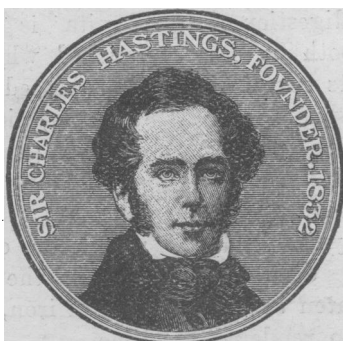


The

AUG 21 1930

British Medical Journal

THE JOURNAL OF THE BRITISH MEDICAL ASSOCIATION.



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WITH SUPPLEMENT.

No. 3631.

SATURDAY, AUGUST 9, 1930.

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The **TELEPHONE NUMBERS** of the British Medical Association and the *British Medical Journal* are **MUSEUM 9861, 9862, 9863, and 9864** (internal exchange, four lines).

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QUERIES AND ANSWERS.

SOUP MILK.

"E. W. D." asks for advice about the conducting of the sour milk treatment in the case of persons unable to afford the expense and time involved in daily use of the various commercial preparations on the market. He believes that in the Balkans, whence the treatment came, the souring process is kept up by simply transferring a small portion from milk already sour to a fresh bowl, and that there are people who adopt this method in Britain. He would be glad to have particulars how this is done, and of the best preparation with which to start the process.

UNUSUAL REACTIONS TO ULTRA-VIOLET RAYS.

DR. P. CLENNELL PENWICK (Christchurch, New Zealand) writes: Has anyone using the ultra-violet rays had experience of unusual reactions following the use of this ray? A dark-haired woman, aged 38, with five ulcers on the legs, was given local treatment with the ultra-violet rays, and also the usual "bath" over the whole body, the face being protected. The ulcers began to heal well, but the skin over the body reacted quickly, and after the seventh "bath" treatment was discontinued for several days. The whole body showed very marked dermatitis, with a number of crusting areas on the breasts; moreover, the face, which had not been subjected to the rays, peeled, as if the patient had been badly sunburned. The reaction was so violent that I was much concerned. The skin quickly improved, and the crusted areas healed well, but I do not understand why the face, which was never exposed to the rays, should show so marked a reaction.

TREATMENT OF OBESITY.

"A. H." writes: I know two medical men who speak highly of a cure of obesity by high rectal enemata and purely vegetable diet. I have not been able to find any literature on the subject. Is there any article or book available?

BROMIDROSIS.

"A. V. C.," replying to the inquiry of "R. B. C." in the *Journal* of July 12th (p. 86) with reference to profuse and offensive perspiration, writes: If the boy will use a nail-brush and rub soap into the soles of the feet for a few days, and afterwards soap the feet daily, especially the heels and the ball of the foot, nothing in the way of chemicals is necessary. These boys are not taught to soap the soles of the feet when bathing or washing the feet. Of course, well-ventilated shoes are also desirable, such as canvas shoes in hot weather.

DIET IN RHEUMATISM.

"T. L." writes: In reply to Dr. Grant's inquiry in the *Journal* of July 19th (p. 128), I should like to suggest a trial of the following diet for rheumatism. All drinks should be unsweetened; additional drinks—plain water, or water into which a little lemon juice has been squeezed—should be taken between meals. Cocoa, tea, and coffee are very beneficial without milk or sugar, though a little milk can be added if necessary. Grape fruit or lemon juice, unsweetened, can be taken before breakfast. If meat cannot be left out of the diet, its quantity must be definitely reduced. Sweet puddings of the starchy variety and stewed sweetened fruit are definitely injurious; these should be replaced by fresh fruits and nuts. Potatoes are best baked and served with butter. Salads can be freely indulged in. The evening meal should be chiefly protein, starchy foods being replaced by fats as much as possible. Fish, eggs, butter, and cheese at night are better than pastries, etc. Germ bread or rye vita biscuits will supply any deficiency which may be felt in the reducing of the bulk of the diet.

