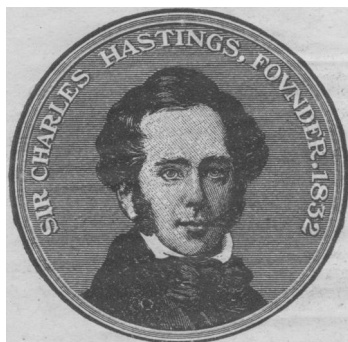


The

AUG 15 1930

British Medical Journal

THE JOURNAL OF THE BRITISH MEDICAL ASSOCIATION.



Including an Epitome of Current Medical Literature.
WITH SUPPLEMENT.

No. 3630.

SATURDAY, AUGUST 2, 1930.

Price 1/3

The "Allenburys" "CHARKAOLIN" GRANULES

"Charkaolin" is a highly efficient agent for the treatment of intestinal infections characterized by abnormal fermentation and the formation of toxins. It combines the absorbent properties of highly activated vegetable charcoal with the well-known toxin adsorbing qualities of "Osmo" Kaolin.

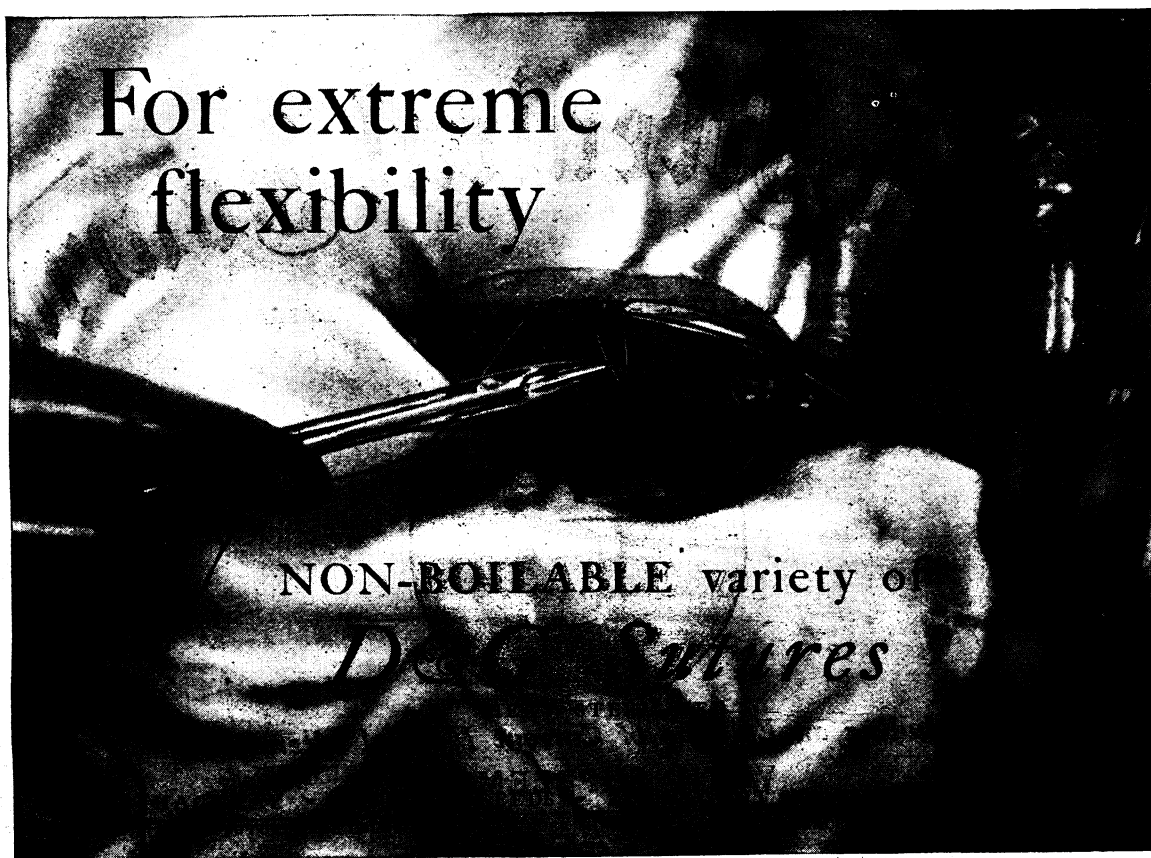
It is in the form of fine, clean granules which disintegrate rapidly in water and diffuse their ingredients evenly throughout the liquid. "Charkaolin" is tasteless, forms a fine suspension in water and is, therefore, quite easy to take.

