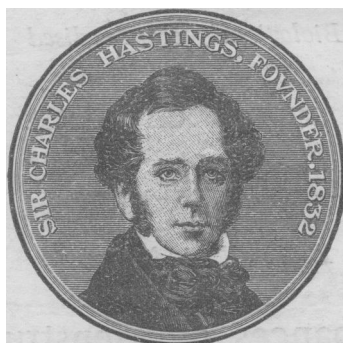


The British Medical Journal

THE JOURNAL OF THE BRITISH MEDICAL ASSOCIATION.



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No. 3650.

SATURDAY, DECEMBER 20, 1930.

Price 1/3

THE GERMICIDAL ACTION OF DIMOL INTESTINAL ANTISEPTIC

Extract from Report by independent Bacteriologist appointed by "The Lancet."
(Full Report can be read in "The Lancet," 22nd February, 1930, p. 414.)

1. Determination of the Rideal-Walker coefficient of Dimol using organisms isolated from the faeces. (See Table I.)
2. Determination of the degree of dilution of the antiseptic leading to death of organisms in 15 mins. (See Table II.)

TEST ORGANISM.	TABLE I.—R-W coefficient (number of times Dimol more powerful than pure phenol).	TABLE II.—Degree of dilution leading to death of organisms in 15 mins.
B. typhosus	37	1:6500
B. dysenteriae (Shiga)	34	1:6250
B. dysenteriae (Flexner)	34	1:6000
Streptococcus faecalis	24	1:5500
" pyogenes	27	1:6000
" haemolyticus	28	1:6000
Pneumococci	32	1:7000
B. faecalis alkaligenes	30	1:6000
B. coli	30	1:5000

3. *Examination for toxicity.*—Single dose up to 0.02 g. (equivalent to 1/3 gr.) per kilogramme body-weight was given to rabbits without producing toxic effects. Such a dose corresponds to grs. 20 for a man weighing 10 stone, five times the dose advocated for therapy. No evidence of absorption as shown by carboluria was obtained. Repeated doses equivalent to two and a half times those recommended in therapy also failed to produce ill-effects when given three times over a period of four weeks.

CONCLUSIONS

1. Dimol intestinal antiseptic is found to possess a very high Rideal-Walker coefficient against the commoner organisms infecting the intestine.
2. The antiseptic kills completely these organisms in 15 minutes in dilutions ranging to 1 in 7,000.
3. The preparation shows no evidence of producing toxic effects in animals even when given in very large doses. No carboluria was produced.

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"Warbles" in Man.

"F. L. M." writes: I have just had a most unusual case. A boy of 5 was brought to me with the history that he had had within the last few days two itchy and painful swellings, one just above the right ear and one over the left shoulder blade. The mother had squeezed them and had ejected two large white maggots, one of which was brought to me for examination. The swellings are large and pale, but not much raised, the one on the shoulder measuring $2\frac{1}{2}$ in. by 1 in. On each is a small clean puncture, which admits a probe to a distance of about an inch. Serum can be expressed on squeezing. There is a history of a bruise on the head from a cow's horn, but there is no indication of injury to the shoulder and no sign of external abrasion anywhere likely to be infected by flies, and, in any case, this is not the fly season. The child is well nourished, strong, and healthy in every way; the parents are small farmers, and he is constantly in contact with cows, horses, and farm stock generally. The maggot brought to me is pure white, about half an inch long, and appears to have eight segments. I believe there is a common disease in cattle and deer due to fly, known locally as "warbles," in which lumps appear containing maggots, but I have never heard or read of a similar case in man. Can any reader state what larva this is likely to be, what was the probable method of infection, and what is the best treatment to get rid of any further manifestations?

Pruritus with Jaundice.

"W. F. T. A." asks for any suggestions which would help him to alleviate an intolerable pruritus arising from a progressive jaundice due to carcinoma of the head of the pancreas in a woman aged 60. All the usual methods of treatment have been tried, but without success.

Natural Labour after Caesarean Section.

DAME LOUISE McILROY writes: In reply to the query published on November 22nd (p. 891), six cases of spontaneous or forceps deliveries following previous Caesarean section were published from the Royal Free Hospital Obstetrical Unit by Dr. Margaret Salmond, senior assistant, in the *Lancet*, October 15th, 1927. In all these cases the uterus stood the strain of labour perfectly. In one, two previous sections had been performed, and in three forceps were used as the second stage was prolonged. Since the publication of this paper three others have been delivered spontaneously. Taking the nine cases, the reasons for performing Caesarean section were: central placenta praevia in three, brow presentation in one, prolapsed cord in one, asymmetrical pelvis in one, toxæmia in two, disproportion in one, and syphilitic granulomata of the vulva in another. All the Caesarean operations were performed in the Royal Free Hospital, with the exception of the last two cases. The method of suturing of the uterus in most cases is four layers; the superficial row inverts the scar, so that adhesions are less likely to occur.

Income Tax.**Obsolescence Allowance.**

"G. W." bought a car in 1926 for £330. He did not claim wear and tear allowance for the two years 1926-27 and 1927-28, but for the two subsequent years claimed and received allowances amounting to £66 in all. In April, 1930, the car was sold for £75, and replaced by one costing £171. What is the correct amount of the obsolescence allowance?

* * * The loss on the old car is, of course, £330-£75=£255, less the sum of £66 already allowed—that is, £189—but only £171 can be claimed as obsolescence. The matter is governed by Rule 7, applying to Cases I and II, Schedule D, which provides for the allowance of "so much of any amount expended in that year in replacing any . . . machinery . . . as is equivalent, etc." It will be seen that the amount expended is the maximum amount allowable.

Agency Fees.

