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ELECTRIC CURRENT.

DR. J. S. TOWNLEY (Crickhowell) asks how many Léclanche cells would be needed to pass a current of 5 to 20 milliamperes through a 12 st. man from the mastoids to the hands, and what such a battery with proper resistance would cost approximately?

* * * Approximately thirty cells. A resistance would not be wanted, but a collector switch would be required, so as to be able to switch in (say) at twenty cells and afterwards to thirty. The cells cost 2s. 6d. each. A collector switch on the board would have to be specially made, and 30s. should be allowed for that. A better arrangement would be a self-contained battery of dry cells—generally forty cells—in a box, with a collector switch all mounted up together. This gives a slower and better regulation, and is a recognized piece of apparatus in electro-medical catalogues. The cost is about £9; this is higher than the other arrangement, but it has the advantage of being a single unit.

CHRONIC ULCERS OF MUCOUS MEMBRANES.

DR. C. E. PRATT (Bexley Heath) writes, in answer to "A.F.'s" question (August 28th, p. 407) as to the treatment of chronic ulcers of mucous membranes, to recommend a course of colloidal manganese and small doses of thyroïd. Of the former he advises mxxv three times a day in water, gradually increasing to 1 drachm; of the thyroïd a tablet of $\frac{1}{2}$ or 1 grain.

ASTHMA AND BRONCHITIS.

"GENERAL PRACTITIONER" writes in reply to "P.'s" query regarding chronic asthma and bronchitis: I prefer to relieve the bronchitic element first with the mixture recommended, I believe, by Sir R. Douglas Powell: Ammon. chlor. gr. x, Potass. bicarb. gr. xv, Liq. picis aromat. (Bell) 3ss, Ext. glycyrrh. liq. mxx , Tinct. cardam. co. 3ss, Aq. ad 3ss; in water every four hours. The asthmatic element, provided no immediate cause can be found, is relieved by hypodermic injections of pituitary extract and adrenaline. The administration of 1 c.cm. of pituitary extract and 0.5 c.cm. of adrenaline 1 in 1,000 gives in nearly all acute attacks almost instant relief, and I find that a course of six injections at intervals of five days is followed by a period of, usually, several months free from attacks, and with breathing comfortable. In the case of a woman aged 56, who had suffered fairly continuously for several years, there has been no return of asthma for five years, save once, three years ago, when the attack was immediately stopped after one injection. The combination of pituitary extract and adrenaline is that usually supplied in ampoules by manufacturing chemists.

INCOME TAX.

"J. E. F." says: I buy a practice for £700 and sell it in six months for £500; the profits for that time are £200; previously they averaged £500 a year, but were decreasing. On what sum am I liable for tax for that six months?

* * * On £200—but it will be necessary to make special application for the reduction of the assessment for the six months to that figure, on the ground that the profits fell off subsequent to the succession from some specific cause. The £200 lost on purchase and sale of the practice represents a loss of capital and not an expense of working the practice.

LETTERS, NOTES, ETC.

ACUTE PULMONARY OEDEMA.

DR. F. B. JULIAN (Liverpool) writes: In the BRITISH MEDICAL JOURNAL of June 19th (p. 1033) reference is made to contributions by myself and others, on the subject of acute pulmonary oedema, in the JOURNAL of April 17th. As I have also received inquiries by letter, perhaps you will allow me space in which to make reply. One of your correspondents considers my action in administering antimony tartrate as open to serious criticism. Had I given the antimony in the usual form and dosage I would agree. The phrase "guided by the principle of similars," however, should have made it clear that the antimony was not administered in the usual dosage, for this principle—otherwise known as the homeopathic principle, and utilized successfully but unconsciously by thousands of medical men who would refuse to admit its validity—involves a close correspondence between the pharmacological effects of the drug used and the symptomatology of the patient, and consequently demands attenuation of the dose. The dose administered by me in the case recorded was attenuated to a degree which rendered it infinitesimal. The result was, however, as noted, both effective and dramatic.

VENEREAL DISEASE PROPHYLAXIS.

