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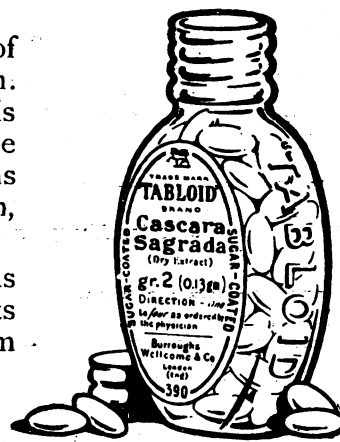
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SENECA, STOIC, PHILOSOPHER AND STATESMAN. A PIONEER OF MODERN RELIGIOUS AND ETHICAL CONCEPTIONS.—From being chiefly a system of philosophy, Stoicism, as developed and modified by the Romans, grew into a religion which went far to promote a spiritual tendency in the materialistic Roman imperial mind and prepared the ground for Christianity. Seneca was the forerunner whose moral earnestness inspired the movement which was continued



by Musonius Rufus, Epictetus and Marcus Aurelius. Under his teaching, Stoicism, as a guide to conduct, began to spread among educated people. He taught of the brotherhood of man: "Man is a holy thing to man," he writes, and, calling slaves "humble friends," he urges those who own them, "kindly remember that he whom you call your slave sprang from the same stock, is smiled upon by the same skies, and on equal terms with yourselves breathes, lives and dies." Seneca's teaching led to a more humane treatment of them, and, at length, to the abolition of slavery. He taught the polytheistic Romans "God is near you, he is with you, he is within you." In his views relating to women Seneca was essentially modern; he pleaded for the equality of the sexes and for the sanctity of marriage, insisting on the husband's fidelity equally with that of the wife. He urged the value of the simple life, holding that the soul is never greater than when it has laid aside all extraneous things. The Fathers, on the evidence of his writings, placed Seneca among the Christians; but it has been shown that he had no connection with this growing body.

DATE: Seneca died A.D. 65

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A PALATAL REFLEX.

DR. R. ANDERSON (Birmingham) records the case of a lad, aged 17, who complained of a clicking noise in his mouth occurring when he was unable to breathe through his nose owing to a cold. He could produce the same noise by pinching his nose. There was a rhythmic click-click 156 times a minute, which became slower with deep or rapid breathing. The soft palate could be seen moving up and down like a diaphragm. Dr. Anderson adds that he has never heard of a similar occurrence.

DIPHTHERIA SIMULATING FOREIGN BODY IN THE THROAT.

DR. CHARLES J. HILL AITKEN (Kilnburst, near Rotherham) writes: A woman applied to the casualty department complaining that she had swallowed a fishbone and that she was certain it had stuck in her throat. She was referred to the throat department, where it was found she was suffering from diphtheria in the larynx. This is the opposite to the case recorded in the *Epitome* of August 20th (para. 141).

HERPES AND VARICELLA.

MR. J. E. RUDDLES, lately a student at the Livingstone College, Leyton, and now engaged in missionary work in Paraguay, reports a case of the association of herpes with subsequent varicella. A typical unilateral herpes rash developed in an Indian, with the usual pain and symptoms; it ran the customary course and cleared up in ten days. A fortnight later the patient's child developed varicella, with a typical rash and slight fever, and a week later his wife became affected. Four other mild sporadic cases occurred subsequently in people living in the next house. Mr. Ruddles adds that chicken-pox is not endemic in the sparsely populated district concerned, nor is it otherwise epidemic at the present time.

DR. F. W. BLAKE GREAYES (Annandale, New South Wales) sends notes of an instance of herpes and chicken-pox occurring consecutively in mother and infant. Herpes appeared first in the mother (aged 28) on October 15th, 1926; the infant (aged 4 months) began to suffer from chicken-pox on November 3rd, 1926.

