

The
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THE JOURNAL OF THE BRITISH MEDICAL ASSOCIATION.



Including an Epitome of Current Medical Literature.
WITH SUPPLEMENT.

No. 3629.

SATURDAY, JULY 26, 1930.

Price 1/3

REGULARITY AND COMPLETENESS OF BOWEL EVACUATION
HOW TO ENSURE BOTH

Attention has recently been drawn to the incompleteness of evacuation common even among those who complacently boast of their regularity.

Completeness, as a distinguished physician said the other day, is "even more important than regularity" in the exercise of this physiological function. Incomplete evacuation doubtless explains why so many people, with regular once-a-day habits, continue to suffer from headache, lassitude, nausea, and all those other symptoms customarily attributed to alimentary toxæmia. The truth is that, in these individuals, the rectal neuromuscular tension scarcely ever recovers normality.

These discomforts and disabilities can generally be made rapidly to disappear by a minimal, effective dose of Eno's "Fruit Salt," taken each morning before the early cup of tea. Eno is a carefully prepared saline laxative of fine granular consistency, instantly soluble in water with effervescence. It is entirely free from the nauseous and irritating mineral salts. Its pleasant taste and refreshing character are due to its chemical purity and physical texture. Another of its advantages is that it contains no sugar or artificial flavouring agent.

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The Proprietors of ENO's "Fruit Salt" will deem it a privilege to send to any member of the Medical Profession a copy of the latest of their series of "Medical Reminders"—with or without a bottle of their preparation as desired. "The Doctor's Emergency Reminder" summarises briefly a few points in connection with the treatment of poisoning and various other emergency cases. It is bound in black morocco limp to conform to the style of the previous publications in this series.

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Letters, Notes, and Answers.

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QUERIES AND ANSWERS.

KEEPING FIT IN HOT CLIMATES.

"C. H. B." writes from Malta: I should be grateful if someone would enlighten me on several points that arose during a discussion on keeping fit in hot climates, or alternatively recommend some small handbook covering the matter. First, the question of alcohol. My friend, who has spent many years in tropical countries, maintains that a good ration of gin daily is essential to health, and that the total abstainers are the first men to go sick. Secondly, even in climates such as this, he says it is very unwise, and inviting the mild intestinal disorders which are so common, to sleep without a good covering over the lower abdomen. Lastly, the question of exercise. He maintains that to keep fit one must indulge in some violent form of exercise every day, such as five sets of tennis, which causes a tremendous sweat. He will not accept a long swim as equal value in exercise because no beneficial results are obtained from the exercise unless it makes one sweat. These theories are postulated from twenty years' practical experience of hot countries, and I am not in a position, after an ordinary medical education, to accept or refute them. He and his kind have a strong bias in favour of alcohol, and it seems to me that they persuade themselves, and anyone else who will listen to them, that alcohol is a good thing, and then have to make themselves sweat. In short, in the Mediterranean climate, would it not be better to live a non-alcoholic life and swim, rather than an alcoholic life and have to play tennis and medicine ball?

BROMIDROSIS.

"D. B. M." writes: If "R. B. C." will try a strong foot-bath of potassium permanganate for the boy with bromidrosis the results will be satisfactory. The exact strength cannot be stated, as each case differs, but if the solution gives a mild "tanning" colour to the feet the smell disappears. The patient can be given the crystals, and use his own discretion as regards the strength of the solution.

CLEANSING OF THE CHALICE.

"R." writes: In my opinion "Medicus" (July 19th, p. 128) has raised a very important question. It would certainly be very difficult to prove a case of infection, but this fear does without doubt exist in the minds of devout and reflecting communicants. The difficulty would be solved if the clergy could be persuaded to administer the sacred rite by the method known as intinction. I cannot discover that intinction is contrary to the Rubric, but perhaps some ecclesiastic with medical training will enlighten us.

INCOME TAX.

Retirement of Partner; Cash Basis.

