

LETTERS, NOTES, ETC.

Tinct. Ferri Perchlor. in Chronic Anaemias

Surgeon Lieutenant Commander ALFRED REES PRICE, R.N. (ret.) (Oxton, Birkenhead), writes: May I be allowed to sponsor the protean value of the tinct. ferri perchlor. B.P. in the above condition and in many other conditions of generally impaired nutrition? I never give to adults less than $m\ xx$ of the B.P. preparation. More frequently I prescribe $m\ xxx$ thrice daily, freely diluted with chloroform water and given immediately after meals. In my experience in a mountainous quarry district of North Wales, with but little sunshine and a heavy rainfall, this particular form of anaemia was widespread. Whilst in practice in this locality I found tinct. ferri perchlor. infinitely superior to pil. Blaud (in huge doses) and to the scale preparations (also in large doses) as a curative agent. The pharmacological inertia—except in recent preparation—of pil. Blaud is well known. Tinct. ferri perchlor. given in the doses I advocate does not upset the digestion—it aids matters, improves appetite, and almost always produces a feeling of well-being. A great majority of the women examined had, in addition to their “adult anaemia,” filthy mouths, and I maintain that tinct. ferri perchlor. definitely acted as an oral antiseptic of distinct value in these cases. The constipating effect of the tincture (not so marked, I think, as pil. Blaud) is met with a large dose of magnesium sulphate twice weekly, or combined with the mixture. I found equally good results of treatment in middle-aged male quarry workers suffering from anaemia with lassitude, loss of appetite, hypochondriasis, and generally a tinged outlook on life. To the men I never gave less than $m\ xxx$ three times daily. In conclusion, I suggest that tinct. ferri perchlor., in doses of not less than $m\ xx$ (more frequently $m\ xxx$), thrice daily, rapidly alleviates the anaemias of adult women. It is equally effective in middle-aged men. It quickly relieves the “pain after food” symptoms of these cases, and brightens the outlook on life.

“Anacidity”: A Protest

Dr. F. J. ALLEN (Shepton Mallet) writes: The word “anacidity” (*Journal*, August 5th, p. 238) should not be allowed to pass into general use without at least a protest from some of our profession, even though the protest be ineffective (or aneffective, as some may prefer to say). The proper word is, of course, “inacidity.” Scientific authors of linguistic howlers are not slow to ridicule parallel cases where the unscientific writer flounders in the use of scientific terms. There is no need for the commission of such barbarisms as “anacidity.” Everyone who wants to launch a new term should consult a specialist in etymology. If this had been done in the past the medical profession would have been saved from the stigma of inventing such terms as “anoci-association” (for innocu-association), “chemo-taxis” (for chemio-taxis), and “ptomaine” (for ptomatine or ptomine).

Charity Organization Society

We have received the following letter from the secretary of the Charity Organization Society: Both the central and district offices of this society receive a large number of inquiries from members of the medical profession in regard to institutions and other facilities available for the service of their less affluent patients—for example, convalescent homes, hostels for mothers and infants, training schemes for cripples, boarding out in the country, clinics and dispensaries, etc. The fact that we are so frequently consulted leads us to suppose that our services might be of use to other members of the medical profession who, not being aware of our existence, do not enjoy the convenience of the information we can supply. The society publishes annually a *Charities Register and Digest*, containing on 540 pages the particulars of several thousands of institutions. This is as comprehensive and up-to-date a record as we are able to make it of the institutions whose services are likely to be required for people in London and the South of England. As regular readers of your journal, however, we have some notion of the innumerable preoccupations of a practising physician, and realize that he has little or no time to refer to the pages of a book of reference of this kind. He would, we are sure, find it more expeditious to write or telephone to this office, or to the district office nearest him (*Telephone Directory*, p. 291), stating the information of which he is in need. Our staff are always delighted to reply to such queries, and are, in fact, constantly doing so.

High Blood Pressure

Dr. F. O. TAYLOR (Coldingham) writes: There is a cause for everything. “Essential high vascular tension” is a good term for the type of “pressure” which we cannot relieve even before the organs of the body show signs of wear-and-tear, which are bound to follow in time. Highly excitable people’s pressures run up suddenly when they are enraged or excited—the rage is the cause of the symptom, not vice versa; and it is almost impossible to change a person’s “nature.” I am sorry not to see the name of my revered teacher—William Russell—in the bibliography appended to Sir Humphry Rolleston’s paper (*Journal*, August 5th). His views are as sound to-day as they were thirty years ago, and many erroneous ideas could still be corrected by practitioners having an occasional refresher reading of Russell’s little book—*The Sphygmometer: Its Value in Practical Medicine* (1921).

N.O.T.B. and the Care of the Eyes

The People’s League of Health has recently had under consideration possible measures for securing reliable advice and treatment in the presence of visual and ocular disorders for members of the public whose economic position renders them unable to pay the usual fees of ophthalmic surgeons engaged in consulting practice. Among the proposals which have engaged the attention of the league is the scheme which is in operation under the direction of the National Ophthalmic Treatment Board, and the joint councils of the league have expressed their sympathy in the following resolution: “That the People’s League of Health, being convinced of the importance of adequate care of the eye-sight in the interests both of national and of personal well-being, and having carefully studied the methods at present existing to secure this end, earnestly commends to public attention the scheme of the National Ophthalmic Treatment Board, under which persons insured under the National Health Insurance Acts, their dependants, and other persons of like economic status, can obtain, for a small and inclusive fee, advice and treatment for visual or ocular disorders from a qualified medical practitioner, with spectacles, when these are required, dispensed by an expert optician.”

Anaesthesia in Labour

Dr. JOHN ELAM (New Barnet) writes: As a result of my letter (*Journal*, August 12th, p. 316) I have received numerous inquiries as to the apparatus and the methods I use in gas and oxygen anaesthesia in labour. I intend to write more fully on this subject at a later date, but in the meantime it may be of use to mention that the apparatus is made by Messrs. Coxeter, 171, Pancras Road, London, N.W.1.

Occupational Diseases of the Skin—a Correction

We are indebted to Dr. JOHN C. BRIDGE, H.M. Senior Inspector of Factories, for a letter referring to our leading article on the above subject (*Journal*, August 19th, p. 340). He writes: At the sixth line from the top it is stated that as many as 15,000 cases of dermatitis due to industrial causes are certified every year by the factory surgeons of Great Britain. The correct figures of cases of compensation for dermatitis and ulceration of the skin produced by dust or liquids are as follows: 1928, 1,215; 1929, 1,456; 1930, 1,521; 1931, 1,352. Another point to which I would draw attention is the sentence beginning on the twelfth line from the end: “Anthrax has been stamped out by the institution of a disinfecting station where the imported raw materials, such as wool, hair, and hides, that harbour the spores of the bacillus, are regularly dealt with.” Only certain classes of wool are disinfected at the disinfecting station, under an Order (a copy of which I enclose), from which you will see that compulsory disinfection is limited to goat hair produced in, or exported from or through, India, and all wool and animal hair produced in, or exported from or through, Egypt, including the Anglo-Egyptian Sudan. While it is true that at times other classes of wool, and sometimes hair, are disinfected at the disinfecting station, it is only on a voluntary basis and is not compulsory.

Vacancies

Notifications of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found at pages 36, 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 156.