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and know that you are doing the best possible for your patients.

LETTERS, NOTES, ETC.

Therapeutic use of Carbon Dioxide Gas

Dr. C. M. BILLINGTON (Cambridge) writes: It is not a far cry from the case of whooping-cough, quoted by Dr. J. Dunlop (October 29th, p. 822) as benefited by CO₂ inhalations, to remind medical men of its use in asthma spasms. Asthma is a symptom of a stimulated vagus, leaving the chest in the expiratory phase. Inhalations of CO₂ stimulate the respiratory centre to deep inspirations. The treatment works miraculously. I fit a soft rubber delivery tube to the sparklet apparatus and introduce the tube into the nostril. In a few breaths the spasm relaxes, breathing becomes deeper and deeper, and the colour returns. If the apparatus is left, the sufferer has a feeling of confidence that he has something, which he himself can work, that will give him immediate relief. Apart from the therapeutic value, it is more than half the battle to restore confidence in such cases. I have been told by a representative of Siebe, Gorman and Co., Ltd., how he was able to give great benefit to a man with pneumonia by this method, reducing the respirations from 80 to 30 per minute and completely restoring the colour without any oxygen. Here, however, known percentages of CO₂ are advisable, as the inhalations have to be repeated and prolonged. The apparatus costs £9, but I shall certainly try it the next time a suitable case arises. It will not be long before the profession generally learns to substitute CO₂ for brandy, to stimulate the respiratory centre instead of the heart, in all cases of collapse.

Dr. GEORGE WILLET (Bristol) writes: Dr. Dunlop asks for cases in which CO₂ is useful other than those in which he has tried it. May I suggest the following uses: (1) In combination with oxygen to ventilate the lungs, and to bring about an early crisis in cases of unresolved pneumonia. (2) In spasmodic asthma its effect is almost instantaneous, and it may be repeated two or three times daily. (3) In chronic rhinitis. (4) In treating warts, in the form of carbon dioxide snow. (5) In the treatment of hiccup. (6) After ether anaesthesia. Its use is quite simple by means of Hurst's sprinkler apparatus.

Repeated Attacks of Measles

Dr. SIDNEY MATTHEWS (Crawley, Sussex) writes: It may be of interest to know that I have just attended a girl, 8 years old, in her fourth attack of measles, this time of a very severe type. That there could have been no mistake in the diagnoses each doctor has informed the mother that whatever the first attack may have been the following ones left no doubt as to the nature of the illness. Interposed she has had one attack of German measles.

Sterilization of Water by Metallic Silver

Dr. P. J. EDMUNDS (Dulwich) writes: Kling's results, as described in the *Epitome* (October 29th, para. 380, p. 76), are probably due to mercury, not silver. The beautiful lustre on silver goods as sold is always produced by mercurial polishing powders, which surface the article with an amalgam. No other powder will produce the same effect. The experiments should be repeated with pure silver vessels which have been made red hot so as to volatilize the mercury.

Sympathetic Ganglionectomy

Paragraph 421 in our *Epitome* of November 19th, summarizing Mr. F. A. R. Stammers's paper on sympathetic ganglionectomy, contained a mistake which we hasten to correct. In lines 22-24 of the abstract is the statement that "In cases which are suitable for treatment there should be no evidence of arterial spasm . . ." etc. In Mr. Stammers's paper in the July issue of the *British Journal of Surgery* (p. 70), he laid special stress on the fact that there should be definite evidence of arterial spasm before cases are suitable for this treatment.

Grenfell Calendar, 1932

The Grenfell Association announces that the calendar, issued for the first time last year, proved such a success that it has been decided to repeat the experiment. The Grenfell Labrador Calendar for 1933, which will again be sold for the benefit of Sir Wilfred Grenfell's work in Labrador and Newfoundland, consists of a frontispiece in colour entitled "Down North in the Labrador," and a page for every month containing a reproduction of new photographs of Labrador and a quotation from Sir Wilfred's writings. It is hoped that this very attractive calendar will prove even more popular than it did last year. The price is 3s. 6d., packing and postage 6d. extra, and it can be obtained from the offices of the Grenfell Association of Great Britain and Ireland, 82, Victoria Street, S.W.1.