"G. P." explains that Y and Z have been in partnership for some years on a basis of half-shares, and tax has been accounted for on the cash basis. Y retired in June, 1929; Z anticipates some fall in the profits of the practice. Since Y's retirement a sum of, say, £2,000 has been collected in respect of previous partnership bookings. How should the matter be dealt with as between Y and Z?

* * * We assume that it is intended to continue the cash bookings basis for future returns; in the long run probably little advantage would be gained to compensate for the inconvenience of changing over to the bookings basis. If—as may be the case—Y's retirement led to swollen receipts during the following

twelve months, Z is affected adversely for the time being, but it is impossible to estimate such loss with sufficient accuracy to enable it to be allowed for in dividing the income tax liability. The plain fact is that up to his retirement (say at July 5th, 1929) Y was entitled to one-half the profits, and therefore the assessment for the year to April 5th, 1930, should be divided thus—Y one-fourth of one-half = one-eighth, and Z, seven-eighths. The cash receipts of the year 1929 will determine the assessable profit for 1930-31, and if Z enters into partnership with X during that year a similar division will bring him some converse relief.

Car Allowance.

"R. C." bought a W car in 1926, paying £612, less £235 allowance in respect of his previous car. In 1929 he bought an H car, price £518, less £123 received for the W car. What claim should he make for 1930-31?

* * * Apparently depreciation allowance has not been claimed in the past, though it would apparently have been to "R. C.'s" advantage to do so. The obsolescence claim, the amount to be treated in the same way as an expense of the year 1929, would be £612-£123=£489, and the depreciation claim will be £518 at 20 per cent.=£103. "R. C." may, however, meet with the difficulty that, especially as depreciation has not been claimed, the "obsolescence" allowance is, in effect, the same as an allowance in respect of cost of replacement, and that allowance cannot be claimed for the same year as depreciation.

LETTERS, NOTES, ETC.

FOREIGN BODY IN CHILD'S VAGINA.

DR. A. L. CROCKFORD, M.C. (Axminster, Devon), writes: A fairly well-grown child, aged 7, was brought to me by her mother with the history of vaginal haemorrhages and a persistent yellowish discharge of some few weeks' duration. None of the haemorrhages was at all severe; they were only sufficient to stain her clothes to a marked extent: they all occurred in the early stages. The child was attending school and appeared to be of perfectly normal mentality. There was nothing to suggest any form of "assault" in either the history or on external examination. I therefore examined her under a general anaesthetic and found lodged in the vagina an ordinary hairpin, with the rounded end uppermost. One of the points was embedded in the anterior vaginal wall, which presumably was the site of the occasional haemorrhages. The hairpin was removed without much difficulty, and the discharge has since completely disappeared. It is surprising that with such an object in the vagina the child should have had no apparent pain or discomfort. The case illustrates the value of a thorough examination in elucidating an obscure symptom.

APYREXIAL LOBAR PNEUMONIA.

DR. NIAZ MOHAMMED (Kitgum, Uganda) writes: A Nobhi woman, aged about 45, came on April 16th to the out-patient department of Kitgum Hospital complaining only of slight cough, expectoration, and pain in the right chest. From her external appearance it appeared she was not seriously ill in any way, but after a few more gravely ill patients had received attention, I examined her and found definite signs of the consolidation stage of lobar pneumonia in the right lower and middle lobes. Her temperature, however, was only 98°. She was admitted to hospital and given the routine treatment for pneumonia; six days later she was discharged completely cured.

EARLY DENTITION.

DR. H. R. SPARROW (resident medical officer, Leeds Maternity Hospital) writes: I recently had a case of a premature baby, gestation period 37 weeks, and measuring 18½ in., who possessed two lower central incisor teeth at birth. The teeth were comparatively firm in the gum when the infant left hospital twelve days later.

A WARNING.