DR. W. T. TAYLOR (Ballyclare, co. Antrim) notes that most of the cases recorded of the association of herpes and varicella the herpes preceded the chicken-pox when there was direct contact. He has recently seen a case in which neither of these conditions existed. The patient (a woman), who has been confined to the house for ten years on account of paraplegia, was attacked by herpes zoster on July 1st. An outside helper comes in daily to help in lifting her out of bed, etc. This helper's son, aged 7 years (not a patient of Dr. Taylor's), had had chicken-pox six days previously, but at no time could have been near the paraplegic. If there was any connexion between the two attacks it would appear, Dr. Taylor considers, infection must have been conveyed to the paraplegic patient from the boy by his mother.

MRS. C. EDE and A. K. JAMES (Calne, Wilts) write: While a large number of cases have been reported in the last few years showing the intimate relation between herpes and varicella, practically all have been instances of one disease being followed by the other after contact. The following case is of interest in that it exhibited simultaneous development of both diseases in one individual, bearing a close resemblance to two cases reported by the late Dr. Claude Ker (*Lancet*, 1920, ii, 347). On June 28th a man, aged 39, consulted us and stated that four days previously he had pain in the right side of his chest; on the following day a "rash" developed in that situation. One day later he noticed spots on the trunk and arms. He was found to have typical herpes zoster of the fifth right dorsal nerve, the vesicles being especially marked in the region of the lateral and anterior cutaneous branches. Scattered over the trunk and arms typical vesicles of varicella were to be seen.

ETIOLOGY OF RHEUMATIC INFECTION.

DR. IRENE N. CLOUGH (Bristol) wishes to support the suggestion of "C. M. H." (*Hong-Kong*) (*JOURNAL*, August 13th, p. 290) that the study of diseases prevalent in temperate climates might be greatly aided by noticing their incidence in tropical and sub-tropical climates. Does rickets really not occur in Hong-Kong? She states that when working at the Holdsworth Memorial Hospital in Mysore City she was so struck by the extreme frequency of rickets among the out-patient children that she made observations on 200 children, selected at random: they were continued for two months or more, and the English sister in charge of out-patients undertook the clerical work. Dr. Clough had to leave India on account of health shortly after and the records were lost, but she recalls that the points noted were: age, religion, method of feeding; date of teething, walking, and closure of fontanelle; beading of ribs, presence of Harrison's sulcus. Roughly, one-fifth of the patients were Mahomedan, nearly four-fifths were Hindu; both these were of all classes. In Mysore City, as in other parts of South India, purdah is rare among Brahmans and high-caste Hindus. A small percentage of patients were Christian (Roman Catholic and Protestant); the Protestant section were the more prosperous, but neither section was wealthy. Most children were breast-fed. Of the bottle-fed babies she believes she noted that every child showed marked symptoms, the older children especially displaying every sign: late walking, late teething, and barrel-shaped chest, with well-marked sulcus. Hand feeding was not a success in Mysore City. Some were fed on milk, others on patent foods. Any patent food could be obtained in the city, and the sale of patent medicines was enormous. Out of 200 children 199 showed beading of the ribs. The one exception was the child of Eurasian parents, where the father was earning good wages. These observations

were made in a year when conditions were at their worst after the war: high food prices, shortage of housing and of employment. Mysore City is 2,500 ft. above sea-level and the climate is subtropical. Dr. Clough never noticed the thermometer on the verandah register a higher temperature than 96° F. or lower than 60° F. The city was within a rain-belt area of 30 in. to 50 in. a year. There were three months of hot weather; the rainy season was from June to October, but rain might fall in any month. There was no cold season. Sanitation, on the whole, was good—certainly far ahead of most Indian cities. The notes were taken from January to March—that is, during the end of the cool season and the first two months of the hot season.

HAEMORRHAGE IN THE NEWLY BORN.

