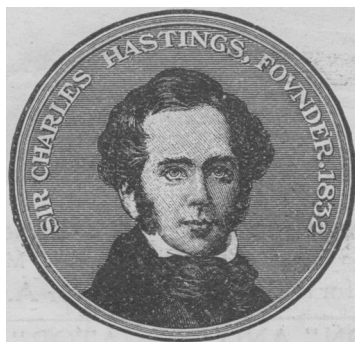


The British Medical Journal

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No. 3640.

SATURDAY, OCTOBER 11, 1930.

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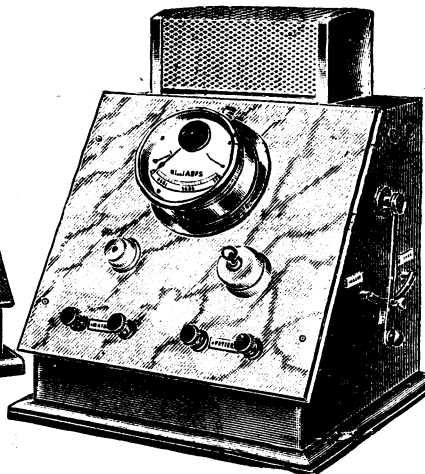
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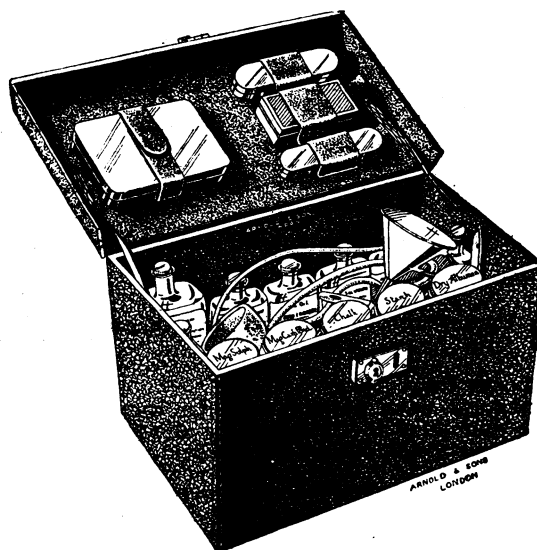
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ALUMINIUM COOKING VESSELS.

"W. S. M." writes: A patient complained to me of an alteration in the taste of food cooked in aluminium vessels. I always understood that no deleterious effects resulted from the use of aluminium as cooking utensils so long as no sodium bicarbonate was added to the food. Is there any authoritative information available?

SACCH. UST.

DR. A. R. McCLURE (Wellington, Salop) writes: Every now and then one hears well-authenticated tales of patients returning for a repetition of a mixture containing simply burnt sugar and water, because it is the only medicine that does them good. This effect is rather hastily attributed purely to suggestion. But the effects of other and more costly elements exhibited in small amounts, very finely divided, are due to properties of the substances themselves; caramel consists partly of colloid carbon. The consumption of sacch. ust. in many practices is measured in gallons; there must exist, therefore, a body of evidence, based upon actual experience, which, if available, might throw some light upon the indications, if any, for its specific employment. The representatives of drug houses whom I have consulted personally believe that in many cases more caramel is actually used than would be necessary for colouring purposes.

TREATMENT OF PRURITUS ANI.

"J. M." writes: In the *Journal* of June 7th (p. 1080) "Cérons" asks about the treatment of pruritus ani. I suffered for many years in exactly the same way as "Cérons." I was quite free from any itching until I grew warm in bed, when it became intolerable. Unguentum metallorum gave me almost immediate relief; applying it in the morning for three or four days entirely relieved me for about three weeks. For about four years I was entirely free from the complaint, but three months ago it recurred in a very acute form. I obtained immediate relief under the same treatment, and am now well. I have never noticed this ointment mentioned as a treatment for the complaint. I may add that I have treated many patients in the same way quite successfully.

CHEIROPOMPHOLYX.

DR. HUGH WILLOUGHBY (Gravesend) writes: In reply to "Symington's" inquiry I would suggest that he tries soaking his hands twice a day in water containing a teaspoonful of formalin to each pint of water, and allowing the hands to dry without wiping. Alternatively he might try using an ointment composed of equal parts of salicylic and benzoic acids in lanoline (xv grains aa to 1 oz.). I am myself a sufferer in hot weather, getting the infection on both my hands and feet, and the first remedy suggested never fails to alleviate the condition. I come across many cases of this type of dermatitis in persons home from the Tropics, and suggest both methods of treatment with equal success. I have observed that cold weather usually effects a cure without any active treatment, and patients from the Tropics have commented on the fact that recurrence is often noted on their reaching the Red Sea when returning to the East. Like "Symington," I label these cases cheiropompholyx.