LETTERS, NOTES, ETC.

IODINE IN THE PREVENTION OF MISCARRIAGE.

DR. J. WINIFRED WARD (Chanda, India) writes: In view of the remarks of Professor Beckwith Whitehouse in the *Journal* of December 14th, 1929 (p. 1095), as to the value of iodine in pregnancy, and of the cases of habitual miscarriage successfully treated by iodide and iron recorded by J. Novak (see *Epitome*, June 5th, 1926, para. 576), the following two cases may be of interest. Both were referred to me from the local infant welfare centre, and I have sent an account of them to the Central Provinces and Berar Red Cross Infant Welfare Committee. The first patient was a healthy low-caste Indian woman with a history of two normal pregnancies, followed by five pregnancies in which foetal movements stopped at the beginning of the ninth month and stillbirths took place. She came for treatment in the seventh month, as she thought the foetal movements had ceased. She received syrup ferri iodidi, and gave birth to a full-time living male infant. In the second instance a high-caste Indian woman was brought by her husband in the seventh month of pregnancy, as she thought the foetal movements had much diminished and felt a sensation of weight in the lower abdomen. She had had two stillbirths at the seventh month, following which her Wassermann reaction and that of her husband were tested and found to be negative. The husband stated: "The pathologist gave my wife some injections afterwards to make sure." She was treated by syrup of ferrous iodide, and, since she stated that this made her vomit, by powders of sodium bicarbonate and magnesium carbonate. She gave birth to a healthy full-time male infant.

"UKUSIZA ABA LIMELE."

In the Witwatersrand gold mines the native appears to have become deeply interested in first aid, so that there are now over 22,000 natives possessed of first-aid certificates and badges. Dr. H. T. H. Butt, senior medical officer of the Randfontein Estates Gold Mining Company, finding theoretical tuition unnecessary for the uneducated Bantu, has hit upon the plan of photographing natives in the process of applying splints and bandages, in resuscitating the apparently dead, and in carrying patients or placing them on stretchers. The photographs have been collected in a little work entitled *Ukusiza ABA Limele*; the name of each injury is given in Zulu, Xosa, Sesuto, and English, and an occasional slogan in the same four languages is thrown in, for the purpose, presumably, of encouraging any Bantu who can read to join the movement. The booklet is published by the Rand Mutual Assurance Company; it has the blessing of the South African Red Cross Society, and Dr. Butt thinks that it may be of interest to Europeans. This should be so, if only for the photographs of fine, muscular natives seriously enjoying the processes of demonstration. But where did Dr. Butt find the horrible word "annexure" for what is commonly called an appendix? His booklet is published by the Prevention of Accidents Committee of the Rand Mutual Assurance Co., Ltd.

RETENTION OF URINE FROM LARGE VAGINAL CLOT.

DR. C. J. HILL AITKEN (Kilshurra, near Rotherham) writes: A multipara had post-partum haemorrhage. I made her lie flat on her back and kept her so. The oozing, which continued, I disregarded, as from her oedematous condition I judged she was albuminuric and the bleeding salutary. The uterus was in good position and of a size and of a consistency normal to the puerperium. Thirty-six hours later I was called, as the patient could not pass urine and was in great pain. The catheter withdrew about a pint and a half of urine. Thereafter the bowels, which had been locked up despite a large dose of black draught acted freely, and a clot, which the friends took to be the after-birth, came away. Later the patient again passed water naturally. Shears, in his *Obstetrics*, warns his readers about the danger of retention of lochia if a patient too long lies on her back. In this case the oozing blood accumulated (presumably—I did not examine per vaginam) and formed a massive clot in the upper vagina, hence the retention of urine.

CINEMATOGRAPH FILMS AND CUSTOMS EXAMINATION.