"A. S." explains that he has been refused the allowance of about £20 paid in agency fees over the two years 1928-29 and 1929-30.

* * * We are of opinion that a medical practitioner who exercises his vocation by doing locumtenent work or by taking short term employment as an assistant should be assessed as continuously employed, and not separately as in respect of the earnings of a number of separate employments. If that is done—and that appears to be the usual course—the agency fees are, in our opinion, deductible as necessarily incurred in carrying on the profession in that particular manner.

LETTERS, NOTES, ETC.**Enlargement of the Thymus in Mumps.**

DR. J. D. ROLLESTON (London, S.W.6) writes: Dr. E. Esquivel, referring to this complication of mumps (see *Epidemiology*, December 6th, para 500) expressed the view that it had not been described previously. It was observed, however, by the late Dr. Joseph Smiler of Philadelphia during an epidemic of mumps in a military camp in the winter of 1917-18, and was reported by him in *Contributions to Medical and Biological Research dedicated to Sir William Osler*, 1919, vol. ii, p. 1172.

Robert Liston.

DR. F. WILLIAM COCK (Appledore, Ashford, Kent) writes: You have recently published remarks on Syme's amputation. May I add an antiquary's note? When I was dresser, circa 1880, to Christopher Heath, at University College Hospital, it fell to my lot to attend to an old fellow who had had a Syme's done for him by Robert Liston. He told me that it was the last operation Liston had performed, somewhere in the early summer of 1847. I removed a small sequestrum from the flat end of the tibia, and, though an old man, the patient healed quickly. I asked him what sort of a man Liston was; he said a big, handsome man, very bald. He also added that he used a good deal of forcible language, as indeed all pre-anaesthetic surgeons did. The next patient to this one was a cabman with a stricture, who made a considerable outcry when Liston passed a largish silver catheter on him. "All right, my man, you needn't shout so much; you'll soon be able to drive your cab through this." A little on the rough side, Sir, perhaps, but for all that Liston was one of the kindest men going, and always ready to help the poor and penniless. I wonder if there is any surgeon nowadays who would have 500 students and medical men follow his funeral, as was done when Liston died.

Mercurochrome.

DR. CECIL L. FORDE (Oxton, Birkenhead) writes: Mr. E. R. Chambers's article on the treatment of ocular diseases with mercurochrome (December 13th, p. 992) interests me very much. I have generally used a 2 per cent. solution of mercurochrome in a great variety of conditions, always as an antiseptic for the skin in the place of iodine, for varicose ulcers, septic conditions, dermatitis of various forms, pruritus and conjunctivitis, both acute and chronic, and blepharitis; in fact, I consider mercurochrome one of the most useful drugs we have at our disposal.

A Pregnancy Record.

"J. J. S." writes: I think the following case, if not a record, is very close to it. On January 2nd, 1930, at 3 a.m., Mrs. X, a two-para, gave birth to a baby girl, but, on account of retracted nipples, the child did not suckle. On February 6th Mrs. X menstruated again, and on November 13th, at 3.30 p.m., she gave birth to a full term $7\frac{1}{2}$ lb. baby boy (ten months and fifteen days). After twenty-two years' experience, part of that time as intern at a maternity hospital, I offer this as a record.

Puerperal Infection and Sanitation.

SURGEON CAPTAIN A. W. B. LIVESAY, R.N. (ret.) (Thorpe, Norwich), writes: I have for some time thought that the high maternity death rate might be due to infection during pregnancy from sewer gas escaping up through the trap in the ordinary water-closet. The figures in the Interim Report of the Departmental Committee on Maternal Mortality do not negative this view. According to these statistics America, prominent for perfect plumbing, has a mortality of 8.3 per 1,000; in France, notorious for poor domestic sanitation, the death rate is 2.5. Great Britain holds an intermediate position with a mortality of 4.3. Apparently, the better the sanitation the higher the maternal mortality. Failing some other explanation I consider the water-closet to be suspect. It would be interesting in this country to compare the figures from an urban district having a perfect water-carriage system with those of some rural area where the earth closet is still in general use.

Lyle and De Souza's "Physiology."

MR. HUMPHREY MILFORD writes: In our full-page advertisement of Oxford Medical Publications, which appeared on page 11 of your issue dated December 6th, we regret that by an oversight the authorship of *A Manual of Physiology for Students and Practitioners* (third edition) was attributed solely to Dr. H. Willoughby Lyle. It should be noted that, as in previous editions, the book was the result of the collaboration of that author with Dr. David de Souza. May we ask the courtesy of your columns to rectify the omission?

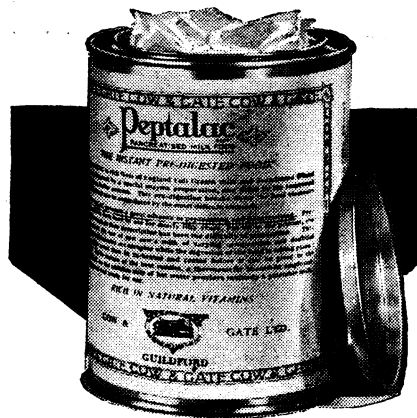
Second-hand Cars.

"BITTEN" writes: I wish to warn my colleagues of the risks they run in buying from anyone unless personally known. I bought a second-hand car in 1928, a year-old saloon model, of a well-known make, having run a car of the same make for five years previously. The period of the makers' guarantee had not expired. The agent who sold me the car gave me a written statement taking over the makers' guarantee. I had the car for about a year, during which time it cost about £80 in repairs and breakdown, and I sold it ultimately for £200 less than I paid for it. No one should buy a second-hand car without seeking expert advice from the A.A., or some equally reliable source.

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, 50, and 51 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 268.



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