"POLICY" writes: May I warn practitioners in South-West London that there is a superintendent attached to a well-known insurance company who canvasses doctors and offers them a medical refereeship on condition that they take a substantial endowment policy with the company. He states that the appointed practitioner is the sole referee for the district, and that he can easily pay his premium out of the fees he will obtain. I know several men who have been appointed in this way, and they do not get more than about six cases a quarter. Before being persuaded, practitioners should make certain that they are the "sole" referee for the district.

VACANCIES.

NOTIFICATIONS of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found at pages 35, 36, 38, 39, 42, 43, and 44 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 63.

NATURALLY RICH

IN VITAMIN "D"



A "RESURRECTION"

GUILDFORD

30/6/30

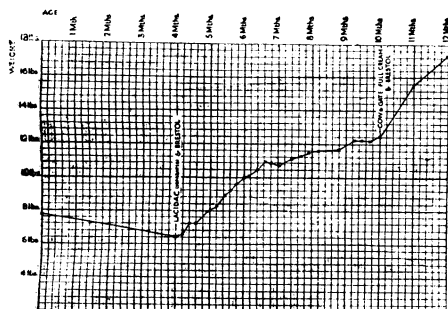
"Baby Hook, came under my care shortly after birth suffering with marasmus following whooping cough. Broncho-pneumonia developed and was with great difficulty cleared up, leaving the child in a very low condition. Feeding proved a difficult problem, several things were tried without beneficial results. The results with Cow & Gate were truly wonderful, indeed it is a case of 'a resurrection.'"

(Signed).....M.B.Ch.B.

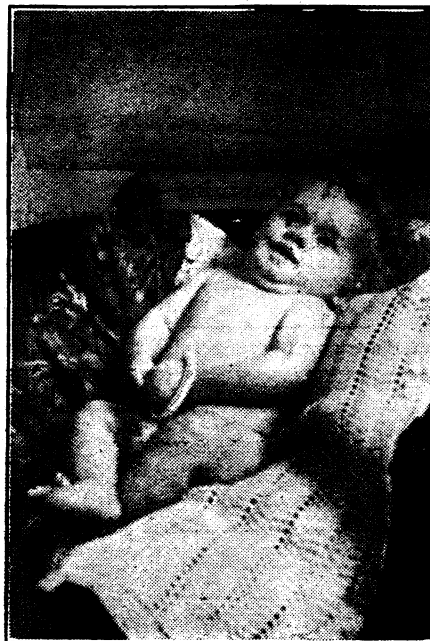
Lacidac (separated) and Brestol, the Cow & Gate Humanised Cream, were used in the early days of treatment. Cow & Gate Full Cream and Brestol being used subsequently.



BEFORE—4 months' old, 6 lbs. 9 ozs. in weight.



Progress Chart



AFTER—10 months' old, 12 lbs. 6 ozs. in weight.

June 1930. Baby Hook has now won a prize in a Baby Competition!

Write for literature and
clinical samples of Lacidac
and Brestol.

COW & GATE LTD.



Support HOME Agriculture—
Cow & Gate Products are all made
from ENGLISH MILK.

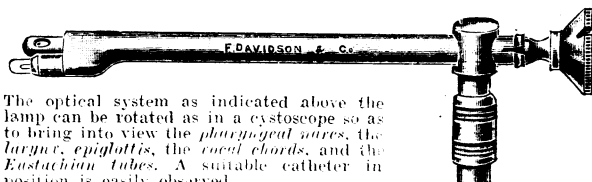
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The "DAVON" (Reg.) Latest Specialities.

ELECTRIC PHARYNGOSCOPE.

(Foreign)

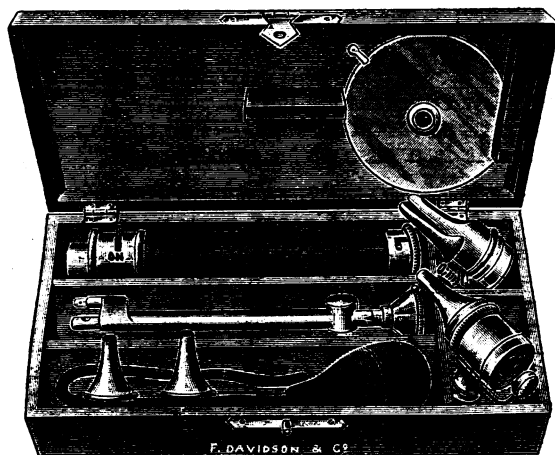
(New optical system giving much improved view.)



