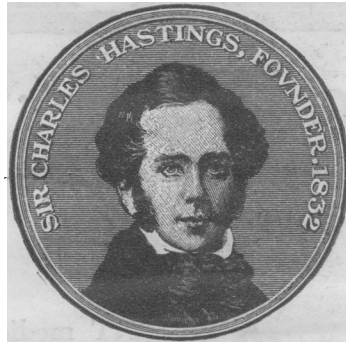


The

Medical Lib. R

British Medical Journal

THE JOURNAL OF THE BRITISH MEDICAL ASSOCIATION.



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WITH SUPPLEMENT.

No. 3644.

SATURDAY, NOVEMBER 8, 1930.

Price 1/3

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."

Eno is chemically pure, and free from all trace of the nauseous mineral sulphates—Glauber and Epsom. It contains no sugar or artificial flavouring.

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Reminder."*

The Proprietors of ENO'S "Fruit Salt" will deem it a privilege to send to any member of the Medical Profession a copy of the latest of their series of "Medical Reminders"—with or without a bottle of their preparation as desired. "The Doctor's Emergency Reminder" summarises briefly a few points in connection with the treatment of poisoning and various other emergency cases. It is bound in black morocco limp to conform to the style of the previous publications in this series.

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Medicine has since made notable advances toward rationalism. In this day of therapeutic progress Agarol Brand Compound holds the foremost place. An exceptionally fine emulsion of mineral oil and agar-agar with phenolphthalein, it is not merely a laxative, but a remedial measure in the efficient treatment of constipation.

*One tablespoonful at bedtime
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Final decision on the true worth of Agarol Brand Compound rests with the physician. We will gladly send a liberal quantity with literature, for trial.

By introducing unabsorbable moisture, Agarol Brand Compound keeps the intestinal contents soft and makes their passage easy and painless. By gentle stimulation of peristalsis, it makes the result certain and aids in re-establishing normal bowel function.

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Angioneurotic Oedema.

"H. C. B." asks for advice in the treatment of a case of angioneurotic oedema occurring in a young married woman, the attacks having commenced since her marriage. Attempts have been made to detect a foreign protein in the food, but without avail, and there is no reason to suspect sensitization to semen. She has been treated with calcium, adrenaline, and ephedrine, the last of which has helped slightly. She is often unable to leave home, owing to the face and feet being the areas where the swellings occur. At present she has one swelling round each eye, and one in the lower lip, and one on the tongue is just disappearing. She has had two abortions; the Wassermann reaction is negative.

Climate of Madagascar.

"C. R." inquires about the suitability of Madagascar for a patient who has no disease, but is not robust.

* * The climate of Madagascar is very variable. There is much rain on the thickly wooded east coast, which is unhealthy. The west coast is drier, warmer, and has a smaller annual variation of temperature. The south-west suffers from drought. The climate of the high ground in the interior is generally mild, healthy, and suited to Europeans.

Constipation in a Child.

MR. PAUL BERNARD ROTH (London, W.) writes: In reply to "K. A.," who wants to know how to treat constipation in a child, I have never found abdominal massage fail to cure this condition in a fortnight.

DR. E. A. FREYWIRTH (London, W.C.) writes: In reply to "K. A.," the complaint is suggestive of congenital megacolon (Hirschsprung's disease), and I suggest an x-ray examination before doing anything else. The origin of the complaint from birth, with the relative absence of other complaints, makes me think of this somewhat rare condition. Has the child meteorism, or distension of the abdomen?

Iodine in the Treatment of Exophthalmic Goitre.

MR. CECIL A. JOLL writes in answer to the query published on October 25th (p. 716): There are very real dangers in the persistent use of iodine in exophthalmic and other toxic goitres. The improvement which follows iodine medication is a temporary one, and, after a time, the symptoms reassert themselves with their former severity. Meanwhile the thyroid gland becomes harder, and pressure symptoms may become added. When this phase is reached further improvement by medical measures becomes almost impossible, and surgical intervention is rendered more hazardous. Iodine, in my opinion, should be given purely as a means to preparation for surgical treatment, and if the latter is not contemplated, it is much wiser to avoid this drug altogether.