Potassium Permanganate in Suppression of Urine

Dr. ROBERT NAPIER (Aden) writes: A short time ago I admitted a boy of 12 suffering from a septic pustular rash on the face and having albumin in the urine. For a few days the temperature remained normal and albumin was abundant, but the amount of urine passed, despite all measures taken, rapidly diminished, until it reached 11, 12, and 5 ounces on each of three successive days. By this time there was considerable oedema, and the child appeared to be dying. I decided to try the effect of a hypodermic injection of potassium permanganate (as outlined in the *Extra Pharmacopoeia*), and gave 1/2 c.cm. of 1/2 per cent. solution. The urine output rose again to 12 ounces, and next day an injection of 1 c.cm. of 1/2 per cent. solution was given, and a satisfactory increase followed (17 ounces). On the third day no injection was given, and the output diminished to such an extent that on the day following I gave 1 1/2 c.cm. of 1/2 per cent. solution. From the time of the last injection, ten days ago, the urinary output has risen rapidly to 40 ounces, and has remained at that level, while the general symptoms and signs are clearing. Though the immediate effects of potassium permanganate in such a case appear to justify its administration, the obvious objection is not only that the injections are painful at the time—quite severely so—but that the tissues tend to break down and slough at the site. I should be interested to learn of the experiences of others in this connexion.

Food and Cleanliness

Dr. GEORGE KAUFMAN (London, W.) writes: Surely it is time for more stringent legislation to ensure better hygienic conditions in the preparation, exposure, and distribution of food. Future generations will be as staggered at the conditions that exist to-day in many kitchens, bakeries, etc., as we are at the thought of the time when surgical wards were death traps, where the surgeon operated in the same frock coat that he used in the post-mortem room. No doubt many places are scrupulously clean, but there are far too many old and vermin-infected kitchens where the habits of the staff are in keeping with the environment. It has always struck me as extraordinary that waiters, instead of wearing clean, washable coats, should be allowed to wear dress suits, year in and year out, until they become saturated with grease and dirt, so dear to the heart of every micro-organism. Many diseases have been practically wiped out by improved hygienic conditions, but much still remains to be done, and it is only by the continuous agitation of the medical press that reforms can be hoped for.

"Avalanche of Circulars"

Dr. CHARLES J. HEATON (Westgate-on-Sea) writes: Your correspondent "X. M. D." (October 29th, p. 822) has voiced a general complaint as to the bother of having to attend to copious advertisements to ensure not missing important messages. I would point out that succinct advertisements on blotting-paper slips are useful, and if the advertisers tumble to this fact the salving of their endeavours might attract notice, for the blotting slips generally lie about one's desk.

Medical Golf

The autumn golf meeting of the Harrow Division of the British Medical Association took place at Northwood on November 9th, and resulted in some good scores: Dr. Thomson 75, Dr. Watson 78.

A Warning

Dr. CHARLES F. STOTT (Finsbury Park, N.4) writes: I would like to warn my medical colleagues of a person who is going round and defrauding members of the profession. He calls ostensibly to take orders for printed notepaper and bill-heads, and several doctors in this district have been cheated, having paid for orders which were never executed. This man came to my house and stole some notepaper from my desk, later ordering various articles from local tradespeople in my name. He is well dressed, aged 40 to 50, about 5 ft. 8 in. in height, has prominent artificial teeth, and speaks with a North Country accent.

Vacancies

Notifications of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found at pages 48, 49, 50, 51, 54, and 55 of our advertisement columns, and advertisements as to partnerships, assistantships, and locumtenencies at pages 52 and 53.

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



NUTRITIONAL ANÆMIA IN INFANCY

The Minister of Health draws attention in Circular No. 1290 (27th Oct., 1932) to the importance of the results of the investigations carried out under the auspices of the Medical Research Council on Nutritional Anæmia in Infancy (Medical Research Report No. 157 Mackay). In this Circular the Minister recommends all authorities responsible for the care of infants to give practical effect to the recommendations made as the result of these researches for the prevention and cure of Nutritional Anæmia. The Milk Food which was used exclusively in this extensive work, and which is still being recommended for this purpose is

HĒMOLAC

(Full Cream Milk Powder with Iron Ammonium Citrate)

The exhibition of Hēmōlac in the treatment of Nutritional Anæmia has now been definitely established. In addition it has been demonstrated that Hēmōlac acts as a prophylactic against the common catarrhal infections of the respiratory and alimentary tracts.

Clinical samples and literature will gladly be sent to any member of the Medical Profession.



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