The optical system as indicated above the lamp can be rotated as in a cystoscope so as to bring into view the pharyngeal walls, the larynx, epiglottis, the vocal chords, and the Eustachian tubes. A suitable catheter in position is easily observed.

"I have found it invaluable."—, M.D., 17/12/29

Price	£5 15s.; or in Walnut Box	£6 5 0
"Davon" Dry Battery for above		0 7 6
Pharyngoscope, Battery, and Rheostat in Walnut Box		7 5 6
Pharyngoscope, with battery in handle (not the "Davon")	£5 15s.; or in Walnut Box	6 5 0

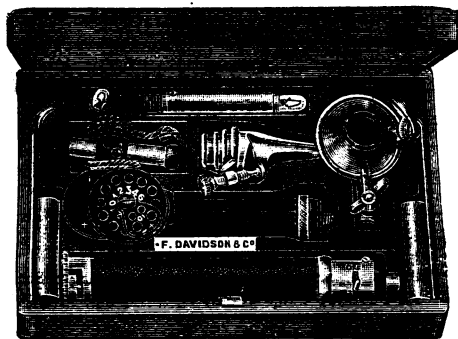


OUTFIT No. 601C. Comprising—

PHARYNGOSCOPE AND ELECTRIC AURISCOPE for diagnosis, operating, aspirating, and massage, with three sizes of aural speculae, inflator, expanding nasal speculum, and 3-volt Battery (not the "Davon") in Handle in Oak Case... £8 15 0

No. 512A. Comprising new Lighting Tube, 2 Mirrors, fitting with 3 Aural and 1 Nasal Speculae, Magnifier, the "Davon" combined electric Ophthalmoscope and Retinoscope, 3-volt Battery in Handle, etc.

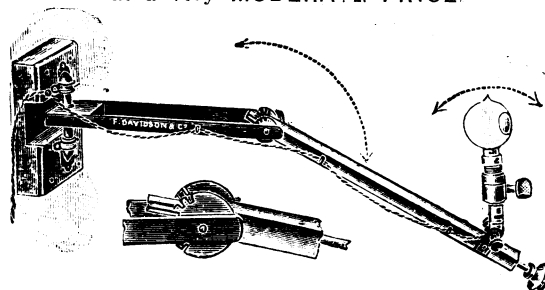
Size
7 $\frac{1}{4}$ " x 4 $\frac{1}{2}$ " x 2"
Price, complete, £9 0 0



No. 512, without Ophthalmoscope, size 6 $\frac{1}{2}$ " x 4 $\frac{1}{2}$ " x 2". Price £5 5 0
Other outfits from £3 12 6

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By a slight pressure upon the ebonite knob (seen below the lamp) a clutch is caused to disengage from one of a series of teeth in the discs visible at the hinge; by releasing the pressure the clutch is self-locking in the position the lamp is desired to assume. One hand only is necessary to adjust, and when not in use the lamp will fold flat to the wall.

Price without bulb £2 2 0.

Target frosted bulbs (please state voltage), each 3/6.

AGAIN SOMETHING NEW.

THE "DAVON"
(Registered Trade Mark)

TRANSFORMER.

For the Alternating Current only.



Size 7" x 6 $\frac{1}{2}$ " x 3 $\frac{1}{2}$ ".

Weight 3 $\frac{1}{2}$ lbs.

Price £1 18 6.

It will transform from 200 to 240 Volts down to 0 to 8 Volts for the illumination of small Surgical Lamps.

The "Davon" Transformer may be absolutely relied upon as being

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