MESSRS. KODAK, who have arranged to illustrate certain of the papers to be read at the forthcoming meeting of the British Medical Association in Winnipeg, write: When cinematograph film subjects, cinematograph apparatus, or photographic apparatus which is dutiable in this country are taken abroad for temporary use, and will ultimately be brought back to Great Britain by the owner, it is advisable to submit such material to an examination by a Customs officer, who, in most cases, will issue a form stating that the dutiable articles are to be re-admitted free of duty at a specified port of entry within a stated period. Sufficient time should be allowed for the necessary formalities to be complied with before embarking.

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 column appears in the *Supplement* at page 104.

NATURALLY RICH

IN VITAMIN "D"



A "RESURRECTION"

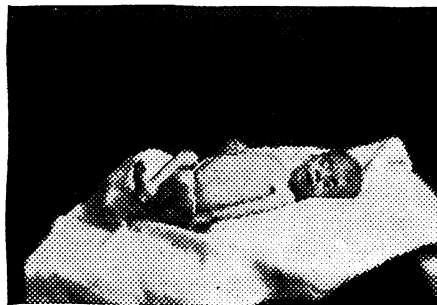
GUILDFORD

30/6/30

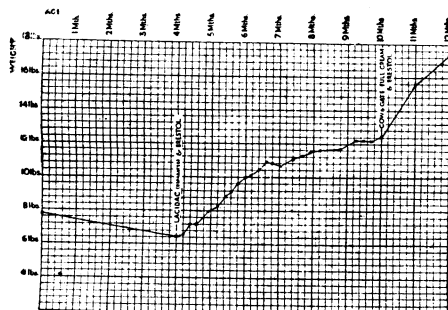
"Baby Hook, came under my care shortly after birth suffering with marasmus following whooping cough. Broncho-pneumonia developed and was with great difficulty cleared up, leaving the child in a very low condition. Feeding proved a difficult problem, several things were tried without beneficial results.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

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

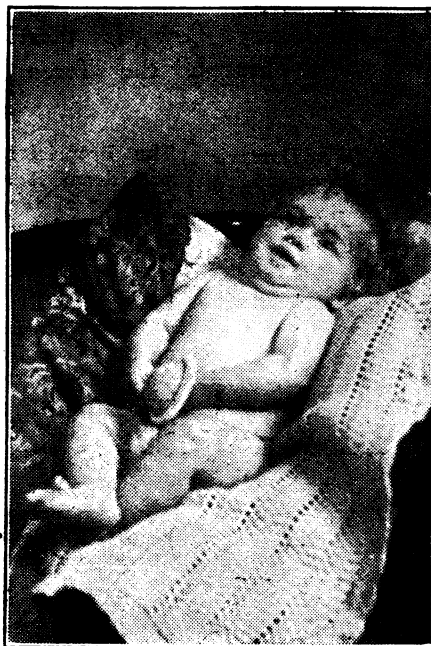
Lacidac (separated) and Brestol, the Cow & Gate Humanised Cream, were used in the early days of treatment. Cow & Gate Full Cream and Brestol being used subsequently.



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



Progress Chart



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

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GUILDFORD, SURREY

BILIARY STASIS AND GALL-BLADDER DISEASE

It is stated that ten per cent. of our entire adult population suffer from gall-stones. As gall-stones, presumably, always follow infective inflammations, cholecystitis must be even more common. The relative frequency with which the gall-bladder is infected, on the one hand, by the bile received from a liver whose detoxicating capacity has been lowered, and, on the other hand, directly by the blood supplied through the cystic artery, is not determined; but, in either case, biliary stasis is a prominent aetiological factor in actual gall-bladder disease. The importance of promoting more active intestinal peristalsis and a hastened biliary flow is therefore obvious. Through the force of

osmosis, the flow of bile into the intestine may, as the duodenal tube has revealed, be stimulated by suitable saline draughts, of which Eno's "Fruit Salt" is perhaps the most agreeable and most generally useful. It is suggested that many early cases of cholecystitis—apt to be cursorily dismissed with the vague diagnosis "dyspepsia"—might be arrested by such simple means as increased exercise and regular morning draughts of Eno's "Fruit Salt."

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