DR. M. W. BROWDY (London, W.) writes: As reported in the BRITISH MEDICAL JOURNAL (August 7th), the Society for the Prevention of Venereal Disease at its annual meeting passed a resolution to urge the Government to amend the Venereal Diseases Act, 1917, so as to permit the sale by chemists of approved disinfectants. Without entering into the problem of prophylaxis, I would draw attention to the evidence now accumulating of primary syphilis retarded by prophylactic treatment and the consequent danger of neuro-syphilis. This alone should make one pause before recommending such a measure. At the same meeting attention was drawn to the remarkable fall

in the incidence of venereal disease during the last four years, attributable to the prevention, diagnosis, treatment, and anti-venereal disease propaganda. Might I ask if this is so? Does it not merely indicate a gradual clearing of those infected during the war period? The only comparison lies between new infections, pre-war and present day; and if this comparison were made it would probably be found that the removal of the only deterrents to promiscuous sexual intercourse—namely, fear and cost of treatment—has produced very little change in the incidence.

MINER'S NYSTAGMUS.

DR. T. L. ASHFORTH (Doncaster) writes: After twenty-five years' experience in Scotland (Lanarkshire), Durham, and South Yorkshire coalfields I agree with Mr. A. S. Percival (July 31st, p. 224) that the light conditions have nothing to do with miner's nystagmus, nor have errors of refraction. I have read the Commission's Report, and I am afraid many practitioners with vast colliery experience will only smile at it. If one wants a reliable statement of affairs, bring the matter up at a meeting of the British Medical Association or a special conference or conferences at certain centres and invite everybody interested to attend.

TUBERCULOSIS AND THE STATE.

DR. A. J. BROCK (North Queensferry, N.B.) writes: I have read and enjoyed your summary in the BRITISH MEDICAL JOURNAL of August 21st (p. 349). The subject is, to say the least of it, complex. Might I suggest that, in order to distinguish the wood from the trees, a useful beginning might be made if we all definitely realized the following principle: that there are two chief kinds of tuberculosis—one pathological and the other physiological. Some expense might then be saved if we stopped attempting to cure cases belonging to the latter category.

THE REVISION OF THE "BRITISH PHARMACOPOEIA."

DR. GEORGE W. CHEATER (Woodford Green, N.22) writes to suggest that on the Revision Committee for the proposed new edition of the *British Pharmacopoeia* there should be at least one member who, previous to taking his medical degrees, has had experience as a qualified pharmacist. Such a member, he thinks, would be able, from his knowledge of both professions, not only to weigh accurately such evidence as may be given, but also could see both the medical and pharmaceutical points of view, for he is convinced that in the compilation of previous *B.P.'s* the medical men have not always seen eye to eye with the pharmacists and vice versa. For instance, there are several preparations which are prescribed with extreme rarity by the medical profession and, from the pharmaceutical aspect, are anything but elegant, such as mist. guaiaci and mist. ferri co. Again the number of ingredients of *confectio sennae* might be "pruned" down by half without any detriment to its medicinal value. This point, he is sure, will be endorsed by anyone who has had to make it by hand in his apprenticeship days.

GOLDFISH AND MOSQUITOS.

A CORRESPONDENT, jealous of the space of the JOURNAL, asks us why room was found for a short review of a book on how to keep goldfish, published on August 28th (p. 390). The answer is that goldfish eat mosquito larvae. This well known fact may be illustrated by a true story. Not long ago a teacher about to give a lecture on malaria wanted to show his class some larvae, but they were not to be obtained from the animal dealers. In despair he offered a penny apiece. A colleague who, ever since he had made himself a small ornamental pond in his garden, had been plagued by mosquitos, thought he saw a way of turning a few honest pennies. When he got to the pond side he could find no larvae, nor any mosquitos. The explanation, which satisfied him, was that not long before he had put into the pond a few goldfish, and they had swept it clear of larvae.

FORD CARS.

WITH *The Original Book of the Ford* no driver of that estimable vehicle need fear any trouble. Mr. R. T. Nicholson's book is now in its tenth edition, so that students of the work must be numerous. Every detail of the car, and every possible disease or disorder, is described. Our only fear is that the owner who follows out all the directions given in the book may find that he has little time left for any other occupation than nursing his Ford.

ERRATUM.

WE regret an error in our issue of August 28th (p. 376). The name of the President of the Section of Public Health should have been given as Dr. Philip Boobyer, instead of Dr. William J. Howarth, who was prevented by illness from being present at the Nottingham meeting.

VACANCIES.

NOTIFICATIONS of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found at pages 40, 41, 44, and 45 of our advertisement columns, and advertisements as to partnerships, assistantships, and locumtenencies at pages 42 and 43.

A short summary of vacant posts notified in the advertisement columns appears in the Supplement at page 148.