Descriptive literature and a clinical trial sample will be sent on application.

ALLEN & HANBURY LTD.
LONDON, E.2.

Telephone—
Bishopsgate 3201 (10 lines)

Telegrams—
"Greenburys Edo London"



FORMASAL AND ARTHRITONE

**ELIXIR FORMASAL AND TAB. ARTHRITONE ARE BEING USED
WITH GREAT SUCCESS IN ALL RHEUMATIC CONDITIONS**

**"THERE IS NO MEDICINAL AGENT IN
USE WHICH GIVES SUCH RAPID AND
LASTING RESULTS."**

M.B., B.Ch.

HOUGH, HOSEASON AND Co. LTD.
PHARMACEUTICAL SPECIALISTS TO THE MEDICAL PROFESSION
MANCHESTER.

Letters, Notes, and Answers.

All communications in regard to editorial business should be addressed to **The EDITOR, British Medical Journal, British Medical Association House, Tavistock Square, W.C.1.**

ORIGINAL ARTICLES and LETTERS forwarded for publication are understood to be offered to the *British Medical Journal* alone unless the contrary be stated. Correspondents who wish notice to be taken of their communications should authenticate them with their names, not necessarily for publication.

Authors desiring REPRINTS of their articles published in the *British Medical Journal* must communicate with the Financial Secretary and Business Manager, British Medical Association House, Tavistock Square, W.C.1, on receipt of proofs.

All communications with reference to ADVERTISEMENTS, as well as orders for copies of the *Journal*, should be addressed to the Financial Secretary and Business Manager.

The TELEPHONE NUMBERS of the British Medical Association and the *British Medical Journal* are MUSEUM 9361, 9362, 9363, and 9364 (internal exchange, four lines).

The TELEGRAPHIC ADDRESSES are:

EDITOR OF THE *BRITISH MEDICAL JOURNAL*, Aitiology Westcent, London.

FINANCIAL SECRETARY AND BUSINESS MANAGER (Advertisements, etc.), Articulate Westcent, London.

MEDICAL SECRETARY, Medisecra Westcent, London.

The address of the Irish Office of the British Medical Association is 16, South Frederick Street, Dublin (telegrams: *Bacillus, Dublin*; telephone: 62550 Dublin), and of the Scottish Office, 7, Drumsheugh Gardens, Edinburgh (telegrams: *Associate, Edinburgh*; telephone 24361 Edinburgh).

QUERIES AND ANSWERS.

DERMATITIS HERPETIFORMIS.

DR. J. E. RICHMOND (Liverpool) writes: I should be grateful if someone would suggest some form of treatment, which has been tried with success, for a case of dermatitis herpetiformis. I cite a case of a young man, aged 30. Duration of disease, one year. The "usual" treatment has been tried.

TREATMENT OF ASTHMA.

"W." writes: I would be glad to know if any of your readers have tried Dr. Paul Cantounet's treatment of asthma, and with what results? Is there any translation of his paper available in English? The pamphlet I have is entitled "Traitement curatif de l'Asthme." Par Docteur Paul Cantounet. Communiqué à l'Académie de Médecine, le 22 Février, 1929. Deuxième édition. Norbert Maloine, 22, Rue de l'Ecole de Médecine, Paris. 1929.

COLOUR-BLINDNESS.

"A. B." writes: I should be glad if any of your readers could give information regarding colour-blindness (especially red). Is there any treatment? What professions or trades are suitable? Is the medical profession unsuitable? What literature can be consulted, especially as to career?

KEEPING FIT IN HOT CLIMATES.

