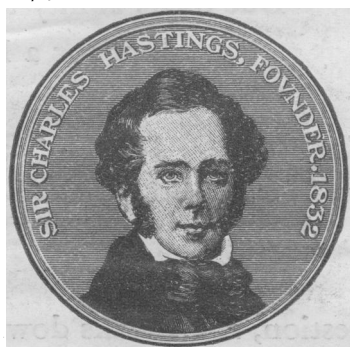


The **Medical** **Journal**

British Medical Journal

THE JOURNAL OF THE BRITISH MEDICAL ASSOCIATION.



Including an Epitome of Current Medical Literature.
WITH SUPPLEMENT.

No. 3641.

SATURDAY, OCTOBER 18, 1930.

Price 1/3

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opus divinum est.
—HIPPOCRATES*

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heat for a long time

Antiphlogistine

relieves local congestion, and breaks down a vascular stasis. It causes an inhibition of the sensory nerves, thus relieving pain by acting through the thermal nerves of the skin.

Antiphlogistine is an analgesic, depletant and sup-
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You may send me literature and sample of Antiphlogistine
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the relief which follows
a good poultice
. . . will ever doubt the
value of heat therapy"*
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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).

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The address of the Irish Office of the British Medical Association is 18, South Frederick Street, Dublin (telegrams: *Bacillus, Dublin*; telephone: 62550 Dublin), and of the Scottish Office, 7, Drumshugh Gardens, Edinburgh (telegrams: *Associate, Edinburgh*; telephone 24361 Edinburgh).

QUERIES AND ANSWERS.

SOUND-PROOF PARTITIONS.

"D. M. O." writes: I shall be very glad of any information in regard to dividing my consulting room into two parts by a partition. Can any reader recommend a material which is soundproof, and thin and light in weight?

AMENORRHOEA IN A GIRL.

"M. E. P." (South Africa) writes: I have under my care a case of functional amenorrhoea which has resisted all medical treatment—tonic, polyglandular, etc. The girl menstruated for the first time when 15 years old, had two or three normal menstruations, which then ceased absolutely. She is now 14 years of age. Hypertrophied tonsils and adenoids were removed about nine months ago. The patient is a big, strapping, athletic type, but has no abnormal features. She has grown somewhat rapidly in the last year or two. She is active, has a good appetite, and is normal in every other respect. As her mother is somewhat anxious, would any reader advise regarding treatment?

KEEPING FIT IN HOT CLIMATES.

"ANCIENT" writes: I have lived for forty-seven years in India, forty of which were in the plains. For the first twenty-five years I was in one appointment, and during that time I was only on the sick list for ten days, part of which at the age of 45 was due to mumps I had contracted from a patient, and thus not due to anything climatic. The following are some of the rules I have acted upon: I secured plenty of exercise—I played rackets till I was 65. I eat what there is going, but avoid all tinned foods, except jam. In the old puukah days I always had three coolies to myself, to make sure of a good night's rest. Now with electric fans matters have greatly improved in that respect. Ice must not be stinted in the hot weather. For drink in India I consider the best of all is an ounce of good whisky to a full bottle of soda-water. I have taken very little of beer and the strong wines, and then only on festive occasions. There must be no fretting over trifles, such as a mosquito bite. Take all the leave possible. Now, at the age of 78, in a temperature nearly 90°, I walk two or three miles a day, climbing hillsides and clambering over rocks and other rough country.

CHEIROPOMPHOXY.

DR. WILLIAM LIVINGSTONE (Seaforth) writes: I have come across two cases similar to that described by "Symington" on October 4th (p. 586). The one case was caused by weeding, and the other by washing the hands in too strong lysol solution; there was redness and itching over the fingers, and tiny vesicles with dark centres developed. The fluid seemed sterile. These vesicles coalesced and formed Hack's pocks. Duration of disease about six weeks. I found the following treatment most useful: first wash in very hot water, using coal tar soap; secondly, bath in lotion 5 per cent. solution of aluminium acetate, diluted 1 in 5 hot water, followed by linimentum calaminae or ung. hydrarg. ox. flav. Wear gloves out of doors.

INCOME TAX.

Post-Graduate Work: Expenses.

"POST-GRADUATE" sold his practice as from December 31st, 1929, and may take up professional work when his present course of study has been completed. In the meantime his car continues

to depreciate, and he is incurring expenses by way of professional subscriptions.

* * These expenses are proper subjects of deduction in computing professional profits, but during periods when a practitioner is not in employment or in practice—that is, when there are no gross professional receipts against which to set these expenses—no allowance is due; they cannot, for instance, be set against income from investments.

LETTERS, NOTES, ETC.

THE FOOT AND THE SHOE.

"W. A. D. L." writes: I am much interested in the letter by "M.B., D.P.H." (September 27th, p. 548), and in general I agree with him wholeheartedly. My wife, who has not a large foot—certainly it is not a long one, but it is rather wide, and she also has a high instep—has found great difficulty in getting a British shoe broad enough, which is not also too long. Court shoes on this account she has had to forego. Recently, quite by chance, she discovered that a firm with a French name, who have many branches in London, could fit her perfectly in any type of shoe required. They have at least five widths to every style and size. The inner side of the shoe, perhaps, cannot be said to be absolutely straight, but there is plenty of room for the toes, and the pair she purchased are certainly everything that one could desire in smartness.

HERPES AND VARICELLA.