DR. G. M. WILCOCKSON (Guildford) writes: In June last I had a severe attack of this disease between each of the fingers of my right hand; first the irritation, and afterwards the smarting, were so bad that I could not sleep. I frequently had to get out of bed and hold my hand in cold water. As the condition did not attempt to clear up I went to the Skin Hospital in Fitzroy Square, where I saw Dr. Cowen, who prescribed ung. hyd. ammon. dil. gr. x ad 3j. The condition was practically well after two weeks' treatment. Dr. Cowen said that AgNO_3 gr. ij ad 3j. aetheris nitrosi 3j. applied to the papules when first they appeared, would often abort the attack. I have found that so. At present I have a recurrence between the index and middle fingers, a deep raw crack, which is yielding to the ointment.

DR. LEO SPIRA (London, N.W.6) writes: As a late sufferer from cheiropompholyx I sympathize with "Symington," and in answer to his query (October 4th, p. 586) I refer him to my two articles, "Some skin manifestations and their relation to the disturbance of the gastro-intestinal tract," *Franco-British Medical Review*, October, 1928, and "Chronic poisoning by an irritant contained in cooking utensils and tap water," *ibid.*, December, 1928. The method therein described effected a complete cure after many other kinds of treatment had been tried without success.

INCOME TAX.

Depreciation of Assistant's Motor Car.

"W. W. B." uses his own car, but his principal pays tax and insurance, as well as petrol and other running costs. Can he claim in respect of depreciation.

* * Yes. The allowance for "the diminished value by reason of wear and tear" was extended to the assessment of the profits or gains of an employment by Section 16 of the Finance Act, 1925. The loss by wear and tear clearly falls on "W. W. B.," and we can find no ground for refusing him the usual percentage deduction.

Payment of Interest in Full.

"PERPLEXED" is paying for the share of a retired partner in instalments, plus 5 per cent. interest on the capital amount unpaid. The recipient suggests that, as he is not liable to tax, the interest should be paid without deduction of tax.

* * The legally correct course is for "Perplexed" to deduct tax and for the retired partner to recover it from the authorities.

If, however, the latter can be satisfied that the tax is not ultimately due, we think that they will agree to the interest being paid in full and will make an allowance accordingly in assessing "Perplexed." But it is for the retired partner to agree to the necessary arrangement with the authorities.

LETTERS, NOTES, ETC.

ANHIDROSIS.

A CORRESPONDENT writes to point out that the correct spelling of the word which means "absence of perspiration" is, of course, *anhidrosis*. The word "anhydrosis" would mean "absence of water"—from the Greek an , the negative prefix, and hidros , water. "Anhidrosis"—or "anidrosis," as it may be written—on the other hand, signifies "absence of sweat or perspiration." It is derived from the Greek an and idros , perspiration. Hippocrates used the Greek word anidrosis , a sweating, but also the words anidros , "without perspiration," and anidrosi , an adverb meaning "sweatlessly." Xenophon (in *Cyrus*) uses the word anidrosos , "without having sweated."

GENERAL EDUCATION OF THE MEDICAL STUDENT.

MR. R. S. ILLINGWORTH (School of Medicine, Leeds) writes: I have read with interest Professor Dean's article in the Educational Number of the *Journal* (September 7th) about the general education of the medical student. I myself decided on my career at the age of 14, after taking my matriculation, and advisedly continued with classics, instead of changing over to the science side of the school. I entered the University fully prepared for a year's really hard work in making up lost ground, but I soon discovered that less work was necessary for the year's chemistry, physics, and biology than for the higher certificate and county major scholarship, and I can say with confidence that the change over from classics to science offers no great difficulty. At Leeds, at least, the course starts with the very elements of the subjects, and the average student should have no trouble in keeping up with the work. Of course, it is a little disconcerting to feel in October that one's knowledge of the required subjects is *nil*, and to think that by June one is expected to have reached approximately higher school certificate standard. But the novelty of the subjects makes them interesting, and I can truthfully say that I thoroughly enjoyed my first year in medicine. My headmaster always said that classics teach one how to learn. I believe him. But I doubt whether it could truthfully be said that any other subject teaches one such an extremely important thing, and it is for this reason that classics provide such an excellent foundation for the study of medicine. Anyone at the matriculation stage who had medical inclinations, and who was undecided whether to turn over to the science side, I should strongly advise to carry on with classics, to learn something about English literature, about Greek and Latin verse—especially Homer and Virgil, about ancient history and anthropology, about French and German, all of which subjects are taken in the "sixth classical" of a good school. No, let no more be said about the handicaps a classical man has to face when he starts medicine; it may act as a deterrent to many.

