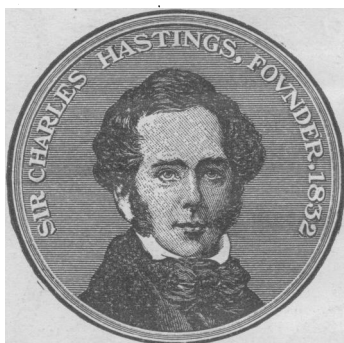


The
British Medical Journal
THE JOURNAL OF THE BRITISH MEDICAL ASSOCIATION.



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WITH SUPPLEMENT.

No. 3637.

SATURDAY, SEPTEMBER 20, 1930.

Price 1/3



Syrup Cocillana Comp.

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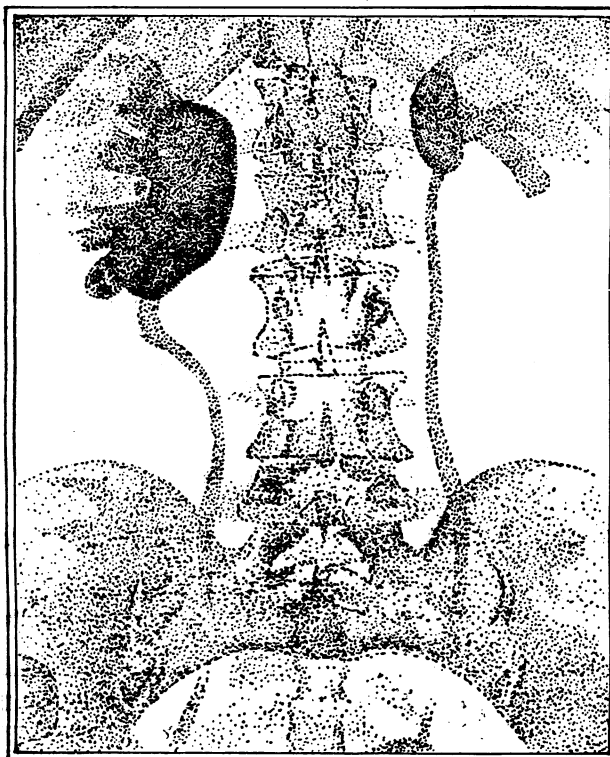
Tincture of Cocillana	5 mins.	Fluid Ext. of Squill	1/4 min.
Tincture of Euphorbia Pilulifera	15 mins.	Fluid Ext. of Senega	1/4 min.
Syrup of Wild Lettuce	15 mins.	Tartarated Antimony	1/184 gr.
Cascarin (P., D. & Co.)	1 gr.	Menthol	1/100 gr.
Ethylmorphine Hydrochloride		1/32 gr.	

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WRITER'S CRAMP.

DR. W. BLACK JONES (Creigiau, Cardiff) writes: In reply to "Devon" (September 13th, p. 455), I suggest that treatment by electrolysis would be very beneficial; the methods are described in a paper which I published in the *British Medical Journal* of January 17th, 1925, entitled "Treatment of neuritis by electrolysis." Some years ago I suffered from this complaint, and the treatment has been quite successful.

"E. A. B." (London, W.1) writes: This condition should be regarded as a neurosis. Relief will almost certainly follow appropriate psycho-therapeutic treatment.

SOUR MILK.

DR. H. M. SUTTON (Medstead, Hants) writes: Among the various methods of making sour milk mentioned by your correspondents I have not observed any reference to the very simple method in use in Germany. Fresh unboiled milk is put into a bowl or pie-dish or any such open vessel, without the addition to it of anything whatsoever. The vessel is placed in the larder in warm weather, or in the kitchen in cold weather, and after standing untouched for thirty-six to forty-eight hours, it is ready for use, having the appearance of junket and a very pleasant, slightly acid flavour. It may be eaten alone, or, as is usual in Germany, with a mixture of powdered cinnamon and sugar sprinkled over it. We have used this method in our house for forty-five years, and have found none other so simple and easy, and none to give better results, after having lived amongst and tried the methods of many nations.

WHITE SPOTS ON FINGER NAILS.

DR. G. W. FLEMING (Tadmorden) writes in reply to "R. L.'s" inquiry (September 15th, p. 455): I believe from observation of my own nails that these white spots are entirely due to injury to the quick of the nail (the white crescentic part) in pushing back the cuticle. If this is done gently, with as little pressure on the quick of the nail as possible, no further spots should appear.