DR. E. J. BALL (Clifton) writes in reply to "C. H. B." (July 26th, p. 168): Try hot tea. In the old sailing-ship days my father was seven years on end in one commission on the Gold Coast, etc. Three doctors in his ship died in succession, and on one occasion he was one of about a dozen in his ship's company of 180 men who did not get yellow fever. The doctors, he told me, drank spirits, and used to laugh at him for drinking hot tea. But the tea induced perspiration, and he lived while they died. He was not a teetotaler.

CLEANSING OF THE CHALICE.

THE VEN. BERESFORD POTTER, M.A., sometime Archdeacon in Cyprus and Syria, writes: I see in your issue of July 26th two observations by "Medicus" and "R" concerning the cleansing of the chalice in the Holy Communion service. This matter was discussed at the last Lambeth Conference, and a leading bishop, I understand, reported that the best way of meeting the difficulty was the adoption of intinction. Nothing, however, was finally settled; but in the proposed prayer book of 1927 (p. 283) the following words were used: "When it is desirable to administer both kinds together the words of administration shall be said thus," etc., and the note was added "that the same order shall be observed, with the permission of the bishop, when it is deemed necessary, through grave danger of infection, to administer both kinds together at the open communion." Although this prayer book has not received the approval of Parliament, there is not the slightest doubt that no objection could or would be made by Parliament to action suggested by this proposal of the bishops and Church Assembly. This I know from a leading opponent of the new prayer book. Many clergy have already agreed to offer intinction, at the open communion, to any communicant desiring it. This can be arranged by such communicants kneeling at the extreme end of the altar rails, and the bread or wafer dipped in the wine while administering to them. The priest would then continue to administer to the remaining communicants in the accustomed way. It should be observed that on and after the Council of Clermont, A.D. 1095, Pope Urban the Second agreed to the custom of dipping the bread in the

wine when there was any danger of spilling the wine, and also in administering to the sick. In A.D. 1414-18 the Council of Constance forbade communion in both kinds. It was not until A.D. 1547 that the present undesirable practice, which a great number of leading medical men now condemn, especially in large centres of population, was introduced by Archbishop Cranmer. I understand that a considerable number of people in the English Church, failing an arrangement for intinction, receive only in one kind.

DR. FREDERIC SANDERS writes on this subject: My grandfather always attended church thrice on Sundays, my father (a doctor) twice, myself usually once, but unless the abominable and disgusting practice at present obtaining in the communion service is changed, I shall do what I can to prevent my son attending at all.

LETTERS, NOTES, ETC.

THE "MEDICAL DIRECTORY."

MESSRS. J. AND A. CHURCHILL (40, Gloucester Place, Portman Square, W.1) write: The annual circular for the *Medical Directory* has been posted to each member of the medical profession. If the form has not been received a duplicate will be sent on request. We shall be grateful for the return of the forms by an early post.

THE FOOT AND THE SHOE.

MR. JOHN HOYLE (general secretary of the Boot Trades Association, Ltd.) writes: The leading article in the *Journal* of July 5th on "The foot and the shoe" has greatly encouraged us in our efforts to achieve some form of agreement in the trade upon what constitutes healthy footwear. We particularly wish to secure the interest of the medical profession in our attempt to bring home to the public the value of sound footwear as an aid to lessening foot troubles and the risk of illnesses which arise from damp feet. The boot and shoe trade has spent many months on research work, and has sought the advice of many authorities in its endeavours to collect data useful to the trade. The human foot has been classified into certain types, and this classification has been made available to manufacturers with a view to helping them to replace obsolete methods of "fittings." Special instruments have been devised which enable the category of a foot to be immediately determined and the appropriate type of shoe selected. I may mention, as evidence of the desire of our Federation to improve footwear along correct lines, that we have had the benefit of the honorary advisory services of an orthopaedic surgeon who, in lectures and by personal advice, has given our members a better knowledge of the anatomy of the foot in relation to the construction of lasts. It will therefore be seen that the trade is doing its best to encourage the manufacture and use of sensible footwear, and it would appreciate nothing more than the endorsement of the medical profession.

DELAYED GROWTH IN HEIGHT.

