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50% lighter, cleaner, easier to apply and handle. Only half the thickness usually applied with any other Plaster of Paris Bandage is required. Cellona moistens in *about 5 seconds*. Setting can be regulated *from 5 minutes* upwards according to the amount of moisture retained in the bandage. Ready for use, and suitable for all supporting casts and splints.

Other Products:

ELASTOPLAST BANDAGES for all compression and support.

ELASTOPLAST DRESSINGS for all cuts, wounds, incisions, boils, etc.

SEMIPLAST elastic plaster. Only the first turn of plaster comes in contact with the skin.

VISCOPASTE—Improved Unna's Paste Type. Zinc and gelatine bandage.



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Cellona

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REGD. NAME

One half-price Cellona introductory set containing 1 each 3", 4", and 6" Cellona Bandages will be sent on receipt of P.O. value 2/6 by the manufacturers:—

T. J. SMITH & NEPHEW LIMITED

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Enquiries to Dept. B. : 42, Tavistock Square, London, W.C.1.

Specify the above products BY NAME on your N.H.I. Prescriptions

to the house were merely those of access and inspection. If the dispensary is (as we suppose) situated at the premises where our correspondent resides we consider that the facts are analogous to those in the case of *Tennant v. Smith* and not to those of the newer case, which has modified the application of the old rule in certain circumstances.

Practice Sold—Car Depreciation

"M. N." bought a car in 1928 for £450, and has never claimed depreciation. He sold his practice as from December 31st, 1931; can he claim any allowance in respect of the depreciation of the car?

** Strictly the depreciation allowance should be claimed when the income tax return is made. There is, however, a provision in the Income Tax Acts under which an "error or mistake" can be redressed on the basis of a written application to the authorities, and we have understood that omissions to claim depreciation have been admitted as falling within the category of "errors or mistakes." We therefore recommend "M. N." to apply to his inspector of taxes for repayment in respect of depreciation allowances for past years on the ground of "error or mistake." The allowances to be claimed—assuming that no restriction for private use applies—are as follows:

1929-30, £450 at 20 per cent. = £90.

1930-1, £360 at 20 per cent. = £72.

Three-quarters of 1931-2, three-quarters of £288 at 20 per cent. = £44.

Request for Accounts

"A. B." states that although the inspector of taxes has been supplied with a "detailed statement of the income and expenditure" he now asks for "a certified copy of the Accounts and Reports for the last financial year."

** The request is apparently a formal one, and may have been sent out as a matter of routine by some official who was not aware that a detailed statement had already been supplied with the statutory return. We suggest that "A. B." write explaining to the inspector that the account for which he is apparently asking has already been forwarded with the statutory return, and will, no doubt, be found therewith.

LETTERS, NOTES, ETC.

Aluminium and Health

Dr. E. H. RINK (London, N.W.3) writes: I should like to draw attention to two cases which were known to me personally. The first was a man of 30 years of age. He had suffered for eight years from repeated attacks of abdominal pain, with nausea, flatulence, furred tongue, and constipation, sometimes with diarrhoea. There was tenesmus, and a little mucus in the stools. Other symptoms were slight pruritus all over the body, lack of energy, and brittleness of the nails. The condition had been previously diagnosed as chronic appendicitis on one occasion, and on another, cholecystitis. The patient had been an excellent athlete, but had had to give up his running owing to these symptoms. The other patient was a man of 55. He had suffered from indigestion for twenty years, with attacks of colicky pain, alternating constipation and diarrhoea, the faeces being light in colour and containing mucus. The appetite was varying, and during the attacks there was retching, nausea, thick furring of the tongue, severe flatulence, and a bad taste in the mouth. He had formerly been diagnosed as a case of colitis mucosa, but treatment on these lines had been without result. Both these patients were treated in 1929 on the lines suggested by Dr. Leo Spira in his articles—that is to say: (1) cutting off the source of poison, by scrapping all aluminium cooking utensils, and substituting natural mineral water for tap-water; (2) absorption of toxins by charcoal. In each case there was a striking improvement within a fortnight, and both patients have been absolutely fit ever since.

Amidopyrin in Measles

Dr. DOOLEY (Ilford, Essex) writes: In the *Journal* of June 18th you published a letter from Dr. Maurice O'Regan relating to the treatment of measles with amidopyrin. I would like to add that I have also been impressed by the therapeutic use of this drug, which I have employed regularly for the past two years. This year, however, the epidemic in this district was of a mild type, and children in whom no drug treatment was employed appeared to have recovered just as quickly and completely as those taking amidopyrin.

I do not think that it can be asserted that amidopyrin is likely to prove a specific for measles. My own opinion is that any of the antipyretic drugs calculated to have a general sedative effect are likely to give equally gratifying results. In assessing the value of treatment of this nature, the prevailing social conditions must be regarded as of chief importance.