DR. F. DOUGLAS MARSH (Edgbaston, Birmingham) writes: White spots on the finger nails are scars. They are caused by injury to the base of the nail fold, usually inflicted by pressing back the cuticle when it is dry. If the cuticle is dealt with only when soft and moist, the white spots will cease to be formed.

"E. J. P." writes: These spots can be caused by excessive zeal in manicuring, through bruising the nail bed with a sharp instrument. Let the patient use only a rubber "hoof" to push back the cuticle, but warn her that some spots have yet to appear from damage already inflicted.

"D. Y." writes: In my experience persons showing white spots on finger nails are invariably of a very nervous temperament, and frequently suffer from definite psychoneurotic symptoms.

ANHYDROSIS AND ABSCESS.

DR. A. KENDREW (Ticehurst, Sussex) writes: In reply to Dr. R. Johnston McNab (September 13th, p. 456), who describes two cases of axillary adenitis following the use of a toilet preparation, it may be of interest to record a case of mine now under treatment for axillary adenitis and abscess, due to the use of one of the proprietary depilatories. There was no pyrexia.

DR. SPENCER CHURCHILL (Ryde, I.W.) writes: In reply to Dr. Johnston McNab's inquiry, I have had a similar experience. A maid in a boarding house applied a toilet preparation to her axillae for the purpose of removing hair. She made only one application, which was followed immediately by smarting and pain. A week later I was asked to see the patient (a plump brunette) because she was prevented from sleeping by pain in the right axilla. On examination she presented the signs of acute cellulitis of the right axilla. On the ninth day after the application of the irritant I incised an abscess and evacuated about 1/2 oz. of pus. One of the patrons of the boarding house declared that she had used the same toilet preparation without harm.

1 LB. AT BIRTH.

DR. E. H. HEATON (Clacton-on-Sea) writes: I do not know what is the smallest living baby recorded, but think the following might be worth reporting: 6 months' baby, male, weight 1 lb., was living and survived for 57 hours.

* * In the *Journal* of November 10th, 1928, Dr. W. L. Hubbard recorded the survival of a child whose weight at birth was 15 oz., and on December 8th, 1928, Dr. Herbert Shackleton recorded that of a child weighing 17 oz.

INCOME TAX.

Cash Basis.

"T. B. E." has been assessed on the cash basis in the past, but has now been asked to state the total amount of debts outstanding at the end of the year.

* * It would be obviously wrong to include these outstanding debts without deducting the amount outstanding at the beginning of the year. That combined adjustment would have the effect of converting the "cash basis" to a "bookings basis," and is justifiable if there has been any appreciable change in the volume of the work done; otherwise, the result of the two methods should be substantially the same, and there is no

necessity to discard the more convenient "cash basis." It should be remembered that in making the conversion mentioned above, an allowance should be claimed for bad debts—that is, the probable losses should be carefully computed and deducted from the gross totals at the commencement and the end of the year. It is largely in the avoidance of these troublesome estimates that the advantage of the cash basis lies.

LETTERS, NOTES, ETC.

INTERNATIONAL ORAL HYGIENE EXHIBITION.

WE have received the following communication from Mr. A. E. ROWLETT (165, London Road, Leicester) and Mr. J. MENZIES CAMPBELL (14, Buckingham Terrace, Glasgow, W.2), who are acting as joint organizers for the British Section of the Oral Hygiene Exhibition, Eighth International Dental Congress:

It was unanimously decided by the Hygiene Commission of the Federation Dentaire Internationale, during the recent session held at Brussels, that an International Oral Hygiene Exhibition should form part of the Eighth International Dental Congress at Paris from August 3rd to 8th, 1931. The organizing of this exhibition was delegated to a committee, comprising representatives chosen from all countries affiliated to the Federation Dentaire Internationale. In this way its international character is assured. As it is most desirable that Great Britain should be adequately represented, we should be glad if those who are in a position to assist with suitable exhibits relating to all branches of oral hygiene, including the teeth of children of all ages, as well as those of adults, and the care of the expectant mother, would forward to either of the above full particulars of any exhibits which they may be prepared to loan. This should be done as soon as possible, because the organizers of the Hygiene Exhibition will require to know before the beginning of December the exact space to allot to each country. It is particularly requested that our colleagues will assist in making the British Section of the exhibition eminently successful.

SPECIALISM IN RADIUM SURGERY.