Income Tax.**Post-Graduate Course.**

"C. D. G." last year attended a post-graduate course on radium therapy, incurring certain hotel and travelling expenses. Can they be deducted for income tax purposes?

* * No. The expense of improving the means of earning income has to be regarded as capital outlay, and that principle applies to the improvement of professional knowledge or skill in the same way as it would to the improvement of the material equipment of a business or practice.

Cost of Upkeep of Instruments.

"J. A. A. R." inquires whether a deduction is allowed for wear and tear and depreciation of instruments, or whether only the cost of replacement is allowed.

* * It has to be remembered that in no case can depreciation be allowed and also the cost of replacement—the former represents the *anticipation* of the latter. The rules of Schedule D provide for the allowance of any sum expended . . . for the supply, repair, or alteration "of any implements, utensils, or articles employed for the purposes of the trade, profession . . ." etc. It is clear that the cost of replacement of such articles should be claimed, and therefore that depreciation is not allowable. This does not apply necessarily to large items of machinery or plant, including the car used professionally.

LETTERS, NOTES, ETC.**Addison's Disease.**

ANY medical practitioner in charge of a severe case of Addison's disease is invited to communicate with the *Medical Registrar, London Hospital, Mile End, E.1*, with a view to trial treatment with a cortical extract.

Testimonial to Sir Ronald Ross.

WE printed on September 13th (p. 456) a list of donations received between May 1st and August 26th in response to the appeal on behalf of the Ross Award Fund. Further contributions have been received since then from, among others, Mrs. Berger, Ceylon per Mrs. Kindersley, Mrs. E. Robinson,

and Dr. K. B. Shroff, Bombay, amounting in all to £217 9s. 1d. The total amount received up to October 31st was £14,329 7s. 7d. The following analysis of the Fund up to the end of October has been furnished by the honorary secretary:

	£	s.	d.
Home Fund	7,555	19	7
Singapore Straits Times	3,366	13	7
Government of India	2,000	0	0
Penang Gazette Press, Ltd.	654	0	0
Government of Rhodesia	262	10	0
Ceylon, per Mrs. Kindersley, Kandy	214	9	1
Government of Cyprus	200	0	0
Malayan Daily Express	75	15	4

£14,329 7 7

Donations to the Fund should be sent to Lloyds Bank, Ltd. 110, High Street, Putney, S.W.15.

"All Liver and No Legs."

DR. HILL AITKEN (Rotherham) writes to say that, although formerly scornful of the above dictum on the motoring doctor, he was rapidly converted when he discovered that he himself was a sufferer. As a fortunate coincidence the self-starter of his car ceased to function, and the consequent efforts of using the starting handle in the old way were of much greater effect than a vigorous course of physical "jerks," restoring both liver and legs to normal function.

Schlatter's Disease.

WHAT is usually known in the English literature as Schlatter's disease was independently described twenty-seven years ago by Robert B. Osgood of Boston (*Boston Medical and Surgical Journal*, 1903, cxlviii, 114) and by Karl Schlatter of Zurich (*Beiträge zur Klinischen Chirurgie*, 1903, xxxviii, 874), so that the eponym, "Osgood-Schlatter's disease," adopted by the *Quarterly Cumulative Index Medicus*, appeals to the historical mind. Both authors regarded trauma as the main etiological factor in the condition, and in a second paper (*Beiträge*, 1908, lix, 518) Schlatter again expressed his belief in the traumatic nature of his disease. He was careful to disown cases of complete separation of the epiphysis, a condition with which surgeons had been familiar in pre-Röntgen days (Poland: *Traumatic Separation of the Epiphyses*, London, 1898, p. 816). Knowledge of the natural history of the disease has advanced but little, and its position as a clinical entity has yet to be established. In an interesting paper in the *Archives Franco-Belges de Chirurgie* (1926, xxix, 119) M. van Neck records a case of Schlatter's disease affecting the patella. His hope that he had made an original discovery was shattered when he found that this condition had already been described in the Scandinavian literature by Siinding-Larsen and by Johannsen. An article in the October number of *St. Bartholomew's Hospital Journal* entitled "Schlatter's disease before and after Schlatter: an eponymic note," quotes a passage on "enlargements of the tubercle of the tibia in young people much given to athletic games," from Sir James Paget's *Studies of Old Case-book* which seems to show that Paget in 1891 was familiar with "Schlatter's disease" as we know it.

