

Letters, Notes, and Answers.

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LETTERS, NOTES, ETC.

COMBINED HELIO- AND RADIO-THERAPY IN HODGKIN'S DISEASE.

DR. A. GORDON WATSON (Bath) writes: With reference to radio-therapy in Hodgkin's disease (*Epitome*, November 24th, para. 411) I have combined x-ray therapy with ultra-violet light therapy in the treatment of Hodgkin's disease, on the presumption that ultra-violet rays cured some x-ray burns, and the results seem encouraging. I append notes on a case that seemed hopeless. A married woman, aged 52, consulted Dr. Kenneth Stewart on February 13th, 1926; after a complete examination he diagnosed Hodgkin's disease or lymphosarcoma, and gave a very grave prognosis, with expectancy of life for a few months only. On the next day Dr. Forbes Mackay started x-ray therapy and gave three full doses, interrupting the x-ray treatment on February 17th and continuing between the x-ray doses ultra-violet light irradiation of the whole body, and giving a first degree erythema dose to a quarter of the body surface every other day. This was continued until the patient was again exposed to x rays on March 4th, 5th, 6th, and 8th, followed again by ultra-violet irradiation. The whole picture had changed by this time; the weight had increased from 8 st. 3 lb. to 8 st. 9½ lb., and the glands had almost disappeared. On September 22nd, 1926, the weight was 10 st. 8 lb. and the patient had long been attending to her duties as usual. X rays were given again on May 20th and July 28th, 1927. In July, 1928, she had an attack of fever and general malaise while at the seaside, and on her return in August I found the glands enlarged. She again had x-ray and ultra-violet light treatment, and has made a good recovery; she is at present a normal person for her age. Her weight is now 11 st.; there is very little anaemia, no debility, and only a feeling of "brawniness" where the glands were largest.

WEIGHT AT BIRTH.

DR. W. L. HUBBARD (St. Leonards-on-Sea), in a letter thanking Dr. D'Ewart for replying (November 24th, p. 962) to his inquiry published in the *Journal* of November 10th (p. 878) as to the chances of survival of a child weighing 1 lb. at birth, writes: The child is now six weeks old, in good health, and weighs 32½ oz. It is being fed on breast milk from a bottle, with one feed daily directly from the breast. The weight at birth was 15 oz.

DR. HERBERT SHACKLETON (Bradford) writes: I am sending a card of to-day's weight (2½ lb.) of a child born February 27th, 1927, weighing 17 oz. The child was reared on a proprietary food. She is intelligent and bright, and ran about the surgery for us to-night.

ANTE-NATAL CARE IN GENERAL PRACTICE.

A COUNTRY DOCTOR'S WIFE writes: I was interested in the discussion on ante-natal care in general practice, reported in the *Journal* on November 17th (p. 899), and thought the following notes might be of general interest. My husband practises in a very big rural area, the nearest hospital being seventeen miles away. During the course of his practice he has been up against many abnormal maternity cases, very worrying to him as well as sad from the mothers' point of view. I came to the conclusion that much distress could be avoided, and so at my house we have started an ante-natal class. Once a month Dr. K., the welfare doctor and tuberculosis officer, attends and brings two council nurses; the district nurse is here if available, and my husband also. The mothers sit and talk in the dining-room

and drink tea, and one by one Dr. K. sees them in our surgery, which is convenient and warm. All urines are tested here the same day, and if anything abnormal is found we can be prepared for it and watch the patient approaching term. My husband has so often in the past been called out to a patient he had never seen previously, and by this arrangement a lot of trouble has been saved. Would it not be a good plan if all rural doctors' wives did this, since it is no trouble, but rather a joy to the mothers to come out to tea, and it is also a great relief to the doctor, who knows what he has to tackle when the time comes?

PIONEERS IN TYPHUS FEVER RESEARCH.

