking for "news copy" which I commend to others who might be involved as I have been.

Dr. BETHEL SOLOMONS (Dublin) writes: I note in the *Journal* of March 28th several disclaimers with reference to articles in the lay press, and I wish to add another. Having reported to the Royal Academy of Medicine in Ireland a unique operation of grafting a piece of endometrium and ovary in the same patient with good results, these transactions were reported as a routine in the *British Medical Journal*. Within a few hours of publication in London on the Friday I was rung up from London and elsewhere by numerous lay newspapers for further information. I refused all interviews and all information. In spite of this many lay journals reported the case, and some of them with gaudy and garbled accounts of their own.

Vacancies

Notifications of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found at pages 46, 48, 49, 51, 52, 53, and 56 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 148