DR. A. CAMPBELL (Perthshire) writes: I shall be glad if Mr. Duncan Fitzwilliams would enlighten us on the following matters: (1) Who are the people referred to in his paper on the technique of radium therapy (*British Medical Journal*, August 30th, p. 309) as "trained and capable" of using radium? (2) How is one to know who may rightly be described as a specialist in radium surgery? (3) Are the institutions to blame if it is indeed a fact that "radium treatment in this country has survived in spite of . . . institutions which have loaned radium to people entirely ignorant of the subject"? Should they have left the radium in charge of a surgeon—that is, an F.R.C.S.—or a radiologist—that is, one who holds a D.R.M.E.—or should the appropriate specialist have had both degrees? I do not think that radiology is an optional subject for an F.R.C.S. examination, as it is for the M.R.C.P.Ed. How, then, is a hospital board to be guided? It seems plain to me that "radium surgery" should be in the hands of radiologists who are capable surgeons, and that radiology should be made a special subject for F.R.C.S. examinations.

PREGNANCY AND CERTIFICATION.

"H. R." writes: I think it is time that a committee was appointed jointly by the British Medical Association and the Ministry of Health to lay down rules for the guidance of national health insurance practitioners in certifying pregnancy. I suggest this as much for our own protection as for the benefit of the patient. Guided by our regional medical officer, my habit has been to "sign the patient on" five weeks before the expected date. My experience has been that patients come up between four and a half and six months and ask to be "signed on the panel." They want to get "something out of the panel"—an investment to be repaid a thousandfold. I am sure that most of them who are signed on do heavy manual work in the house all the time. When I decline to sign them on, as I do in uncomplicated cases until the last five weeks, I am told that Dr. X or Dr. Y signs patients on without any fuss at the sixth month or earlier, and, what is more, allows a few weeks after the confinement. In one case I was told that for weeks one doctor was giving wool, lysol, sheeting, etc., in preparation for the confinement. Very often the patients are urged to this attitude by unscrupulous insurance agents, who seek thus to curry favour and effect private insurances. Some of my patients have transferred because of my refusal to sign them on at six months. Those who have stayed have been discontented. I suggest there should be definite times for signing on uncomplicated cases; thus, for example: light manual workers, eight months; heavy manual workers, seven months; and that no certification should be accepted on other times. This would put a stop to an undesirable situation, and to public accusation of liberal certification.

VACANCIES.

NOTIFICATIONS of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found at pages 43, 44, 45, 46, 47, 51, and 52 of our advertisement columns, and advertisements as to partnerships, assistantships, and locumtenencies at pages 48, 49, and 50.

A short summary of vacant posts notified in the advertisement columns appears in the *Supplement* at page 143.

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IN VITAMIN "D"



A "RESURRECTION"

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30/6/30

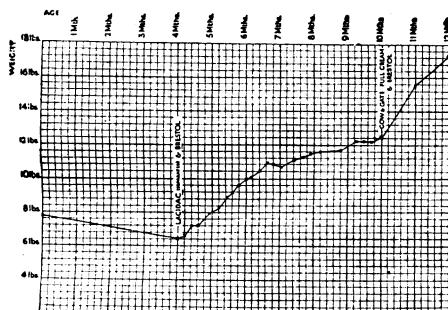
"Baby Hook, came under my care shortly after birth suffering with marasmus following whooping cough. Broncho-pneumonia developed and was with great difficulty cleared up, leaving the child in a very low condition. Feeding proved a difficult problem, several things were tried without beneficial results.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

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

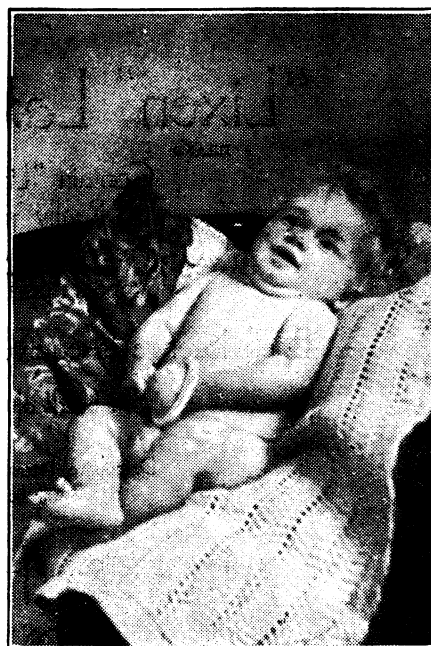
Lacidac (separated) and Brestol, the Cow & Gate Humanised Cream, were used in the early days of treatment. Cow & Gate Full Cream and Brestol being used subsequently.



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!

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