DR. J. R. HICKINBOTHAM (Colchester) writes: On August 14th A. B., aged 33, complained of intense pain in the left side of his face and head, and had a small cluster of herpetic vesicles on his left cheek. On August 16th the herpetic rash was severe and typical over the distribution of the two upper divisions of his left fifth nerve. His left eye was much inflamed. On August 18th he called my attention to a few pustules on both his wrists, which he had noticed that morning, and further search revealed a few pustules on both sides of his back and on his abdomen, and one on his right ankle. They dried up and the scabs came off in a few days. The herpes of the face formed dense scabs, which had nearly all separated by September 1st. On August 30th, twelve days after the appearance of the scattered pustules, A. B.'s baby, aged 10 months, showed about half a dozen scattered vesicles, and on September 1st had a profuse chicken-pox rash of typical character.

CHLOROFORM IN MIDWIFERY.

"G. P." writes: In considering the choice of an anaesthetic in midwifery Dame Louise Mellroy (*British Medical Journal*, October 4th, p. 549) suggests that the reason why chloroform is safe in midwifery is because we do not induce deep anaesthesia. May I point out that the danger is in the struggling stage, more than in the stage of deep anaesthesia? Who ever heard of a death from chloroform in midwifery, and why is it so safe? The thyroid is more active than usual in these cases, and in consequence metabolism is increased and with it elimination. There is seldom vomiting in these cases, and this would also point to free elimination. If this is the true explanation, the giving of thyroid before other operations would be helpful.

ANALGESIA AFTER CHILDBIRTH.

DR. C. J. HILL AITKEN (Kilnhurst, near Rotherham) writes: Multiparae often dread after-pains more than labour pains. Some years ago I was told to try phenazone. From the way multiparae who have received this drug to relieve after-pains continue to ask me to be sure and send up "one or two of those powders," I presume this remedy must give great relief. I am referring to normal labours, of course. Jardine, in *Clinical Obstetrics*, states that "multiparae patients will almost invariably suffer from after-pains for thirty-six to forty-eight hours after labour."

HINTS TO YOUNG PARENTS.

To Mothers and Fathers, described by the Association of Infant Welfare and Maternity Centres as "a textbook of 82 pages giving clear and invaluable information on how to keep oneself and one's children well and strong," is now in its tenth edition (604th thousand). The work has been completely revised and sections have been added on rickets, rheumatism, bed-wetting, and elementary psychology. Copies may be obtained (price 6d.) from the Association of Infant Welfare and Maternity Centres, 117, Piccadilly, London, W.1.

DISCLAIMER.

We have been asked by Dr. H. N. Bradbrooke of Abingdon to state that a photograph recently reproduced in a local newspaper showing him x-raying a patient at the new cottage hospital was published entirely without his authority.

VACANCIES.

NOTIFICATIONS of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found at pages 59, 60, 61, 62, 63, 66, 67, and 68 of our advertisement columns, and advertisements as to partnerships, assistantships, and locumtenencies at pages 64 and 65.

A short summary of vacant posts notified in the advertisement columns appears in the *Supplement* at page 179.

NATURALLY RICH

IN VITAMIN "D"



A "RESURRECTION"

GUILDFORD

30/6/30

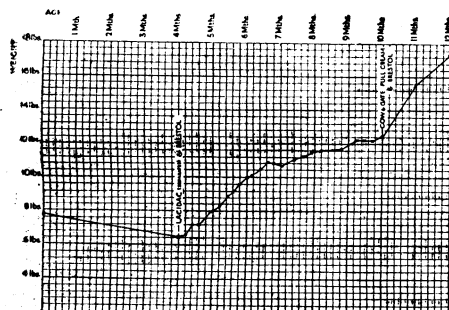
"Baby Hook, came under my care shortly after birth suffering with marasmus following whooping cough. Broncho-pneumonia developed and was with great difficulty cleared up, leaving the child in a very low condition. Feeding proved a difficult problem, several things were tried without beneficial results.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

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

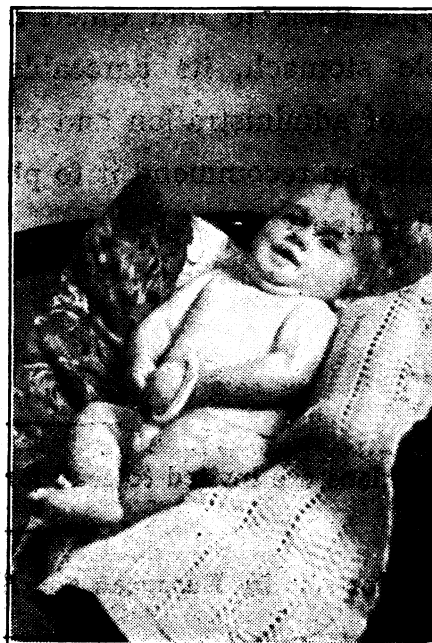
Lacidac (separated) and Brestol, the Cow & Gate Humanised Cream, were used in the early days of treatment. Cow & Gate Full Cream and Brestol being used subsequently.



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



Progress Chart

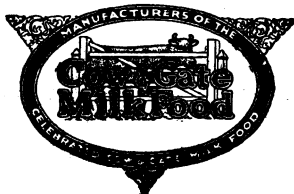


AFTER—10 months' old, 12 lbs. 6 ozs. in weight.

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

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In the **Gastric Form of Influenza** and its **Debility**, in **Typhoid** and **Acute Pneumonia**, in the **Exhaustion of Phthisis** and **Pulmonary Diseases**, **Valentine's Meat-Juice Sustains and Strengthens**

When Other Food Fails

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