Intravenous Vaccine Therapy

"M.B." writes: I was interested to read in the *Epitome* of May 14th, an abstract from *Bull. Soc. Franç. de Derm. et de Syph.* J. Gaté, P. Cuilleret, and C. E. Boyer gave by accident an intravenous injection of gonococcal vaccine with striking results in a case of orchitis. It is a point not to be lightly passed over, as in my opinion too little is known of intravenous vaccine therapy. We have a feeling of awe whenever we consider pushing vaccines into a vein. We do not use this route sufficiently. I have seen and obtained striking results with intravenous T.A.B. vaccine in appropriate dosages in typhoid fever. The injection is practically specific for the disease. The temperature falls almost immediately after a rigor, the patient feels very comfortable an hour afterwards, and convalescence sets in forthwith. This sounds almost like a magic art, but I trust that if I myself am ever afflicted with typhoid I shall not be denied the intravenous vaccine. Occasionally one finds a slight rise of temperature again a few days later, but a second smaller dose of vaccine intravenously effects the requisite result. I have never seen a death or a complication occur with this method, though necessarily I have not been able to obtain many cases. An interesting point in the excerpt is the extreme shock that was caused by the accidental injection of gonococcal vaccine. This was considered to be an anaphylactic phenomenon ensuing on previous hypodermic injections of vaccine. I feel that only part of the shock was due to anaphylaxis, because in the typhoid cases mentioned there was a marked rigor, but not so profound, as that obtained after the gonococcal vaccine. Anaphylactic shock was probably added to the disturbance normally obtaining with intravenous vaccine treatment. I am satisfied that with typhoid vaccine intravenously, typhoid fever becomes a minor illness. Further, I can see no reason why this method of therapy cannot be applied to other diseases, especially similar septicæmic states.

Anaphylaxis: A Personal Experience

Dr. CHARLES S. THOMSON (Belfast) writes: Shortly after the war I arranged with a friend, as surgeon, to have a lipoma removed from the left side of my forehead. My friend died two or three years ago, and I thought that it might be of interest if I described my personal sensations during an experience which probably caused him more perturbation than myself. I lay down on the operating table of a nursing home and a local anaesthetic was injected *secundum artem*. In about sixty seconds I felt my heart give a distinct bump, and this was followed by pain in the occipital region. I then developed crowing inspiration. I knew that this was anaphylaxis, and I felt worried for the doctor and nurse. I asked the nurse to give me some brandy—a drink I was a stranger to. I brought the brandy up at once. My legs began to lose power, but I raised myself on my elbow to try and "get my breath." The poor nurse kept quiet, but her face turned grey. I told her I would be all right in a brace of shakes, and not to worry. The occipital pain gradually lessened—it had been very painful indeed—and by degrees the crowing inspiration eased. My legs became warm, and I cheered up the audience of two and encouraged them to set about the operation. All my life I have respected the surgeon for the strain he must feel in doing his job. I never asked what I looked like during my attack—preferring to change the subject to something more pleasant.

Messrs. Evans Sons Lescher and Webb Ltd., have issued an illustrated pamphlet describing certain modern biological and pharmaceutical products manufactured throughout at their Biological Institute, Higher Runcorn, Cheshire. Members of the medical profession who have not received copies may obtain them free of charge from 56, Hanover Street, Liverpool.

Vacancies

Notifications of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found at pages 37, 38, 39, 42, and 43 of our advertisement columns, and advertisements as to partnerships, assistantships, and locumtenencies at pages 40 and 41.

A short summary of vacant posts notified in the advertisement columns appears in the *Supplement* at page 112.



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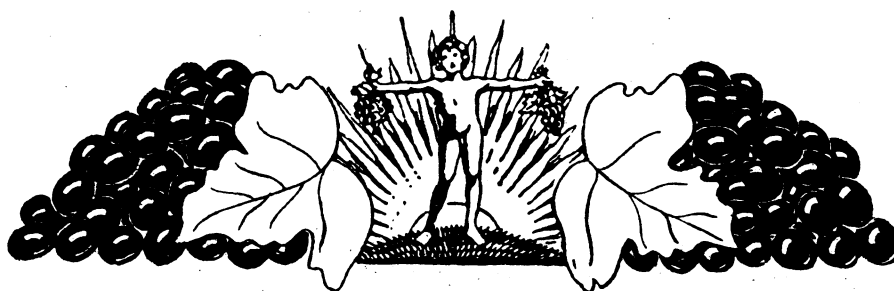
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CORRECTING AND PREVENTING CONSTIPATION DURING PREGNANCY

A distinguished obstetric surgeon has laid it down that "constipation plays a leading part among the so-called minor ailments of pregnancy." The same authority advises that "simple methods which are physiological and harmless" should be adopted in order to secure two or three easy movements a day, these methods being persisted in until a regular habit is established.

It is desirable that the first of these evacuations should take place before breakfast; and this may easily be brought about by taking, first thing in the morning, a spoonful of ENO'S "Fruit Salt" in half a pint of water, following this by a cup of tea. If necessary, further doses may be taken before the subsequent meals.

ENO'S "Fruit Salt" is a carefully prepared combination of fruit acids with alkalis, and is entirely free from the harsh and nauseating sulphates of soda and magnesia. It acts by detaining fluid in the alimentary canal—according to the law of osmosis. Unlike most aperients, it promotes peristalsis, not by chemical irritation of the nerve endings, but by the natural method of painless tension. It is therefore particularly suitable for use during pregnancy. ENO'S "Fruit Salt" has the additional merit of being agreeable to the palate, and is quite free from sweetening or artificial flavouring agents.

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