

PREVENT PNEUMONIA



By Treating
Bronchitis and
Influenza
Promptly and
Vigorously

PNEUMONIA is pre-eminently a disease in which prevention is better than cure. Although much can be accomplished by rational treatment, a high mortality persists in spite of all forms of medication.

Very many cases of pneumonia follow in the wake of influenza, bronchitis, or even an apparently innocent upper respiratory infection. The pneumococcus, it has been proved, finds it difficult to penetrate the healthy mucous membrane of the bronchial tubes and alveoli; but, when this membrane has already been damaged by bronchitis or influenza, the micro-organism gains a foothold and pneumonia may be the result.

The best time to treat pneumonia is before it develops. If every attack of bronchitis or influenza were handled as a potential case of pneumonia, there would be far fewer actual cases.

By relieving internal congestion, by stimulating the superficial blood flow, by increasing the phagocytic power of the protective white blood cells, and by restoring normal circulation in the inflamed bronchial tubes and alveoli,

That is how Antiphlogistine prevents pneumonia in cases of bronchitis and influenza.

The Denver Chemical Mfg. Company

London, E.3.

Laboratories: New York, Sydney, Berlin, Paris,
Buenos Aires, Barcelona, Montreal, Mexico City.



Letters, Notes, and Answers.

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QUERIES AND ANSWERS.

FREQUENCY OF MICTURITION.

DR. J. MCWHIRTER (Auckland, New Zealand) asks for advice in the treatment of intermittent frequency of micturition in a man, aged 48, who is otherwise healthy and able to do an active day's work. The condition commenced about three years ago, without any obvious cause. The attacks of frequency last for several hours or days, during which time the patient may pass urine as often as every hour; the attacks and remissions commence quite suddenly and without any warning signs. Radiological examination of the bladder and urinary tract on two occasions revealed no disease, and the prostate gland is healthy. The urine is normal, except for a trace of albumin and the presence of many coliform bacilli and a few Gram-positive cocci; there is no evidence of venereal disease. Attempts were made to render the urine alkaline, but it only became neutral, and no benefit resulted. Two intravenous injections of a polyvalent *B. coli* vaccine produced transient rises of temperature, but had no other effect on the condition. Alcohol, particularly whisky, brings on an attack almost immediately, but diet seems to bear no relation to the frequency. A cystoscopic examination has not been made.

STERILIZATION OF SYRINGES AND NEEDLES.

MR. F. FOWLER WARD (Ipswich) writes as follows in reply to an inquiry published on November 12th (p. 905) as to the best way of keeping syringes and needles, so that they can be ready for use without sterilizing by boiling:—The following solution is efficient: Lysol 15 minims, ether. sulph. 2 drachms, spirit to the ounce. The spirit should be basic industrial spirit, not methylated—that is, without pyridine; it can be obtained from any wholesale druggist. I have used it for syringes, needles, etc., for the past ten years in the venereal and uro-genital clinics, and no case of sepsis has supervened. It is equally useful for cleansing the skin before puncture or small operations, etc. The used syringe is washed under the tap, a small quantity of the solution drawn up into it, to get rid of moisture, and then ejected, and the syringe replaced in the solution. If a deposit occurs in the solution it can be filtered and used again. If my memory serves me right I saw the formula in the *Clinical Journal*, where it was stated that, as the result of experiment, a syringe that had been used for a virulent culture of *B. coli* was rendered sterile after immersion in the solution for three minutes. This solution is in general use at the East Suffolk and Ipswich Hospital.

CANCER AND DIABETES.

DR. FREDERICK L. HOFFMAN (consulting statistician to the Prudential Insurance Company of America, Newark, New Jersey) writes in reply to "C. H. S." (*JOURNAL*, October 29th, p. 810), who asked for information concerning the occurrence of carcinoma or other malignant disease in patients suffering from diabetes: In connexion with the San Francisco Cancer Survey I obtained replies from a large number of living cancer patients asking, among other questions, as to whether the patient had suffered or was suffering from diabetes. Out of 834 male cancer patients 13, or 1.6 per cent., were having or had had diabetes, while the percentage for 602 female cancer patients was only 8 cases of diabetes, or 1.3 per cent. The coincidence of cancer and diabetes is, therefore, relatively very small. The foregoing figures are confirmed by further investigations, which will be published in the near future. Full details regarding the cases noted will be found in my fourth report on the San Francisco Cancer Survey.