DR. R. D. ATTWOOD (Royston, Herts) writes: In view of the two cases of haemorrhage in the newly born recently recorded in the *BRITISH MEDICAL JOURNAL* the following is of interest. On July 29th I was called to a baby 2 days old and found that a considerable quantity of blood had been brought up; the amount was difficult to estimate, being, of course, on cloths; it was certainly over half a pint. The treatment adopted was the administration of saline by the rectum and the intramuscular injection of 1 grain doses of calcium chloride. Slight haemorrhage continued for a few days, but subsequently there was a complete recovery.

TYPHOID FEVER IN MONTREAL.

FROM March 1st to June 28th, 1927, there were notified in the city of Montreal 4,755 cases of typhoid fever with 453 deaths, as against 37 cases with 11 deaths, 48 cases with 18 deaths, and 44 cases with 21 deaths, for the period March 1st to June 30th of the years 1926, 1925, and 1924 respectively. It appears, therefore, that since the beginning of last March Montreal has suffered a severe epidemic of typhoid fever with a case-incidence in proportion to population probably unknown in any other large city in the world within the present century. No evidence was obtained that either the city water supply or the city sewerage system was responsible. The disease was distributed over the greater part of the area of the city with much more concentration in proportion to population of some sections than in others. It was found soon after the beginning of the outbreak that a very large proportion of those infected had drunk milk from a certain dairy company, and that a very considerable proportion of the milk which entered and was distributed from the plant had escaped efficient pasteurization.

SCHILLER'S DISEASES.

DR. ERIC EBSTEIN of Leipzig, who is the author of clinical studies of Goethe, Chamisso, Kotzebue, Lessing, Newton, and others, has recently devoted attention to the pathological history of Friedrich von Schiller (*Forschungen und Fortschritte*, May 20th, 1927). The poet, as is well known, started life as an army surgeon, but the success of his romantic play, "The Robbers," made him quit medicine for literature. It is noteworthy that two years before the publication of his play Schiller had written three articles on medical subjects, one of which, on the difference between inflammatory and putrid fever, contained the clinical history of his friend August von Hoven. Physically Schiller was of a delicate and asthenic constitution. At the age of 23 he had a severe attack of influenza, and in the following years, during his residence in Mannheim, he suffered from malaria, which was then very prevalent in the Rhine district, where even now it is occasionally met with in the summer. This attack of malaria was severe and, in spite of quinine, he had several relapses. In 1787, at the age of 29, he first developed symptoms which may be regarded as manifestations of intestinal tuberculosis, from which he suffered until his death eighteen years later. During this period he contracted whooping-cough from his children and was laid up for over six weeks. His so-called attack of cholera in 1797 must be regarded as one of the manifestations of intestinal tuberculosis, while the "red dysentery" of 1804 and another attack in 1805 are interpreted by Dr. Ebstein as possibly an indication of ileo-caecal tuberculosis. His sufferings were only known to his intimate friends and fellow poets—Goethe and Körner: from all others, Wilhelm von Humboldt states, he carefully concealed them. Dr. Ebstein relates that the last word he uttered was "naphtha," by which he meant Hoffmann's drops, then much in vogue for the treatment of colicky pain.

THE "MEDICAL REGISTER": UNTRACEABLE PRACTITIONERS.

"STILL ON THE REGISTER" writes: While having every sympathy with the Registrar of the General Medical Council in the number of non-replies to his inquiries, it does seem somewhat strange that such names as that of the late Professor Starling and the still living Sir Thomas Smartt should be included. We are all fallible and many of us very casual, but I think that the *Medical Register* might be checked with the *Medical Directory* (which, after all, is really to most of us more important in a sense) and, where the address is unaltered, the benefit of the doubt of our present existence be given us.

VACANCIES.

NOTIFICATIONS of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found at pages 37, 38, 39, 42, and 43 of our advertisement columns, and advertisements as to partnerships, assistantships, and locumtenencies at pages 40 and 41.

A short summary of vacant posts notified in the advertisement columns appears in the *Supplement* at page 132.