DR. D. I. CONNOLLY (Sale) writes: The following case of delayed growth in height occurring after the age of 30 years might, I thought, be of interest. A lady, aged 30 years, consulted me some two months ago about dizziness, nausea, and malaise. I ordered rest in bed and strictly fluid diet. Jaundice of an obstructive type intervened, and I gave her small doses of calomel and a bismuth mixture. She stayed in bed six days and all the symptoms gradually cleared up. When she got out of bed both her husband and she were astonished to notice that she seemed appreciably taller. Measurements were taken and checked, and it was found that she had grown 1½ in. in height during the six days in bed. A fortnight later she was measured again, and she had grown another 1½ in., again checked. This was about five weeks ago. Since then she has remained stationary in height. She now measures 5 ft. 6 in. She has one brother younger than herself and two sisters older, and all of them are 6 ft. 1 in. in height. To many of us I feel sure this case will be unusual. I have not looked up the literature on the subject. Perhaps some of your correspondents could throw light on the matter?

INFECTED EGGS.

DR. E. F. WILLS (Rendlesham Hall, Woodbridge) writes: In the *British Medical Journal* of July 12th (p. 56) Dr. Scott gives a very illuminating account of infection conveyed by ducks' eggs. The mode of infection of the eggs is said to be *in utero*. May I suggest a second mode of infection that is just possible. In hot countries eggs are kept covered from biting flies, as several kinds can pierce the shell and so contaminate the contents. I have seen a mosquito pierce the shell of a chicken's egg, and such eggs go bad, as the shell is no longer whole. Ditches produce several kinds of biting insects, and it seems quite possible that infection would be conveyed in this way. I had a section of a mosquito's head and proboscis, showing in the proboscis, and travelling toward the tip, a pair of filariae; these would be injected into the victim first bitten and a whole cycle of filariasis started in the body of it. Would it be possible for ducks' eggs to be infected in this way by some poisonous guat?

VACANCIES.

NOTIFICATIONS of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found at pages 32, 33, 34, 35, 38, 39, and 40 of our advertisement columns, and advertisements as to partnerships, assistantships, and locumtenencies at pages 36 and 37.

A short summary of vacant posts notified in the advertisement column appears in the *Supplement* at page 95.



HIPPOCRATES
(460-370 B.C.)

In therapeutics, the "Father of Medicine" believed in assisting nature, although he knew the use of many drugs. Fresh air, good diet, barley water, wine, massage, hydrotheraphy and purgation were the plain expedients which he advocated.

BLACK HELLEBORE, the universal purge in the days of Hippocrates, has probably helped many to return to health, who would have been little benefited by bleeding and other heroic contemporary measures of treatment.

A clean intestinal tract is of no less importance to-day in maintaining and restoring health than in ancient times. But the therapeutic measures have changed. Modern research has made available

AGAROL

BRAND COMPOUND

the original mineral oil emulsion with phenolphthalein. The bitter taste of hellebore has been replaced by the agreeable taste of Agarol Brand Compound; in place of the danger of irritation of mucous membranes Agarol Brand Compound offers safety from accessory effects. It gently stimulates the peristaltic function, and by softening the intestinal contents makes evacuation easy and painless. Used over an adequate period, it tends to re-establish normal function.

*Liberal trial quantities at the disposal
of physicians upon request.*

FRANCIS NEWBERY & SONS, LTD.,
31-33, BANNER STREET,
LONDON, E.C.1.

*Prepared by WILLIAM R. WARNER & CO., INC.
Manufacturing Pharmacists Since 1856.*

ASTHENIA and the Fatigue Syndrome

are usually conditions in
which a definite pathology
cannot be demonstrated.



Hormotone BRAND

has proved its value in treatment, through its action in:

*Stimulating cell metabolism,
Increasing the respiratory
exchange,*
and

*Raising to normal the low
blood pressure usually attendant
upon such conditions.*

*Dose: One or two tablets
three times daily before meals.*

G. W. CARNRICK CO.

2-24, Mt. Pleasant Avenue,
NEWARK, NEW JERSEY.

Dependable Gland Products.

London Agents:

BROOKS & WARBURTON Ltd.,
40-42, Lexington Street, W.1.