A Warning.

A CORRESPONDENT in Yorkshire, acting on the advice of the chief inspector of police, asks us to publish the following description of a man who is wanted on many charges in different counties, and appears to have made a habit of seeking advice from doctors without any intention of paying their fee: "Aged 48, heavily built, weighing about 16 st. Well dressed; usually stays in a good-class boarding house or small hotel. Goes under such names as 'A. Foster' and 'A. E. Brown'; almost always uses the initials 'A.' or 'A. E.' He usually complains of gout and seeks advice about a tophus, which has broken down and will not heal, in the soft tissues of the right heel. The margins of the ulcer are rounded and hard. Near this sore he has an old incision scar, where a previous tophus was removed. The fingers of both hands are much enlarged with gouty deposits." Any medical practitioner who is consulted by a man answering to this description should report at once to the local police.

Cleansing of the Chalice.

THE Rev. A. C. PURCHAS (Lyttleton, New Zealand) writes: In connexion with the correspondence in the *British Medical Journal* on the "Cleansing of the chalice," a doctor friend tells me that he always carries with him a small phial of brandy in which he cleanses his clinical thermometer, alcohol over 10 per cent. being deadly to all germs. That percentage, being present in Communion wine, should effectually destroy any possible germs that your correspondents so much dread. Is it not the fact also that clergymen, who have to consume whatever wine remains in the chalice, and should therefore be the recipients of all manner of germs, are, as a general rule, extremely healthy—a witness to the almost negligible danger from such a source?

Vacancies.

NOTIFICATIONS of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found at pages 45, 46, 47, 48, 49, 53, and 54 of our advertisement columns, and advertisements as to partnerships, assistantships, and locum tenencies at pages 50, 51, and 52.

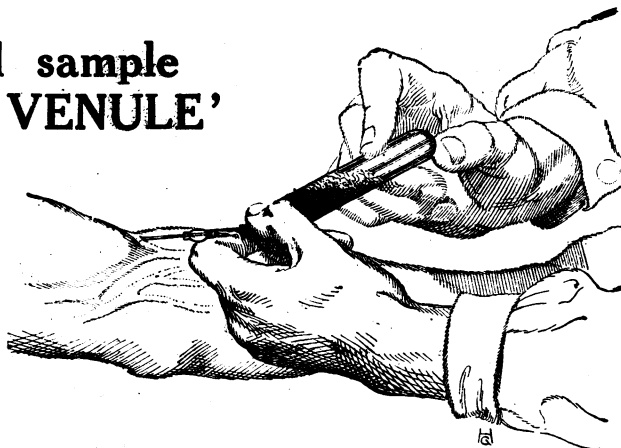
A short summary of vacant posts notified in the advertisement columns appears in the *Supplement* at page 271.

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**In Debility, Nervous Exhaustion
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SYRUP COCILLANA COMPOUND

Parke, Davis & Co.

THIS soothing and expectorant combination is particularly adapted for the treatment of acute bronchitis; also of chronic bronchitis when secretion is scanty and cough excessive. In the inter-paroxysmal stages of asthma, its administration is useful to allay dyspnoea. It does not arrest the secretions or cause constipation. It is most agreeable in flavour and attractive in appearance.

Each fluid drachm contains:—

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.

In bottles of 4, 8, 16, and 80 fl. ounces.



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