

Recurrent Cellulitis of Lip

"J." writes: I should be glad to receive suggestions for the treatment of a case of recurrent cellulitis of the lip in a woman aged 58. The condition began several years ago with an erysipeloid, spreading, red, inflamed area, involving the upper lip and one side of the cheek. It subsided with fomentations to leave a smaller indurated area. It flares up at intervals of a few months, but never completely returns to normal. The lip appears permanently thickened. Artificial dentures are worn.

Hyperidrosis

Dr. D. M. MACDONALD (Alloa) writes: In reply to Dr. Adamson (October 28th, p. 806) and various other correspondents: The strength of constant current is 15 to 20 milliamperes for twenty minutes once or twice a week, the positive pole in the hand or on the back and the negative applied to the axilla. Hyperidrosis of the palms, an equally distressing malady, may be treated in the same way.

Vehicle Sickness

"E. H. D." writes from Australia in reply to "Yorkshire" (June 24th, 1933, p. 1138): I have prescribed chloretone capsules (5 grains) for car and train sickness with a fair amount of success. Take one capsule three-quarters of an hour before the journey begins, and, for a longer journey, repeat in three hours. In one case of train sickness 2 oz. of glucose brought complete relief within twenty minutes. Glucose is incidentally worth trying in many different kinds of nausea and vomiting, and is pleasantly taken in orange juice or dissolved in water with 4 grams of tartaric acid to the ounce of glucose. That "Yorkshire's" patient has suffered all her life suggests to me that glucose will be useful.

Income Tax**Car Allowances: Depreciation**

"B.M./G.M., M.B." bought a car for £182 in May, 1927. What can he claim for depreciation as for the income tax year 1933-4?

*. On the basis of 20 per cent. allowance on written-down value the amounts which could have been claimed are as follows:

For 1928-29, £182 at 20 per cent.	= £36
1929-30, £182 - £36 = £146 at 20 per cent.			= £29
1930-31, £146 - £29 = £117	"	"	= £23
1931-32, £117 - £23 = £94	"	"	= £19
1932-33, £94 - £19 = £75	"	"	= £15
1933-34, £75 - £15 = £60	"	"	= £12

We advise our correspondent to communicate with his inspector of taxes, stating his desire to claim the allowances for past years as an "error or omission" in his return. The figures shown above should be set out in detail.

LETTERS, NOTES, ETC.**Procreation after Prostatectomy**

Mr. ALEX. E. ROCHE, F.R.C.S. (London, W.1), writes: In the *Epitome* of November 4th (para. 315), we read that, according to A. P. Mathé and E. de la Peña, in a series of 147 selected cases of prostatic hypertrophy treated by transurethral resection "procreative capacity was not affected in the least." Since paternity following successful prostatectomy performed by other than transurethral methods is of extremely exceptional occurrence and doubtful proof, the unimpaired maintenance of previous procreative capacity after transurethral prostatectomy must be counted to the distinct advantage of this operative route if, indeed, it is an advantage that sex- and septuagenarians should procreate. But what is the procreative capacity of the average patient who is prostatectomized? He usually has not a recent train of squalling babes to his credit. In fact, I do not remember one such. And how otherwise are we to judge of procreative capacity? By their fruits ye shall know them. If one considers the ages of their legitimate offspring the vast majority of candidates for prostatectomy are found to have been for many years resting on their procreative laurels, and their wives are usually beyond the child-bearing age. If the statement that "procreative capacity was not affected in the least" merely means that, in the great majority of cases it was *nil* after, as before, the operation, then the statement is not worth making, and there is no advantage, from the procreative point of view, in transurethral, as opposed to suprapubic, prostatectomy.

Recovery Wards

A correspondent writing in the October issue of the *St. Thomas's Hospital Gazette* stresses the need for "recovery wards" in his own hospital for the reception of patients "coming round" from operations. He suggests that two recovery wards should be set apart for this purpose, and that post-operation cases should go straight there from the theatre; they would remain in the recovery ward from one to five days, as occasion demanded. Of the present system he writes: "The stertorous breathing and other sounds that accompany recovery from deep anaesthesia are always distressing, and the average patient, who cannot discriminate between a major and a minor operation, frequently suffers intense unnecessary anxiety, as he is constantly reminded so grimly of his imminent ordeal. In cases of Graves's disease especially, when the patient is sometimes unavoidably lying in a surgical ward for upwards of a week for pre-operative treatment, the mental tension must be appalling. And for convalescents sleep is often made difficult by these constant disturbances."

The Skin as a "Balancer"

Dr. L. E. HERTSLET (Natal) writes: We speak freely of hormone imbalance, and we are beginning to recognize some of the signs and symptoms of the condition. By so doing we imply the existence of something which partially or completely controls the interrelationships of the internal secretions of the body. Is there any organ in the body which can and does act as a hormone balancer? Frankly, we do not know. What are the qualifications for such a position? Presumably, it should possess most of the following characteristics: (1) glandular in function, with continuous and vigorous secreting powers; (2) having a reasonably stable physiological tonus; (3) in intimate relationship with the autonomic nervous system; (4) subject to considerable changes, physiological and pathological; (5) easily reached and affected by afferent impulses; and (6) quickly affecting other organs. In my book on *Skin, its Uses in Six Phases*, published in 1929, I suggested that this organ fulfils practically all these conditions, and may well serve as the hormone balancer of the body. I am not aware that this theory has been seriously considered by any scientific observer, so venture to raise the point again in the hope that some trained mind may commence the necessary investigations. The glandular character of the skin does not need to be stressed, but perhaps the following points are not generally known. In an average man weighing 150 lb. the surface of the skin measures 2,800 square inches, and each square inch carries from 500 to 2,500 sweat pores. This means that there are from two to three million sweat glands. They have an estimated secreting surface of 1,080 square metres, and the ducts have a total measurement of three miles! The quantity of sweat given off varies from 1½ pints to 2½ gallons in a day. A healthy man usually excretes 2 lb. in weight in six hours. The sebaceous glands are some 650,000 in number. Their ducts usually open into the hair follicles. They are found all over the skin, except on the palms and soles and on the backs of the distal phalanges. Of chemical constituents, the skin and its secretions are said to contain the following: keratin, kerato-hyalin, eleidin, melanin, ergosterol, cholesterol, olein, palmitin, stearin, lipase, phosphatase, diastase, triptase, urea, ptomaines, enzymes, urates, creatinine, amino-acids, ethereal sulphates, sodium chloride, phosphates, sulphates, calcium, potassium, etc. This being the case, it is a little difficult to suggest where the search for the new hormone should commence! The restoration of so many cases to health by "heliation," or sun-bathing, may surely be partly (or wholly) explained by the consequent improvement of skin health and the development of its normal hormone, which may act as the desired "balancer." The problem is a complicated one, but should prove all the more tempting to some of our younger scientists, who ever seek fresh fields to conquer.

Messrs. Watson and Sons (Electro-Medical) Ltd. announce the publication of the second edition of their twenty-page booklet on surgical diathermy. It contains a full description of their "chirotherm" apparatus, with instructions for use, general hints, and other relevant information, including a list of bibliographical references.

Vacancies

Notifications of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found at pages 41, 42, 43, 46, and 47 of our advertisement columns, and advertisements as to partnerships, assistantships, and locumtenencies at pages 44 and 45.

A short summary of vacant posts notified in the advertisement columns appears in the *Supplement* at page 255.