INCOME TAX.

New Practice.

"A. F." sold his general practice three years ago and started a purely surgical practice. He asks if he is entitled to regard the present practice as a "new" one.

* * * Yes: the fact that the general practice was sold should have been sufficient to enable him to show that he was entitled as from the date of sale to exclude "general" practice receipts from his computation of liability.

LETTERS, NOTES, ETC.

BULLOUS ERUPTION AFTER PHENYLCINCHONINIC ACID.

"J. C. M." sends the following note of a bullous eruption following the taking of phenylcinchoninic acid: The patient, a maiden lady of 60, had been in the habit of taking a French proprietary preparation of the drug for attacks of general muscular stiffness and pain up to about twelve months ago. At this time, realizing that she was in for one of her usual attacks, she took three tablets, with potash water, in three doses during the day; in the evening she found that there were large bullae scattered over her face, neck, and the backs of her wrists and hands. A few months later a similar eruption followed the taking of two tablets. Owing to the distribution of the bullae being on areas supplied by C. III to D. I spinal nerves, I had an x-ray taken of her cervical vertebrae, and this shows some osteo-arthritis of these vertebrae. About a week ago she asked me if she could take some more of the drug, as she was in considerable pain, and, in view of the radiographic findings, I said that I thought it was just chance that the eruption had followed the dose. However, the bullae appeared after the taking of a single tablet. The question now is, "Do the bullae in any way depend on the ingestion of phenylcinchoninic acid?" I am not satisfied that they are so dependent; and the drug eases the general pain. But I feel diffident in advising her to take it if the bullae are always to occur immediately afterwards, and it will be difficult to convince the patient that it is merely a case of "post hoc." The bullae are not those of *D. herpetiformis*. They are very large, and some of them on the neck will measure as much as 4 in. by 1 in. or 2 in. But they are usually preceded by a pricking and burning of the skin area about to be involved. I should like to know if any of your readers have had a similar experience with phenquin, atophan, cinchonin, or other proprietary preparations of phenylcinchoninic acid.

LONG UMBILICAL CORD COILED ROUND NECK.

DR. J. W. LANG (Anyox, British Columbia) writes: The case of multiple coils about the foetal neck reported on August 27th (page 349) recalls to mind a similar case. A multipara, aged 31, in her third pregnancy, gave birth to a full-term male child weighing 6 pounds in the North Vancouver Hospital. Six coils of the cord were removed from the neck of the child when the head was delivered. Labour was normal, and was not delayed by the mass of cord about the neck. The child was healthy but the cord was very long, about 50 inches, and was somewhat smaller than the average. Dr. Lang adds: It would be interesting to know whether the coils occur because of the great length of the cord, or whether an added length of cord is developed to compensate for that portion taken up by the coils.

A WARNING.

INFORMATION has reached the British Medical Association to the effect that there has lately called upon members of the Association in the Newcastle and Edinburgh districts a man describing himself as a graduate of Edinburgh University, 1918, and using the surname of a respected member of the Association who graduated that year. He said that he had been sent by the Royal Medical Benevolent Fund to Switzerland suffering from tuberculosis, and asked for money. Inquiries made of the Royal Medical Benevolent Fund elicit information to the effect that the Fund has sent no one to Switzerland in the circumstances mentioned. Any reader who may be the recipient of such a visit would be well advised to get into touch at once with the police.

THE Automobile Association road patrols will not be on duty in England, Wales, and Ireland on Christmas Day. During the rest of the holiday season the A.A. road organization will work as usual.

Ephemeris Pharmacologica, issued to the medical profession by Oppenheimer, Son, and Co., Ltd., combines a synopsis of recent literature on the nature and use of drugs with a visiting list, spaces for vaccination and midwifery engagements, and general information likely to be of use to the medical practitioner. The 1928 edition has been carefully revised, and is of convenient size for the pocket.

VACANCIES.

NOTIFICATIONS of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found at pages 29, 30, 31, and 34 of our advertisement columns, and advertisements as to partnerships, assistantships, and locumtenencies at pages 32 and 33.

A short summary of vacant posts notified in the advertisement columns appears in the *Supplement* at page 244.