NECROPSIES AND THE GENERAL PRACTITIONER.

"A. C. D." (Devon) writes: The arguments of Dr. Gibson and others who agree with him, while quite true, are, I think, beside the point. The question is—How can the cause of death be most accurately ascertained? Does the average general practitioner in rural districts get sufficient experience in post-mortem examinations to give an opinion of much value, except in obvious cases? And, if not, what is the remedy? Coroner's inquests are not held in order to help the doctor keep up his knowledge of pathology. But, if he is worth his salt, he will attend the necropsy for that purpose, and to help the expert.

SURGICAL THEATRE LIGHTING.

A NEW hospital operating table lighting unit is being exhibited at present by Messrs. Holophane, Ltd., Elverton Street, Vincent Square, S.W.1. It consists of a special reflector, lamp, and lens in a frame, which is suspended from the ceiling; the apparatus is devised to ensure that the maximum beam of light shall strike the centre of the operation area. A simply manipulated mechanism permits the position of the light to be varied, so as to suit different surgical conditions.

MEDICAL GOLF.

THE first meeting of the Sussex Medical (B.M.A.) Golfing Society was held on Sunday, September 28th, on the links of the Brighton and Hove Golf Club. This society has been formed to promote friendly games among members of the medical profession resident in Sussex, and for this competition a prize was given by the captain, Colonel P. Dee. The results were:

First, J. H. Twiston Davies, 2 down; bracketed second, J. M. Holmes and H. G. Downer, 3 down.

VACANCIES.

NOTIFICATIONS of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found at pages 49, 50, 51, 52, 53, 54, 55, 58, and 59 of our advertisement columns, and advertisements as to partnerships, assistantships, and locumtenencies at pages 56 and 57.

A short summary of vacant posts notified in the advertisement columns appears in the *Supplement* at page 171.

ALIMENTARY TOXAEMIAS

PUTREFACTIVE bacteria increase in numbers in the intestine as age advances. They are relatively scanty in the young child, but after middle life are usually present in considerable numbers. Of the micro-organisms concerned, proteolytic anaerobes are probably the most important.

In individuals with a normal intestine and free evacuations, they may do little harm, but in those subject to intestinal catarrh, these putrefactive bacteria become more numerous and active, their products are formed in greater quantity, and are more freely absorbed, and the condition of alimentary toxæmia results. The manifestations of this state are very protean, e.g., "rheumatic" conditions, digestive upset, neurasthenia and neuralgias, increased blood pressure and its complications, and many others. The treatment, in the first place, obviously should be *intestinal disinfection*. For this purpose nothing has solved for years the question of disinfection of the alimentary tract. They definitely reduce the bacterial content of the intestine, as shown by the reduction in *B. coli* by 99% when the capsules are regularly administered for a period of from seven to ten days. We have from time to time published several booklets containing clinical evidence as to their value, and these we will gladly forward, on receipt of a postcard, to any member of the Medical Profession.

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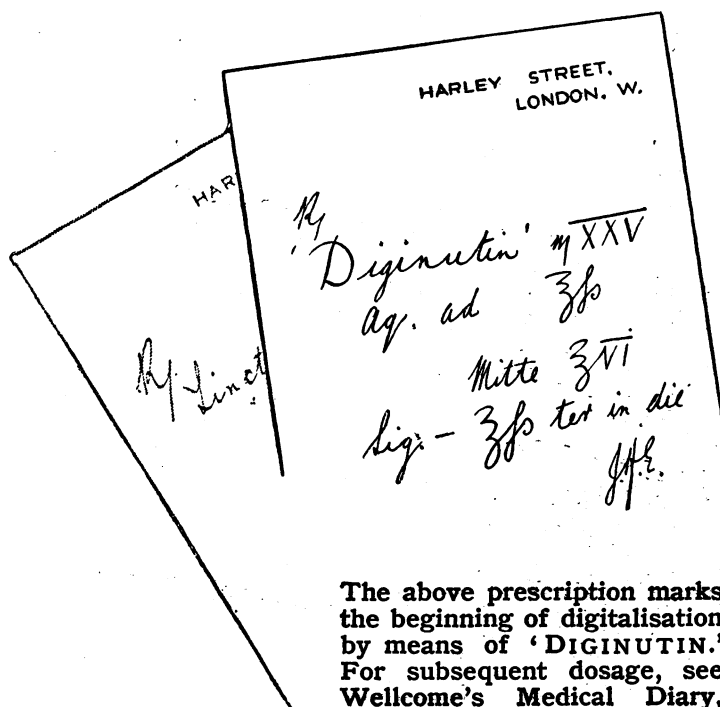
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