DR. JAMES McQUEEN (Halesowen) writes: All your readers will join with you in the pleasure felt in the recent award of the Nobel Prize for Medicine to Dr. Charles Nicolle in recognition of his work on typhus fever, but the pioneer work from the side of epidemiology by Professor Matthew Hay embodied in his report on an outbreak of typhus fever in Aberdeen, where the transmission of the disease through body vermin was clearly indicated, deserves more recognition than it has ever received. I am writing away from a library where I could check details, but I believe all the preventive measures against infection and the spread of the disease were clearly outlined by Professor Hay on the basis of a transmission of the disease by body vermin.

ANATOMICAL CONSIDERATIONS IN INTRAMUSCULAR INJECTIONS.

MESSRS. K. G. ZWICK and O. V. BATSON, of the department of anatomy in the University of Cincinnati, have made an experimental study of the sequels of intramuscular injections in fresh and preserved cadavers. In the November 9th issue of *Science* they report that, whatever way the injecting needle may point, the introduced solution travels in the direction of the muscle fibres. In the case of the *gluteus maximus* the injected fluid made its way among the muscle fibres to the dependent portion, laterally in the usual prone position of the cadaver and in the general direction of the trochanter major. As a practical conclusion the authors recommend that intramuscular injections should be made with the shaft of the needle parallel with the general direction of the muscle fibres, and that the point should be directed towards the dependent portion. In the case of such muscles as the deltoid, triceps, and *gluteus maximus*, which are usually employed for injections, this recommendation secures automatically the avoidance of the large vessels and nerves.

THE THERAPEUTIC INJECTION OF INORGANIC SALTS.

DR. B. A. PEROTT, president of the Russian Medical Association of Great Britain, calls our attention to a monograph by Professor S. F. Maykoff on the subject of the action of hypertonic solution of inorganic salts in various conditions. Professor Maykoff, who for many years has been using a mixture devised by Dr. Truncek, has, in conjunction with Professor Schiloff, modified this salt so that the formula reads:

Distilled water	100.0
Sodium chloride	4.92
Sodium phosphate	0.45
Sodium bicarbonate	0.42
Sodium sulphate	0.44
Potassium chloride	0.35

He states that this solution has a neutral reaction, and can be sterilized. It is stored in ampoules of 1, 2, and 25 c.cm. The solution is said to act by absorbing calcium deposited in the blood vessels, and may be given by any form of injections or by the mouth or in enemas. Internally one tablespoonful is administered twice daily, after meals, for a period of four months. In enemas 100 c.cm., with one or two tablespoonfuls of hypsoral solution, is used every day for ten days, and then every other day until about sixty enemas have been given. After six months' time the treatment is repeated; the quantity of the enema being half that of the first course. Intramuscularly the dosage is 1/2 to 5 c.cm. The best results are said to be obtained by intramuscular injections and the next best from enemas. The treatment has been recommended for such conditions as sclerosis of the brain vessels, neurasthenia, arteriosclerosis, migraine, presbyopia, otosclerosis, and other conditions in which calcium deposits are concerned.

A DISCLAIMER.

SIR ROBERT ARMSTRONG-JONES, M.D., writes: In a Sunday paper recently there purports to be an interview granted by me accompanied with a signed article upon "spiritual healing." May I say that no interview was given, nor any signed or unsigned article contributed to this paper. The only intimation I received was the unauthorized appearance of my name, and I have communicated with the Medical Defence Union upon the matter.

NATIONAL SUN RAY AND HEALTH CENTRES, LTD.

DR. PERCY HALL (London, W.) writes: I beg to inform you, and to request that you will be good enough to make it known in your columns, that I have entirely severed my connexion with the above-named company.

VACANCIES.

NOTIFICATIONS of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found at pages 44, 45, 46, 47, 50, and 51 of our advertisement columns, and advertisements as to partnerships, assistantships, and locumtenencies at pages 48 and 49.

A short summary of vacant posts notified in the advertisement columns appears in the *Supplement* at page 255.